

**1 February 2012**

**Lansley: Brain Tumour survival in the UK should rival Europe**

Andrew Lansley told a packed meeting of the All Party Brain Tumour Group that his plans to reform the NHS should help bring the UK's unacceptable record on brain tumour outcomes into line with the outcomes achieved in other European countries.

Responding to a varied and at times emotional series of contributions from the audience about brain tumour care in the UK, the Secretary of State for Health explained how he thought his plans for NHS reform would help survival rates in the UK.

The meeting heard first-hand accounts of how brain tumour care in the UK could be better. Guest speaker, Prof Garth Cruickshank, Consultant Neurosurgeon at Birmingham's Queen Elizabeth Hospital, outlined a number of concerns about how best practice procedures and valuable experience would be lost under the new NHS structures. Daryl Gittins, a brain tumour patient from Wales, who had to travel to London for private care, explained the impact the postcode lottery in the UK had on his treatment – stressing that it was only after support from the charity sector that he got the right advice.

Lansley explained that his NHS reforms had three essential components designed to tackle precisely the issues Prof Cruickshank and Daryl had raised. Daryl's concern that decisions about his care were made without his involvement were, Lansley said, exactly why the Government is pushing for a 'no decision about me, without me' culture supported by new patient decision-making aids, which were already starting to help, for example on prostate cancer.

Prof Cruickshank's concern about Commissioning Groups' willingness to follow NICE's national best practice guidance were addressed by the Government's plans to ensure that health professionals, rather than politicians, make decisions with reference to new quality guidelines and stronger Cancer Networks.

Finally, the Secretary of State called for more focus in delivering improved outcomes, stressing that it is unacceptable that the UK lags behind comparable European nations when it comes to Brain Tumour outcomes and that ultimately he wants survival rates for brain tumour patients to be as good in the UK as they are in Europe initially through a renewed focus on early diagnosis for cancers, better access to drugs and improved radiotherapy treatments.

Andrew Lansley, Secretary of State for Health said:

*"When we were articulating what we want to achieve in the NHS there were three principles, the first principle was 'no decision about me, without me' which Daryl articulated the thinking behind so well.*

*"The second is that we want decision making in the NHS to be professionally led rather than politically dictated and that leads me to Garth's point. Roughly speaking a quarter of commissioning will be in the hands of the NHS Commissioning Board and three quarters in Clinical Commissioning Groups but exactly who does the commissioning will be decided on which level is most suitable. We will create a stronger structure through things like new quality standards and guidelines, and strengthening of Cancer Networks whether it is done through the Commissioning Board or not.*

*“The third principle is outcomes, focusing on outcomes and we know we have a distance to travel in terms of the best outcomes on cancer. We know for a start it is about early diagnosis and a lot of the improving outcomes strategy was about improving early diagnosis, it is why identification of cancers at stage 1 and to is one of the indicators there.*

*“For Brain Tumours the survival rates are still not at the European average, we want them to be at the European average. We want to move to a place where we identify cancer early.”*

Prof. Garth Cruickshank said:

*“Our concern is that we have seen a depletion of commissioning expertise and it is sad to see highly experienced people going out of the system. Reference groups will be the core of the system but that is all they will be, who will provide the depth of knowledge for cancers like brain tumours which are rare?”*

Chair of the Brain Tumour Consortium, Ian Gibson, said:

*“There are many views about whether the current reforms of the NHS are the right way forward but Andrew Lansley deserves credit for coming along to the All Party Group and explaining his plans to an expert audience in detail. He addressed a number of heartfelt concerns head-on and while whether his plans will work remains to be seen, one thing is for certain, he was left in no doubt about how vitally important it is to get this right. The Brain Tumour Consortium stands ready to help the Secretary of State accomplish his stated aim of bring outcomes for brain tumour patients in the UK up to the standards achieved elsewhere in Europe.”*

#### **Notes to editors:**

1. The Brain Tumour Consortium is a coalition of brain tumour organisations that includes and the Samantha Dickson Brain Tumour Trust, Brain Tumour Research, Brain Tumour UK, the International Brain Tumour Alliance and the Joseph Foote Trust.
2. Parliamentarians attending the event included: James Arbuthnot MP (Chair), Anna Soubry MP, Baroness Masham; Lord Carlile; Guy Opperman MP; David Tredinnick MP, Lord Walton Andrew Selous MP, Paul Blomfield MP.
3. The Consortiums three core asks are to:
  - Ensure early diagnosis and treatment by ensuring that clear guidelines on identifying the signs and symptoms of brain tumours, and on referring patients for rapid and appropriate assessment, are integrated into General Practice and Emergency Medicine Practice.
  - Implement NICE’s best practice guidance by setting a clear timetable to fully implement and audit the Improving Outcomes Guidance, or its country equivalent, in particular by ensuring that the Health and Social Care Bill maintains the progress made to date.
  - Increase Government investment in brain tumour research and more accurately measure numbers of both primary and secondary brain tumours by publishing a detailed breakdown of site-specific brain tumour research funding from the Government and ensure that by 2014 at least 7.5% of adults with primary brain tumours are enrolled in randomised, controlled clinical trials as part of their therapy.
4. Malignant primary brain tumours take more years off the average person’s life than any other cancer. They are the most significant cause of cancer death amongst men under 45



and women under 35, and approximately 400 children are diagnosed with a primary brain tumour each year. Low grade tumours can become malignant and even so called 'benign' tumours can cause serious permanent harm or death.

5. For further information please call Esme Knight on 020 7618 9157.