**NOTES OF THE EVIDENCE GATHERING MEETING HELD BY MEMBERS OF THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**

**FORMULATING LB HARROW'S RESPONSE TO THE NORTH WEST LONDON STRATEGIC HEALTH AUTHORITY CONSULTATION**

**THURSDAY 3 JULY 2003**

Chair: * Councillor Marie-Louise Nolan

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| Councillors: | * Choudhury | * Patel |
| | * Ann Groves | * Silver |
| | * Myra Michael | * Thammaiah |

* Denotes Member Present

**Welcome and Introductions**

The Chair opened the meeting with a welcome and sought introductions from Members, Officers and those invited to Speak. Councillor Myra Michael declared an interest in the Gray Laboratory and the Paul Strickland Scanner Centre. The Chair informed the gathering of Harrow Primary Care Trust (HPCT) consultative meeting dates but expressed concern about their timing. The Chair then outlined to the meeting the time allocated for Speakers' presentations and that for Members' questions. The Chair gave details of the order in which Members wished to receive presentations, and invited presentations to begin.

**Neville Hughes, Community Voice**

The representative informed the gathering that he would only give preliminary comments since the consultation document had only recently become available. He outlined Community Voice position as the following key points:

- Option 1 would not honour the previous agreement to upgrade Mount Vernon, Watford and Northwick Park.
- Support for the retention of everything possible at Watford.
- Welcomed the responsibility North West London Strategic Health Authority (NWLSHA) had shown for the Mount Vernon site.
- Unhappy with the vagueness of the consultation document, needs more detail.
- Want clarification and reassurances of timescales in which changes would take place.
- Retention of some chemotherapy was welcomed.
- A lot of 'hoping' in the report
- Narrow interpretation of the Calman Hine report which was not prescriptive
- Recent Department of Health (DoH) guidance highlights importance providing local services
- Need to take account of skills and expertise of team as a whole.

Mr Hughes questioned how far this constituted an independent review on behalf of Harrow residents and stated that the consultation arrangements by HPCT were inadequate. Raised concerns that at the last meeting the NWLSHA said the Varley report would be set aside, however they felt the new consultation was based on the previous report which though in the public domain had itself not been subject to consultation. He also noted that the minority report had not been published and that the consultation was based on a selective use of Calman Hine. He voiced concerns that the consultation did not take into account local circumstances and recommended a more detailed study of the implications of Calman Hine.

The representative also drew attention to the criteria identified in Appendix 2 of the Varley report as being essential for provision of surgical and non-surgical oncology and suggested that these were aspirations and unlikely to be met by any hospital including Hammersmith. If

these criteria were accepted, the conclusion of the consultation paper was already predetermined.

**Questions to Mr Hughes**

The Chair invited the Speaker to make a written submission once Community Voice had examined the consultation document in detail. A Member asked whether this was an improvement on the Bedfordshire and Hertfordshire Strategic Health Authority's (BHSHA) Consultation. Mr Hughes responded that there were improvements, in particular the retention of some chemotherapy services but that there was still the impression that a total team would not be retained.

**Owen Cock, Harrow Community Health Council (HCHC)**

- Welcomed the document as more focused than the previous consultation where felt Mount Vernon had been deliberately sidelined.
- Gives good background but lacks fine detail.
- Key issue is the relationship between the research facilities and the Cancer facilities at Mount Vernon. May destabilise research – this not addressed in document.
- Paul Strickland Scanner centre provides cutting edge services not available in some other centres.
- Accept there will be change but argued Hammersmith could not accept more patients.
- Hammersmith inaccessible to ill people and no adequate parking facilities.
- Accept document in broad terms but need specifics and statistics.
- Current document shows Bedfordshire and Hertfordshire were not the main users of Mount Vernon according to figures listed for 2002/2003.
- Need to clarify position on the retention of in-patient beds.
- Will be formulating formal response.

**Questions to Mr Cock**

A Member enquired after the letter written to the Secretary of State about the consultation. Mr Cock informed the gathering that this had objected to the process of the consultation itself, which was flawed. Received no formal response yet but it had been recognised that there was a flaw. The Chair asked whether HCHC had had any input into the NWLSHA document. Mr Cock advised Members that they had only had the opportunity for comments on the draft but among other things this had resulted in more statistics being included.

**David Law, Director of Planning and Performance, West Hertfordshire Hospitals NHS Trust.**

Informed the gathering that comments related to both consultation documents. He also highlighted that his Trust were providers of acute services and manage specialist services at Mount Vernon and that there was substantial investment in Mount Vernon presently.

