London Clinical Senate

East of England Clinical Senate

East of England and London Clinical Senates

Independent Clinical Review of proposal for Mount Vernon Cancer Centre Radiotherapy Reprovision

Held on Monday 25 April 2022

Glossary of Abbreviations used in the Report

AOC	Acute Oncology Service
BHT	Bedfordshire Hospitals NHS Foundation Trust
CCG	Clinical Commissioning Group
EoECS	East of England Clinical Senate
ENHT	East and North Hertfordshire NHS Trust
EPIC	Engagement, Partnership, Information, Communication (electronic record system)
ICS	Integrated Care System
IT	Information Technology
LCS	London Clinical Senate
LINAC	Linear Accelerator (used in cancer radiation therapy)
MDT	Multi-Disciplinary Team
MVCC	Mount Vernon Cancer Centre
NHSEI	NHS England and NHS Improvement
PCN	Primary Care Networks
SACT	Systemic Anti-Cancer Treatment
SLA	Service Level Agreement
UCLH	University College London Hospitals NHS Foundation Trust

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Foreword from Clinical Senate Review Panel Co-Chairs

The East of England and London Clinical Senates were delighted to support the Mount Vernon Cancer Centre (MVCC) with an Independent Clinical Review of their proposals for radiotherapy reprovision.

We would like to thank all members of the MVCC Radiotherapy Reprovision Team who engaged with the Clinical Senates, prepared their evidence and presentations, responded to the Key Lines of Enquiry identified through our pre-panel teleconference and responded openly and honestly to questions from the panel on the day.

We would also like to thank all the Clinical Senates Review Panel Members for engaging in such an active way with the process, asking searching questions and giving their time to contribute their wide and varied expertise.

We wish the MVCC Reprovision Team well with their ongoing work and hope we can assist them again in the future as they continue to work towards reprovision of MVCC's radiotherapy services.

Dr Bernard Brett
East of England Clinical Senate Chair and
Clinical Review Panel Co-Chair

Dr Michael Gill
London Clinical Senate Chair and
Clinical Review Panel Co-Chair

1. EXECUTIVE SUMMARY

The East of England and London Clinical Senates provided an Independent Clinical Panel Review of the proposal for the Mount Vernon Cancer Centre (MVCC) radiotherapy reprovision.

The Panel were asked to review the proposals, focusing on specific questions asked by MVCC. The Panel has responded to each of these questions and has made a number of recommendations for the MVCC Radiotherapy Reprovision Team.

The specific questions asked, and the Panel's responses are:

- ***Is the proposed model and pathways for patients requiring radiotherapy service clinically sound, based on the best evidence, and likely to result in safe and high-quality services and outcomes for patients?***

  The Panel were impressed with the significant amount of work that was reflected in the proposed model and considered this clinically sound, based on best evidence and likely to result in safe and high-quality services and outcomes for patients.

- ***Do the specific plans for a networked radiotherapy site at Luton or Stevenage support achieving the best model and outcomes?***

  The Panel considered that a networked radiotherapy site at Luton or Stevenage could support achieving the best models and outcomes.

- **Do *the plans for some London patients who currently receive radiotherapy at MVCC to receive their radiotherapy at Hammersmith Hospital, support achieving the best model and outcomes?***

  The Panel consider that for the London patients who currently receive radiotherapy at MVCC, the planned option to receive radiotherapy at

Hammersmith Hospital increases choice and supports achieving the best model and outcomes for the majority.

- ***Are the proposed clinical and quality criteria for the selection of the networked radiotherapy site appropriate?***
  The Panel concluded that that the criteria were appropriate and covered all key aspects. They propose that a robust local process should be developed to determine the weighting of the criteria.

The Panel also made a number of recommendations and encourages the MVCC team to address these as plans for the reconfiguration are further developed and there is a move towards implementation.

Recommendation 1

The Panel strongly supports the philosophy of a networked service to provide local treatment where possible and to seek to address the unmet need in deprived areas. They endorse the proposal that the networked site should provide the most comprehensive service possible across its geography in order to improve access and to ensure sustainable services through a secure workforce. The Panel applaud the desire to maintain and develop existing staff.

Recommendation 2

The Panel recommend that the MVCC Team co-produce example pathways with patients and staff to articulate the patient journey. This should detail aspects of care including diagnostics and treatment, identify interfaces and test for hidden issues and risks to enable these to be proactively addressed.

Recommendation 3

The Panel recommend the continuing development and implementation of a patient-centred digital strategy to enable interoperability across all pathways and, where appropriate, remote consultation and monitoring. This should include other centres and trusts within and across cancer networks as well as with community and primary care.

Recommendation 4

The Panel recommend that MVCC continue the development of workforce planning to include:

- Consideration of Emergency on call and the impact on staff, and whether longer distance or increased frequency of on call can be avoided for the benefit of staff wellbeing.
- Sufficient infrastructure, particularly at the satellite site, with a wide range of support services for resilience
- Creation of new roles and career development pathways for the range of staff groups including clinical training posts.

Recommendation 5

The Panel recommend that MVCC continue to explore and co-produce travel and transport solutions, with particular attention given to and disadvantaged populations. Provision of blood tests and other similar pre-operative requirements (diagnostics) close to home should be explored to avoid unnecessary travel and contribute to a positive patient experience. Consideration should also be given to environmental sustainability and climate adaptation.

Recommendation 6

The Panel recommend that the MVCC Team undertake further engagement with patients and primary care clinicians to co-design improving access to services. This is particularly the case for more vulnerable patient groups identified through population health management e.g. in areas of deprivation, those less digitally literate and those currently not receiving or declining care.

Recommendation 7

The Panel recommend that the MVCC Team progress work on specific outcome measures to include hard clinical outcomes, patient experience related outcomes and health inequalities.

The recommendations above should be read in the context of the broader findings of the Clinical Review Panel as laid out in the Key Findings (Section 4) of this report.

2. Review Background and Scope

2.1 The East of England Clinical Senate was approached during August 2021 with a request to undertake a Clinical Review of a proposal for Mount Vernon Cancer Centre (MVCC) radiotherapy reprovision.

2.2 Mount Vernon Cancer Centre is one of the largest non-surgical cancer services in England. It is currently delivered from dilapidated estate, with no co-located acute services.

2.3 An Independent Clinical Advisory Panel Review (2019), commissioned by NHS England (NHSE), identified that services were not sustainable on the current site given the limitations of the supporting clinical infrastructure and fabric of the buildings. An option appraisal demonstrated that re-provision of the Cancer Centre was the only clinically viable option.

2.4 The re-provision proposals are designed to deliver sustainable and future-proofed service provision and are aligned with NHS England and NHS Improvement (NHSEI) and Integrated Care System (ICS) cancer strategies Improving *Outcomes: A Strategy for Cancer*[1]. The proposals are:

- **Cancer Centre re-provision** on Watford General Hospital campus which is co-located with required acute services (including critical care), providing radiotherapy, chemotherapy, diagnostics, and inpatient services. The current preferred provider to lead and manage the new Centre is University College London Hospitals NHS Foundation Trust (UCLH). Services would be fully digitally enabled, improving clinical management and patient experience.

[1] Improving Outcomes: A Strategy for Cancer January 2011

- **Care closer to home and pathway improvements**

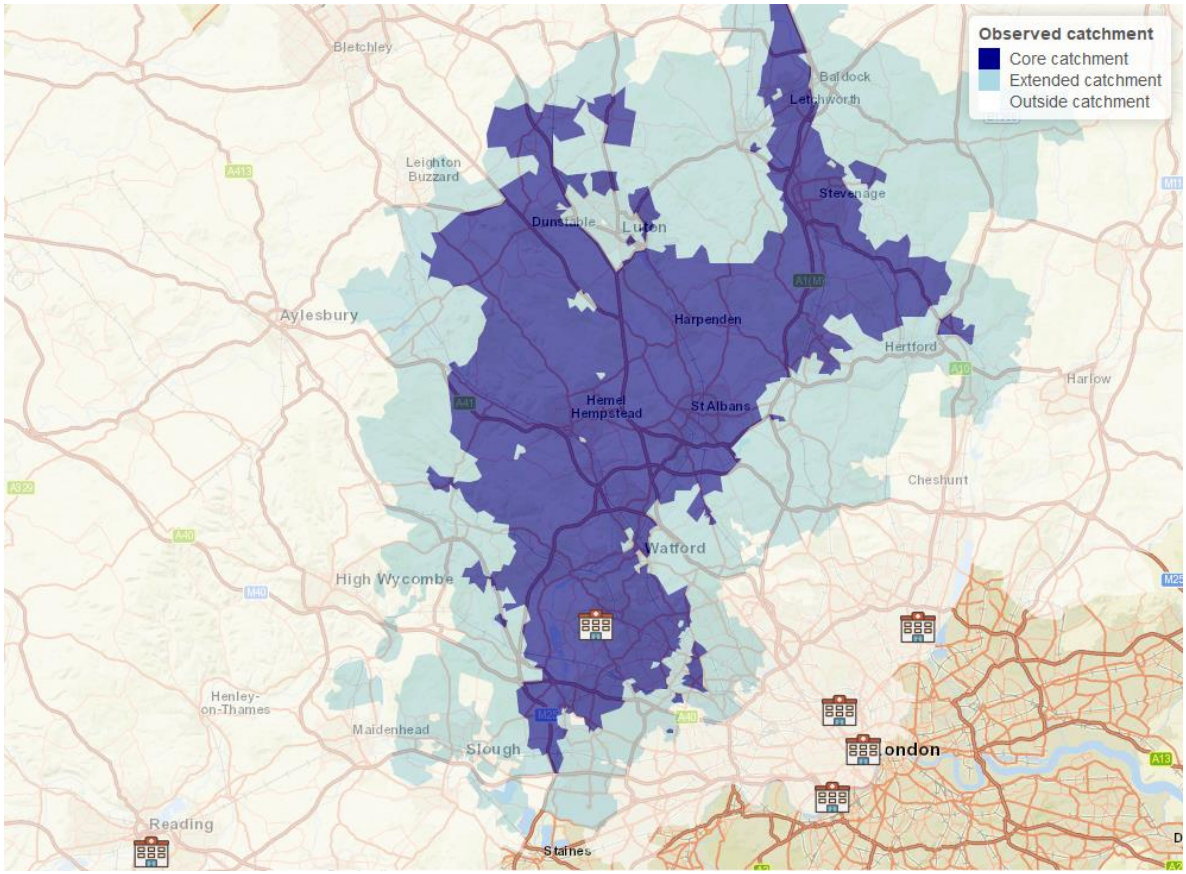
  Additional services at the new Cancer Centre are:

