Spotlight on specialised services

Third edition

Introduction

Specialised services provide care to patients with a range of rare and complex conditions, often at times when they are in greatest need. They include treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. They deliver cutting-edge care, and are often a catalyst for innovation, supporting pioneering research in the NHS.

Specialised services are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills, equipment and experience.

These services include a range of treatments, from interventions that most of us have heard of, such as chemotherapy, radiotherapy, neonatal critical care and kidney dialysis, through to pioneering procedures that are currently only carried out in small numbers, such as using an artificial cornea to restore vision to blind patients.

The NHS Long Term Plan has set out a series of ambitions for improving the care that people receive over the next ten years. Specialised services have an important part to play in many of the plan's ambitions, such as reducing neonatal mortality, improving cancer survival and providing high-quality mental health services.

In practice, NHS England:

- **Supports service transformation**

  While planning of specialised services is national and regional, NHS England works closely with local areas and providers to improve joined-up care for patients who need specialised treatment.

  We also carry out reviews of entire services, such as congenital heart disease and radiotherapy, to see where things can be improved, and to ensure services are keeping up with best practice.

- **Sets national standards of quality and access**

  Over the last few years NHS England has set new national standards for specialised services to ensure patients get high quality care. We do this by publishing national service specifications that describe our expectations of how services are provided. We also publish clinical policies that ensure equity of access to treatments and services.

- **Ensures value for money**

  We have a legal duty to fund all new medicines and devices recommended by the National Institute for Health and Care Excellence (NICE). NHS England plays an increasingly important role in this process through its commercial medicines function

which supports pharmaceutical companies in developing their value propositions for consideration by NICE.

We also make available additional funding each year for other new treatments that have not been reviewed by NICE. For these treatments, we must make decisions about which represent the best value for patients, the NHS and taxpayers. This means comparing different treatments for different groups of patients and deciding which are of highest priority for the funding available. To do this we have developed a process of 'relative prioritisation' to determine which new treatments should be adopted for routine use.

We have a duty to patients and to taxpayers to ensure that new treatments are supported by convincing evidence of safety and effectiveness, that they are affordable and offer value for money, and that decisions about them are fair and transparent. Doctors, healthcare professionals, patients and public representatives are involved at every stage of this decision-making process.

In this third edition, we provide an insight into some of the new life-transforming specialised services that are already being delivered.

£17.2 billion

Spent on Specialised Services in 2018/19

149 Specialised services are directly commissioned by NHS England

80 patients have started Proton Beam Therapy in England

4 mother and baby units open

178 patients have been prioritised for CAR-T treatment

7 genomic laboratory hubs

29 drugs in the Cancer Drugs Fund that treat 49 types of cancer

1,200 patients received mechanical thrombectomy following a stroke in 2018/19

Highlights

This pamphlet highlights just a few examples of NHS England's recent investments and innovations across the following areas:

Cancer
Blood and infection
Internal medicine
Trauma
Children's health
Mental health
Genomics

Cancer

Groundbreaking personalised CAR-T therapy for cancer

NHS patients were among the first in the world to benefit from CAR-T, a breakthrough immunotherapy treatment for blood cancer. Chimeric antigen receptor T-cell (CAR-T) therapy is an innovative new treatment that reprogrammes a patient's own immune system cells to target their cancer. It is a highly complex and potentially risky treatment but has been shown in trials to cure some patients, even those with quite advanced cancers and where other available treatments have failed. NHS England is now treating children with acute lymphoblastic leukaemia (ALL), and adults with diffuse large B-cell lymphoma or primary mediastinal B-cell lymphoma at centres across the country. At the end of June, 28 children had been prioritised to receive CAR-T treatment for ALL and 150 adults had been prioritised for lymphoma treatment.

One of the first patients to receive the treatment was 62-year-old Mike Simpson, a solicitor from Durham. The married father-of-two was diagnosed with a fast-growing form of blood cancer in 2015 after discovering a lump in his neck.

