

Mount Vernon Cancer Centre Public Consultation 2025

Appendices:

Appendix 1 - Mount Vernon Cancer Centre Review: Engagement with London population

Appendix 2 - MVCC London Data Unique Patients

1. Introduction

Mount Vernon Cancer Centre (MVCC) provides non-surgical specialised cancer care (for example, radiotherapy and chemotherapy) to a population of Hertfordshire, Bedfordshire, North West London, North Central London, and parts of Buckinghamshire and Berkshire.

It is at risk of being unable to continue providing specialist treatment without significant changes, including moving services to an acute hospital site.

Following an independent clinical review which recommended a series of urgent changes, including to the location of the cancer centre, work has taken place with patients, staff and stakeholders to identify a proposed solution that will ensure sustainable cancer services for the cancer centre's 2 million population.

A public consultation is now being planned to seek feedback on proposed changes which aim to secure the long-term provision of specialised cancer care to the population, improve outcomes, enhance research opportunities and make access to treatment easier.

2. The Challenges

MVCC, located in Northwood, lacks essential medical support services such as A&E and intensive care, which are critical for modern cancer treatment. This has already led to some cancer services, including haematology (blood cancers) no longer being provided by the cancer centre. The main reasons we need to make these changes are:

- **Lack of acute medical support** – The site lacks the acute medical support that is necessary for modern cancer care, especially for newer drugs and complex therapies. This limits the services that can be offered, disrupts care and delays treatment.
- **Improving outcomes** – Cancer outcomes are variable and below average in some areas. Reducing health inequalities and improving access leads to better outcomes. Patients face long travel times and inconsistent access to care, particularly in rural and deprived areas.
- **Research opportunities** – The current site limits our ability to offer cutting-edge treatments and take part in trials. We need to increase opportunities for cancer research and treatment.

In addition, there are a range of building constraints. The existing facilities are outdated, difficult to maintain, and unsuitable for modern treatment. However, fixing these without moving to an acute site will not resolve the long-term challenges the services face.

3. The Proposed Solution

The proposal involves relocating MVCC to a purpose-built cancer centre at Watford General Hospital, with additional services offered in local hospitals to minimise patient travel. Watford General Hospital is the closest acute hospital to the current services and whilst some areas will see a small increase in journey times, the proposals reduce average journey times for patients overall, including for those with the longest journeys. The key elements of the plan include:

A. Main Cancer Centre Relocation

- A modern, well-equipped cancer centre next to Watford General Hospital, providing access to essential acute medical services.
- Enhanced research opportunities.
- A new haematology unit to allow specialist inpatient and outpatient haematology care.
- This cancer centre would be run by UCLH (subject to the conclusion of due diligence – a process which enables UCLH to fully understand and agree to the services and risk they would be taking on).

B. Expanded Local Services

- Increased availability of chemotherapy at home for eligible patients, including in North West London.
- More diagnostic services and blood tests at local hospitals.
- A new chemotherapy unit at Hillingdon Hospital and expanded chemotherapy services at Northwick Park Hospital.
- An additional radiotherapy unit at either Lister Hospital (Stevenage) or Luton & Dunstable Hospital to reduce travel times for patients in the north.
- Increased radiotherapy capacity at Hammersmith Hospital.

C. Enhanced Patient Support

- New transport options to ensure no patient misses treatment due to travel difficulties.
- Improved digital and shared care records to allow easier prescription collection and remote consultations.

4. Benefits of the Changes

The proposed changes aim to:

- **Ensure continued access to specialist cancer care** for patients across Hertfordshire, North London, Bedfordshire, Buckinghamshire, and East Berkshire.
- **Improve cancer outcomes** by providing better facilities and immediate medical support.
- **Increase research and innovation** opportunities, enabling access to the latest treatments and clinical trials.
- **Reduce healthcare inequalities** by making care more accessible to underserved communities.
- **Expand local and home-based treatment options**, minimising unnecessary hospital visits.
- **Modernise cancer care facilities** to support current and future medical advancements.

