

Mount Vernon Cancer Centre Strategic Review

Stakeholder Update – 12th August 2020

As you can imagine, the Mount Vernon cancer service review, which launched in 2019, has had to pause over the last few months to allow the doctors, nurses, therapists and managers involved to focus on responding to COVID-19.

Whilst some aspects of the review were put on hold temporarily, work to ensure patient safety, urgent estates maintenance, and the replacement of one of the Linear Accelerators, continued as planned. A new Gamma Camera has also been installed.

However, we still need to find a solution to the challenges faced by the Mount Vernon cancer services and will be setting out an updated timeline at the Programme Board meeting this month. We aim to make a decision on the reconfiguration of services by the end of next year.

Phase One	<p>Phase One of the review took place last year with an Independent Clinical Report and a series of patient and public engagement activities to explore the extent of the challenges faced by the cancer services at Mount Vernon. This concluded with the recommendation that the services needed to be organised differently, and some or all of the services needed to be located with an acute hospital. Work on what that could mean is part of Phase Two. Further background to this review is summarised on page 3 of this briefing and you can find more information and the reports online:</p> <p>https://www.england.nhs.uk/east-of-england/nhs-england-and-nhs-improvement-east-of-englands-work/mount-vernon-cancer-centre-review/</p>
Phase Two	<p>We are starting Phase Two now. Professor Hoskin, from the East of England Cancer Alliance, is leading a group of clinical staff to look at how we could reorganise services to best meet the needs of patients and respond to the recommendations of the independent clinical report.</p> <p>This will involve looking at the pathways patients currently follow for treatment. We will do this for each tumour group (for example, breast cancer), and for each of the hospitals that refer patients to Mount Vernon or where Mount Vernon clinicians offer outreach services. The group is comparing this to best practice and will be using patient feedback to see if the services could be better organised.</p> <p>They will then look at what the building solution/s might be, considering that the current buildings are not fit for purpose and the independent clinical review strongly recommended co-location of some or all of the services with a hospital with intensive care facilities which are not available on the Mount Vernon site.</p>

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Briefing by: Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England and NHS Improvement, issued 04/08/2020

Stakeholder Engagement

Plans to hold face-to-face workshops with key groups of stakeholders have been put on hold and instead we have developed a programme of patient and stakeholder engagement to enable participation in the development of the options without needing to gather groups of people together. We are mindful that not everyone uses digital technology so will be working with Healthwatch colleagues to ensure we do not exclude people from the opportunity to participate.

We will shortly be announcing a series of virtual workshops and stakeholder and patient involvement opportunities over the next three months. Most events will be happening through September 2020.

- The first of these will be a live web presentation providing an update on the review with the opportunity for questions.
- The next events will be designed for patients and carers with experience of different cancers or treatments (for example events for those with experience of breast cancer, or workshops for patients who have had radiotherapy). These events will help us explore how the services are organised, and how patients and carers feel they could be better organised in future.
- We will then hold events that explore possible options for the buildings and location of these services.

The feedback from patients and carers at all these events will help the clinical group reorganise the services in a way that makes sense for our patients, as well as provides the best options for safe, sustainable and high-quality cancer services.

Alongside this, we will look at ways to engage patients who are not able to participate using digital (online) technology.

We will also hold virtual workshops for each of the health systems within the catchment, as well as for MPs, Healthwatch, and Scrutiny members.

Once options have been developed, and a short-list created using the criteria patients and carers helped create last summer, the East of England and London Clinical Senates will review the proposals.

We have started discussions with all the hospitals the Mount Vernon team currently work with (across Hertfordshire, Bedfordshire, Buckinghamshire and North London), to understand how their cancer services interact with Mount Vernon, what their local population needs are, and any plans they have for cancer services or new building developments. This will help identify any opportunities to improve access for patients, and better organise the services.

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Transfer of the management of the services

The Independent Clinical Review recommended the transfer of the management of the service to a specialist cancer provider, from the general hospital provider that currently runs the service (East and North Hertfordshire NHS Trust).

