

## Mount Vernon Cancer Centre Strategic Review

### Stakeholder Update – December 2020

This stakeholder update follows the December meeting of the Mount Vernon Cancer Centre Strategic Review Programme Board and provides information on the latest developments in some of the key areas of work being undertaken to support the review.

For the background to the review and why changes at Mount Vernon are necessary, and to see copies of key documents, please visit our review website: <https://mvccreview.nhs.uk/>

The Programme Board is made up of stakeholders from the Integrated Care Systems, Clinical Commissioning Groups, NHS England, Healthwatch, Cancer Alliances, as well as East and North Hertfordshire NHS Trust which runs the service, UCLH which has been identified as the preferred future manager of the service, and Hillingdon Hospitals NHS Foundation Trust which owns the site of the current service.

It is an advisory Board, not a decision-making body. It will make recommendations to the NHS England and NHS Improvement Regional Commissioning Committee.

### Key information

The Programme Board has:

- Considered the views and feedback of patients, carers and patient representatives, staff, and each Integrated Care System within the area served;
- Supported the recommendation of the Clinical Group for a new, single site specialist cancer centre on an acute hospital site, in conjunction with improved local access to services such as chemotherapy, and consideration of access to radiotherapy;
- Discussed particular areas of concern around cancer outcomes and health inequalities;
- Noted that only one acute site fully meets the essential criteria it had previously agreed.

### Development of Options

The December Programme Board focused on reviewing the work over the last few months to develop options for the clinical model and potential locations for the future cancer services, building on the recommendations of an independent clinical review last year. There were four key elements to the discussion:

- Patient and public engagement;
- Clinical model;
- Local population needs, including health inequalities;
- Location of a new cancer hub.

Members began the meeting discussing the feedback from patient and public engagement activities and hearing directly from patients by video, including on the challenges they face with access, and their thoughts about what changes should take place. This feedback framed the remainder of the discussion.

NHS England and NHS Improvement

The Programme Board supported the recommendation from the Clinical Group to pursue the option of a single specialist cancer centre on an acute site, in conjunction with enhanced local access (for example increased local delivery of chemotherapy, and local options for simple appointments such as blood tests). The alternative option considered was to move some services to an acute site, leaving some services at the current location.

Members agreed that a consolidated centre would better enable improvements to local access and care closer to home. It also better enables the sustainable delivery of comprehensive modern specialist cancer care, and the potential for some specialist care currently carried out in central London to be undertaken in the new centre where that is closer to home for patients.

This recommendation was informed by strong feedback from patients and carers that the expert clinical team should be kept together and enabled to deliver as much specialist care, research and development as possible. Feedback about the staff team was extremely positive and patients were keen to see the team maintained and strengthened. Patients also fed back their frustration over long journey times for simple procedures such as blood tests which they felt could be delivered locally.

There was a substantial conversation about health inequalities and cancer outcomes at the Programme Board, with particular concerns expressed by members from all areas about the levels of deprivation and poorer cancer outcomes for patients from Luton.

The Programme Board noted that only one acute hospital site fully met the essential criteria it had previously agreed. These essential criteria concerned the availability of co-located clinical services and access for patients (travelling times by car and by public transport). Members considered these criteria along with views on location that had been expressed by patients, carers and staff, and agreed that the programme team should undertake a detailed exploration of the feasibility of developing a new Cancer Centre on the Watford Hospital site.

Further work was also agreed to understand the impact of a Watford site on radiotherapy access and identify if, and where, a networked radiotherapy service would benefit patients in the north of the catchment.

There was a general principle that as many services as possible would be provided as locally as possible with the new centre providing the most specialist care. It was agreed that opportunities to improve local chemotherapy provision, local access to services such as blood tests, and improvements to pathways, should be explored now to see whether improvements can be made prior to the opening of a new specialist cancer centre.

It was noted that Capital Funding has not yet been secured.

Further work and patient, public and staff engagement will now take place before a more detailed options appraisal and equality impact assessment early next year. Option/s will be discussed and agreed by NHS England and NHS Improvement prior to an anticipated public consultation in summer 2021, and a final decision made by the end of 2021.

## NHS England and NHS Improvement