Mike went to King's College Hospital in late 2018 for CAR-T therapy, after previous attempts at treating his cancer with chemotherapy and radiotherapy proved unsuccessful. He said, "The team at King's explained all about the treatment and possible side effects. Despite this, it still came as a big shock to me and my family when I became unwell a few days after the infusion. It was no walk in the park. I spent almost a week in intensive care and when I was well enough to be moved back to the ward I had to re-learn basic tasks such as climbing stairs. I was fortunate to have the support of my wife and children, who had to watch me go through the changes hoping all the time they would be temporary."

Despite the initial adverse reaction to the therapy, Mike has responded well to the treatment and is working towards remission. Mike is hopeful for the future but recognises how lucky he is. "I'm incredibly grateful for being given the opportunity to have this therapy as I know it's a costly, one-time treatment. I describe it as my L'Oreal treatment… because I'm worth it," he joked.

First ever NHS proton beam therapy services in England

In December of last year, the first NHS High Energy Proton Beam Therapy (PBT) Centre at The Christie NHS Foundation Trust in Manchester started to treat cancer patients. A second centre will open at University College London Hospitals NHS Foundation Trust in 2020 and when complete, the two centres will treat up to 1500 eligible patients every year. As of the end of July, 119 patients have been referred for PBT treatment at The Christie, 80 of those patients have already started treatment and of these 38 patients have now completed their treatment.

Proton beam therapy is a form of radiotherapy that targets certain cancers very precisely, improving treatment outcomes and reducing side-effects. It targets tumours with less damage to surrounding healthy tissue and is particularly appropriate for certain cancers in children who are at risk of lasting damage to organs that are still growing, or where the cancer is close to a critical part of the body such as the spinal cord.

Fifteen-year-old Mason Kettley, from Angmering, West Sussex, was one of the first patients to undergo PBT treatment at The Christie after being diagnosed with a brain tumour in October last year. He said his experiences as a patient had made him decide he would like to train as a doctor.

Just before his treatment started, Mason said: "I'm nervous about what is going to happen, but I'm also excited to start this treatment. I'm so grateful to all the doctors involved in my care and I'd love to do what they do one day – it will be my way of giving something back."

Cancer drugs fund continues to offer faster access to new treatments

The cancer drugs fund continues to allow patients faster access to innovative new treatments, such as CAR T, whilst further data is collected to address clinical uncertainty. Providing the latest cutting-edge treatments for patients through innovative drug deals is just one way that the NHS Long Term Plan will transform cancer care across the country, building on the thousands more lives already being saved as treatment options increase.

Following NICE approval in January, patients with multiple myeloma, a type of bone marrow cancer, can now benefit from the combination therapy of daratumumab, bortezomib and dexamethasone after one prior treatment.

In July, patients with cutaneous squamous cell carcinoma, the second most common form of skin cancer, were among the first in Europe to access cemiplimab, a treatment that can greatly reduce the need for future radical surgery.

Daratumumab and cemiplimab both belong to a group of drugs known as monoclonal antibodies, an innovative new class of drugs that work by harnessing the body's own immune system, known as immunotherapy.

The CDF has provided access to 3 further monoclonal antibodies for use in different cancers in the last year. These include durvalumab for non-small cell lung cancer, nivolumab for melanoma and renal cell carcinoma and pembrolizumab for melanoma and non-small cell lung cancer.

Olaparib, a medicine that has previously been used at a later stage in the treatment of advanced ovarian cancer, was also made available in July as a first-line maintenance treatment for adults with BRCA mutation-positive, advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to chemotherapy. Olaparib tablets have the potential to make a huge impact on the treatment of advanced ovarian cancer, giving around 700 women each year a better chance of survival.

The CDF currently includes 29 drugs to treat 49 different kinds of cancer.

Blood and Infection

New life saving treatment for drug resistant tuberculosis

NHS England has extended the use of the two life saving drugs to treat the most resistant forms of tuberculosis so that they can now be used for as long as needed rather than the previous limit of six months.

