

Mount Vernon Cancer Centre Strategic Review

Report to Harrow Health Scrutiny Committee

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1.0 Purpose

The purpose of this paper is to provide Harrow Health Scrutiny members with a briefing about proposals for changes to Mount Vernon Cancer Centre services, and what this might mean for patients.

2.0 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.
- To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
- Deskillling 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 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.



2.1 Response to the independent clinical review

The response to the report resulted in a number of actions to strengthen services and improve the site in the short term. However, these cannot resolve the long-term challenges which primarily relate to the lack of co-located services on the site, including intensive care.

This led to 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 was presented to this committee in 2021. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.

Alternative options considered including a do minimum option and dispersal of the service to other cancer centres but neither of these were considered a viable solution to meet the needs of patients.

Other acute hospital sites were considered, but only Watford met all the key criteria.

Acute site	Critical Care (Note 1)	Co-located services (Note 2)	Average travel time (Note 3)	Increases in 30 min drive times (Note 4)	Public transport (Note 5)
Bedford	✓	✓			
Harefield	✓		✓	✓	
Hillingdon	✓	✓	✓	✓	
Lister	✓	✓			
Luton	✓	✓	✓		
Northwick Park	✓	✓	✓		✓
Stoke Mandeville	✓	✓			
Watford	✓	✓	✓	✓	✓
Wexham Park	✓	✓			

- Key Criteria: Critical Care Provision; Other co-located acute services; Geographical Accessibility
 - No more than 5-minute increase per journey in average travel times for the population served
 - No more than 5 percentage point increase in the proportion of patients with long (30 minutes or more) travel time
 - No more than 5-minute increase in travel time by public transport for the population served AND no increase in the proportion of patient travelling more than 75 mins (each way)

Watford is the closest acute hospital to the current site and so presents the smallest change in travel times of any option. It is not anticipated that the change would mean a significant difference in travel times for Harrow patients.



The independent panel also recommended the cancer centre should be run by a specialist cancer provider and not a district general hospital 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.

2.1 Clinical Senate

The East of England Clinical Senate has undertaken a review of the proposals. 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 with the potential to roll out into other areas
- 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.

2.1 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 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.

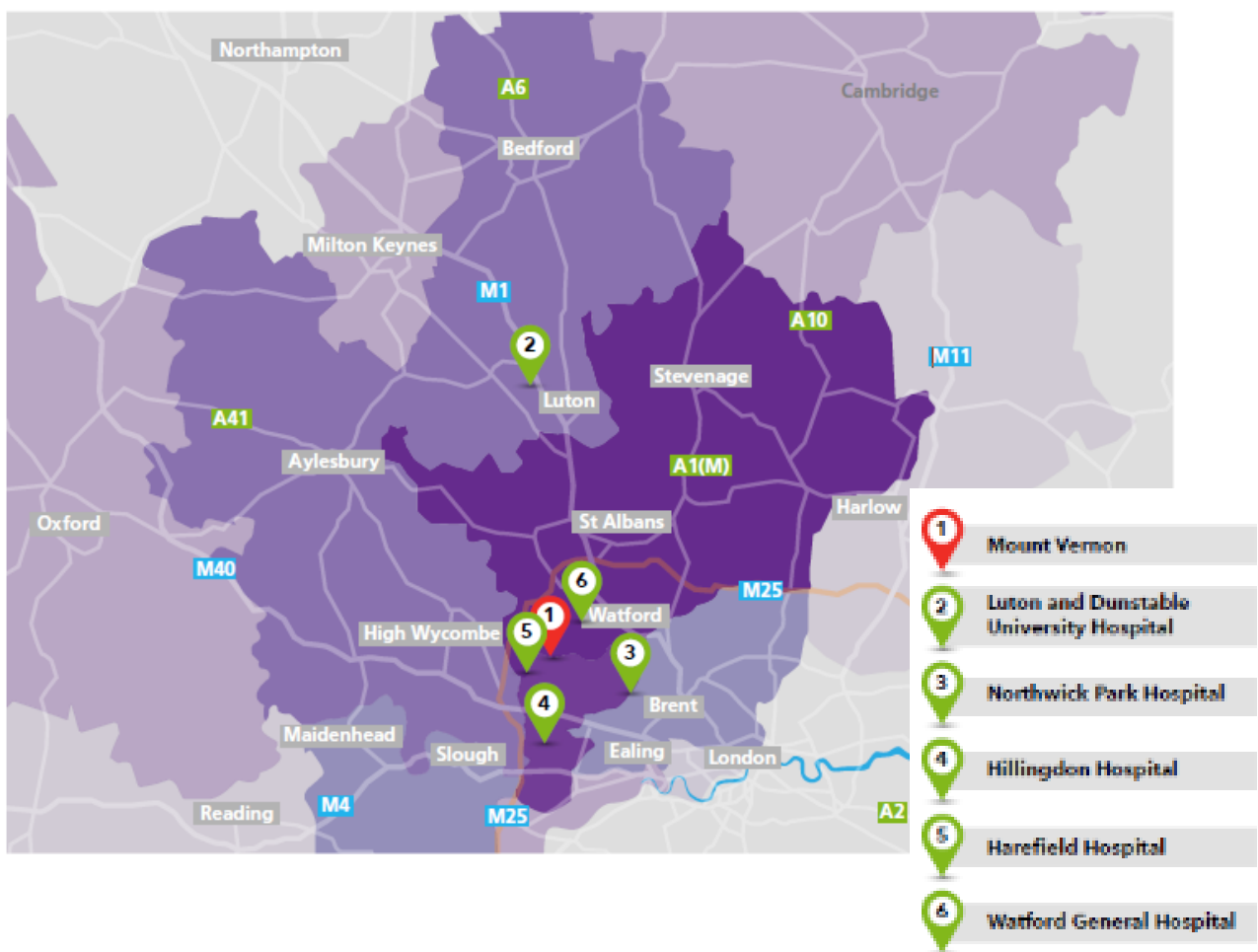
Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services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