At the end of January 2020, NHS England announced UCLH (University College London Hospitals NHS Foundation Trust) as the preferred future provider of Mount Vernon cancer services, subject to a period of due diligence that would last around 12 months. This is purely for the management and leadership of the service and will not mean the services move to UCLH.

Due to the delay to the programme caused by the need to respond to COVID-19, we are reviewing the date at which responsibility for the services should transfer to UCLH, subject to the outcome of due diligence and their board's approval.

A Transition Director has been appointed at UCLH to oversee the programme of work required in the intervening period. The Transition Director took up post at the end of July. A multi-professional team from UCLH will work with, and provide support to, colleagues at Mount Vernon during this time.

Background to the Review

The Strategic Review of Mount Vernon cancer services has been underway since last May after concerns were raised by clinicians about the sustainability of clinical services and the state of the buildings.

Last summer, an independent Clinical Advisory Group, supported by Healthwatch Hillingdon and Healthwatch Hertfordshire, reviewed the services, and patients and staff were given opportunities to provide their feedback and views. The background to the review and both the independent Clinical Advisory Group and patient feedback reports are available here: <https://www.england.nhs.uk/east-of-england/nhs-england-and-nhs-improvement-east-of-englands-work/mount-vernon-cancer-centre-review/>

- **Review Recommendation: Short-term actions**

In the months following the review, significant progress was made on the short-term actions identified by the panel. These have included recruitment of additional staff, to support:

- a full-time ward consultant in addition to existing on call and ward consultant commitments
- Seven-day consultant cover of the inpatient ward
- Appointment of an additional 4.3 whole time equivalent nurses to support the Acute Oncology Service

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- Joint new job plans being developed to increase Acute Oncology cover at Watford General Hospital
- Additional funding to support the appointment of a new Head of Radiation services, three prescribing pharmacists, one Clinical Nurse Specialist lead nurse, three Clinical Nurses Specialists and three clinical oncologists.
- Recruitment to existing vacancies has continued. In total, 73 new staff have been appointed to the Mount Vernon Cancer service since July last year.

A new admissions policy has been implemented which has reduced the need for patients to be transferred between hospitals during their treatment.

- **Review Recommendations: Long-term actions**

The independent Clinical Advisory Group concluded that significant changes needed to be made to the services to ensure they were able to meet patients' needs in the long-term.

This included addressing the challenges Mount Vernon Cancer services face as a stand-alone hospital with a lack of acute support facilities on site, such as intensive care, high dependency, surgical or medical input or any additional critical care outreach services. Hillingdon Hospitals NHS Trust has some services on the site, but these are a Diagnostic and Treatment Centre, Outpatient services and Minor Injuries unit, not overnight services or those services required to support cancer treatment.

- **Satellite Radiotherapy**

The Independent Clinical Advisory Group (CAG) recommended a satellite radiotherapy centre was located in the north of the MVCC catchment in any future configuration option. This recommendation was made in order to improve access to radiotherapy services for people living in the northern end of the MVCC catchment.

Modelling of the impact of different locations has shown that the greatest benefit for patient access would be Luton or Stevenage (both solutions offer the same improvement to average patient travel times), although the Luton population is larger.

However, there is a separate need to improve access to radiotherapy in Milton Keynes and commissioners are currently modelling the impact that an improved service to Milton Keynes would have on the Mount Vernon population. Additional capacity at Milton Keynes may be able to serve some of the North Bedfordshire population, meaning that an additional unit in North Hertfordshire or South Bedfordshire would benefit more patients by being located in Stevenage.

Milton Keynes is part of the Oxford cancer service whilst Luton is part of Mount Vernon's cancer service, so more work needs to be done to understand the impact on patient care by any of the radiotherapy options.

Alongside the modelling, patient engagement will need to take place to ensure that patients have input into any decision about satellite radiotherapy.

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