

Mount Vernon Cancer Centre Strategic Review

Stakeholder Update – August 2022

This briefing provides the latest update on the Mount Vernon Cancer Centre (MVCC) Strategic Review. The MVCC Programme Board met in July 2022 to review and discuss the available options for progressing changes to, and securing the sustainability of the current service at MVCC.

Programme Board members reviewed, compared, and discussed options for making the service re-provision proposals more affordable, and reviewed the preferred option – relocating MVCC services to a new cancer centre which would be on the same site as Watford General Hospital.

The preferred option was developed following an independent clinical review that concluded services needed to be located on an acute hospital site – a main hospital with a range of medical services that are not available on the current site. Proposals have been developed in collaboration with a wide range of stakeholders, including patients, public and staff, and reviewed by the Clinical Senate. Relocation to Watford would provide access to critical care beds and necessary medical support, and provides the least disruption to current patient travel times. If you would like more information about the preferred option, please visit: [What are we proposing? | Mount Vernon Cancer Centre Review \(mvccreview.nhs.uk\)](https://www.mvccreview.nhs.uk)

It was acknowledged that with rising inflation and other pressures, funding for large capital projects in the NHS is under immense pressure. At the Programme Board, there was a strong and unanimous view that relocation of the full service to Watford remains the preferred option. Significant concerns were aired about the deliverability, affordability, and sustainability of any other options. The Board also noted that further delays in reaching a final plan could make recruiting and maintaining a workforce more difficult.

Since our last MVCC update, the board at West Hertfordshire Teaching Hospitals NHS Trust has also re-confirmed its commitment to developing a new hospital at the current Watford General Hospital site and also to refurbishment, and some new build at its other hospitals. Further information on this can be found at <https://www.westhertshospitals.nhs.uk/investinginourhospitals/>

Following the MVCC Programme Board meeting, we have prepared some questions and answers:

What have you heard from the New Hospitals Programme?

We have heard no further news since our last update at which time an announcement regarding the additional eight schemes to be added to the New Hospital's Programme was expected in the Spring. There has been no announcement and we have not been advised of a revised date for the decision.

Is the proposal to move MVCC to Watford still moving forward?

While we wait for the decision of the New Hospital Programme, we are continuing to update and develop the detail of the preferred option. However, until capital funding for the project is secured, the next key phase of work - a public consultation - cannot begin.

Over the last few months, the MVCC Review team has been re-examining the preferred option to see if there are any variations that could be looked at. This includes consideration of whether services can be moved to the new site in phases and whether there could be any services that might not need to be provided from the new cancer centre.

NHS England



Have any alternative options been considered?

Yes. In addition to a preferred option, as part of the business case, an examination of other scenarios is required, including a 'do nothing' and 'do minimum' option. Neither of these would deal with the challenges Mount Vernon is facing. They are therefore unacceptable to the Programme Board, and the clinical and commissioning teams as long-term solutions.

The NHS England team has also looked more broadly at a range of alternative options. Patients have had input into the development and consideration of all options through the patient and public workshops, Patient Reference Group, and involvement of Healthwatch and other stakeholders.

This has included a piece of work to understand what would be needed to sustain services on the current site until a long-term solution could be found, and how long it would be before workforce, building, or clinical challenges meant maintaining services became impossible.

A further option that has been explored looks at how specialist cancer services could be provided regionally. The MVCC services are currently provided for patients in East of England, North London and the South East, and the MVCC Review team and local Integrated Care System (ICS) leaders are considering whether there might be other ways to accommodate the patients and services of MVCC within their own regions. This would in effect mean that residents of the three NHS regions covered receive treatment at a cancer centre within their region:

London - Approximately 27% of current MVCC service activity is for patients from North Central and North West London. A 'regional' option assumes that most MVCC patients from the London region would be treated at an existing cancer centre within London. This would require additional capacity and capital investment, particularly for radiotherapy.

South East - Patients from the South East – mainly Buckinghamshire and East Berkshire – make up just over 10% of the MVCC patient population. A 'regional' option would mean new additional capacity would be required in the South East for radiotherapy, chemotherapy, and diagnostics. In addition, service redesign would need to take account of health inequalities, particularly in the Slough area, and the challenges of transport.