2.1 About the Cancer Centre

The Mount Vernon Cancer Centre in Northwood in 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.

Mount Vernon Cancer Centre services are commissioned by NHS England and Improvement and cover a population of more than two million people with approximately 13,000 patients attending the centre each year.



3.0 Harrow activity at Mount Vernon Cancer Centre

North West London ICB has been a partner in the review of Mount Vernon Cancer Centre and the development of proposals for its future. Not all cancer patients in Harrow will need specialist care and can be managed locally. However, some do need specialist care, for example for complex treatment, clinical trials or radiotherapy. Some will go into London for their treatment, for others, particularly in the north of Harrow, MVCC is their nearest specialised cancer centre.



In 2023/24, 1,089 patients from Harrow attended Mount Vernon Cancer Centre. This was 8% of the patients who attended the cancer centre. This has remained stable – in 2017/18, 1,099 Harrow patients attended the cancer centre, 9% of the total.

The 1,089 patients who attended Mount Vernon Cancer Centre from Harrow in 2023/24, had 15,303 interactions with the cancer centre between them.

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

Region:	Number of patients 2023/24	Activity 2023/24	Average drive time	
			Current	Watford
Hertfordshire and West Essex ICB	5,549			
West and South Hertfordshire	3,682	56,880	25	21
East and North Hertfordshire	1,862	18,098	48	43
Bedfordshire, Luton and Milton Keynes ICB	1,491			
Bedfordshire	790	9,642	51	45
Luton	685	9,174	42	36
North West London ICB	4,147			
Hillingdon	1,866	29,084	16	27
Harrow	1,089	15,303	20	23
Brent	648	9,488	32	29
Ealing	509	7,792	27	37
North Central London ICB	139			
Barnet	106	1,532	38	30
Frimley Health ICB	397			
East Berkshire	392	5,359	33	41
Buckinghamshire, Oxfordshire and Berkshire ICB	967			
Buckinghamshire	930	10,829	29	35
All other areas	345			
TOTAL	12,972			

4.0 Summary of Proposals

The key proposals are summarised below. Additional initiatives to bring care closer to home are also being developed, such as the chemotherapy at home service that was piloted in 2023 with four of the chemotherapy treatments, and improvements to inter-hospital connectivity to facilitate local blood tests for specialised treatment.

- 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
- 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.

5.0 Plans for Public Consultation

NHS England and its partners have been given the go-ahead to make plans for public consultation on these proposals. This is subject to the satisfactory completion of an assurance process and agreement of the pre-consultation business case and consultation plans by all commissioners. It is anticipated that the earliest a public consultation could start would be towards the end of the year.

Various surveys and more than 100 focus groups have been held in the development of these proposals which have had strong patient input.

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



5.1 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

An initial meeting with officers has been held, with 11 of 13 scrutiny committees represented. A further meeting with officers and chairs is planned to be held at MVCC.

Hertfordshire County Council is expected to 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 would be expected to take on the role of vice-chair.

The Hertfordshire Head of Democratic Services 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.

7.0 Recommendations

Harrow Health Scrutiny 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 whether it wishes to participate in a Joint Health Overview and Scrutiny Committee later this year.

- OPTION A: To be involved in the full joint committee and take the necessary steps to formalise this.
- OPTION B: To attend joint committee meetings as an interested party, participating in discussions affecting the Harrow population but not undertaking a formal scrutiny role on the joint committee.
- OPTION C: To not participate in the joint committee but to receive formal communication.

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

