

EXTERNAL SERVICES SELECT COMMITTEE - MOUNT VERNON CANCER CENTRE

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 the service review at Mount Vernon Cancer Centre.

RECOMMENDATION:

That the External Services Select Committee notes the update provided.

SUPPORTING INFORMATION

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 were 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, agreed that a review of the services was 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 started in May 2019 and involved 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.

On 12 June 2019, Members of the External Services Select Committee received an update with regard to the review. The minutes of this item have been replicated below:

Mount Vernon Cancer Centre (MVCC) Review

Ms Caroline Blair, Programme Director Renal and Cancer at NHSE, advised that a letter had been sent out from NHSE and NHSI - East of England to stakeholders in April 2019. A meeting was being held on 13 June 2019 to look at the options available for the site and it was noted that reviews had been undertaken at the Mount Vernon site at various times. East and North Hertfordshire NHS Trust (ENH), which provided the cancer services at Mount Vernon Hospital, had effectively requested the review of cancer services provided at the site.

The concerns raised by ENH had been in relation to the estate and facilities on the site. In addition, there was no ITU / HDU facility on site. Dr Vaughan-Smith advised that immunotherapy was an expanding area of treatment which meant that there was a growing need to have access to an ITU. However, repairs had been made when issues had been reported. It was noted that there had been a growth in referrals and attendance at MVCC.

Ms Jessamy Kinghorn, Head of Communications and Engagement at NHSE Specialised Services, advised that NHSE had been approached by ENH at the end of March/early April and the review was currently at the data gathering stage. An external review had been commissioned, a site visit would be undertaken the following week and telephone interviews would be undertaken. NHSE would be able to report back on these findings in July 2019. Four patient engagement events/workshops had also been scheduled in North Hertfordshire, West Hertfordshire, Hillingdon and North West London. Focus groups would then be set up to fill any gaps in the feedback. Data was being gathered from other sources such as the national patient survey, a Healthwatch Hillingdon report from last year and the Macmillan Advisory Group. The patient/public voice was being considered alongside the clinical voice.

Members were advised that fifteen hospitals fed into MVCC with 13.09% of the patients coming from Hillingdon. Consideration would be given to the deliverability of various options. It was anticipated that the review would result in a more sustainable service. If options looked like changes would be needed to the patient pathway, an options appraisal/plan would need to be undertaken.

Concerns had previously been raised by Members regarding ENH's ability to be a fit and proper provider. There had been a particularly difficult issue whereby ENH had refused to provide a service unless enormous capital investment was undertaken. It was thought suspicious that ENH had tried to relinquish hospice services and was now looking at its involvement in cancer services. It was unclear how the services at Mount Vernon could remain stable when these issues had already prompted a number of staff to resign.

It was important to provide the best possible service to the best of the providers' ability in the circumstances available. Ms Kinghorn advised that clinicians were currently working up options and she would need to come back to a future meeting to talk through these options once determined.

Members queried who would be responsible for any expenditure that would be needed on the building as a result of the MVCC review. Ms Kinghorn advised that she would need to investigate this matter further and would provide the Democratic Services Manager with a definitive response for circulation to the Committee as soon as possible. It was suggested that, if The Hillingdon Hospitals NHS Foundation Trust (THH) was responsible, it would be worth liaising with the Trust so that they could identify where the money might come from as they already had a £26m deficit. Ms Kinghorn advised that THH was part of the Programme Board so she would be able to ask the question at their next meeting.

Mr Nguyen advised that the majority of patients in North West London were from Hillingdon. He noted that there was an immediacy needed with regard to engagement with staff. It was also suggested that a relocation to Lister Hospital would not be good for Hillingdon residents. However, it was thought that, if a decision was made to move the service to Stevenage, it was likely that Hillingdon patients would go to a London hospital such as the Royal Marsden. Mr Nguyen advised that a request had been made to include Hillingdon's Clinical Lead on the Programme Board.

Ms Kinghorn will be providing Member with an update on progress made to date with regard to the review.