Tuberculosis (TB) is a disease which mainly affects the lungs but can affect other areas of the body too. Drug resistant tuberculosis is when the TB bacteria fail to respond to a combination of the main antibiotics used. Patients usually acquire drug resistant disease either as a result of spread of a drug resistant strain from another person or as a result of ineffective or incomplete treatment.

Bedaquiline and Delamanid are types of antibiotics that are used to treat multi-drug resistant TB.

Innovative bone marrow transplant to treat primary immunodeficiencies

NHS England is now funding the use of allogeneic haematopoietic stem cell transplantation (Allo-HSCT) to treat patients with a group of rare, inherited diseases known as primary immunodeficiencies.

The role of the immune system is to recognise and attack infection, respond to tissue damage, perform tumour surveillance and prevent autoimmunity. Patients with the more severe forms of primary immunodeficiencies may be unable to produce normal levels of

antibodies, have dysfunctional immune cells and are at risk of frequent, life-threatening infections, irreversible organ damage, severe inflammation, autoimmunity and cancer. Without treatment, many patients would die before reaching adulthood.

Allo-HSCT replaces a patient's own bone marrow stem cells with healthy stem cells from a donor. If successful, this cures the immune deficiency.

London leading the world in the battle against HIV

NHS England, Public Health England, local government and councils are teaming up to tackle HIV through the Fast Track Cities Initiative. Fast-Track Cities are a global partnership between the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Human Settlements Programme (UN-Habitat), in collaboration with local, national, and regional partners and stakeholders. The aim of the programme is to increase diagnosis and treatment, eliminate new infection by 2030 and remove the stigma experienced by those living with HIV.

London is currently leading the way globally and is the only city to have exceeded the second UNAIDS target milestone of 95% diagnosed, 95% on antiretroviral therapy and 95% of patients being virally suppressed. The most recent figures from 2017 show that 95% of Londoners have been diagnosed, 98% are on antiretroviral therapy and 97% are virally suppressed.

Other Fast Track Cities in England include Manchester, Brighton and Liverpool.

Ground breaking progress in the goal to eliminate hepatitis C

The NHS will find and cure tens of thousands more people with hepatitis C as part of a ground-breaking deal that could help England become the first country in the world to eliminate the life-threatening virus.

Over 40,000 people have benefitted from new drugs, which cure hepatitis C, being made available on the NHS over the last few years. Up to 95% of those with a reported response to the treatment have been cured.

As a result of this investment, the death rate from hepatitis C-related liver diseases has already fallen by more than 16% between 2015 and 2017. The NHS is also seeing cost savings from a fall in liver transplants for patients with hepatitis C, with a reduction of almost 40% in 2017 compared to 2015.

As part of the Long Term Plan and thanks to a first-of-its-kind agreement launched in Spring 2019, NHS England and three drug companies will work together to proactively identify and treat marginalised groups who may be unaware they have, or are at risk of contracting hepatitis C, including homeless people and those with mental health problems in an aim to meaningfully cut health inequalities and eliminate the virus ahead of the World Health Organisation goal of 2030.

The antiviral drugs that are highly effective are licenced to treat chronic infection, but new evidence has shown these to be effective in treating acute infection. This is important for individuals who have a compromised immune system or do not easily access ongoing

medical care. NHS England has approved the use of these drugs in this 'off-label' (outside of normal licence) situation.

Life changing drug to stop deadly bleeding available on the NHS

NHS England is to fund a life changing treatment for thousands of people with severe haemophilia, which will dramatically cut their risk of life-threatening bleeds and reduce treatment time.

People with haemophilia A are at risk of spontaneous or uncontrolled bleeding because they do not have enough of a blood clotting protein or it does not work properly.

While a cut or graze is easily dealt with for most people, anyone with this condition does not have enough or effective parts of the blood which allow this to happen, leaving them at risk of uncontrolled bleeding that can cause serious harm and even death.

