Mount Vernon Cancer Centre Review Update – Nov 2020

NHS England and NHS Improvement

This pack provides information on:

- What is the Mount Vernon Cancer Centre Review
- Why do we need to make changes?
- What has happened so far?
- Who is overseeing the review?
- What is happening now?
- What happens next?
- Timescale
- Our biggest challenges
- Questions and Answers

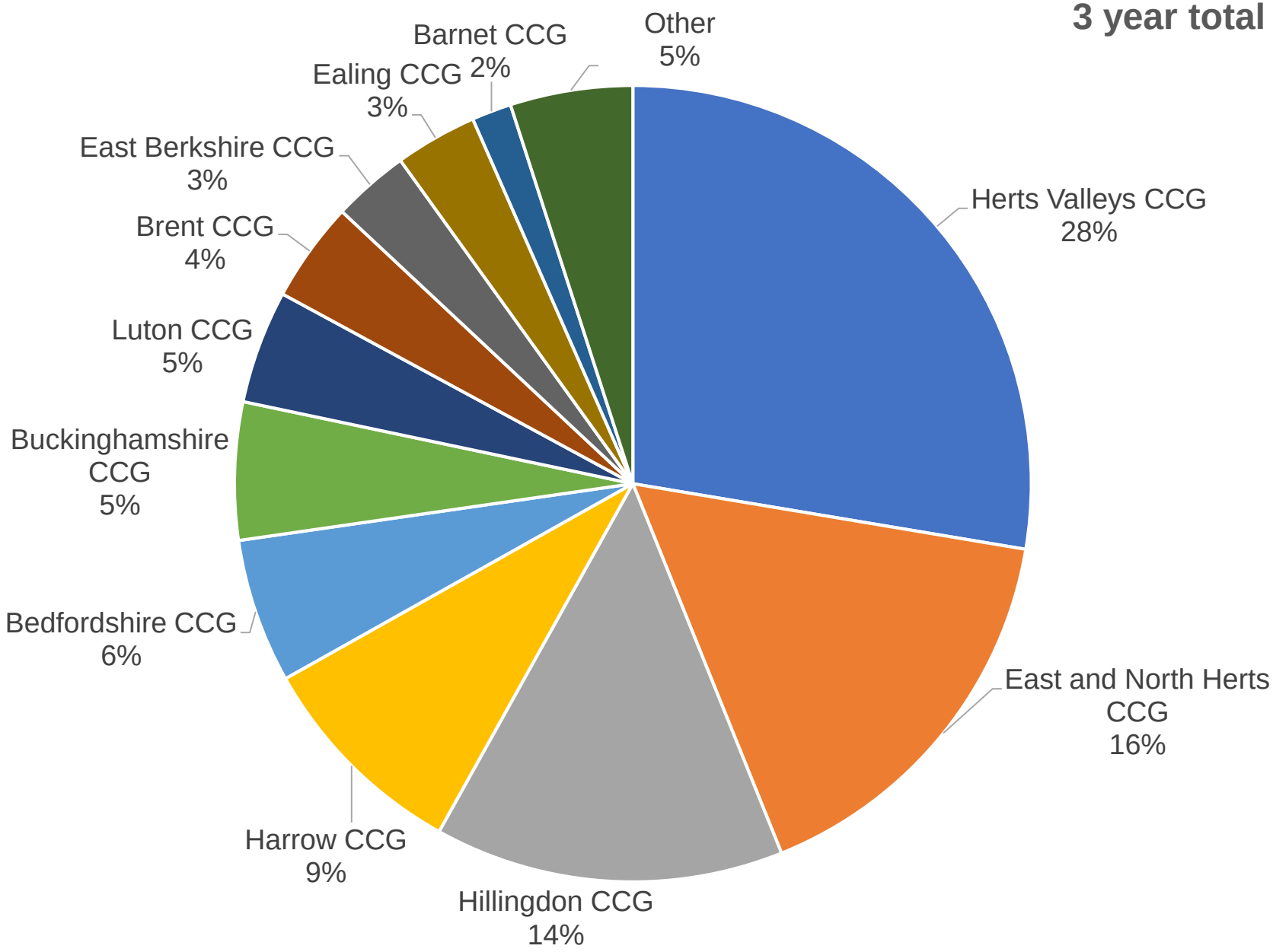
What is the Mount Vernon Cancer Centre Review?

