

Mount Vernon Cancer Centre Strategic Review

Stakeholder Update

December 2022

1. Introduction

This briefing provides the latest on the Mount Vernon Cancer Centre (MVCC) Strategic Review. The MVCC Programme Board met in December 2022 and discussed the proposed criteria to be used to determine the location for a networked radiotherapy unit, a proposal for Chemotherapy at Home, and investment into the Northwood site as an interim measure to bridge to the long-term relocation.

2. Latest on the preferred option

We have not yet heard from the New Hospital Programme following the submission in 2021 of an expression of interest by University College London Hospital (UCLH) - who would run the relocated service - for funding to relocate MVCC. However, we have been having extremely constructive conversations with the national team about other routes to capital funding, and remain optimistic we will reach a conclusion over the next few months.

It is widely accepted there is an urgent need to re-provide Mount Vernon cancer services on an acute hospital site, and it remains the preferred long-term option, and the right one for patients.

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 full 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 a review by the Clinical Senate - and a site adjacent to Watford General Hospital was identified as the preferred venue for the relocated service. Relocation to Watford would provide access to critical care beds and necessary comprehensive medical support, and with some additional service provision in North West London, improves journey times for most patients. If you would like more information about the preferred option, please visit: [What are we proposing? | Mount Vernon Cancer Centre Review \(mvccreview.nhs.uk\)](#). The Programme re-reviewed the options for the future of Mount Vernon's cancer services earlier this year and all stakeholders continue to support this preferred option.

The dedicated staff at MVCC have been working extremely hard over many years to ensure patients receive a safe and efficient service despite the significant challenges of poor buildings and a lack of other medical facilities on the same site. Waiting times for treatment are amongst the best in the country. The team will keep doing their best for their patients, and to provide support to cancer services at other hospitals, as they have throughout the Covid-19 pandemic.

We will keep working together with our partners - East and North Hertfordshire NHS Trust, NHS England and UCLH, with patients, carers, staff, Healthwatch, the Cancer Alliances, the new Integrated Care Boards, and other organisations providing cancer care, to ensure patients can access the care and treatment they need, whilst continuing to work with national colleagues on the long-term future. Our next meeting with the national team is in mid-January 2023.

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3. Care Closer to Home

- **Networked Radiotherapy**

MVCC provides over 52,000 radiotherapy fractions (sessions) each year. The independent clinical review in 2019 recognised the long travel times experienced by a significant proportion of patients in the north of the catchment area and proposed an additional radiotherapy site to improve access by reducing travel times. Public and patient engagement indicated strong support for an additional unit.

Under the proposals, there would be a radiotherapy service at the new Cancer Centre in Watford, with either no networked radiotherapy unit, or a networked radiotherapy unit in Stevenage or Luton.

Feedback from patients and the public, patient representatives, carers, staff and stakeholders helped develop the set of criteria for agreeing any proposal for networked radiotherapy. In January 2022, the Patient Reference Group fed back that Watford remains too inaccessible for some patients and expressed support for the networked radiotherapy proposal. They felt the ability to meet core standards and quality requirements was the most important criteria, followed by improving access for service users in deprived populations. Improving transport, access, and cancer outcomes, particularly in areas of poorer outcomes, were also key issues.

A joint East of England and London Clinical Senate review took place in April (find it [here](#)). They concluded that the “criteria were appropriate and covered all key aspects” and that “improved health outcomes for all and a reduction in health inequalities should be elevated above all.”

The criteria were discussed at two workshops earlier this year. They include clinical quality, patient access, health inequalities, integration with co-located services, workforce and patient experience. All stakeholders agreed on the criteria, but could not reach consensus over how they should be weighted in relation to the relative importance of reducing health inequalities compared to patient access. Whilst consensus was not reached, the Programme Board discussion was considered to be a useful conversation with more work needing to be done over the coming months.

Further consideration of imaging in relation to networked radiotherapy was also agreed following input from the Paul Strickland Scanner Centre. A further meeting will take place in January 2023 to try to reach a resolution.

- **Chemotherapy at Home**

At the MVCC Board, Head of Pharmacy at East and North Herts NHS Trust, Vikash Dodhia, presented some of the work the team has been doing to reduce the number of visits patients need to make to MVCC for chemotherapy.

Throughout the review, patients and stakeholders have called for plans to go beyond the relocation of the centre, into other ways to improve access, particularly for those living furthest from MVCC. In addition to a new Chemotherapy service at Hillingdon Hospital and expanded service at Northwick Park, the team has been developing and trialling an innovative model of Chemotherapy at Home which it hopes to roll out ahead of the relocation of MVCC.

Treatment options for patients, particularly on some of the common tumour types, such as breast cancer, melanoma, and renal cell cancer are expanding. There are many more options and lines of treatment coming online. In the last four months, four new treatments have been approved nationally.

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These four new treatments would be suitable for around 260 new MVCC patients a year, who would otherwise not be receiving treatment and be on 'watch and wait' reviews as no appropriate treatments existed. This would mean an additional estimated 2,577 visits to MVCC to receive treatment, and 2,827 outpatient appointments. This increases the demand on services at the site, including the medical, nursing and pharmacy workforce.

With the challenges of the ageing buildings and difficulties recruiting to the site at a time when the future of the services is still unconfirmed, trying to expand the workforce is difficult. Accordingly, the team have needed to think innovatively about how these treatments can be delivered and bring forward some of the thinking around Chemotherapy at Home.

The team began by looking at treatments for breast cancer including running a pilot with patients injected with the drug Trastuzumab. This treatment consisted of 45 appointments of about 80 minutes at MVCC per patient per year. Through developing Chemotherapy at Home, patient self-administration reduced this to nine visits to the site per year for each patient.

The trial consisted of home delivery of pre-filled syringes, in hospital nurse-led training, educational material, a support app and follow-up, and evaluation of the programme from a patient's perspective. Patients could choose to participate if they met a range of criteria, including consideration of their health, dexterity, and prior reactions to treatment.

Patients reported finding it very easy to administer, and said it saved them time and travel, and gave them more freedom. They liked the information and patient app with step by step guide and contact numbers, and said the programme had a positive impact on their life. Patients were able to travel, and go on holiday, (even abroad) with their syringes, and one patient had their treatment delivered to them whilst on holiday in Cornwall.

The East of England cancer strategy has looked at this pilot and recommended it as a safe and effective approach. There are now about 30 patients on this trial.

The Programme Board complimented the MVCC team on the pilot, and their innovation despite the situation and the buildings they are working from. Board members described the work as "exemplar" and excellent clinical practice that the team should be proud of, and noted that this was a timely and positive reminder about the quality of care being delivered at MVCC. The team plan to continue to innovate in this area and consider more ways to deliver more treatments closer to home for patients.

4. Fabric Improvement Programme

Whilst we continue to plan for the long-term future of Mount Vernon cancer services, investment continues to be made into existing buildings and infrastructure to ensure they can continue to provide services and meet the needs of patients until the service relocates. £7.5 million has been invested this year and work has already begun on improvements to the Chemotherapy Suite and main Outpatients Department.

Work to meet mandatory fire requirements in the main building and fire, water safety and other improvements to wards 10 and 11 are also about to start. Work on the Elliott Building, Nuclear Medicine and main building will begin in the first half of next year.

Investment in current facilities is not a long-term solution, in large part due to the lack of co-located services on the site and the impact that has on the care that can be provided at MVCC. The Programme Board is very aware of the need to strike the right balance of making good use of taxpayers' money and ensuring the current facilities can enable appropriate treatment and care of patients whilst a longer-term plan is agreed and implemented.

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