

# Mount Vernon Cancer Centre Strategic Review

## Stakeholder Update – June 2021

This briefing provides the latest update on the Mount Vernon Cancer Centre Strategic Review, following a meeting of the Programme Board in May.

Plans to make much-needed and significant changes to Mount Vernon Cancer Centre are making progress. This briefing provides the latest update and further information can be found at [www.mvccreview.nhs.uk](http://www.mvccreview.nhs.uk). **Please note** that the c.£229 million capital funding for the developments described has **not** yet been identified. Constructive discussions are underway, and we will keep you informed. Public consultation on proposals will not take place until capital funding has been agreed.

### Background and Case for Change:

The review of Mount Vernon began in 2019 following concerns about the future sustainability of services. An Independent Clinical Review concluded there needed to be immediate and longer-term changes, including re-locating specialist cancer services in a new centre on an acute hospital site, and short-term recommendations to make the current service safer in the meantime.

Previous reviews have taken place over the past 40 years and also concluded that significant changes to services are required to the buildings, facilities and the clinical model. However, a lack of funding for re-building the cancer centre and lack of agreement on the best way forward, have prevented the necessary improvements from taking place.

Over time, the supporting clinical services on the Mount Vernon site have reduced, resulting in the number of patients who are able to be treated on site being limited, and newer and experimental treatments being unavailable at the site, leading to even longer journeys for patients to other cancer centres. Should a patient's condition worsen whilst at the site, or need input from other clinical specialties, they then need to be transferred to another, non-specialist hospital. This is becoming increasingly challenging given the ageing cancer population with increasing numbers of additional health conditions, and the complexities of new and emerging anti-cancer therapies.

The Mount Vernon Cancer Centre estate was described as “dilapidated and not fit for purpose,” in the Independent Clinical Review. It was built as a TB hospital in 1904 and has not undergone significant modification since. The physical facilities and co-located services no longer offer what is needed and there is inadequate digital infrastructure to support the delivery of networked care.

Staff at Mount Vernon Cancer Centre continue to work hard to provide excellent services for patients, but the ability for them to deliver specialist, new, and world-leading treatments for patients is becoming increasingly challenging. The longer the issues remain unresolved, the greater the challenges for recruitment and retention of skilled clinical staff and the impact that will have on patients and on the future for these services. Urgent changes are needed.

NHS England and Improvement is working with East and North Hertfordshire NHS Trust (currently responsible for the services), Hillingdon Hospitals NHS Foundation Trust, (current landlords of the site), UCLH (preferred future provider), Hertfordshire and West Essex, Bedfordshire, Luton and Milton Keynes, North West London, North Central London, Buckinghamshire, Oxfordshire and Berkshire, and Frimley Health and Care ICSs, East of England and RM Partners Cancer Alliances, Healthwatch and others, to find a long-term solution that will meet the needs of the Mount Vernon Cancer Centre population, reduce lengthy travel times, reduce inequalities and improve outcomes.

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**Plans for Change:** The Programme Board considered the views and feedback of patients, carers, staff and local people, and supported the recommendation of the Clinical Group for a new, single site specialist cancer centre on the Watford General Hospital site – the only hospital site that met all of the criteria. The Programme Board also agreed that there should be improved local access to services such as chemotherapy and radiotherapy. Plans for a new cancer centre and the new local services have now been developed with input from clinicians, patients and local people, and are estimated to come to £229 million. Proposals will be finalised over the summer, and once funding has been identified, public consultation would take place later in the year.

**Developing the main Cancer Centre at Watford:** A plot of land has been provisionally identified on the Watford General Hospital site that could enable the Mount Vernon Cancer Centre to be built at the same time as the new Watford General Hospital development. It would be close enough to the new building to enable a corridor or bridge to link the Cancer Centre with Watford General Hospital – something patients and clinical staff suggested would make transferring patients easier, for example when a patient needs admission to critical care. This plot could be available from 2023.

The new Cancer Centre would include all the services provided at the current centre, as well as a new therapies space, a brachytherapy theatre and interventional radiology cancer service, a small number of additional oncology inpatient and clinical trials beds, and a new specialised haematology service (patients requiring specialised haematological cancer treatment currently attend services in London as the facilities and support services are not available at Mount Vernon. Non-specialised haematology is provided most local hospitals, including Watford General Hospital). This move would enable more patients to be treated closer to home. We are working with West Herts Hospitals NHS Trust to ensure services at the two hospitals compliment and benefit each other and patients, and that the Mount Vernon Cancer services have access to the acute hospital services they will require.