- Taking population perspective supports idea of reshaping acute and specialist services, need radical change.
- Should have one main acute hospital in West Hertfordshire.
- Need re-location of specialist services alongside acute hospital services.
- Substantial investment in Mount Vernon at present – including upgrade of cancer and plastics services.
- Staffs reluctantly accept change needs to occur.
- Genuine concern regarding ability to develop Mount Vernon as a satellite/ambulatory unit
- Broadly support ' Investing in Health' – will circulate response.
- Option 1: Hemel as the main site and has cancer centre – support as an option for West Hertfordshire but for North London it is not as good.
- Option 2: Acute services at Watford and cancer centre at Hatfield – expressed a number of reservations including the possibility that Watford could end up disadvantaged in relation to acute services and surgery and its catchments area would be eroded. However highlighted

impact of West Watford development and proposals for improved road and rail site access. Suggested there were grounds for reviewing if cancer centre may be better at Watford given there would be space for it at Cardiff road site.

- Teaching hospital status at Hatfield. Imperial College were interested in teaching hospital status, could develop relationship between West Hertfordshire Hospital, Imperial and biosciences at Watford. This may pose a better solution for North West London.

**Questions to Mr Law**

A Member asked whether, given Cancer was on the increase facilities to Mount Vernon should be increased not worn down. Mr Law responded that there was a need to invest in the services at Mount Vernon and they were doing so. He highlighted the concern that if the centre was not located with acute hospital then there would be an attrition of services. Regarding the possibility of making Mount Vernon an acute hospital he informed the gathering that this issue had been debated but could have resulted in the closure of Watford and Hillingdon hospitals as well as affecting Northwick Park hospital. A Member asked what services would be left at Mount Vernon in eight years time if it was due to close a few years later. Mr Law advised that the same services would be available as currently. A Member highlighted staffing concerns that would result from disturbing the relationship between the Gray laboratory and the cancer centre. Mr Law responded that although the relationship would be disrupted the alternative was a slow attrition of services since services could only be sustained at present if plastics and burns services remain on site.

**Jennifer Fenelon, National Programme Director for Action on Urology, NHS Modernisation Agency (formerly Cancer Lead for the Eastern Region at the time of the Long Term Review of Mount Vernon Hospital Cancer Centre and Network).**

- Outlined the background to the approach adopted in the Long Term Review and the conclusions reached.
- Described poor survival outcomes and highlighted principle of Calman Hine of developing better specialist services by integrating services and developing Cancer Networks to enable both specialist services to be integrated within the centre and to support integration between Primary, Secondary and Tertiary care.
- Mount Vernon Network did not have the range of services to meet mandatory requirements set out in national guidelines and, as a result, the network has not been achieving cancer accreditation.
- Undertook independent review of Mount Vernon Cancer Network and Centre to get clear direction on how it could meet national guidelines and to resolve the problem of planning.
- Patients were asked what they valued in cancer care and cancer clinicians from across the whole network developed a model of care. This model specified the range of services that should be available at centres and units to meet the principles of Calman and Hine. (Appendix 2).
- Results of review, needed centre that provided all services, e.g. specialist diagnostic services; specialist cancer surgery, radiotherapy and chemotherapy. These could be developed together either at Mount Vernon or on another District General Hospital site.
- Discussions with Gray lab identified 2 strands of research: clinical trials and basic lab research. Clinical trials with patients would go with the new centre, which would be a cancer research centre, but the Gray Laboratory did not wish to move its lab research. Agreed to focus on solution for patient care first and then Gray but recognised that it may not be possible to reconcile the two.
- Looked at options and produced four recommendations:

  I. New cancer centre on green field site with potential for medical school link and ambulatory service for any patients for whom Mount Vernon would be more convenient for routine treatment.

  II. Substantial short-term investment to address dilapidation (£20million approx has been agreed in principle by BHSHA)

  III. If a new hospital was not possible, options should be Hemel, Queen Elizabeth or Watford.

IV. Review did not recommend the redevelopment of Mount Vernon. Its redevelopment was not supported by Regions/Health Authorities/PCTs and Trusts because of the impact on Hillingdon and Watford Hospitals which would almost certainly need to close.

The recommendations were reached by the Steering Group containing 35 organisations from across the whole network. The Gray's lab and Hillingdon CHC representatives were unable to agree and had dissented from the review's recommendations.