  - haemato-oncology for Hertfordshire and Bedfordshire patients (currently provided at UCLH's central London campus)
  - interventional radiology
  - enhanced therapy and support services for patients and families
  - enhanced services across the catchment
  - additional networked radiotherapy in Luton or Stevenage
  - additional radiotherapy at Hammersmith Hospital
  - chemotherapy at Hillingdon Hospital, and enhanced chemotherapy at Northwick Park and Luton Hospitals.

2.5 In June 2021, the East of England Clinical Senate reviewed the clinical model principles and proposals which formed the provisional reprovision business case and will form the basis of public consultation. However, the reconfiguration of radiotherapy services to include networked radiotherapy was outside the scope of that review.

2.6 The purpose of this clinical review is to consider the proposed reprovision of networked radiotherapy services from the current MVCC site to West Hertfordshire Hospitals NHS Trust (Watford) site, with an additional, networked radiotherapy service being provided either on the Lister Hospital site in Stevenage (East and North Hertfordshire NHS Trust (ENHT)), or the Luton Hospital site (Bedfordshire Hospitals NHS Foundation Trust (BHT))**.**

2.7 The map below shows the current catchment area for MVCC (radiotherapy). The core catchment area in purple highlights the areas from which the majority of patients travel attend MVCC. The lighter green area is the extended catchment for patients attending the MVCC (radiotherapy).



3. Methodology and Governance

3.1 Clinical Review Panel Members (Appendix 2) from within and outside of the East of England and London areas and were identified by their clinical expertise and background and invited to join the Review Panel. Patient representatives, who were experts by experience were also identified and invited to join the panel. All Panel Members signed conflict of interest and confidentiality declarations. (Appendix 3).

3.2 Terms of Reference for the review were agreed between Dr Bernard Brett, Chair of East of England Clinical Senate, Dr Michael Gill, Chair of London Clinical Senate and Ruth Derrett, NHSEI Programme Director, MVCC Strategic Review (Appendix 1).

3.3 The evidence, received on 24 March 2022, was discussed at the pre-Panel teleconference on 06 April 2022 co-chaired by Dr Bernard Brett and Dr Michael Gill. This meeting was used to prepare for review and consider the key lines of enquiry.

3.4 The Clinical Review Panel took place on 25 April 2022. The MVCC Reprovision Team gave an overview and context setting presentation to the Panel. The proposals were discussed with the Panel in more detail and the MVCC Reprovision Team responded to questions to provide further information and contextual detail.

3.5 Sections of the draft report were sent to Clinical Review Panel members for review and confirmation that the report was an accurate reflection of their findings. Sections were also sent to the MVCC Team for confirmation of accuracy of the proposed changes. The report was sent on 07 July 2022.

3.6 The final draft of the report was submitted to the East of England Clinical Senate Council and the London Clinical Senate. Both Senate Councils agreed that the Clinical Review Panel had fulfilled the Terms of Reference for the review and confirmed the report.

3.7 The East of England and London Clinical Senates will publish this report on their websites at the appropriate time as agreed with the sponsoring organisation.

4. Key Findings

4.1 The Panel thanked the MVCC Team for their presentation and their open and honest approach in response to the questions from the review Panel. The Panel congratulate the MVCC Team on clear, cohesive documentation and a presentation underpinned by significant professional expertise. The MVCC Team demonstrated a clear ambition with courage and conviction, alongside an understanding of population needs. The Panel were impressed with the level of thought and careful consideration in generating the proposals.

4.2 The Panel wish to thank the MVCC presenting team for its prompt and comprehensive response to the key lines of enquiry raised by the review Panel on its pre-Panel call on 06 April 2022.

4.3 The Panel heard that the MVCC Team are proud of the service provided in the current, less than ideal, physical environment and wish to see this improved and expanded. There is a clear and strong desire to move forward with developing the radiotherapy service, alongside the plans to relocate the main MVCC to the Watford General Hospital site.

4.4 The Panel strongly supports the philosophy of a networked service to provide local treatment where possible and to seek to address the unmet need in deprived areas. They endorse the proposal that the networked site should provide the most comprehensive service possible across its geography in order to improve access and to ensure sustainable services through a secure workforce. The Panel applaud the desire to maintain and develop existing staff.

4.5 The MVCC Team demonstrate familiarity with the issues they are facing and have strong relationships and connections with multiple key stakeholders (400 plus); indeed it was referenced that 106 Service Level Agreements (SLAs) are currently in place, which reflects the number of partners involved within their geography with patient flows to and from the MVCC. The Panel were encouraged by the engagement that MVCC had undertaken with all stakeholders. The Team also showed awareness of the gaps with plans for further exploration.

4.6 The Panel were pleased to see attention to building on the existing services and future proofing e.g. the Hammersmith LINACs and spare treatment rooms (bunkers).

4.7 Patient Pathways

The Panel were informed of the constraints of the current MVCC site and how improvement is planned by moving the service to the Watford General Hospital site (with proposals previously reviewed by the East of England Clinical Senate on 23 June 2021).

They noted the engagement work that has taken place by the MVCC Team. The panel were given examples of how the current pathways do not always work well and how the MVCC Team is working to improve these. There is recognition by the MVCC Team of geographical challenges within the catchment population.

The Panel heard from the MVCC Team that whilst it is critical to locate a radiotherapy unit at the new main site at Watford General Hospital, in order to deliver easier travel/access the possibility of radiotherapy treatment at other locations needs exploring. The MVCC Team currently provide services across the wider health care systems in Essex, Norfolk, Cambridge, Sussex, Midlands, London, Bedford, Birmingham, Colchester, Southend for radiotherapy and it is envisaged that this will continue.

Patient choice was explored many times during the Panel Review, particularly how to enable patient choice without compromising care. The issue of boundary handovers was discussed, recognising that the MVCC Team are aware of, and are working with, wider stakeholders in bordering geographical areas. The Panel were assured that the existing Multi-Disciplinary Teams (MDTs) already refer to other services when it is possible and appropriate to deliver radiotherapy nearer to a patient's home and as appropriate. Supra-regional MDT's also have expertise in transferring patients across boundaries. However, it was noted that patients frequently choose to stay with the MVCC for all their treatment needs. MVCC

recognise that further focus and work is essential to support patient choice so that any transfers of service are seamless to the patient. The Panel recognise that MVCC are identifying specific challenges at various interfaces in the patient pathway using dedicated workshops.

Potential patient pathways to effectively care for deteriorating patients were explored. The Panel gave good account of how this will be managed at both the main site in Watford and in either Luton or Stevenage, wherever the networked centre is located. Whilst some MVCC clinicians and Acute Oncology Service (AOS) teams are already working from these hospitals, the MVCC Team are aware of the need to develop this further including enabling good, seamless information transfer. The MVCC Team are learning from other cancer services around the country, for example Clatterbridge Cancer Centre NHS Foundation Trust. There is a full expectation that MVCC services will be outreached and delivered in the relevant acute hospitals, with SLA's in place to underpin this.

Due to the current site constraints some patient pathways and services have been outsourced, but the proposed clinical model plans for most of these services to return to MVCC. This includes Haematology, Brachytherapy and Interventional Radiology. The clinical model is being developed with the involvement of patients and the Panel were advised that clinicians have listened carefully to patient feedback.

Recommendation 1

The Panel strongly supports the philosophy of a networked service to provide local treatment where possible and to seek to address the unmet need in deprived areas. They endorse the proposal that the networked site should provide the most comprehensive service possible across its geography in order to improve access and to ensure sustainable services through a secure workforce. The Panel applaud the desire to maintain and develop existing staff.

