

# MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW

<b>Committee name</b>	Hillingdon Health and Social Care Select Committee
<b>Officer reporting</b>	Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	All

## HEADLINES

To remind and update Committee Members on proposals for changes to Mount Vernon Cancer Centre services, and what this might mean for Hillingdon patients.

To update the Committee with proposals to proceed to public consultation on plans for the future of Mount Vernon Cancer Centre (MVCC) services.

This follows a number of previous papers to this Committee (and its predecessor) that have provided early briefings on the case for change, the development of proposals and the involvement of patients and the public.

## RECOMMENDATIONS

**That the Health and Social Care Select Committee:**

- 1. notes the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation;**
- 2. considers how it wishes to be involved in this process and confirm it wishes to participate in a Joint Health Overview and Scrutiny Committee (JHOSC) later this year; and**
- 3. considers the role of vice chair on the JHOSC.**

## SUPPORTING INFORMATION

### 1. Background

NHS England has been working jointly with the NHS and other partners in Hertfordshire, North West London, Bedfordshire, Buckinghamshire, East Berkshire and North Central London, to lead a review of Mount Vernon Cancer Centre services. This followed the report of a 2019 Independent Clinical Advisory Group which stated:

*“There is increasing concern as to whether high quality, safe and sustainable oncology services can continue to be delivered within the existing organisational framework and there is an urgent need to address this concern.”*

They made several findings, including:

- Maintaining safety of patients cannot be guaranteed in the near future – status quo is not an option – there is a need for urgent action.

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- To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
- Deskilling of existing inpatient nursing staff as acutely unwell patients transferred out. Loss of ability to undertake practical interventions on site, e.g., draining ascites.
- Need for an inpatient integrated service in order to manage acutely unwell patients (due to unpredictable toxicities of immunotherapies, intensive chemotherapy / radiotherapy regimens and comorbidities). Concern about the quality of integrated care for patients currently transferred out to non-specialist district general hospitals (DGHs) impacting upon patient management
- Dividing up the existing catchment to surrounding providers would be unacceptable due to disrupted patient flows, insufficient capacity and access concerns, loss of workforce cohesion and commitment.

## **2. Response to the independent clinical review**

The response to the report culminated in the development of a proposed solution to relocate the Mount Vernon Cancer Centre to an acute hospital site, with Watford being identified as the preferred solution. This followed a significant amount of patient and public involvement and has been presented to this committee previously. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.

The independent panel also recommended the cancer centre should be run by a specialist cancer provider and not a DGH as at present. Following a process, UCLH was identified as the preferred future provider to manage the service once capital had been identified to proceed with the relocation. UCLH is working with commissioners and East and North Hertfordshire NHS Trust (the current provider) to develop proposals for the future.

## **3. Clinical Senate**

The East of England Clinical Senate reviewed the proposals in 2021. Their subsequent report supported the recommendation for a new, single-site specialist cancer centre on the Watford Hospital site, as well as improved local access to services such as chemotherapy and radiotherapy at linked sites.

The Clinical Senate made recommendations around IT, access to services and transport, and the addressing of social and health inequalities which have been taken forward by the programme team. This has included:

- An IT workstream looking at the digital infrastructure;
- The launch of a chemotherapy at home service to improve access;
- A transport pilot in Luton; and
- Extensive work to understand and identify and response to health inequalities, such as the inclusion of a heavily weighted criteria to reduce health inequalities as part of the decision making process on networked radiotherapy.

## **4. Capital Funding**

During the summer of 2021, the Department of Health and Social Care announced that all new hospital capital requests were to be made through the New Hospital Programme and invited Expressions of Interest from schemes. In September 2021, UCLH submitted an expression of

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interest which, after 18 months of consideration, was unsuccessful when the additional schemes were announced in May 2023.

Discussions have continued with national colleagues. These have included a thorough assessment of potential alternatives and of the implications of not proceeding. The capital costs associated with the relocation, including networked radiotherapy, are in the region of £400m at 2024 prices. Assessment of the costs of dispersing the service to cancer centres in Cambridge, Oxford and London showed a similarly high level of capital would be required as the capacity is not currently available elsewhere.

Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services whilst the capital issue is resolved.

## 5. About the Cancer Centre

The Mount Vernon Cancer Centre in Northwood, Middlesex provides non-surgical specialist cancer care for patients across Hertfordshire, North London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT), which is mainly chemotherapy and immunotherapy.

The services are run by East and North Hertfordshire NHS Trust, which is a district general hospital trust within the Mount Vernon catchment area. They cover a population of more than two million people with approximately 13,000 patients attending the centre each year.

## 6. Impact on Hillingdon

The North West London Integrated Care Board (NWL ICB) is a significant partner in the development of the proposals, with around 32% of the total MVCC patient population (4,147 NWL patients in 2023/24). The majority of these patients received chemotherapy (849 patients), radiotherapy (1,359 patients) or outpatient appointments (4,028 patients).

Service	NWL number of patients	NWL activity	MVCC total patients	MVCC total activity
Chemotherapy	849	5,583	2,706	17,940
Radiotherapy	1,359	18,634	4,623	58,825
Outpatient - attendance	2,635	9,115	8,224	25,918
Outpatient – telephone appointment	3,428	14,011	10,519	44,093
Outpatient – procedure	399	2,119	1,053	5,277
<b>Total</b>	<b>4,147</b>	<b>63,290</b>	12,958	178,022

The majority of these patients are from the former Hillingdon and Harrow CCG areas, with 1,866 Hillingdon patients and 1,089 Harrow patients attending MVCC. In 2023/24, the 1,866 Hillingdon patients, had 29,084 interactions with MVCC between them.

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North West London has seen a notable increase (12%) in radiotherapy activity since 2019, against a marginal increase elsewhere in the catchment (with the exception of an increase of 19% in Buckinghamshire and decrease of 17% in Bedfordshire, Luton and Milton Keynes).

The table below shows patient figures from all areas for the 2023/24 financial year.

<b>Region:</b>	<b>Number of patients 2023/24 (former CCG footprints)</b>	
Hertfordshire and West Essex ICB		5,549
West and South Hertfordshire	3,682	
East and North Hertfordshire	1,862	
Bedfordshire, Luton and Milton Keynes ICB		1,491
Bedfordshire	790	
Luton	685	
North West London ICB		4,147
<b>Hillingdon</b>	<b>1,866</b>	
Harrow	1,089	
Brent	648	
Ealing	509	
North Central London ICB		139
Barnet	106	
Frimley Health ICB		397
East Berkshire	392	
Buckinghamshire, Oxfordshire and Berkshire ICB		967
Buckinghamshire	930	
All other areas	345	
<b>TOTAL</b>		<b>12,972</b>

## 7. Care Closer to Home

Watford General Hospital is the closest hospital site to the current Northwood site and the most central to the catchment overall. In evaluation it was the only site that met all of the criteria for clinical co-location and patient access.

Travel mapping shows that Watford was the site with the fewest journey times over 45 minutes and that, on average, Hillingdon residents would have travel times of under 30 minutes, one of the shortest in the Mount Vernon Cancer Centre catchment. However, this is longer than the average journey time to the current site and so plans have been developed to increase options for care closer to home and reduce the need to visit the new site.

For patients from Hillingdon, this includes:

- A new chemotherapy at home service. This was launched for appropriate patients on one of four chemotherapy treatments in 2023 with the potential to roll out further.
- A new chemotherapy unit at Hillingdon Hospital to enable Hillingdon residents to have non-complex chemotherapy and some immunotherapy treatments at Hillingdon Hospital instead of MVCC.
- Additional radiotherapy at Hammersmith Hospital for patients in the South of Hillingdon who would find Hammersmith easier to access than Watford.

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- Arrangements to ensure blood tests for MVCC patients can be carried out at Hillingdon Hospital to reduce the need for patients to travel long distances for minor tests and procedures. This will involve shared care arrangements between the two organisations and improvements to digital patient records.

## 8. Summary of Proposals

The key proposals of the Mount Vernon Cancer Centre review are summarised below.