A new drug - emicizumab - will bolster the blood by mimicking the action of the blood protein factor VIII to avoid uncontrolled bleeding, while cutting treatment times from multiple time-consuming infusions every week to a single injection given once a week or fortnight.

Internal Medicine

Innovative device that repairs a heart valve without the need for open heart surgery

A new treatment to repair the mitral valve of the heart without the need for open heart surgery is now being offered on the NHS and will benefit older people not able to have surgery.

When mitral valves don't function properly, it results in blood leaking backwards, causing the heart to have to work much harder to keep blood pumping around the body. Symptoms can include shortness of breath and fatigue, and over time this will lead to fluid retention due to heart failure. This impacts on quality of life and makes daily activities harder. The new device being used to repair this damage is a clip that holds together the two leaflets of the mitral valve to reduce the blood leaking backward in the heart and may be suitable for those patients who are unable to undergo surgery.

Cutting edge transcatheter procedure to close a hole in the heart and reduce the risk of strokes

NHS England is funding a ground-breaking new procedure to close a hole in the heart that can cause strokes.

A patent foramen ovale (PFO) is a hole that babies have in their heart which usually closes naturally after birth. The hole is in the wall that divides the upper two chambers in the heart. In the majority of people this channel closes shortly after birth but in approximately

25% it remains open. In most adults the hole does not cause any problems, but occasionally the hole can be large enough to allow blood clots to travel past internal filters, into the heart and then out again to the blood vessels where they can cause a blockage. If this blockage happens in the brain, it is referred to as an ischaemic stroke.

PFO closure procedure involves threading a small device through the skin into the heart via a catheter running along a large vein in the groin. The device is then positioned across the hole so that both ends of the hole are blocked. The entire procedure takes around an hour and is performed under local anaesthetic. The new procedure means that patients will have less chance of another stroke without being exposed to the long-term risks of blood thinning medicines.

Most adults who have had an ischaemic stroke because of a PFO need to take regular medications to reduce the clotting tendency of the blood to reduce the chance of another stroke. These medications are usually anti-platelet drugs such as clopidogrel or anti-coagulants such as warfarin.

A new lease of life for people with congenital hormone deficiency

Metreleptin, which is now being made available on the NHS, is an artificial form of leptin which replaces the missing hormone.

Leptin regulates appetite and body weight. It also plays an important role in controlling blood sugar, immune control and hormone secretion. When the fat cells of the body are full, leptin is produced and signals the brain to stop eating. People with the extremely rare

condition of congenital leptin deficiency are unable to make leptin and so are in a continual state of extreme hunger, and the sensation is overpowering. Affected individuals develop abnormal behaviour around eating, such as hiding food, secretiveness about eating and fighting over food. Complications of extreme obesity occur, including diabetes, sleep apnoea and bone problems.

High mortality in childhood and adolescence occurs in untreated individuals with the condition. Previously, no treatment was available for this disease. Supportive care can be given, but the sensation of hunger overpowers any attempt at dietary control.

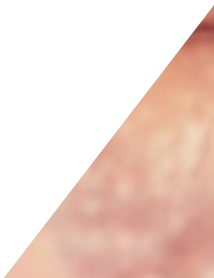
Patients who have congenital leptin deficiency return to normal weight when treated with metreleptin. Treatment with metreleptin leads to either improvement or resolution of many of the likely causes of premature death associated with obesity caused by congenital leptin deficiency.

Trauma

Restoring vision with a prosthetic cornea

NHS England is now commissioning a new specialist eye surgery to restore the sight of people who experience blindness as a result of a severely diseased cornea. The cornea is the clear outer layer at the front of the eyeball. It acts as a window to the eye. When the cornea becomes severely diseased it appears cloudy (opaque) resulting in very poor sight and for some people blindness. Most people with corneal disease can benefit from corneal transplantation, which is a procedure that replaces the cloudy cornea with a clear cornea from a human donor. For some people, however, this treatment is not suitable particularly for those that have had two or more failed corneal transplants.