Recommendation 2

The Panel recommend that the MVCC Team co-produce example pathways with patients and staff to articulate the patient journey. This should detail aspects of care including diagnostics and treatment, identify interfaces and test for hidden issues and risks to enable these to be proactively addressed.

4.8 Digital

The Panel considered that digital enablement and interoperability across all pathways are fundamental to the success of the networked radiotherapy model.

Whilst a significant amount of work has taken place, the MVCC Team acknowledged that there is still further work needed on the digital strategy with patient, clinician, and management involvement as well as meeting the challenges of digital interoperability. The MVCC Team were very clear on a commitment to keep a strong focus on the implementation of a digital strategy. The Panel also heard that the management of MVCC by UCLH from a digital perspective will ensure that the same digital system for cancer is used at UCLH, MVCC at the Watford site and the networked satellite unit.

The Panel felt that going forward the digital strategy should provide a front-end solution for both patients and staff, which would also support management in primary care. They considered that it should focus on improving existing and new pathways, ensuring the digital interface is clear between each host Trust, the main site and satellite site. This will include interfaces between radiotherapy services and Trust services, as well as the other cancer networks (e.g. Cambridgeshire and London). The Panel identified that a specific workstream for all stakeholders on development of digital solutions for all patient pathways and journeys would be beneficial.

The Panel strongly feel the digital strategy should be patient-centred and where appropriate include remote consultation, monitoring and follow up as well as radiotherapy planning. Although some patients may not have digital access, the ultimate ambition is a clinical records system so effective that patients would be able to log in to access their complete records if they choose. The Panel heard about the patient portal already available, with further improvements planned in the Engagement, Partnership, Information, Communication (EPIC) electronic record system which is already in use at UCLH and will be extended to the MVCC patient population. This was viewed very positively by the Panel.

Recommendation 3

The Panel recommend the continuing development and implementation of a patient-centred digital strategy to enable interoperability across all pathways and, where appropriate, remote consultation and monitoring. This should include other centres and trusts within and across cancer networks as well as with community and primary care.

4.9 Governance

The Panel were informed that an Independent Clinical Advisory Panel Review in 2019, commissioned by NHS England, had clearly recommended that the management of the MVCC services should be moved from East and North Hertfordshire Trust (ENHT) to a specialist tertiary cancer provider (this was also considered during the East of England Clinical Senate Review Panel on 23 June 2021). Work undertaken following the 2019 review led to University College London Hospitals (UCLH) being selected as the preferred provider for the MVCC services who are now working collaboratively with stakeholders regarding the reprovision proposals. ENHT have fully accepted the recommendations from the 2019 review and are supportive of the managerial move to UCLH. The rationale and direction of travel from this is clear.

UCLH are mindful that they would be taking on a service in a different geography with different stakeholders involved in delivery of the service, including different Integrated Care Systems and cancer networks. It is envisaged that the coming together of UCLH and MVCC will be complementary on a clinical and operational basis, and that the MVCC will remain as a strong brand. Whilst the clinical governance of patients is planned to reside with UCLH, there will be close working relationships with the host Trust at Watford.

The Panel considered that the proposal for networked radiotherapy is strategically well placed, given the implementation of the recommendations from the 2019 NHS England and NHS Improvement Clinical Advisory Panel Review and the previous East Clinical Senate Review in 2021.

The Panel agreed that the UCLH management of the MVCC brings opportunities for a renewed focus on and improved access to clinical trials benefitting patients as well as supporting staff development through a wider pool of clinical and non-clinical experts.

The MVCC Team provided information to the Panel on individual patient stories and journeys with interfaces enabling the transfer of clinical responsibility. The Panel were persuaded that the newer model offered greater potential for continuity of care than the current model.

The Panel recommended the development of pathways where patients move between cancer networks (Recommendation 2). This could be achieved through the development and utilisation of some example pathways including primary care, MDTs, treatment centres and tumour site pathways. Clear SLA's should be in place.

4.10 Workforce

The Panel recognised the work around staffing capacity modelling and were particularly impressed with the planning to retain and develop the existing MVCC staff groups. There is clear engagement with existing staff about the future planning.

Currently there is a 6% vacancy rate across the MVCC services with a predominance of turnover in the Agenda for Change Band 5 staff, where post qualification registered non-medical staff commence on the pay scale and where turnover is anticipated to be relatively high. Preceptorship, mentoring, and practice educators are all in place, which are planned to continue and grow further.

The Panel heard that MVCC has Training and Education as a key priority, with a multi-professional Educational Board in place. Training needs analyses are conducted as part of an annual cycle and integrated into the training and education planning.

The Panel explored the workforce planning for several staff groups, which were informed by several drivers. For example, the junior doctors would all be employed by UCLH, with the MVCC being a distinct, separate rotation. There will continue to be rotations that are completely focused on the MVCC service. Currently the junior doctors (Foundation Year 1 and Foundation Year 2) rotate from the Lister Hospital site in Stevenage as they are East of England (EoE) trainees. It is recognised by the Panel that the delivery of training for trainees is complex. The General Medical Council (GMC) surveys recognise MVCC as a good training organisation which the team are determined to maintain. The Panel did not explore any potential to expand clinical training posts on the day but believe it should be pursued.

The Panel heard from MVCC about a workforce transformation strategy in which they are looking to optimise and further develop skillsets and extended roles. This includes looking at more advanced practitioner roles, increasing non-medical prescribing (which has already proved to staff retention), as well as the administrative and clinical interface. There is already a clear competency framework in place. The Panel were also pleased to hear about development pathways in place to grow and build roles in the radiotherapy service through an apprenticeship route or higher education. These development pathways include administrative radiotherapy booking staff training to become radiotherapy assistants, and further education for some staff to become radiographers over the next few years. Job enrichment is a key focus.

The Panel felt there is scope for shared learning across the UCLH and MVCC sites as both have experienced radiotherapy teams. The Panel also heard that there are currently some joint appointments between UCLH and MVCC.

For some staff there is an opportunity to work closer to home and avoid significant travel which it is envisaged will enhance staff retention. Job plans should include opportunities for decreased staff travel times.

The Panel felt that careful consideration needs to be given to on-call cover and, wherever possible, avoiding significant distances or travel time to covered sites as well as sufficient infrastructure in terms of support services in the satellite site

Recommendation 4

The Panel recommend that MVCC continue the development of workforce planning to include:

- **Consideration of Emergency on call and the impact on staff, and whether longer distance or increased frequency of on call can be avoided for the benefit of staff wellbeing.**
- **Sufficient infrastructure, particularly at the satellite site, with a wide range of support services for resilience**
- **Creation of new roles and career development pathways for the range of staff groups including clinical training posts.**

4.11 Access, Transport and Environmental Sustainability

Access and transport were key themes explored by the Panel, especially regarding patients from the north and east of the geographical area covered by the MVCC. The Panel were particularly interested to understand the impact of the proposals for the Core20PLUS5 populations.

It was recognised that each ICS will have a responsibility for non-emergency patient transport. The MVCC will need to work with each relevant ICS to ensure that this is improved. There are plans for further joint working on solutions including looking at current and potential future bus routes, the road network and testing travelling time assumptions. The Panel were advised that the relevant ICSs have shown a commitment to this work and that part of the solution involved looking to volunteer driving schemes but there is still significant further work to be done.

The Panel recognised that there needed to be a focus on delivering the most improvement for the largest number of the population, with attention to underserved groups experiencing inequalities. However, they were also aware there could be a small number of people for whom journey times will increase, and that there are some catchment areas with long journey times which will not decrease under the

networked proposal. The Panel encouraged attention to this and exploring mitigating factors. For example, patient flows to Oxford and Addenbrookes Hospitals which may continue due to proximity, choice or for sub-specialised treatments.

Areas the Panel propose are given specific consideration are:

- Provision of blood tests and other similar pre-operative requirements close to home to avoid unnecessary travel and contribute to a positive patient experience.
- Adequate car parking, to include electric charging points
- Noting travel and transport routes and consideration of any potential risks that could impact journeys.

Recommendation 5

The Panel recommend that MVCC continue to explore and co-produce travel and transport solutions, with particular attention given to and disadvantaged populations. Provision of blood tests and other similar pre-operative requirements (diagnostics) close to home should be explored to avoid unnecessary travel and contribute to a positive patient experience. Consideration should also be given to environmental sustainability and climate adaptation.

4.12 Demand and Capacity

The MVCC Team has used the same planning assumptions as the wider cancer networks. The Panel were advised that there is a plan to rerun demand and capacity modelling in 2022, post pandemic, to test assumptions and see if there are changes. The Panel support this approach.

4.13 Engagement, Co-design, and Co-production

There has been extensive engagement with staff and the public with a very positive response.

The Panel heard that clinicians have listened closely to patient feedback with several themed planning groups emerging in response to this. The Panel consider that the level of patient engagement throughout the process has been good, especially considering the challenges imposed by the pandemic.

There is opportunity to strengthen this even further, through emboldening this approach and embedding further co-production with patients and carers in future decision-making groups. This will help achieve effective outcomes more quickly and cost effectively. For example, stakeholder groups looking at information processes, clinical pathways and digital.