- The review is looking at all of the cancer services provided by Mount Vernon Cancer Centre and thinking about how they might need to change in the future.
- This includes outpatient chemotherapy, nuclear medicine, brachytherapy and haematology, provided by the Mount Vernon team, as well as radiotherapy and inpatient services.
- These services are provided at Mount Vernon but oncologists from Mount Vernon also run outpatient clinics at many local hospitals in the areas patients come from.
- Patients generally come from Hertfordshire, Bedfordshire, North West London, North Central London, Berkshire and Buckinghamshire, as well as a few from further away.
- An independent clinical team from a major cancer centre in a different part of the country, has made some recommendations about changes that are needed in the short, medium and long term.

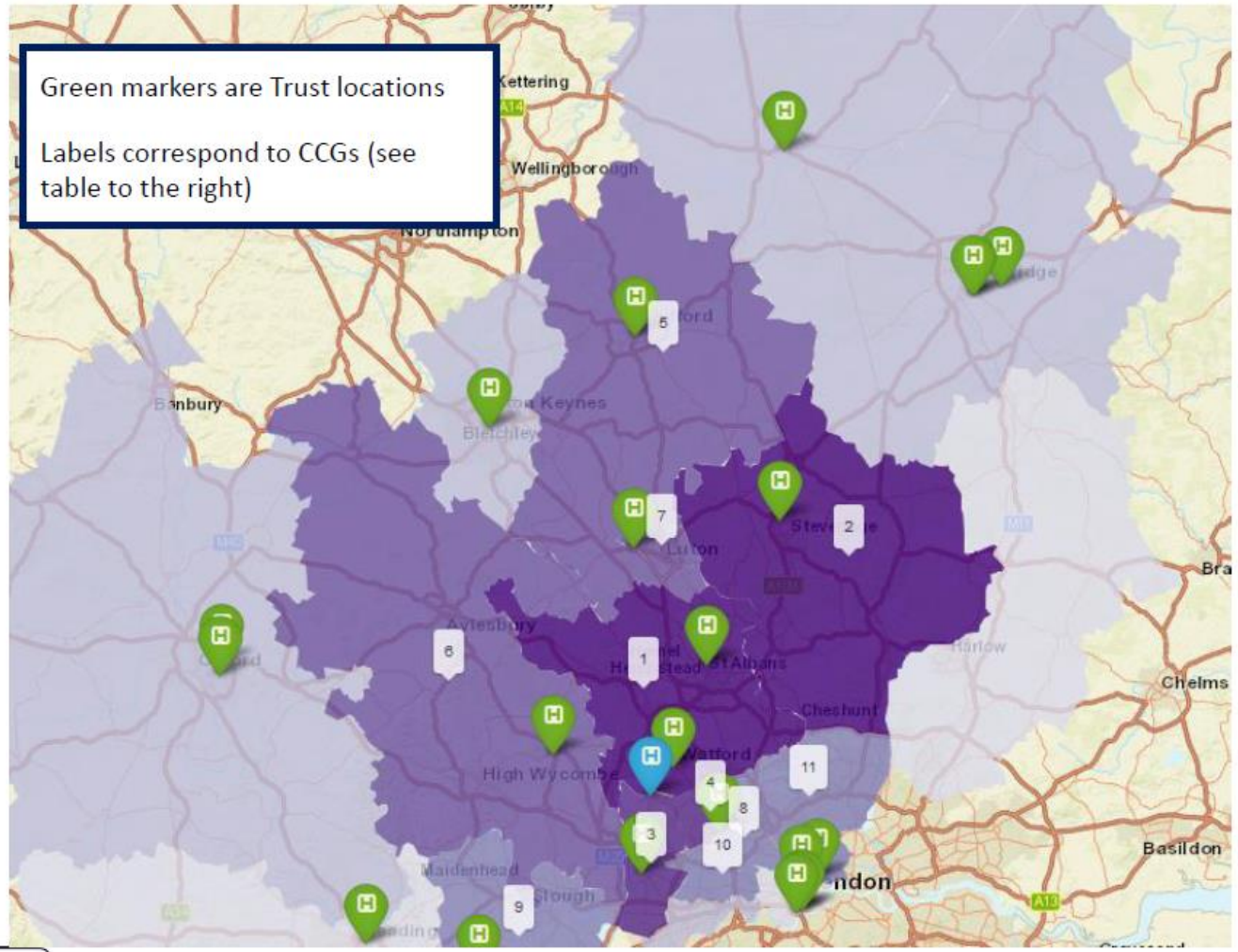
Geographical Distribution of Patients

	CCG	2017-18	2018-19	2019-20	3 year total	%
	Herts Valleys CCG	3,515	3,375	3,364	10,254	29%
	East and North Herts CCG	1,612	2,215	2,212	6,039	17%
	Hillingdon CCG	1,804	1,753	1,702	5,259	15%
	Harrow CCG	1,099	1,075	1,080	3,254	9%
	Bedfordshire CCG	661	714	800	2,175	6%
	Buckinghamshire CCG	733	625	715	2,073	6%
	Luton CCG	550	543	612	1,705	5%
	Brent CCG	508	491	512	1,511	4%
	East Berkshire CCG	394	374	385	1,153	3%
	Ealing CCG	388	397	454	1,239	3%
	Barnet CCG	246	214	137	597	2%
	Other	527	714	603	1,844	5%

3 year total


Herts Valleys CCG
28%
East and North Herts CCG
16%
Hillingdon CCG
14%
Harrow CCG
9%
Bedfordshire CCG
6%
Buckinghamshire CCG
5%
Luton CCG
5%
Brent CCG
4%
East Berkshire CCG
3%
Ealing CCG
3%
Barnet CCG
2%
Other
5%

MVCC Catchment – patients attending MVCC 2019