NHS England is now funding keratoprosthesis to treat patients with corneal blindness. A keratoprosthesis is an artificial cornea made from an acrylic material. This treatment offers new hope to patients who otherwise would be left with significant visual impairments and can't have a normal corneal transplantation. It is estimated that more than a hundred patients a year will be eligible for this procedure.



The first patient received an artificial cornea in August, and reported, "My vision is already improved and just four days after surgery I'm already able to move around my apartment without assistance." His doctors say that his vision will continue to improve in the coming weeks.

Mechanical thrombectomy helping thousands more to survive and thrive after a stroke

NHS England has been rolling out the use of mechanical thrombectomy, placing the NHS at the forefront of innovative treatment options in stroke care internationally.

This treatment benefits patients who suffer from certain types of acute ischaemic strokes – a severe form of the condition where a blood vessel to the brain becomes blocked, often leading to long term disability. The procedure involves inserting a very fine wire with a clot retriever into a blood vessel, through the groin, before guiding it through the circulatory system and into the brain. The retriever is then deployed to remove the blockage and restore blood flow to the brain. This intervention is time critical and if used within the first six hours of symptoms starting, it can significantly improve quality of life, and significantly reduce or completely relieve the disabling effects of stroke.

600 patients received this treatment in 2016/17, rising to 1,200 in 2018/19 and it is anticipated that the number of patients to benefit from this procedure will continue to increase in the coming years. NHS England have also increased the number of specialist staff to undertake this procedure and to allow centres to increase their capacity to accept more patients for treatment year on year.

Stroke is estimated to cost the NHS around £3bn per year, with additional cost to the economy of a further £4bn in lost productivity, disability and care needs. Treating patients with thrombectomy will not only decrease the risk of long-term disability, but it will also result in multi-million-pound annual savings for the NHS and local authorities thanks to lower rehabilitation and long-term care costs.

A new treatment for primary progressive multiple sclerosis

Thanks to an innovative deal between NHS England and Roche, patients with primary progressive multiple sclerosis now have access to a drug called ocrelizumab which can slow the worsening of disability in people with the condition, helping patients stay able and active for longer. Up to now, there had been no licensed treatments available that could slow down or stop the progression of this disease.

Multiple sclerosis is a chronic, neurodegenerative disorder which affects the brain, optic nerves, and spinal cord. It often results in progressive neurological impairment and severe disability. Approximately 90,000 people in England have multiple sclerosis, and about 4,200 people are diagnosed each year. Most people have relapsing-remitting multiple sclerosis, but approximately 10% of people are diagnosed with primary progressive multiple sclerosis, in which symptoms develop and worsen over time without periods of remission.

Women and Children

First ever treatment for children with rare muscle-wasting condition

A promising new treatment for individuals with a rare genetic condition is now being provided to hundreds of patients who may benefit clinically, and important clinical data is being gathered to learn more about how the drug works.

Nusinersen, also called Spinraza, is the first treatment that targets the underlying cause of spinal muscular atrophy (SMA). The condition affects the nerves in the spinal cord, making muscles weaker and causing problems with movement, breathing and swallowing. Where it develops in babies and toddlers, it can significantly reduce life expectancy. Without nusinersen the condition is managed through supportive care which aims to minimise the impact of disability, address complications and improve quality of life. Between 600 and 1,200 children and adults are currently living with the condition in England and Wales.

While not a cure, trials have shown that nusinersen can slow the effects of SMA in some cases, allowing babies and toddlers to develop stronger muscles and survive for longer without breathing support.