The Panel cited examples of positive work at Guys and St Thomas' NHS Foundation Trust with design and challenge groups from which there could be learning. Similarly, there is now the opportunity to begin face to face co-production after the many months of only being able to use virtual means due to the pandemic.

Moving forward, the Panel strongly consider that co-production needs to continue, particularly in primary care, where engagement so far has been limited. Primary care clinicians should be involved in steering groups going forward, with consideration to digital forums being used to maximise engagement.

Similarly, the more vulnerable patient groups, as identified by population health management and segmentation need to be continually involved. For example, those living in areas of deprivation, those less digitally literate and people currently not receiving care or declining care. This should also include patient groups on the borders where the nearest radiotherapy unit may be outside of the MVCC patient catchment area. The Panel heard about the engagement process that had taken place in the Luton area on the inequalities framework which could be used as an example for other patient groups.

Recommendation 6

The Panel recommend that the MVCC Team undertake further engagement with patients and primary care clinicians to co-design improving access to services. This is particularly the case for more vulnerable patient groups identified through population health management e.g. in areas of deprivation, those less digitally literate and those currently not receiving or declining care.

4.14 Outcomes and Measurements

It was noted by the Panel that work has begun on looking to develop outcome measures. For example, quality of life; survival; process measures for uptake of radiotherapy; and patient experience measures. The MVCC Team recognise that greater specificity is required, and they continue to work on a broad range of outcome measures to evaluate the impact of the planned changes to service delivery. The approach used in Luton could be modelled in other parts of the population catchment area to enable improvement in whole pathways.

Recommendation 7

The Panel recommend that the MVCC Team progress work on specific outcome measures to include hard clinical outcomes, patient experience related outcomes and health inequalities.

4.15 Satellite, Networked Service

The Panel were reassured that MVCC is planning an almost complete networked satellite service. They were also reassured that MVCC already have Systemic Anti-Cancer Treatment (SACT) and Out-Patient (OP) sessions at Luton. There has been agreement that the North West London population can have access to the LINAC's at the Hammersmith Hospital.

If a patient were to develop complications or unrelated issues whilst under the care of a satellite networked radiotherapy site, there is already experience of caring for these patients in an acute oncology ward in Luton and Dunstable Hospital and there

are early discussions about a similar model at the Lister Hospital. However, the Panel heard that if a patient requires critical care services, the patient will transfer to the care of the intensivists with the oncology team advising on cancer care.

The Panel are of the strong view that delivering as many treatments as possible at the satellite centre makes clinical sense and should improve the patient experience and access. This will maximise usage and increase accessibility to radiotherapy treatment as well as help build a sustainable and resilient service.

4.16 Boundary Issues

The Panel were clear that the MVCC Team are aware of the patient population boundary issues with the main MVCC moving to the preferred site in Watford, thereby looking for an improved solution for patients residing in London. The MVCC Team were aware of the risks of the changing boundaries and have been addressing these. For example, looking for a nearer pathway choice for patients from North West London, by being offered treatment at the Hammersmith for radiotherapy.

5. Conclusions

5.1 In conclusion, the Clinical Review Panel's response to the particular questions it was asked to address are detailed below:

5.2 **Is the proposed model and pathways for patients requiring radiotherapy service clinically sound, based on the best evidence, and likely to result in safe and high-quality services and outcomes for patients?**

The Panel were impressed with the significant amount of work that was reflected in the proposed model and considered this clinically sound, based on best evidence and likely to result in safe and high-quality services and outcomes for patients. They also considered that the pathways had the potential to achieve these same goals and noted that the next step would be for MVCC to co-design the pathways to ensure that the potential is realised.

The leadership, commitment, and engagement of the MVCC Team give the Panel confidence that the pathways will continue to be developed appropriately.

Within the documentation the Panel received there were three examples of patient scenarios which demonstrated the benefit of a networked, satellite approach to individual patient care, treatment and outcomes. The Panel recommends that further examples of worked up exemplars of patient pathways are available at the point of public consultation.

To illustrate opportunities and challenges particularly across interfaces and organisations, the Panel proposed that the detailed patient pathways include clinical care; responsible clinician; information and support; personalised care; digital strategy; and access and transport. This would enable MVCC to demonstrate the potential benefit in patient pathways, journeys and improved clinical outcomes. It would also enable the team to identify potential problems and help explain to patients and public what the new service would look like and enable the benefits of the proposed model to be maximised.

5.3 **Do the specific plans for a networked radiotherapy site at Luton or Stevenage support achieving the best model and outcomes?**

The Panel considered that a networked radiotherapy site at Luton or Stevenage could support achieving the best models and outcomes.

As previously indicated, the Panel recommend providing further detail on the delivery model including the location of protocolised treatments within the pathways. This could also be used to explain to the patients and public how the new pathway will look. The Panel felt that this was articulated effectively in the review session. They recommend this is now discussed, co-produced and documented with local citizens.

The Panel perceived that a networked radiotherapy site may be crucial to challenging and reducing health inequalities and has the potential to better meet the needs of the patients through a reduction of journey times for the majority. This is likely to translate to increased uptake of treatment and improved outcomes.

To maximise benefits for patients, and maximise return on investment, the panel recommends that there is a clear plan to devolve treatment as many tumour types as possible at the satellite site(s), thereby offering the broadest range of services.

The proposed model has been based on 2 LINACs with chemotherapy and radiotherapy, reflecting the level of provision as an acute hospital site.

5.4 **Do the plans for some London patients who currently receive radiotherapy at MVCC to receive their radiotherapy at Hammersmith Hospital, support achieving the best model and outcomes?**

The panel considers that overall, the intention to offer London patients the option of radiotherapy at MVCC or Hammersmith Hospital, will increase choice and will support achieving the best model and outcomes for the majority.

The Panel felt that it may be helpful to describe any difference in offer of what is currently available at Hammersmith, compared to what will be available there going forwards, particularly given there is current under-utilisation of capacity.

The Panel recognised that the option of the Hammersmith site might impact on patients from London different ways-

- For people in Brent and Ealing, travel time to Hammersmith is reduced compared to travel time to MVCC at Watford.
- For a comparatively small numbers of London patients, travel time may be increased to Hammersmith Hospital compared to MVCC at Watford.
- For some, people their journey time will be similar but will allow choice around driving or public transport.

The Panel were assured that patient's will be able to choose which site to receive radiotherapy treatment. Therefore, in principle there will be greater choice of site for patients, as well as flexibility of capacity by providing additional service at Hammersmith.

5.5 **Are the proposed clinical and quality criteria for the selection of the networked radiotherapy site appropriate?**

As part of the review the Panel considered a document (K) with proposed criteria for the selection of the networked radiotherapy site; this was also detailed in the MVCC presentation to the Panel. The Panel concluded that that the criteria were appropriate and covered all key aspects. They propose that a robust local process should be developed to determine the weighting of the criteria. The overarching comments from the Panel related to this were that:

- Improved health outcomes for all and a reduction in health inequalities should be elevated above all.
- Sub criteria should be further worked up, both for clarity and to enable a robust numerical assessment against each component.
- It may be possible to combine some of the overarching criteria.

6. Recommendations

As the plans for the reconfiguration of radiotherapy services are further developed and there is a move towards implementation, the Panel recommend that there is specific focus on the areas within these recommendations.

6.1 **Recommendation 1 - Networked Radiotherapy Services**

The Panel recommend that, to ensure optimal access for patients, sustainability of workforce and return on investment, the network site delivers the maximum scope of services possible.

The Panel strongly supports the philosophy of a networked service to provide local treatment where possible and to seek to address the unmet need in deprived areas. They endorse the proposal that the networked site should provide the most comprehensive service possible across its geography in order to improve access and to ensure sustainable services through a secure workforce. The Panel applaud the desire to maintain and develop existing staff.

6.2 **Recommendation 2 - Exemplar pathways and Co-production**

The Panel recommend that the MVCC Team co-produce example pathways with patients and staff to articulate the patient journey. This should detail aspects of care including diagnostics and treatment, identify interfaces and test for hidden issues and risks to enable these to be proactively addressed.

The Panel recognise that a significant amount of work has already been undertaken and that the plans are at a relatively high level, but recommend further work is undertaken developing exemplar pathways for various conditions and circumstances to test interfaces, to understand the detail of aspects of care, diagnostics and treatment that could be improved further. In developing these pathways with co-production, hidden issues and risk may be identified and addressed.

The Panel recommends that co-production with patients and staff is fully utilised to develop the final agreed pathways. The Panel were provided with significant

information about engagement and consultation, which has been extensive. The messages from these processes need to be considered.

6.3 **Recommendation 3 - Digital**

The Panel recommend the continuing development and implementation of a patient-centred digital strategy to enable interoperability across all pathways and, where appropriate, remote consultation and monitoring. This should include other centres and trusts within and across cancer networks as well as with community and primary care.