5. Patient and Public Involvement and Joint Scrutiny

Since 2019, extensive engagement with patients, carers, Healthwatch representatives and healthcare professionals has helped shape the proposals. A summary of our London MVCC engagement activity is included as appendix one.

While many patients value the existing staff and care at MVCC, they recognise the need for access to a wider range of clinical services and for modern facilities. Public concerns primarily focus on:

- Ensuring high standards of care are maintained.
- Keeping the existing staff team together.
- Reducing travel burdens for treatment.

We anticipate a public consultation will take place later in the summer of 2025. You can find out more at www.mvccreview.nhs.uk.

As part of our public consultation, we want to hear the views of cancer patients, their families and carers, people living in the area Mount Vernon Cancer Centre serves, staff and other stakeholders.

We are particularly keen to know:

- How the proposed changes affect travel and accessibility for different communities.
- What challenges patient and carers might face in accessing specialist cancer care at a new location.
- What types of cancer care people think should be available closer to home, and how important is the option of an additional radiotherapy unit in Luton or Stevenage.
- Whether there are particular groups that might be disproportionately affected by the proposals and what we could do to reduce inequalities in cancer care.
- Whether there are any improvements that could be made to the proposals.

The proposals have been discussed as they have been developed with a number of Health Scrutiny Committees, or with their chairs and officers. Following a round of meetings in 2024, and an opportunity for chairs and vice chairs to tour the Mount Vernon Cancer Centre and speak to clinicians, a Joint Health Overview and Scrutiny Committee has been established by ten Local Authorities to scrutinise the public consultation. The Committee's Chair is from Hertfordshire (which has the largest proportion of patients) and the Vice Chair is from Hillingdon. The other local authorities represented are: Harrow, Brent, Ealing, Luton, Central Bedfordshire, Bedford Borough, Slough and Buckinghamshire.

You can find the terms of reference here: [Scrutiny Recommendations Update](#).

A draft consultation plan (high-level) and draft consultation document were discussed at the March meeting of the MVCC Joint Health Overview and Scrutiny Committee. Both draft documents can be reviewed as part of the agenda pack for that meeting: [Agenda for Joint Health Overview & Scrutiny Committee on Monday, 24 March 2025, 10.00 am | Hertfordshire County Council](#).

A summary version of the consultation document, easy read document and a video will also be produced to support the consultation.

The Joint Health Overview and Scrutiny Committee has indicated that a ten-week consultation would be acceptable, although it is currently being planned across a 12-week period. Pre-consultation engagement continues.

Discussions are also underway with the London Mayor's Office to ensure that the proposals meet the requirements of the Mayor's tests and any recommendations from the Mayor's office are factored into the Decision Making Business Case once the consultation has been completed and analysed.

6. Impact on London

Mount Vernon Cancer Centre London Activity Data (PDF attached), shows that 4,317 London patients attended Mount Vernon Cancer Centre in 2023/24 out of the total cancer centre patient number of 12,972.

These London patients were from:

- North West London ICB: 4,148
- North Central London ICB: 140
- North East London ICB: 16
- South West London ICB: 12
- South East London ICB: 7

Patient, public and stakeholder engagement has concentrated on the north west London population and on Barnet where the majority of north central London patients attend MVCC from.

Currently Mount Vernon Cancer Centre is in north Hillingdon and provides chemotherapy and radiotherapy services for people living in the London boroughs of Brent, Hillingdon and Harrow, alongside London North West University Healthcare NHS Trust (LNW). Imperial Cancer Centre also serves this population, and provides specialist cancer surgery for north west London patients on behalf of Mount Vernon Cancer Centre (MVCC).

The proposed move of MVCC to Watford will mean longer journey times to the main cancer centre for some of the London population. To ensure that patients are not disadvantaged, additional chemotherapy chairs will be provided at Hillingdon Hospital and Northwick Park Hospital, and additional radiotherapy capacity at Imperial Cancer Centre. Work to integrate digital systems to ensure patients requiring a blood test prior to treatment can have their blood test locally rather than in the main cancer centre.