East of England - Most MVCC patients – 63%, come from Hertfordshire, Luton, and Bedfordshire in the East of England NHS Region. Given this large geographic area, the number of patients and the lack of alternative specialist cancer care within a reasonable distance, consideration has been given to the creation of a smaller specialist cancer centre for East of England patients. Luton & Dunstable Hospital, Stevenage (Lister) Hospital and Watford General Hospital are being considered as possible host sites, due to their location and access to required clinical services. Each site is being evaluated for potential impact on patient travel times, health inequalities, and cost. Consideration will also be made as to whether the cancer centre would be large enough to function as a specialist cancer centre and attract and retain the expert staff needed. The patient reference group continues to provide the important patient perspective.

The Programme Board is in agreement that this regional based solution is less desirable than the preferred option of moving the whole service to the site in Watford, with challenges in deliverability and sustainability identified.

Investigation of alternative funding sources is continuing, in addition to the existing application to the New Hospitals Programme.

NHS England



What is happening at the MVCC site in the meantime?

A programme of work has been developed looking specifically at sustaining services on the current site, as a temporary measure. This has been described as a way of creating a 'bridge' between the present situation and either a new cancer centre or an alternative long-term solution. It is acknowledged by the clinical and commissioning teams, and the Programme Board, that sustaining services on the current site can only be short-term and cannot be a solution in itself due to the lack of wider clinical services on the site and the extensive maintenance required of the older buildings.

While the Mount Vernon Cancer Services Review seeks a long-term solution, improvements and investments that can be made in the short-term continue.

Some changes that have been made since the beginning of the Review include the addition of a new SPECT-CT, (a single-photon emission computerized tomography, or SPECT-CT, is a type of nuclear medicine scan where the images from two different types of scans are combined together to create 3D pictures, used in radioiodine therapy), as well as the creation of 7 additional outpatient rooms in the old patient's accommodation block and refurbishments to the current outpatient department. A [fern garden](#) was installed with the help of donations, creating a peaceful oasis for patients, and a new therapies rehabilitation gym is due to open next month. The Paul Strickland Scanner Centre is also planning an [upgrade](#), adding two new MRI scanners and a new PET-CT scanner in the next year.

In March we reported that £7.5 million had been set aside to ensure the building is maintained and can provide the best possible care over the next few years whilst the long-term plans are developed. Detailed survey works on the site are underway and the first package of works for the chemotherapy suite, ward, main outpatients and Chart Lodge are out for tender and costing.

These types of investments are critical to sustaining a comfortable and safe patient and staff environment in the short-term. A sustainability group - including members from NHS England, East and North Hertfordshire NHS Trust, Hertfordshire and West Essex Integrated Care Systems (ICS), and Hillingdon Hospital NHS Foundation Trust continues to review and monitor service conditions to ensure safe services are maintained.

How have patients been involved recently?

The Patient Reference Group continues to meet regularly and provide essential input to the Review. The group met in July to discuss the options outlined in this briefing. They restated their view that the preferred option is the best solution, and confirmed the importance of a service for Hertfordshire and Bedfordshire. The group agreed that if an alternative regional option had to be pursued, Luton, Stevenage, and Watford were the best options for the East of England. The group stressed the need to focus on improving cancer outcomes, ease of access across the whole area for all patients, and strong networks of clinicians through the patch. Once the outcome of the New Hospitals Programme is known, more opportunities for patient and community engagement will be scheduled.

What are the next steps?

Assessment and narrowing of the available options will move forward in the next month involving NHSE, ICSs, UCLH (University College London Hospital) and ENHT. Further discussions around capital funding opportunities and next steps will be undertaken with the national finance team.

In the autumn, the Programme Board will also review and discuss networked radiotherapy options which were outlined in the last briefing.

If you would like to find out more, visit www.mvccreview.nhs.uk. If you cannot find the information you are looking for on the website, please contact engagement.east@nhs.net.

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Version PUBLIC V 1.0