Working with NICE, the NHS England Specialised Commissioning team has now successfully negotiated a Managed Access Agreement (MAA) with the manufacturer Biogen, meaning that nusinersen is now available for eligible people with SMA type 1, 2, 3 and also for

some pre-symptomatic patients. The treatment will be funded by NHS England for a time-limited period, allowing further data to be collected on its effectiveness. Uniquely for this type of arrangement, NICE and NHS England have also committed that during the five-year course of the MAA, should new evidence become available on the potential benefits of nusinersen for type III SMA patients that are currently not included, that evidence will be reviewed to see whether a change in inclusion criteria for other patients could be supported.

New treatment for children with brain tumours

For more than 300 adults and children diagnosed with a rare condition causing benign brain tumours to grow, quality of life can now be dramatically improved by newly-funded drug, everolimus.

Tuberous sclerosis complex is a genetic condition that causes benign tumours to develop in various parts of the body including the brain where they can lead to epileptic seizures. Other symptoms include headaches, vomiting and behavioural changes. Everolimus offers an alternative treatment option after other treatments including antiepileptic drugs or surgery have failed, with patients reporting life-changing improvements in their condition.

> "Everolimus stopped my son Jack's epilepsy completely. He's gone from having severe life-threatening epilepsy, to no seizures at all. He has not had to be hospitalised in an emergency situation at all since he started taking everolimus. It is utterly transformative."
>
> Ally Royal

Mental Health

Establishing NHS led provider collaboratives for specialised mental health services

We know that being supported close to home, nearer to family and friends, with a range of different community services and shorter lengths of stay improves the outcomes and experiences of specialised mental health service users. These services include children and young people with mental health problems, adults with eating disorders and people requiring secure care. We also know that due to the way our current systems are set up, people who use these services are too often cared for far from their home and community, experience fragmented care in restrictive settings, and sometimes remain in hospital longer than they need to.

Establishing provider collaboratives will address this fragmentation by empowering clinicians to work together, with a view to reducing the number of people who are cared for out of area and creating the services their population need through local re-investment. This will enable providers to better address health inequalities and tailor services to local needs. NHS-led provider collaboratives will include providers from a range of backgrounds, including the third sector. They will work alongside service users, carers, families and stakeholders.

Since April 2017, 14 pilot sites have been testing the approach and outcomes show:

- over 500 people returned from out of area placement,

- over 70% reduction of admission to child and adolescent mental health service units,
- over £30m savings for investment in new services.

From April 2020, provider collaboratives will be responsible for managing their own budgets and patient pathways which will allow them to tailor their specialised mental health and learning disability services to the specific needs of their local population.

Improved access to services to support new mums with severe mental health issues

Since 2016, NHS England has created 42 additional Mother and Baby Unit (MBU) beds, including four newly commissioned MBUs, to increase access to services in all areas of England.

These services support new mums experiencing the most severe perinatal mental health issues to receive the care and treatment they need without separating them from their babies, supporting their bond to continue to develop. The opening of the four new MBUs mean that many women who would otherwise have had to travel many miles, can now receive care closer to home. 85% of MBU admissions in 2018/19 were within 50 miles from the patient's home, compared to 63% in 2016/17.

The fourth new MBU in Norwich opened in January 2019 and patients are already seeing the impact of this. Between January and March 2019, the total number of patients in contact with MBUs was 23% higher than the 2017-18 average number of patients in contact with services. In May 2019 the new MBU in Devon moved to its

permanent location, doubling in size, so we expect that the number of patients in contact with services will continue to rise in 2019/20.

Adding capacity in MBUs is only part of the work of NHS England Specialised Commissioning, as we continue to work in collaboration with commissioners, policy makers, providers, patients and families to join up care across the perinatal mental health pathway and support seamless transitions across services for women experiencing severe perinatal mental health issues.