Whilst the Panel recognised that a large amount of work has been completed and is on-going in relation to use of digital technology, the Panel recommends that particular attention is paid to digital enablement across all pathways. This includes the interface between the MVCC main site and the satellite centre at the host Trusts, as well as with the host Trusts themselves and Trusts outside the area where patients may receive care. For example, information transfer for a patient treated in Cambridge or London also needs to be efficient and accurate. It is essential clinicians can easily access the clinical information about patients regardless of local system pathways.

6.4 **Recommendation 4 - Workforce**

The Panel recommend that MVCC continue the development of workforce planning to include:

- **Consideration of Emergency on call and the impact on staff, and whether longer distance or increased frequency of on call can be avoided for the benefit of staff wellbeing.**
- **Sufficient infrastructure, particularly at the satellite site, with a wide range of support services for resilience**
- **Creation of new roles and career development pathways for the range of staff groups including clinical training posts.**

The Panel recognise that a lot of work has been undertaken on the workforce, which should be continued with the development of fully worked-up workforce plan.

6.5 **Recommendation 5 – Access, Transport and Environmental Sustainability**

The Panel recommend that MVCC continue to explore and co-produce travel and transport solutions, with particular attention given to and disadvantaged populations. Provision of blood tests and other similar pre-operative requirements (diagnostics) close to home should be explored to avoid unnecessary travel and contribute to a positive patient experience. Consideration should also be given to environmental sustainability and climate adaptation.

Whilst recognising the significant work that had already been undertaken, the Panel felt that further work was needed to address potential issues around transport and access. The Panel recommended that co-production methods be used to develop solutions for the more challenged parts of the population either geographically, because of current transport links or in relation to individual patient mobility issues.

6.6 **Recommendation 6 - Primary Care Engagement**

The Panel recommend that the MVCC Team undertake further engagement with patients and primary care clinicians to co-design improving access to services. This is particularly the case for more vulnerable patient groups identified through population health management e.g. in areas of deprivation, those less digitally literate and those currently not receiving or declining care.

The Panel were informed that the interaction with primary care has been relatively limited so far. Primary care has a large part to place in place-based systems of care and solutions particularly in areas of deprivation and in relation to improving access to services. The Panel recommend that a way is found to engage more with primary care.

6.7 Recommendation 7 - Outcomes and Measurements

The Panel recommend that the MVCC Team progress work on specific outcome measures to include hard clinical outcomes, patient experience related outcomes and health inequalities.

The Panel recommended that further work be undertaken to define outcomes and measure of success. The Panel felt that these should include hard clinical outcomes such as mortality rates and access rates but also importantly patient experience related outcomes. In addition, the Panel felt it was important to ensure that measures were developed to confirm a reduction in health inequalities are delivered as a result of the proposed changes.

APPENDIX 1: Terms of Reference for the Review

East of England and London Clinical Senates

Mount Vernon Cancer Centre – Independent Clinical Review of proposed Radiotherapy Reprovision

DATE 25 April 2022

Terms of Reference agreed by:

Title: **Ruth Derrett, NHSE Programme Director, MVCC Strategic Review**

Commissioning organisation: **NHS England and NHS Improvement (NHSEI)**

Signature: 

Date: 22 March 2022

Panel Chairs

Dr Bernard Brett, East of England Clinical Senate Chair, on behalf of East of England Clinical Senate

Signature

Date: 24 March 2022

Dr Michael Gill, London Clinical Senate Chair, on behalf of London Clinical Senate

Signature

Date: 24 March 2022

Supporting / background information for the clinical review for completion by commissioning organisation.	
When is the advice required by? Please provide any critical dates	Awaiting outcome of Expression of Interest submission to New Hospitals Programme (NHP)
What is the name of the body / organisation commissioning the work?	NHSE
How will the advice be used and by whom?	Advice will be used by the MVCC Strategic Review (NHSE, MVCC, UCLH) in relation to the clinical model and business case, and will also be shared with the NHSE Assurance team who are required to support proposals prior to any consultation.
What type of support is Senate being asked to provide: a) Assessment of clinical services b) Early advice to inform a clinical service model c) Review of proposed clinical model/s (or follow up review from b above) d) Assess case for change, including the appraisal of the clinical evidence within e) Informal facilitation to enable further work f) Clinical reconfiguration or integration related to merger of trusts g) Advice on complex or (publicly) controversial proposals for service change h) Other?	(c), (d) and (g)
Is the advice being requested from the Senate a) Informal early advice or a 'sense check' on developing proposals b) Early advice for Stage 1 of the NHS England Assurance process	We are not yet formally in the NHSE Assurance process (awaiting capital) but welcome (b) please.

c) Formal clinical review to inform Stage 2 of the NHS England Assurance process and/ or your Consultation Business Case d) Other?	
Does the matter involve revisiting a strategic decision that has already been made? If so what, by whom and when?	No
Is the matter subject to other advisory or scrutiny processes?	Proposals will be subject to statutory public consultation in due course

Aims and objectives of the clinical review

Mount Vernon Cancer Centre (MVCC) is one of the largest non-surgical cancer services in England, delivered from dilapidated estate, with no co-located acute services. An Independent Clinical Review (2019) identified that services were **not sustainable** on the current site given the limitations of the supporting clinical infrastructure and fabric of the buildings. Option appraisal has demonstrated that re-provision of the Cancer Centre is the only clinically viable option. Service closure would result in significantly poorer patient experience with fragmented care and even longer travel times, and transfer of a significant quantity of clinical activity requiring substantial capital investment.

The re-provision proposals deliver sustainable and future-proofed service provision, aligned with NHSEI & ICS cancer strategies (majority of activity is NHSE commissioned), improving outcomes and delivering 21st century cancer services closer to patients through:

- Cancer Centre re-provision on Watford General Hospital campus – co-located with required acute services (including critical care), providing radiotherapy, chemotherapy, diagnostics and inpatient services. The new Centre would be led and managed by UCLH, currently the preferred provider fully digitally enabled, improving clinical management and patient experience.
- Care closer to home and pathway improvements
    - Additional services at the new Cancer Centre
        - haemato-oncology for Hertfordshire and Bedfordshire patients (currently provided at UCLH's central London campus)

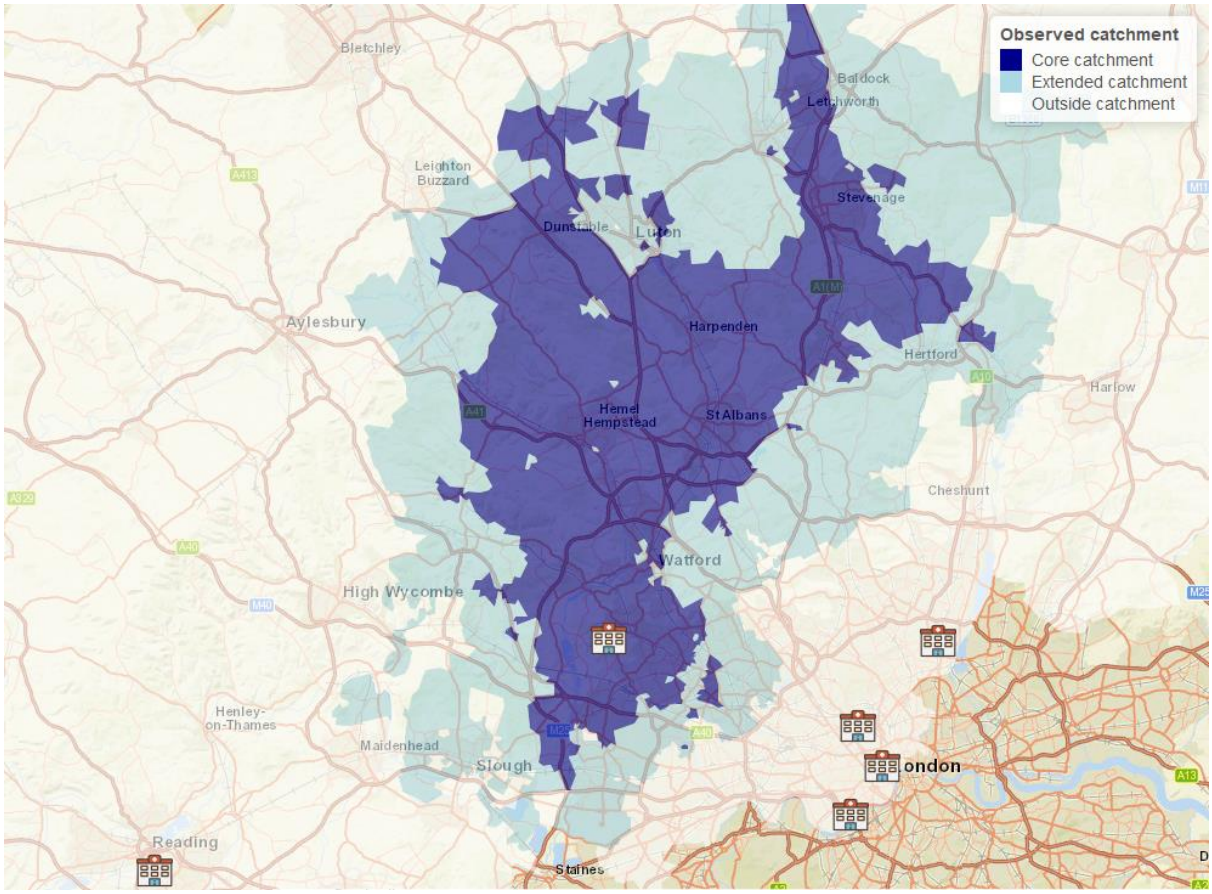
        - interventional radiology
        - enhanced therapy and support services for patients and families
    - Enhanced services across the catchment
        - Additional networked radiotherapy in Luton or Stevenage
        - Additional radiotherapy at Hammersmith Hospital
- Chemotherapy at Hillingdon Hospital, and enhanced chemotherapy at Northwick Park and Luton Hospitals.