Label	CCG	Unique Patients
1	NHS Herts Valleys CCG	3,056
2	NHS East and North Hertfordshire CCG	2,155
3	NHS Hillingdon CCG	1,550
4	NHS Harrow CCG	1,036
5	NHS Bedfordshire CCG	747
6	NHS Buckinghamshire CCG	645
7	NHS Luton CCG	616
8	NHS Brent CCG	394
9	NHS East Berkshire CCG	381
10	NHS Ealing CCG	346
11	NHS North Central London CCG	196

* Only CCGs with >100 patients are labelled

Why do we need to make changes?

- There have been a lot of reviews of Mount Vernon over the last 40 years, but it has always been difficult to find the right answer.

"The future of Mount Vernon Hospital has been a concern since I was first elected in 1979"

John Wilkinson MP

"I am sure that we shall achieve a reconfiguration for Mount Vernon Hospital that is clinically coherent and financially viable"

Paul Boateng, Under Secretary of State for Health

Hansard 1998

- As a result, the buildings are in a bad state, staff aren't always able to provide the care and treatment they would like, and patients care is sometimes split across different hospitals. This cannot continue.

Why do we need to make changes?

- Many of the buildings are not in a good state of repair, and concerns have been raised in relation to the long-term clinical sustainability of the Cancer Centre.
- Limited support facilities on site (for example intensive or high dependency care), and there are no other specialties on site so non-cancer specialty staff to call on if needed (cardiology for example). This limits the team's ability to deliver complex oncology care. This means:
    - Some newer treatments and research trials have high levels of toxicity. Without services such as high dependency or intensive care, patients will not have access to the latest treatments.

