

EXTERNAL SERVICES SELECT COMMITTEE - CANCER SERVICES IN THE BOROUGH

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to receive an update on:

1. the performance of cancer screening and diagnosis within the Borough; and
2. the service review at Mount Vernon Cancer Centre.

RECOMMENDATION:

That the External Services Select Committee notes the updates provided.

SUPPORTING INFORMATION

Cancer Screening and Diagnostics

In 2016, more than one in four (28%) of all deaths in the UK were caused by cancer - this equates to 166,135 deaths. Almost half of these cancer deaths (45%) were as a result of lung, bowel, breast or prostate cancer.

Cancer Screening

There are three cancer screening programmes in the UK which have been set up because they will save lives from the disease without too much risk, whilst also being cost effective:

- bowel cancer screening
- breast cancer screening
- cervical cancer screening

However, there is currently no screening programme for prostate cancer because the available test is not reliable enough.

Cancer screening is for healthy people who display no symptoms at all. Screening looks for early signs that could indicate cancer is developing. It can help spot cancers at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can even prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer (cervical screening is the best example of this). Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer.

At the moment, there isn't enough evidence to suggest that screening for any type of cancer (other than breast, bowel, and cervical cancer) would be a good idea. However, researchers

are always looking for new tests and new ways to spot cancers early, and there are some types of cancer where research into screening is growing, for example, lung and ovarian cancers.

Cancer Diagnosis

Early diagnosis of cancer is vital if the UK is to improve outcomes for patients and be amongst the best in Europe. With an ageing population, the UK is likely to see rising cancer incidence and more patients: by 2035, it is expected that there will be 500,000 people diagnosed with cancer each year in the UK. The combination of an ageing and growing population, plus welcome efforts to improve earlier diagnosis through more referrals, means more tests will need to be done in future. For example, by 2020 the NHS in England will need to perform 44% more endoscopies than are currently being carried out - this means an extra 750,000 procedures per year. Resolving issues with diagnostic capacity is crucial to be able to diagnose cancer earlier. Waiting times have increased and the services which deliver cancer tests are struggling to keep up with existing demand.

In December 2017, Health Education England published the first [Cancer Workforce Plan](#), which promises over 5,000 new diagnostic and treatment staff by 2021. Currently, one in ten cancer diagnostic posts in England are vacant. It is anticipated that, by 2035, there will be 150,000 more cancer cases in the UK each year which will increase pressure on diagnostic staff. Cancer Alliances are now responsible for producing local plans (the first by spring 2018) to demonstrate how they will meet these ambitions.

Diagnostic services are essential for diagnosing cancer but are struggling to keep up with demand. The earlier a cancer is diagnosed, the more likely it is to be treated successfully. For example, when bowel cancer is found at an early stage, 9 in 10 people will survive. But when diagnosed later, only 1 in 10 people will survive. It should be noted that, currently, just over half of people with cancer are diagnosed early in England.

Hillingdon Context

In June 2014, Cancer Research UK published local statistics in relation to a range of issues such as cancer survival rates, referrals, routes to diagnosis and screening. Updated figures were published in [September 2018](#). It should be noted that the figures published are for the whole area covered by NHS Hillingdon CCG (rather than for individual constituencies). These figures show that 51.4% of people in Hillingdon aged 60-74 take part in bowel cancer screening which is lower than the national average (59% in 2018; 58.8% in 2014) and a reduction since 2014 (52.3%).

It should be noted that the number of patients with cancer in Hillingdon that were diagnosed through an emergency route has reduced from 24.4% in 2014 to 17.9% in 2018. This is lower than the England average (19.5% in 2018; 23.7% in 2014).

In October 2018, it was announced that plans were in place to park a mobile CT scanning unit in the Tesco car park in Yiewsley for three months and then at Sainsbury's in Hayes. Although screening has been rejected in the past due to concerns over 'false positives', it is thought that screening is more accurate than it was a decade ago. The results from this trial will help to determine whether or not the NHS should introduce a national screening programme for lung cancer.

Service Review at Mount Vernon Cancer Centre

On 10 April 2019, a letter was circulated from NHS England and NHS Improvement advising that concerns had been raised regarding the long-term sustainability of the services provided at the Mount Vernon Cancer Centre, and the environment from which they are delivered. In light of these concerns, NHS England, East and North Hertfordshire NHS Trust (ENHT) which runs the Centre, and the East of England and London Cancer Alliances, have agreed that a review of the services is the best way to understand the issues and plan a way forward.

The Cancer Centre treatment service at the Mount Vernon Hospital is managed by ENHT and delivered from an increasingly ageing estate managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre based in North Middlesex which primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

The review will take place starting in May 2019 and involve peer reviews of (and engagement with) the services, and the involvement of patients, clinicians, non-clinical staff and key stakeholders, giving them an opportunity to influence the shape of Mount Vernon Cancer Centre services into the future. It will also include a piece of work to examine the long-term requirements for the population that the Mount Vernon Cancer Centre serves, based on population health needs and national service specifications, and a separate exercise to look at radiotherapy demand and capacity.

It is anticipated that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. These options will be the subject of much discussion and clinical engagement before any decisions are made about what the future services will look like. Any changes required will be subject to engagement with relevant stakeholders. At this stage, there are no pre-conceived ideas of what the outcome of the review might be.