In June 2021 the East of England Clinical Senate reviewed the clinical model principles and proposals which form the business case and will form the basis of public consultation, however the reconfiguration of radiotherapy services to include networked radiotherapy was outside the scope of that review. The purpose of this clinical review is to consider the proposed provision of networked radiotherapy services.

Scope of the review

The scope of this review includes radiotherapy services provided from the current MVCC site, and the proposed clinical model for service reprovision on the West Hertfordshire Hospitals NHS Trust (Watford) site, with an additional radiotherapy service either on the Lister Hospital site in Stevenage (ENHT), or the Luton Hospital site (BHT).

The map below shows the current catchment area for MVCC (radiotherapy). The core catchment area in purple highlights those areas where the majority of patients attend MVCC (40+ fractions/1000 population. The lighter green area is the extended catchment – those areas where some patients attend MVCC (20-40 fractions/1000 population)



Out of scope

MVCC proposed clinical model and reprovision reviewed by the East of England Clinical Senate in June 2021)

Purpose of the review

The Clinical Senate being asked to review the available evidence, discuss with the members of the programme and make appropriate recommendations to the programme from its findings.

The central questions the Clinical Senate is being asked to address in this review are:

1. **Is the proposed model and pathways for patients requiring radiotherapy service clinically sound, based on the best evidence, and likely to result in safe and high-quality services and outcomes for patients?**

2. **Do the specific plans fora networked radiotherapy site at Luton or Stevenage support achieving the best model and outcomes?**

3. **Do the plans for some London patients who currently receive radiotherapy at MVCC to receive their radiotherapy at Hammersmith Hospital, support achieving the best model and outcomes?**

4. **Are the proposed clinical and quality criteria for the selection of the networked radiotherapy site appropriate?**

For information, the following information is standard to all clinical review Panel terms of reference:

When reviewing the case for change and options appraisal the clinical review Panel (the Panel) should consider whether these proposals deliver real benefits to patients. The Panel should also identify any significant risks to patient care in these proposals. The Panel should consider benefits and risks in terms of:

- Clinical effectiveness
- Patient safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes.

The clinical review Panel is not expected to advise or make comment upon any issues of the NHS England Service Change Assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals, patient engagement, GP support or the approach to consultation). However, if the Panel agreed that there was an overriding risk in any of those areas that should be highlighted in the Panel report.

Questions that may help the Panel in assessing the benefit and risk of the proposals include (but are not limited to:

- Is there a clear vision for the proposals, i.e. what is the intended aim?
- Are the expected outcomes and benefits of delivery for patients of this proposed model clear and are there clear plans for how it / they will be measured?

- Is there evidence of clinical leadership and engagement in the development of the options/ preferred model?
- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g. sustainability of cover, clinical expertise).
- Is there evidence that the **plans support the NHS ambition to move to net zero carbon emissions by 2040?**
- Is there evidence that the proposed model will ensure equity in access to services for the population you serve, and how it could reduce inequalities in health?
- If there is a potential increase in travel times for some patients, is this outweighed by the clinical benefits?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals explain how the model be staffed? Is there appropriate information on recruitment, retention, availability and capability of staff and the sustainability of the workforce?
- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. the next ten years or more)?
- Do the proposals align with the local strategies and delivery plans (e.g. Sustainability and Transformation Plans / Integrated Care System strategy and plans). Do they demonstrate alignment / integration of services (e.g. the link between primary care / social care / mental health services and acute provision including information systems)?
- Do the proposals demonstrate good alignment national policy and planning guidance?
- Does the options appraisal consider a networked or Alliance approach - cooperation and collaboration with other sites and/or organisations?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?

- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?

The clinical review Panel should assess the strength of the evidence base of the clinical case for change and proposed models and make clear its key findings and recommendations in a report to the commissioning organisation.

Timeline: The clinical review Panel will be held on the 25 April 2022. A schedule of agreed key dates can be found at Appendix A.

Reporting arrangements: The clinical review Panel will provide a report to the East of England and London Clinical Senate Councils which will ensure the Panel met the agreed Terms of Reference, agree the report and be accountable for the advice contained in the final report.

Methodology: The methodology for the review will be a clinical review Panel, using Microsoft Teams providing the commissioner of the proposals the opportunity to have a two way discussion of the proposals with the review Panel. In this case, the review will be undertaken by a combination of

- a pre-Panel teleconference for Panel members to identify the key lines of enquiry and
- a review Panel meeting to enable presentations and discussions to take place.

Report of the clinical review: A draft report will be made to the commissioning organisation for fact (points of accuracy) checking prior to publication.

Comments / correction must be received from the commissioning organisation within ten working days.

The report will be submitted to the East of England Clinical Senate Council on 27 June 2022 and the London Clinical Senate 19 July 2022 to ensure it has met the agreed Terms of Reference and to agree the report.

The final report will be issued to the commissioning organisation following the East of England and London Council Senate Council meetings. The commissioning organisation forthwith becomes the owner of the report.

Communication, media handling and Freedom of Information (Act) requests:
Communications in respect of the review will be managed by the commissioning organisation. Clinical Senate will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the commissioning organisation. The commissioning organisation, as the owner of the report and any evidence and or data provided for the review, will be responsible for handling any formal requests for information under the Freedom of Information Act 2000, irrespective of whether the request is received by either the Clinical Senate or commissioning organisation.
(note: NHS Commissioning Board known as NHS England is the statutory body with responsibility for FOI requests received either directly or by the Clinical Senate and will be advised of all such requests received directly by the Clinical Senate and confirmation that the commissioning organisation will be responding to the request).

Confidentiality: Notes of the discussion will be taken on the day in order to develop a report. Once the final report has been issued to the commissioner of the review, they will be securely destroyed along with the evidence set provided.
All clinical review Panel members will be required to sign a Confidentiality Agreement and declare any interests, potential or otherwise. The detail of any potential, or actual, conflict of interest will be discussed with the commissioning organisation and agreement made between them and the Clinical Senate as to whether or not the member may join the review Panel.

Resources: The East of England Clinical Senate will provide administrative support to the clinical review Panel, including setting up the meetings and other duties as appropriate.
The clinical review Panel may request any additional existing documentary evidence from the commissioning organisation. Any requests will be appropriate to the review, reasonable and manageable. The review Panel will not ask the commissioner of the review to provide new evidence or information that it does not currently hold.

Accountability and governance: The clinical review Panel is part of the East of England Clinical Senate accountability and governance structure and also the London Clinical Senate, as this review is being undertaken jointly.

The East of England Clinical Senate is a non-statutory advisory body and as the lead Clinical Senate in this review, will submit the report to the commissioning organisation, who will be the owners of the final report.

The commissioning organisation remains accountable for decision making but the clinical review Panel may wish to draw attention to any risks that the commissioning organisation may wish to fully consider and address before progressing their proposals.

The sponsoring organisation remains accountable for decision making. The review report may draw attention to specific issues, including any risks, which the Clinical Senate believes the sponsoring organisation should consider or address.

If the Clinical Senate identifies any significant concerns through its work which indicate a risk to patients, it will raise these immediately with relevant senior staff in the organisation(s) involved. Please note that, depending on the nature of the issues identified, the Clinical Senate Council may be obliged to raise these with the relevant regulatory body(ies). Should this situation occur, the Clinical Senate Council Chair will advise the Chief Executives, Clinical Leads and Chief Officers of the provider and commissioning organisations involved.

Functions, responsibilities and roles of the parties

The **commissioning organisation** will

i. provide the Clinical Senate review Panel with the clinical case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance. Is it recommended that the evidence supports the questions laid out above. The level of detail though will be appropriate and in proportion to the stage of development of the proposals. For NHS England Service Change Assurance process 'Stage 2' reviews, Clinical Senate provides supporting information on the evidence it would expect to see

ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy
iii. undertake not to attempt to unduly influence any members of the clinical review Panel during the review
iv. be responsible for responding to all Freedom of Information requests related to the review and proposals and
v. arrange and bear the cost of suitable accommodation (as advised by Clinical Senate support team) for the Panel and Panel members.

Clinical Senate Councils and the commissioning organisation will

i. agree the Terms of Reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate Councils will

i. appoint a clinical review Panel, this may include members of the Clinical Senate Councils and Assemblies, external experts, and / or others with relevant expertise. It will appoint a Chair of the review Panel
ii. consider the review recommendations and report and consider whether the clinical review Panel met the Terms of Reference for the review
iii. provide suitable support to the Panel
iv. issue the final report to the commissioning organisation and
v. promptly forward any Freedom of Information requests to the commissioning organisation.