"My previous admission to a mother & baby unit after the birth of my first baby was at the Homerton Hospital in East London. This was difficult for my husband to visit frequently around his working hours as well as the commute from East Kent. I then required another mother & baby admission following the birth of my second baby. I was informed by my nurse that a new unit had just opened in Dartford and they had a bed available for me. It meant a lot that my family were able to visit daily and support me through this difficult time"

New mother from Kent

"This was my first admission to a mother & baby unit and I did not realise until after I was admitted that this was the only unit recently opened in Kent. I am so glad that it was here when I needed it so that my partner and mum could visit me"

New mother from Kent

Genomics

Delivering the genomic revolution: from 100,000 genomes to the NHS Genomic Medicine Service

The NHS stands at the forefront of a major revolution in healthcare - the mainstream use of cutting-edge genomic technologies for quicker, more precise diagnosis of conditions and the potential for personalisation of treatment.

The world leading 100,000 Genomes Project completed its recruitment and sequencing at the end of 2018. The NHS is now working to return all the results to participants. Early results demonstrate a 25% increase in diagnoses for people with rare diseases and the identification of actionable variants or identification of suitable clinical trials in as much as 50% of cancer patients.

Although there is much to celebrate from the 100,000 Genomes Project, there is still more to be done to fully embed genomic technologies across the NHS.

In October 2018, NHS England began work to mobilise the NHS Genomic Medicine Service, including establishing a network of seven Genomic Laboratory Hubs as part of a national testing service. The NHS Genomic Medicine Service will help ensure consistent and equitable care for England's 55 million population through the implementation of a single, National Genomic Test Directory covering rare and inherited disorders and cancer. The Test Directory will standardise genomic tests used across the country and will

include technologies ranging from single gene analysis to the provision of a national whole genome sequencing service, supported by bioinformatic interpretation, secured through a partnership with Genomics England Limited.

During 2019 the NHS will begin to offer whole genome sequencing for:

- Seriously ill children likely to have a rare genetic disorder;
- People with one of 21 rare conditions where current evidence supports early adoption of whole genome sequencing as a diagnostic test; and
- People with specific types of cancer for which there is likely to be the greatest patient benefit from using whole genome sequencing
- Children with cancer, sarcoma and Acute Myeloid Leukaemia.

"This is an important milestone in our new era of genomic care in the NHS, creating a world class resource and building on the long history of delivering cutting-edge technology through the NHS. Genomics has the potential to transform the delivery of care for patients, enabling more precise, better diagnoses; matching people to the most effective treatments and increasing the number of patients surviving cancer. This why the NHS has prioritised it in the Long Term Plan."

Professor Sue Hill, Chief Scientific Officer for England and Senior Responsible Officer for genomics in NHS England

NHS prepares to fast-track cutting edge tumour agnostic cancer drugs that target genetic mutations

NHS prepares to fast-track cutting edge tumour agnostic cancer drugs that target genetic mutations

The NHS is preparing to fast-track the introduction of new cancer drugs that target tumours according to their genetic make-up rather than where they originate in the body. The revolutionary treatments known as 'tumour agnostic' drugs can be used against a wide range of cancers and could offer hope to patients with rare forms of the disease that may previously have been untreatable.

With such treatments, testing the tumour's genes or other molecular features assists in deciding which treatments may be best for an individual with cancer, regardless of where the cancer is located or how it looks under the microscope.

Molecular testing therefore becomes a first and essential element of treatment planning.

Around 850 patients a year could benefit from the frontrunner treatments, provided NICE approves their introduction, while many thousands a year are eventually expected to benefit from other tumour agnostic treatments on the horizon.

Patients in England are ideally placed to benefit thanks to the NHS's world-leading national genomic medicine and testing service which means they can be identified and tested, allowing faster access to targeted treatment.

The first of the new cancer drugs, which target genetic mutations that accelerate the growth of many types of tumours and have particular benefits for children, are set to come on to the market within months.

The Accelerated Access Collaborative, established by the Government as part of the Life Sciences Industrial Strategy to speed up the adoption and uptake of innovative new treatments, are looking at how they can support implementation.

> "The advent of tumour agnostic drugs marks an important next step in the development of personalised, genomic driven medicine and these plans will be warmly welcomed by patients and the clinical community."
>
> **Lord Darzi, Chair of the Accelerated Access Collaborative**

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