

## **Addendum to London Borough of Barnet Submission – Appendix 6**

### **Joint Local Authority Scrutiny of NHS Consultation Paper 'Mount Vernon Hospital: The Future of Services for Cancer Patients'**

#### **Submission from the London Borough of Barnet's Health & Social Care Overview and Scrutiny Committee:**

1. Patients from the area of Barnet Primary Care Trust (PCT) constituted over 8% of all Mount Vernon's radiotherapy and chemotherapy cancer patients in 2002/03, representing 339 courses of treatment over the year, the third highest number of any individual PCT. Barnet is therefore a major recipient of the cancer services provided by Mount Vernon Hospital.
2. The primary issues for Barnet are (a) how patient flows are likely to change – i.e. where Barnet cancer patients are mainly referred for treatment now and where they are most likely to be referred under the changes proposed; (b) how the quality of care and clinical outcomes are likely to be affected by the changes; and (c) how easy or difficult it will be for Barnet residents to access a new cancer centre at either Hatfield or Hemel Hempstead, compared with Mount Vernon.
3. We have asked Barnet Primary Care Trust to supply us with more detailed information on patient flows. While the consultation document shows the total number of treatments for Barnet patients, we also need to establish the proportion of Barnet cancer patients who currently use Mount Vernon for radiotherapy or chemotherapy and where else they currently go. This may give some indication of what the alternatives are for Barnet people if services are moved away from Mount Vernon. The new cancer centre proposed for Hertfordshire may not necessarily be the main option for instance for patients living in the south of the borough. Until we have a clearer picture of the practical impact of the proposals on patients in all parts of the borough and likely travel distances it is difficult for us to give a definitive response.
4. Because of limited timescale set by North West London Strategic Health Authority and the fact the Barnet PCT was left out of the consultation process we have not yet received the detailed analysis from Barnet PCT. The timescale has also restricted our ability to fully consult community and voluntary organisations in the borough.
5. We also need to know more about the policy for patient transfer to and from hospital, who is eligible for patient transport services and the criteria operated, how easy it is to access hospital assisted transport where patients cannot use other means and whether patients can take a carer with them.
6. However, there are clearly concerns about the sustainability of cancer services at Mount Vernon including the lack of appropriate on-site support services, a lack of specialist cancer surgery and the deteriorating physical condition of the site. The case for a new fully functioning cancer centre as part of a wider cancer carer network is well made in the consultation document. Quality of care and good clinical outcomes and are obviously paramount and

we have no reason to question the fundamental arguments being put forward.

7. However, the location of a new cancer centre and the ease or difficulty of getting there are crucial considerations for us. Treatments such as radiotherapy and chemotherapy can be very debilitating at the time for those undergoing them. Patients therefore need the shortest travelling time possible.
8. Access to Mount Vernon Hospital from the London Borough of Barnet is difficult. According to Transport for London, the journey to Mount Vernon takes on average between 1½ and 2 hours (varying according to starting point, route and time of day) and in many cases involves a combination of bus and tube train, often with several changes in between. By private car the journey could be up to an hour.
9. Journey times to Hemel Hempstead Hospital would be similar but would involve a combination of bus, tube and mainline rail, with interchanges.
10. Journey times to Hatfield using public transport would vary according to the starting point and the distance from the mainline station to the new hospital site, assuming a convenient bus route. The journey could take between 30 minutes and 1½ hours (rail travel to Hatfield being easy from the east of the borough but difficult from the west). On the other hand, a car journey from the north-west of the borough could take as little as 30 minutes.
11. Therefore, while none of the options is at all ideal, a new cancer centre at Hatfield would on average present the least travel difficulty for the greater number of Barnet residents.
12. At the same time we would strongly urge:
  - (a) that less complex cancer treatments are provided as locally as possible, to the extent that this is compatible with the overriding priority of achieving the best possible clinical outcomes;
  - (b) that serious consideration is given to extending the eligibility of patients and their carers to hospital-assisted patient transport services, including transport to and from Barnet, where individual patients have no other suitable means of transport.
13. We note that, in an online survey recently conducted by Barnet Community Health Council, 70% of respondents suggested that cancer services should be moved to Hatfield and the remainder wanted to see them stay at Mount Vernon. Barnet CHC have also expressed their concerns about the lack of back-up services at Mount Vernon for cancer patients and their support for providing access to a full acute hospital service on one site at Hatfield.
14. If existing radiotherapy and chemotherapy services are to be moved from Mount Vernon, we firmly believe that the best option would be to transfer existing services as one integral unit to a single site and not split the existing provision and expertise across different sites. We are concerned that the high quality of the current services could be compromised if this occurred.

15. We are also concerned about transport arrangements after radiotherapy and chemotherapy treatments. Using public transport or driving oneself after treatments would be inappropriate and often distressing to the patient. We also recognise that some minicab companies are reluctant to transport people after treatments, particularly if this involves physically assisting passengers in and out of a vehicle. We therefore suggest that further thought to the provision of post treatment transport is needed.

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London Borough of Barnet  
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