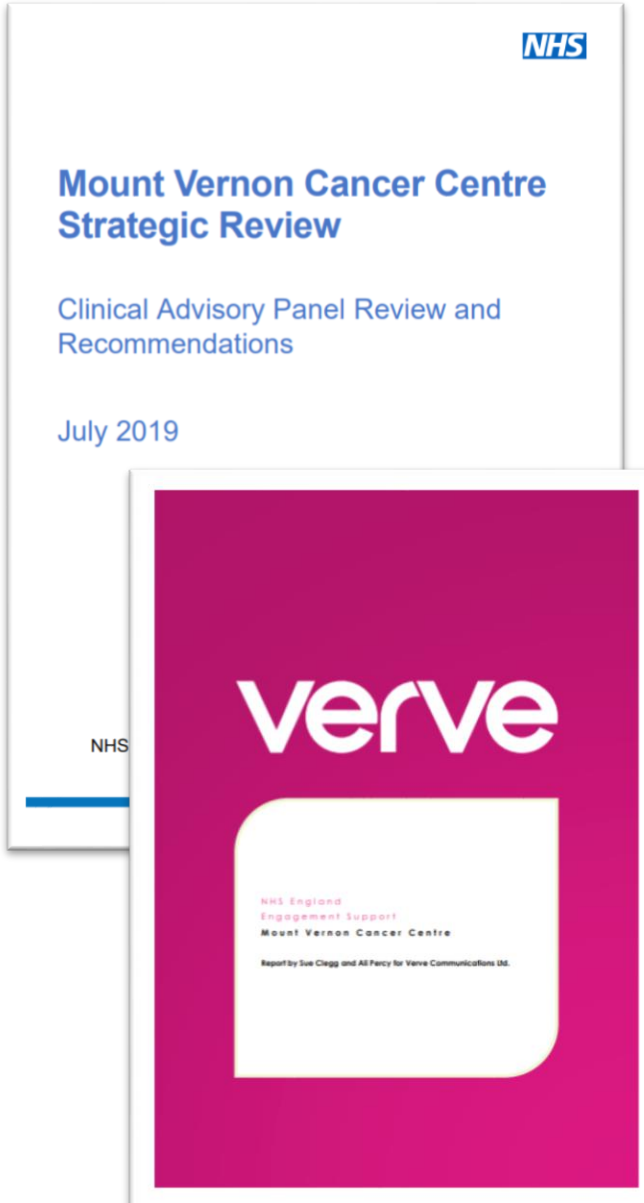
Why do we need to make changes?

- As people live longer, more people with cancer are also living with other illnesses or conditions which require treatment alongside their cancer treatment. This cannot be done at MVCC.
- The Mount Vernon have arrangements with 16 other hospitals to provide the support that is not available at MVCC – this can cause problems when those other hospitals have their own priorities, such as anaesthetics support during the first covid peak.
- This also means patients have to travel much further for some treatment, for example patients requiring treatment for haematological malignancy travel to UCLH.
- Staff want to be able to treat more complex patients to develop their skills and become experts in their field and there is a risk that Mount Vernon will not be able to recruit and retain staff if a long term solution is not agreed.

- Staff have done a good job, despite the conditions, in providing high quality treatment and ensuring patient safety. Patient feedback regularly shows that most patients are happy with the services they receive. However, a more permanent solution needs to be found to ensure the sustainability of the services in the long term.
- We want to organise services in ways that provide the best modern care for patients, including access to research trials and new technology and treatments, from good quality facilities.

What has happened so far?

- Reviewing of data (for example to improve understanding of where patients are referred from, for what services, how often they attend Mount Vernon)
- Interviews with clinical staff, stakeholders and patients
- Review of existing patient experience information
- Patient workshops (Tottenham Court Road, Uxbridge, Mount Vernon, Stevenage, Watford and Luton), survey and interviews with groups representing protected characteristics to inform early thinking and criteria
- Independent Clinical Review
- Response to short and medium term recommendations
  - New appointments and funding of additional staff (for example in the acute oncology service)
  - New policies (for example on admission criteria)
  - Increased ward rounds
  - Reviews of patients transferred to other hospitals
  - Planning to transfer management of service to specialist provider- UCLH (subject to due diligence)



Who is overseeing the review?