- From 2024/25\*: Increased chemotherapy facilities at Northwick Park so that more patients can have chemotherapy nearer to where they live;
- From 2024/25\*: Increased radiotherapy capacity at Hammersmith Hospital to extend choice of treatment provider to patients in Brent, Ealing and the South of Hillingdon;
- From 2027/28\*: An additional networked radiotherapy unit serving the north of the area – at either Luton or Stevenage, opening ahead of the new MVCC when the next Linear Accelerators are due to be replaced;
- From 2030\*: A new chemotherapy service at Hillingdon Hospital – upon opening of the new Hillingdon Hospital;
- Proposal for the preferred option of relocation of the specialist cancer centre into a purpose-built facility on a main hospital site in Watford as soon as funding is made available; and
- Bringing the haematology service for the population back into the area (to Watford from UCLH), once a new MVCC is constructed, and creating an acute haematology ward within MVCC for Watford General Hospital patients

*\*Best current estimate. Dates are subject to range of external factors and the availability of capital.*

## 9. Plans for Public Consultation

An engagement and consultation planning group has been established with three regional sub-groups to plan public consultation. These include involvement from a broad range of partners. Throughout the consultation, a wide range of activities will take place across the Mount Vernon Cancer Centre catchment area. This will include:

- Face to face and virtual public meetings
- Consultation hearings where people can present evidence to the panel
- Events and focus groups
- Roadshows at the cancer centre
- Consultation documents and surveys at public libraries, hospitals, etc.
- Videos and other digital material to support information and decision making
- Individual or organisational responses and submissions
- MVCC review website

A dedicated resource is to be sought to support the consultation, which will also be subject to a Quality Assurance process from the Consultation Institute. Some further pre-consultation engagement will take place following the general election and prior to the start of the public consultation which is anticipated to be November 2024. The pre-consultation engagement began with a meeting of the patient reference group on Monday 8 July 2024. Consultation documents and materials are currently being drafted.

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## 10. Health Scrutiny

A Joint Health Scrutiny Committee is being established and councils in former CCG areas referring more than 100 patients to MVCC will be asked to consider how they would like to be consulted through the public consultation. There are 13 scrutiny committees that fit this criteria:

- 4 in the East of England
- 4 in the South East
- 5 in London

This includes the London Borough of Hillingdon.

An initial meeting with officers has been held, with 11 of 13 scrutiny committees represented, including Hillingdon Health and Social Care Select Committee. Hertfordshire County Council will chair the Joint HOSC as more than half the patients are from Hertfordshire. The local authority with the next largest number of patients is Hillingdon, who, subject to agreement of the Council, will take on the role of vice-chair.

The Hertfordshire Head of Scrutiny has proposed an approach that would see the JHOSC meet to discuss different themes, with the possibility that some local authorities opting in to participate in individual themes that are of interest to them without having to attend every meeting. Such themes could include radiotherapy and transport and access.

Smaller numbers of patients come from authorities across England and beyond (for example, Yorkshire and the Isle of Wight). There will be formal communication with these authorities although they will not be asked to participate in the JHOSC.

## 11. Patient and Public Engagement

Various surveys and more than 100 focus groups have been held in the development of these proposals. This has been reported previously to this Committee. Further information can be found here: <https://mvccreview.nhs.uk/6506/widgets/19100/documents/60532>.

There will be further opportunities for Hillingdon residents to get involved before, during and after the consultation.

A patient reference group has been running for a number of years with regular attendance from Hillingdon representatives, and Healthwatch Hillingdon has been involved both on the Programme Board and the Engagement and Communications Group.

Further information about the background to the review, why things need to change, what is happening, and how to get involved, can be found at [www.mvccreview.nhs.uk](http://www.mvccreview.nhs.uk).

## 12. Recommendations

Hillingdon Health and Social Care Select Committee is asked to note the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation. The Committee is also asked to consider how it wishes to be involved in this process and confirm it wishes to participate in a Joint Health Overview and Scrutiny Committee (JHOSC) later this year. The Committee is further asked to consider the role of Vice Chair on the JHOSC.

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