An ambulance drop-off is being incorporated into the plan, providing direct access to the bed lifts, corridors and each department. Cancer centre patient and public workgroups are looking at Transport and Access, Disabled Access and Experience, Radiotherapy and Building Layout and Design, amongst other topics that have emerged through patient and public engagement.

**Care Closer to Home:** In addition to a new cancer centre, the proposals being put forward include a number of additional developments to enable people to be treated closer to where they live when they do not need the specialist facilities of the main cancer centre. This is something that has been raised by patients and carers, many of whom travel extremely long distances for simple treatments.

This includes developing plans for blood tests and other minor tests and procedures to be carried out locally, which will considerably reduce the number of visits to the main site. Improved patient transport services are also being looked at for those who need to attend the main site, along with plans for discussions with local transport providers regarding access to the site.

**Care Closer to Home – North West London:** Plans to increase the range of treatment that can be carried out locally in North West London include the development of a **new solid tumour chemotherapy service** at Hillingdon Hospital, and to extend the chemotherapy service at Northwick Park Hospital to ensure all treatment that can be delivered locally is delivered locally. More complex chemotherapy delivery, for rarer tumour types and those living closer to Watford would continue to be delivered within the new cancer centre.

We are also planning to increase the choice for patients living in the south of the Mount Vernon catchment area – particularly South Hillingdon and Ealing, by developing existing radiotherapy services at other sites in North West London that offer radiotherapy (for example, Hammersmith Hospital run by Imperial College Healthcare NHS Trust).

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**Care Closer to Home – East of England – Hertfordshire and Bedfordshire:** The Programme Board has agreed to include a **new Networked Radiotherapy Unit** in the north of the area. Both Lister Hospital in Stevenage and Luton and Dunstable Hospital in Luton have expressed an interest in hosting the unit which would house two Linear Accelerators in lead-lined bunkers. This networked radiotherapy unit would be run by the same provider as the Mount Vernon Cancer centre. Between a third and a half of all MVCC radiotherapy patients would have a shorter journey to a networked radiotherapy unit at either Luton or Stevenage, depending on which site was selected. Both Luton and Stevenage options will be included in a public consultation on the future of Mount Vernon Cancer services, and a decision will be made following that consultation.

As with Northwick Park, we are reviewing whether there is a need to expand chemotherapy services in Luton, and whether there are other opportunities to improve pathways and bring care closer to the Luton population. As part of an Equality Health Impact Assessment on the plans, it became clear that there is variability in patient outcomes across the Mount Vernon patch. This was most notable in Luton which has historically low two week wait referral rates, higher than average emergency presentation rates, and lower than average radiotherapy uptake and 1-year survival rates compared to other areas, and poor 5-year survival rates. Bedfordshire, Luton and Milton Keynes Integrated Care System, the East of England Cancer Alliance and others are doing further work to understand why this is and identify how improvements could be made.

**Care Closer to Home – East Berkshire:** The number of patients from East Berkshire using Mount Vernon Cancer Centre is relatively small, but the journey times are long. Frimley Health ICS is part of the Mount Vernon Programme Board and is planning a transformation programme to look at ways to improve access and outcomes in East Berkshire, particularly in areas such as Slough.

**Transfer of Cancer Centre management:** The Independent Clinical Report stated Mount Vernon Cancer Centre services should be run by a specialist cancer provider, not a district general hospital as it is now. A lot of work has been undertaken with UCLH who have been identified as the preferred future provider of the services. A decision on whether UCLH will run the Mount Vernon Cancer Centre is now expected in September 2021 to enable detailed planning for the transfer to begin. This decision will require certainty on funding for the proposals described in this briefing.

**Timescales:** Timelines for some elements of the programme have slipped a little as a result of the second wave of Covid-19. However, significant progress has been made and it is anticipated that the proposals will be finalised over the summer with public consultation on the plans taking place in the autumn, if funding for the development has been agreed.

**Capital Funding:** Identification of the capital funding that will be used to re-provide the new cancer centre is critical to the development of these plans, and to going ahead with the public consultation. Good progress is being made with these discussions, involving the East of England, London and the South East, but no capital funding has yet been identified. This is critical to both the transfer of services from East and North Hertfordshire NHS Trust to UCLH, and to the re-provision of services.

**Patient and public engagement:** There are now 11 patient and public workstreams for people to get involved with to help develop the plans. These cover a range of topics, such as care closer to home, radiotherapy, transport and access, and East Berkshire access. Every month there will also be two update events for people to find out the latest progress with the plans, and two introductory events for people who want to find out why things need to change and what the proposals might be.

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)

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