- The review is run by a Programme Board which is led by the Regional Director of Specialised Commissioning for NHS England in the East of England. Other members include:
  - Commissioners from NHS England in the East of England who commission the service, and from NHS England in London
  - Healthwatch Hertfordshire and Healthwatch Hillingdon
  - Cancer Alliances: East of England Cancer Alliance, North Central and East London Cancer Alliance, RM Partners West London Cancer Alliance
  - Local systems: Hertfordshire and West Essex ICS, North West London STP, Bedford, Luton and Milton Keynes ICS, Buckinghamshire Oxford and Berkshire West ICS / Thames Valley Cancer Alliance
  - CCGs: Bedfordshire CCG, Buckinghamshire CCG, East and North Herts CCG, Harrow CCG, Herts Valleys CCG, Hillingdon CCG, Luton CCG
  - London Radiotherapy Network
  - East and North Hertfordshire NHS Trust who runs the service now
  - UCLH who is providing leadership support and is the preferred specialist provider to run the centre in the future
  - Hillingdon Hospitals NHS Trust who own the land the centre is on
  - Paul Strickland Scanner Centre

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What do we want to achieve in cancer?

CANCER STRATEGIC DELIVERABLES:

- 75% of cancers should be diagnosed at stage 1 or 2
- Better 5 year survival
- Reduced cancer inequalities

KEY ENABLERS

- Sustainable workforce
- High quality care
- Innovation + Research
- Screening & population health
- Reducing variation
- Integrated systems

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How does NWL STP fit into the Programme Board for Mount Vernon?

- NWL members of Mount Vernon Programme Board

- In addition, the NWL ICS has convened a local group to understand how the proposals will impact on cancer care for NWL patients. This impacts 4 CCG's:
  - Hillingdon
  - Harrow
  - Ealing
  - Brent

- Patient engagement is through the main programme board

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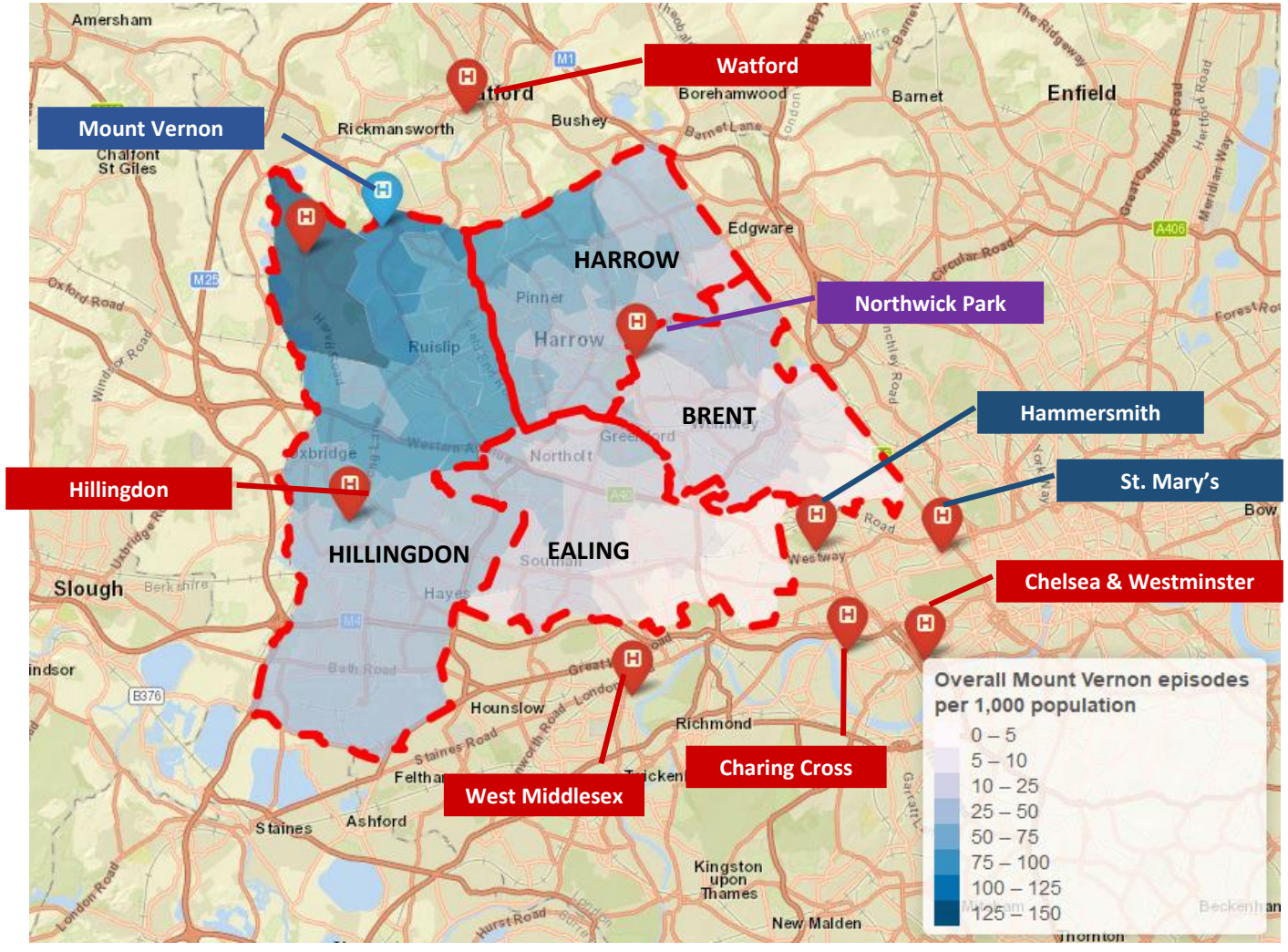
Where do Harrow patients currently receive chemotherapy and radiotherapy?