Clinical review Panel will

i. undertake its review in line with the methodology agreed in the Terms of Reference
ii. follow the report template and provide the commissioning organisation with a draft report to check for factual inaccuracies
iii. submit the draft report to Clinical Senate Councils for comments and will consider any such comments and incorporate relevant amendments to the report.

Clinical review Panel members will undertake to

i. declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend as far as possible, all briefings, meetings, interviews, Panels etc. that are part of the review (as defined in methodology)
iii. contribute fully to the process and review report
iv. ensure that the report accurately represents the consensus of opinion of the clinical review Panel and
v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally, they will declare to the Chairs of the clinical review Panel and the Heads of Clinical Senate, any conflict of interest that may materialise during the review.

Clinical review Panel members: Members of the clinical review Panel sit in their own personal or professional capacity; they do not represent the opinion of their employing or professional body. All clinical review Panel members sign an agreement of confidentiality and declare any (potential interests).

Appendix A – Key Dates		
Action	Date (no later than)	Who
1. Commissioning team request clinical review – date & methodology agreed with Senate	February 2022	Ruth Derrett & Mary Parfitt
2. Terms of Reference for review completed, agreed and signed off	21 March 2022	Ruth Derrett, Bernard Brett & Mike Gill
3. All Panel members identified and confirmed, confidentiality agreements and declarations of interest signed	22 March 2022	Elizabeth Mabbutt
4. All papers and evidence for the review Panel to be with East of England Clinical Senate Office	23 March 2022 NOTE: Criteria workshop info to follow (workshop on 31 March 2022)	Ruth Derrett
5. Panel papers to be distributed to Panel members	25 March 2022	Mary Parfitt

6. Pre-Panel teleconference call	**6th April 2022**	Panel members only – MVCC not involved
7. Issue Lines of Enquiry and Agenda for Clinical Panel review day	13 April 2022	Mary Parfitt
8. Clinical Panel Review	**25 April 2022**	ALL – Panel members & MVCC Team (max 5)
9. Draft report to Ruth Derrett for points of accuracy	16 May 2022	Mary Parfitt
10. MVCC response on points of accuracy	30 May 2022	Ruth Derrett
11. East of England Clinical Senate Council consider report	27 June 2022	Mary Parfitt
12. London Clinical Senate Council consider report	19 July 2022	Emily Webster

APPENDIX 2: Membership of the Clinical Review Panel

Clinical Review Panel Co-Chairs:

Dr Bernard Brett - Co-Chair

Dr Bernard Brett MB, BS, BSc, FRCP, Advanced Medical Manager (BAMM) is Deputy Medical Director and a consultant Gastroenterologist at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust. He has a strong interest in Management and Leadership. He is the current Chair of the Clinical Services and Standards Committee (CSSC) for the British Society of Gastroenterology, recently completed his term as the BSG QI Lead and is the regional endoscopy clinical transformation lead for the East of England.

He has held the post of Chair of the East of England Clinical Senate since July 2014 and has chaired more than fifteen independent clinical review panels. In 2016 he won the Health Education East, 2016 NHS Leadership Recognition Award for 'Leading and Developing People'. He has also held several senior management posts over the last twenty years including the following roles whilst at the James Paget University Hospital, Medical Director, Responsible Officer, Deputy Medical Director, Divisional Director, Director of Patient Flow and Appraisal lead. He previously led the East of England's project to develop a unified drug chart for the region. Bernard has spoken at regional and national meetings on a range of topics including '7-day working' and been an invited speaker on the topic of 'Improving Colonoscopic Adenoma Detection Rates' and 'The Future of Gastroenterology Services.'

His clinical interests include Bowel Cancer Screening (he has been an accredited bowel cancer screening colonoscopist for the last 15 years), Therapeutic Endoscopy and ERCP. His educational interests include communication skills and endoscopic training – he is senior faculty member of the regional endoscopy training centre in Norwich. He was on the faculty for regional trainer development programme module, 'Learning and Teaching Communication Skills' for over 10 years.

Dr Michael Gill– Co-Chair

Dr Mike Gill is an experienced senior Medical Leader. He has been practicing as a Consultant Physician (Care of Elderly and General Medicine) since 1989.
He is a Non-Executive Director at Homerton University Hospital NHS Foundation Trust and subject matter expert for a Health Education England Frailty Clinical Fellow Programme. Mike was Interim Chair of Council of the London Clinical Senate from February 2018 to July 2019, prior to becoming Chair in 2019.

Mike has many years of board level experience as a Medical Director. Most recently he was Medical Director at Health 1000: The Wellness Practice, a new type of GP surgery which looked after patients with multiple medical conditions in their own homes. The Practice also supported the care of patients in Nursing Homes.

Prior to this he had been a Medical Director for over 12 years at Newham University Hospital NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, Associate Medical Director at Barts Health and Interim Medical Director at the Homerton University Hospital Foundation Trust.

He was also a member of NICE Acute Medical Emergencies Guideline Committee and an elected fellow on the Council of the Royal College of Physicians 2014-17. Other roles Mike has undertaken include Joint Clinical Director for the Health for North East London programme and Honorary Clinical Director for Elderly Care at NHS London.

Panel Members:

Dr Ione Ashurst
Ione Ashurst is a dietitian by background and the current Head of Therapy & Rehabilitation for the Royal Marsden NHS Foundation Trust.

As a clinician, Ione has an active research interest in the prevention and management of muscle mass decline, driven by her clinical work in critical care and chronic illness malnutrition. Her PhD was aimed at bridging the gap between the acute and community sector in chronic illness management. Ione is also involved in the national and regional Allied Health Professional (AHP) bodies. She is currently co-chair for the Southwest London (SWL) AHP Council and the SWL AHP Faculty. Ione is currently representing AHPs in the EDI Steering Group, a subgroup structure of the London People Board, where Ione also sits representing AHPs. Ione is also part of the London Clinical Senate, representing AHPs.

Fiona Carey
Fiona worked for thirty years in publishing and higher education, mostly at the Open University. She became 'accidentally active' on a local and regional basis as part of Addenbrooke's Cancer Patient Partnership Group, and as Co-chair of the East of England Citizen Senate. Nationally, she has been a member of the Wheelchair Leadership Alliance; is a founding member of the Q Initiative; and has been an Expert Adviser to the Department of Health on the establishment of the Healthcare Safety Investigation Branch.

Fiona is regularly invited to speak about patient-centred care and co-production at conferences and expos, has helped to design and develop NHS Citizen, and chaired the Wheelchair Services Summit with David Nicholson.

David Eaton
David Eaton is a Consultant Clinical Scientist and Head of Radiotherapy Physics at Guy's and St Thomas' Hospitals in London, Honorary Senior Lecturer at King's College London, and a Fellow of the Institute of Physics and Engineering in Medicine (IPEM).

Charlotte Etheridge
Charlotte Etheridge is a Macmillan Urology Nurse Specialist, East Suffolk & North Essex NHS Foundation Trust (based at Ipswich Hospital)

Charlotte has spent 25 years working in the field of Urology and has experience of working in both a teaching hospital setting and, in a district, general hospital setting. She has worked in a number of different roles including as an Advanced Nurse Practitioner, a Lead Nurse and Clinical Nurse Specialist. Her current role centres on the provision of specialist information and support to patients with a diagnosis of a urological cancer as their keyworker.

Charlotte's main interest outside of the clinical setting is that of Cancer Peer Review as the benefit of this programme on patient care and service development cannot be underestimated. She has been a Reviewer since 2005 and has been fortunate to be a member of a number of different Peer Review Panels across a wide range of hospitals and cancer networks.

Dr Deepak Hora
Dr Dee Hora is a Portfolio GP in Camden, Camden Primary Care Borough Development Lead and North Central London Primary Care Clinical Lead for Acute Commissioning and Outpatient Transformation.

As Clinical Lead for Domestic Abuse, she has delivered training to health practitioners to increase recognition of victim survivors and introduced an advocacy support service in Primary Care, Secondary Care and Mental Health services in Camden and Islington which has significantly improved outcomes for victim survivors. She has contributed her health expertise to the All Party Parliamentary Group for Domestic Violence and Abuse. Dee is passionate and motivated to improve services and reduce inequality for vulnerable patients through her role as Named GP for Adult Safeguarding (Camden and Islington).

Dee qualified from Imperial College in 2007 and was awarded the Fraser Rose Medal for Outstanding performance on completion of her GP training in 2012.

Jane Hubert
Jane Hubert was an A&E nurse in a number of London departments between 1990 and 1998 completing the A&E course at The Royal London Hospital, cumulating in a Senior Sisters role at St Mary's Hospital in Paddington.

Since 1998 Jane has progressed through management, completing an MBA in 2001. Jane has held a number of management posts since that time, in Secondary Care and Commissioning. Leading on Oncology and Haematology Services at Ipswich Hospital in 2002 and as the Contract Manager for the national Positron Emission Tomography and Computed Tomography (PET-CT) South contract for the Department of Health from 2008 – 2016.