**Questions to Ms Fenelon**

- Members discussed the results of a GIS analysis of Mount Vernon patient postcodes which showed their epicentre to be north of Watford. They questioned the apparent discrepancies between the information in the BHSHA consultation and the NWLSHA documents.[1] In particular Mr Cock argued the document was based on outdated figures. A Member enquired whether integration with the PCT was proceeding. Jennifer Fenelon informed the gathering that new evidence showed that patients were being referred and treated earlier. A Member enquired whether the radiographer led ambulatory centre would have as sophisticated radiotherapy equipment. Jennifer Fenelon advised that in the short term it was the intention to increase the level of radiotherapy machines and to ensure for sophisticated treatment they were kept up to date. Helen Mellor advised that in the long term it was the intention for the sophisticated treatment to be given at the Hammersmith and Hertfordshire centres after which routine treatment would be available at Mount Vernon for those for whom it was more convenient. Equipment would therefore be less sophisticated at Mount Vernon than now.

**Mike Thompson, Head of Performance and Development, North West London's Hospital's Trust (NWLHT)**

Advised that had not yet formulated a formal response, this would be available at the end of July. However:

- Accept the need for change at Mount Vernon
- Support the development of Mount Vernon as a local hospital but not as a full cancer centre because of the impact this would have on services at Northwick Park
- Mount Vernon has a future not as a Cancer centre but providing a range of services.
- Support Mount Vernon as a local provider of cancer services.
- Support ambulatory radiotherapy though need to look at viability
- Will need to be pragmatic and adapt local services to local needs.
- Changes mean most will receive care locally, those travelling will be minimised.
- Will copy formal response to committee

**Questions to Mr Thompson**

In response to comments from Members Mr Thompson admitted that the future of the Gray Cancer centre was uncertain. He informed the committee that the future for Northwick Park Hospital would be working with Imperial college and UCL and that this research would support them, but that he hoped the Gray Centre would continue. A Member asked for re-assurances that if many of the services that the consultation document 'hoped' would be provided by voluntary organisations (such as the Paul Strickland scanner centre) moved from the site that there would be something to take their place. Also asked how elective surgery could be provided with none or few beds. Mr Thompson explained that they had moved away from 'beds' towards step down beds. As there are very few Diagnostic Treatment Centre beds at the moment this was seen as a good opportunity for Mount Vernon. The implications of the proposals for Mount Vernon on Northwick Park were relatively small.

[1] After the meeting Jennifer Fenelon highlighted that the discrepancies could be accounted for by the inclusion of private patients in the Varley report.

**Helen Mellor, Director of Strategic Projects, North West London Strategic Health Authority**

- Wrote the consultation document as complementary consultation in response to strong public feeling.
- Not going to re-open findings of Long Term Review.
- Important have debate and agree on the case for change at Mount Vernon.
- Committed to Mount Vernon as provider of local services (including cancer).
- See this as opportunity for real debate about Mount Vernon needs and real opportunity to re-plan.
- Specialist services will move off site. Hammersmith has huge portfolio.
- Not yet able to give timescales.
- Hope ambulatory radiotherapy would be linked to Hammersmith.
- Anticipate future documents and detailed planning.

**Questions to Ms Mellor**

A Member enquired whether Ms Mellor felt the HPCT consultation dates were adequate. Ms Mellor advised that she believed they were and that it could be useful to have a late meeting during the consultation to relay late information but said she would ask Chief Executive of HPCT to liaise directly with the sub committee. She informed Members that minds were not set and public debate would be taken into consideration but the NWLSHA did not see a future for Mount Vernon as a specialist site. A Member raised concerns about the vagueness of the nature of voluntary organisations role and in particular the minimum patient flows needed to safeguard the viability of the Gray's lab. Ms Mellor responded that it was a broad document and since they hadn't made decisions she couldn't give outcomes at this stage. Ms Mellor also advised Members that they did not anticipate losing staff teams as a result of any changes. A Member relayed the difficulties experienced as a result of the vague nature of the document and asked for clarification, detail and timescales. Ms Mellor agreed to produce likely patient pathways, which the Chair agreed would be useful to the committee and the public in general since perception was that services were being removed and would worsen. Ms Mellor re-iterated that changes would improve services. Ms Mellor also informed the committee that the meeting on the viability study was due to be held next week and that information on this would be circulated to the sub committee and other groups. In response to queries from Members Ms Mellor advised that no direct consultations with patients had been undertaken and that the recruitment of specialist cancer GPs in Hillingdon may be replicated in the London Borough of Harrow.

The Chair closed the meeting, thanked speakers for attending and also thanked the Hatch End and Pinner Associations for the written submissions they had produced.