It is anticipated that the five new chemotherapy chairs provided at Hillingdon Hospital will be supported by doctors from the relocated Mount Vernon Cancer Centre.

The three new chairs at Northwick Park will be an enhancement to their existing chemotherapy unit. It is anticipated that with these changes, Northwick Park and the London North West trust that runs it, will build strong relationships with the Imperial Cancer Centre.

Just over 30% of Mount Vernon Cancer Centre patients live within the London region. It is anticipated that with the additional facilities at Northwick Park, Hillingdon and Imperial Cancer Centre, when MVCC moves to Watford, those living in the south of the catchment will be more likely to attend the Imperial Cancer Centre which also has facilities at Charing Cross and Hammersmith Hospitals.

The estimates have been adjusted through patient and public engagement and better understanding travel flows and take account of population growth predictions for the population.

UCLH currently treats all of Hertfordshire and much of Bedfordshire's haematology patients because the service can no longer be provided at Mount Vernon Cancer Centre as the service specifications for modern treatment require access to acute services not available on the site until after the relocation has taken place. Our proposals mean that in future, most of these patients can be treated at the new cancer centre in Watford which will free up space in UCLH for London patients.

There is a very strong commitment from North West London Integrated Care Board to continue to work closely with colleagues from the East of England Region to further develop the proposals following consultation to ensure we can deliver excellent cancer care to all those who live in the Brent, Ealing, Hillingdon and Harrow boroughs.

An Equality Health Impact Assessment was carried out with the help of public health consultants early in the review and subsequently updated. The proposed changes have taken into account the findings of this assessment, cancer alliance outcomes data and patient and public feedback. The proposal for chemotherapy at Hillingdon Hospital and expanded chemotherapy at home are examples of the result of that work.

Area	% of total patients	The proposals mean	What we are proposing to reduce the journeys to the cancer centre
Hillingdon	14%	Average journey times increase from 16 to 27 minutes	<p>These would still be some of the shortest travelling times but to reduce the number of patients impacted:</p> <ul style="list-style-type: none"> • We are proposing a chemotherapy unit at Hillingdon Hospital • Blood tests for specialist cancer treatment at local hospitals • Access to chemotherapy at home services • Patients in South Hillingdon would have their radiotherapy at Hammersmith Hospital • A very small number of patients in South Hillingdon would attend Imperial College hospital for complex chemotherapy and chemoradiotherapy (treatment with chemotherapy and radiotherapy together)
Harrow	8%	Average journey times would increase from 20 to 23 minutes.	<p>This increase is minimal, and these are still some of the shortest travelling times. However, to reduce the impact we are proposing:</p> <ul style="list-style-type: none"> • Expanded chemotherapy services at Northwick Park • Blood tests for specialist cancer treatment at local hospitals • Access to chemotherapy at home services

Brent	5%	Average journey times decrease from 32 to 29 minutes.	<p>In addition, we are proposing:</p> <ul style="list-style-type: none"> • Patients would be able to access radiotherapy services at Hammersmith Hospital • Chemotherapy at Northwick Park Hospital • Patients could attend Imperial Hospital for complex chemotherapy and chemoradiotherapy (treatment with chemotherapy and radiotherapy together)
Ealing	4%	Average journey times increase from 27 to 37 minutes.	<p>We are proposing patients from Ealing:</p> <ul style="list-style-type: none"> • Would access radiotherapy services at Hammersmith Hospital • Patients would attend Imperial Hospital for complex chemotherapy and chemoradiotherapy (treatment with chemotherapy and radiotherapy together) • For patients for whom the new Mount Vernon Cancer Centre would be closer, there would also be the option of radiotherapy at the site in Watford and chemotherapy at Northwick Park Hospital

The proposals increase inpatient beds to account for the repatriation of Hertfordshire and Bedfordshire haematology patients from London, freeing up capacity in UCLH to better serve London patients, and to account for growth. The numbers change from 22 beds to 50 beds under the proposals.

The Programme Board has committed to work to further improve access as part of the proposals and a transport and access group has been established.