- We are looking at a variety of data, including Cancer waits (first and subsequent) treatment data, and National RT data sets.

- We are also reviewing other data sets to get a better idea of overall flows and number of attendances to each service, as this gives us a much more granular understanding of activity.



What Harrow patients have told us - 2019

- Patients from Harrow were amongst those attending face to face workshops in 2019. Harrow residents generally attended one of the three workshops in North West London, although there was some London attendance at the Watford workshop. Accessibility, communication, environment, continuity and consistency of services, and quality of service was the key considerations for future planning that were raised by people at the workshops.
- Patients at the London events were more likely to speak negatively about the state of the facilities (small, dingy rooms) and positively about the environment (green spaces, place to get away from it all, a contrast to London), with the exception of the Northwood event where the conversation much more centred on the attachment the community has to the current site. Patients at the events outside London were much more likely to speak about travel and access and communication challenges.
- An integrated single site, was understood by many to be a good model, especially if some services could be delivered nearer to home for people in the north of the area. It was assumed that there would be advantages to having services on a single site, including continuity of care. The alternative, which proposed keeping some clinics at MVCC, tended to be preferred by those who had a great affinity for the buildings and the site. This model, however, caused some concerns about split sites and whether continuity of care would be affected.
- Although travel could be difficult for some patients there was agreement across all events that travelling a significant distance was worth it to access quality care in a centre of excellence, but that adequate transport infrastructure (including looking at improved options for hospital transport) must be built into any future plans. Receiving care across several sites tended to be seen as stressful. People desired continuity of care which they worried was less likely across different sites. People were also interested in hearing about, and considering, how population density, demand for cancer services and journey times/accessibility intersect across the catchment area; the broader context for delivery of cancer services can also be of interest, with some participants enquiring where else they are delivered, and what the options would be if they chose not to travel to MVCC (or any future site).
- A survey was also carried out last year. 11% of those responding said their nearest hospital was Northwick Park.
    - Building renovation, shorter waiting times, improved access and better facilities were the main changes people wanted to see.
    - 51% said they would keep staff quality the same, followed by 22% said they thought the quality of care should stay the same. 6% said the location should stay the same.
    - 57% said they would like to access more services closer to home (20% said no).
    - The most important thing to patients was to know their consultant and the team who are looking after them throughout their treatment (73%), followed by high quality care, even if it means travelling further (52%), information about treatment (35%), care provided locally (34%) and knowing who to call on if they become unwell at home (33%). 31% said having all their cancer treatment at one hospital was important to them.

What Harrow patients have told us - 2020

- This autumn, Healthwatch Harrow has participated in a Healthwatch workshop and has nominated two patient representatives to a patient reference group. Healthwatch Harrow representatives have also attended some of the recent focus groups.
- Following the Healthwatch workshop, Healthwatch Harrow has been asked to help with access to some local communities to undertake some bespoke work, for example with the Somalian community.
- The recent focus groups have covered a variety of subjects, including specific cancer pathways, satellite radiotherapy and clinical model and estates, as well as some general Q&A sessions. More than 30 small focus groups are taking place at the moment. These have been designed to be small to enable patients to feel comfortable sharing their experiences, some of which are quite personal. They have each lasted around 90 minutes and been held at a range of different times, days and on different platforms so people can choose the one that suits them best. Where numbers attending have been only one or two, the session has been run as a structured interview and has taken the full 90 minutes. The focus groups have been promoted via a range of methods, including distribution via Harrow CCG and Healthwatch Harrow.
- **Please note, we are part way through the focus group and the sample size for Harrow residents is currently small.**
- Generally patients across all areas agree there is a need to make changes to the Mount Vernon Cancer Centre
- Harrow has relatively good cancer outcomes compared with other areas – according to 2016 ONS data published by Harrow CCG, one year survival rates are better than the English average, and the third best across all London CCGs. This is reflected in feedback from patients and local people who tell us that their experiences have been good.
- The Harrow patients we have spoken to have told us that they have good access to Mount Vernon as well as to other hospitals where they either do, or could, have cancer treatment. They understand the need to make changes to Mount Vernon and generally prefer the idea of a large single site cancer centre which can do the things the Mount Vernon Cancer Centre currently cannot do due to limitations of the site. Access to research trials is a significant factor amongst Harrow residents.

What Harrow patients have told us

- Harrow residents' main concern has been the location of the new hospital given the size of the population it serves and the distance people have to travel. When looking at the map of the catchment Mount Vernon serves, and the travelling times for some patients from outside North West London, they feel that a case could be made to move the centre further North, but are worried about how they would then access the service. Luton in particular has been mentioned a few times as an area of concern. However, Watford seems to be more acceptable because it is the closest acute hospital to the existing site and importantly for the Harrow patients, is still part of the London transport system.
- Patients who have taken part in the focus groups from Harrow and other parts of North West London are less likely to drive than those from areas such as Hertfordshire and rely heavily on public transport. Public transport in areas such as Hertfordshire is poor, particularly from East to West, and so those residents need to be able to drive or else rely on long patient transport journeys.
- If the centre was moved North, Harrow residents would like to see improved access to services that could be delivered locally, such as chemotherapy, and depending on where the centre was, radiotherapy. They also expressed that there were other cancer hospitals they could reasonably easily get to for treatment they receive at Mount Vernon, and would be likely to do so if they felt they couldn't easily access the new Mount Vernon Cancer Centre.
- In contrast, residents of Hertfordshire have told us about journey times of an hour and a half to five hours because of poor transport infrastructure, and Luton has the poorest cancer outcomes of the area Mount Vernon serves. There are no other cancer hospitals in easy reach for these patients. These residents are used to their travelling times and are more likely to accept them as being 'normal' for expert care.
- Harrow residents have been positive about the staff at Mount Vernon, saying it is like a family and it is nice to recognise people. They have expressed concerns that moving between different hospitals often means patient notes or test results are not available at the place they are needed and in general would prefer a single cancer centre option to keep the team together and improve communication.
- Harrow residents have not expressed a preference for a site they would find most acceptable. However, in addition to comments about Luton and sites further away being too inaccessible, they have expressed doubts about Northwick Park or Hillingdon being the right site to due to issues such as the capacity of the sites, access, and with Hillingdon, other priorities of the hospital.

What is happening now?

- Discussions / workshops with each health system (x 6 – Hertfordshire and West Essex; North West London; Bedford, Luton and Milton Keynes; North Central London; Frimley Health and Care; Buckinghamshire, Oxfordshire and Berkshire West)
- More detailed analysis of travel times
- Patient Engagement programme
  - 5 x General Update Events, 30 x Patient Focus Groups, 4 x Feedback workshops
  - Survey – paper based and online (October and November)
  - Launch of interactive website using animations, polls, stories etc. (November)
  - Patient Reference Group to work with Clinical Working Group. Patient representatives nominated by all Healthwatch and Cancer Alliances (December) – Harrow has 2.
  - Work with Learning Disability and Autism Groups (November – December)
  - Work with specific community groups in areas, including Harrow.
  - Non- digital programme of engagement developed with Healthwatch, including marginalised and disadvantaged communities (November and December)
  - Staff engagement (October and November)

What happens next?

- The independent clinical team recommended two different models for future Mount Vernon cancer services.
- Feedback from the staff and patient events will be discussed by the clinicians who are looking at the future clinical model of the services – this includes whether there is a single new cancer centre, or whether there is also a day hospital (ambulatory centre) on a second site, or even if there is a variation of one of those.
- There are pros and cons of both options and the feedback from patients and staff will help the clinical team work out which is the best model to plan services from.
- The clinical team is going to make a recommendation in December. They are not looking at the location of the services.

What happens next?

- The clinical team will also start to think about whether any individual pathways would benefit from changes to improve outcomes and experiences for patients. Pathways are the way patients access treatment for different cancers from the moment they are referred to Mount Vernon to the end of their treatment and follow-up.
- The independent clinical team said that many of the services needed to be on a main hospital site that had intensive care and other facilities. In December the programme board will agree which hospitals within the existing area that patients come from will be considered. To be considered, hospitals will need to have the right facilities, space for a cancer centre to be built, and not make travel times worse for patients.
- From January, more detailed work will take place to develop detailed proposal for all the hospital sites that are shortlisted, and on the clinical model, to come up with a preferred option or options. We expect we will run a public consultation in June next year.

Timescale

October – December 2020	• Patient, public and staff engagement • Patient Reference Group
December 2020	• Options for the clinical model developed • Shortlist of site options agreed (based on geographical access for patients, and clinical criteria)
March 2021	• Shortlisted options developed in full and tested against criteria agreed by the Programme Board after patient and public input into the criteria, to create a preferred option / options
April 2021	•UCLH Board decision on transfer
May 2021	• Assessment of plans
June 2021	• Likely date for public consultation to begin
October 2021	• Earliest decision on outcome of business case and public consultation
November 2021	• Planning for new cancer centre begins
April 2022	• UCLH takes on responsibility for the management of the service at MVCC (subject to April 2021 Board approval)

Our biggest challenges

- Making sure we can find the money that we will need to build the new hospital
- Making sure we understand the future cancer needs of all the areas the cancer centre covers and come up with the right plan for patients
- Making sure we hear from a wide range of patients and carers with different experiences of Mount Vernon Cancer Centre and from different areas, especially as we cannot meet face to face

Some questions we have been asked…

- Is this a foregone conclusion?
  - No – the Programme Board honestly do not know what the recommendations will be in December and in March. Logically it makes sense that moving the hospital a long way will not be an option.
- Given no other review has resulted in change, will this really happen?
  - Yes – as long as we can get together the capital money we will need.
- Will the transfer to UCLH mean the service is moving to Central London?
  - Definitely not. There are no plans to move any patients to Central London unless they would need to go there anyway. In fact, UCLH would like to explore the possibility of some patients currently being treated in central London, being treated at Mount Vernon instead, if the right clinical facilities were available.
  - It is more cost effective to build a new hospital than bring the current buildings up to the right standard. And improving the current buildings will not deal with the clinical issues on the site.
- Why can't intensive care services come on to the existing Mount Vernon site?
  - Mount Vernon needs access to intensive care beds, but not too many. To build such a small intensive care unit would not be safe. It would be extremely difficult to staff and it would be very expensive to run which would divert resources from elsewhere.

Find out more

- https://mvccreview.nhs.uk/

Your Questions

- Thank you for your time. Over to you.