More recently Jane has held Service Specialist, Assistant Director and Heads of posts in Specialised Commissioning in South East England in Operational Delivery Networks and Nursing and Quality. Jane has extensive experience in quality assurance, service transformation and has undertaken a number of service reviews of

Specialised Commissioning services including cancer. Part of Janes current portfolio in her Head of Quality role is cancer services.

Dr Sheena Khanduri
Sheena Khanduri has been Medical Director at The Clatterbridge Cancer Centre NHS Foundation Trust since December 2017 and is a Consultant Clinical Oncologist specialising in breast cancer.

Sheena was part of the Executive Team overseeing the transformation of non-surgical cancer care for Cheshire and Mersey with the opening of the £162m flagship cancer hospital in Liverpool to complement the existing Clatterbridge cancer sites of Wirral and Aintree. The new hospital opened in June 2020 during the Covid pandemic and also incorporates the Haemato- Oncology services from Liverpool into one service.

Sheena is the Trust Caldicott Guardian and Responsible Officer as well as Executive Lead for Research and Innovation and Senior Responsible Officer for the Trusts Digital Transformation Program. Sheena has a post graduate qualification in Strategic Leadership from Warwick University Business School and completed the King's Fund Senior Clinical Leadership program in 2019.

John Lancaster
Retired in 1994, after a successful career in radar systems engineering. After the death of his wife Joyce Lancaster from pancreatic cancer in 2002, six months after diagnosis, John wanted to make a difference to cancer services, so became a volunteer at his local hospital. He then became involved in various cancer networks, which brought the needs of cancer patients to the attention of local and national government. John is a Founding Trustee of Pancreatic Cancer UK; member of National Cancer Research Institute Consumer Forum and member of the steering group of PrecisionPanc.

Professor Geeta Menon
Professor Geeta Menon has been the Postgraduate Dean for Health Education England across South London since April 2018 and is the Lead Dean for Cancer and Diagnostics. She is also the Clinical Director for the National Institute for Health and Care Research (NIHR) Clinical Research Network in Kent, Surrey and Sussex and won the coveted Royal College of Physicians(RCP)-NIHR Award of Excellence for Research Leadership in the NHS in 2017.

Professor Menon is a Consultant Ophthalmic Surgeon at Frimley Health NHS Foundation Trust in Surrey. In addition to high-volume cataract surgery, she has developed a major interest in medical retina, including research particularly novel treatments for age-related macular degeneration.

Professor Menon is involved in the VISION 2020 links programme and set up Diabetic Retinopathy Screening in Zambia. She has extended this programme to St Lucia and Northern India. She won the 'Excellence in Patient Care Award' hosted by the Royal College Physicians for outstanding clinical activity that contributes to excellent patient care overseas.

Dr. Christopher Scrase
Christopher qualified in medicine from Cambridge University in 1988. He has been an NHS Consultant in Ipswich since 1998 with clinical and research interests and expertise in urological and head and neck and thyroid malignancies, the use and development of state-of-the-art radiotherapy techniques in the curative treatment of such tumours and the palliative intervention of advanced prostate cancer.

He has co-authored international guidelines on prostate cancer management and written chapters for major oncology textbooks as well as authorship of practice-changing clinical trials. Research is embedded into his clinical practice and as such is the principle investigator for a number of clinical trials.

Over the years, Christopher has undertaken various leadership roles both within his principle organisation and the wider NHS including Clinical Commissioning Groups and NHSE. Latterly he has been Medical Director of East of England Cancer Alliance and was closely involved in the process to arrive at Network-approved guidelines for patient centred follow-up for the major tumour sites. Currently he is Macmillan Clinical Lead for Cancer for Suffolk and North East Essex Integrated Care System.

Kim Whitlock
Since qualification in 2004 from the University of Portsmouth, Kim worked as a therapeutic radiographer at the Royal Surrey County Hospital, Guildford before moving to the Norfolk and Norwich University Hospital in 2011. During her career she has worked across the radiotherapy pathway including pre-treatment, dosimetry and treatment, as well as completing a MSc Advanced Radiotherapy and Oncology Practice at the University of Hertfordshire.

Kim currently works as a Consultant Therapeutic Radiographer specialising in breast radiotherapy. Her role leads the breast radiotherapy pathway, liaising with the wider MDT as well as undertaking new patient clinics, patient consent, volume definition and plan approval within the radiotherapy department. Kim also represents the radiotherapy department within the Trust for the development of advanced and consultant practice within the Allied Health Profession.

Gladys Xavier
Gladys joined London Borough of Redbridge in 2014 as the Director of Public Health and Commissioning. She is responsible for public health and social care commissioning and the provision of a wide range of services to improve and protect the health and wellbeing of the residents. Prior to this she worked as a Deputy Director of Public Health in the NHS. She began her career in the NHS as a registered nurse and went on to work in different specialities including Haematology, Gynaecology and Coronary Care. She was appointed as the first Nurse Consultant in Public Health for London and worked for the Health Protection Agency.

Gladys is registered as a Generalist Specialist in the UK Public Health Register (UKPHR) and is a Faculty of Public Health approved Education Supervisor for Public Health and GP Registrars.

Clinical Senate Programme Office:

Mary Parfitt	Interim Head of Clinical Senate, East of England Clinical Senate
Elizabeth Mabbutt	Project Officer, East of England Clinical Senate
Emily Webster	Senior Programme Manager, London Clinical Senate
Grace Coombs	Project Manager, London Clinical Senate

APPENDIX 3: Declarations of Interest

All Panel members were required to declare any interests.

David Eaton, Consultant Clinical Scientist & Head of Radiotherapy Physics, Guy's and St. Thomas' NHS Foundation Trust
Declared that he was employed at Mount Vernon Cancer Centre from 2013-18 in a research team coming under the line management of the head of radiotherapy physics but was not involved directly in clinical services. Mr. Eaton's wife is currently employed within the radiation safety team at Mount Vernon Cancer Centre but is leaving (for personal reasons) in May 2022, so will not benefit from any future service reconfiguration.

The remaining Panel members certified that:

a) To the best of their knowledge, they did not have any actual or apparent direct or indirect, monetary or non-monetary conflicts of interest which would impair their ability to contribute in a free, fair and impartial manner to the deliberations of the Panel, and

All Panel members agreed to notify the Clinical Review Chair promptly if:

b) A change occurred during the course of this work

c) They discovered that an organisation with which they have a relationship meets the criteria for a conflict of interest

APPENDIX 4: Review Panel Agenda

AGENDA

Independent Clinical Review of proposal for Mount Vernon Cancer Centre Radiotherapy Reprovision

Monday 25 April 2022 via MS TEAMS

From 09.00 –15.00 for Panel members
09.15 - 10.35 for NHSEI/Mount Vernon Cancer Centre Team
(13.15 – 13.45 Potential additional time for invited MVCC Representatives)

The East of England and London Clinical Senates are asked to review the available evidence, discuss with the members of the Centre and make appropriate recommendations from its findings on the proposals for the reconfiguration of radiotherapy services from Mount Vernon Cancer Centre (MVCC).

The central questions the Clinical Senates are being asked to address in this review are:

1. **Is the proposed model and pathways for patients requiring radiotherapy service clinically sound, based on the best evidence, and likely to result in safe and high-quality services and outcomes for patients?**

2. **Do the specific plans for a networked radiotherapy site at Luton or Stevenage support achieving the best model and outcomes?**

3. **Do the plans for some London patients who currently receive radiotherapy at MVCC to receive their radiotherapy at Hammersmith Hospital, support achieving the best model and outcomes?**

4. **Are the proposed clinical and quality criteria for the selection of the networked radiotherapy site appropriate?**

Time	Item	Who
08.55	Arrival of Panel Members	Panel Members
09.00 - 09.15	Welcome and outline of the proceedings for the review Panel from Panel Chairs	Dr Bernard Brett/ Dr. Mike Gill
09.15	Arrival of MVCC Team	MVCC Team

9.15 – 9.25	Introductions	Panel Members & MVCC Team
09.25 – 10.35	Presentation, which focuses upon and addresses the Key Lines of Enquiry: • 25 minutes by MVCC Team • 45 minutes for any Panel questions	MVCC Team & Panel Members
10.35	MVCC Team leave meeting	MVCC Team
10.35 10.50	**Panel Break**	
10.50 – 12.45	Confidential Panel Discussion	Dr Bernard Brett/ Dr Mike Gill & Panel Members
12.45 – 13.15	**Lunch Break for Panel**	
13.15	MVCC Team may be invited to rejoin meeting (maximum of 2 members)	MVCC Representatives
13.15– 13.45	Panel discussion and questions with MVCC Team **if required (30 mins maximum)**	Panel members & MVCC Team
13.45	MVCC Team leave meeting	MVCC Representatives
13.45 – 15.00	Confidential Panel Discussion Panel summary – Key Findings and Recommendations	Dr Bernard Brett/ Dr Mike Gill & Panel Members
15.00	Close	Dr Bernard Brett/ Dr Mike Gill

Next steps – information for Clinical Review Panel Members:

1. A draft report will be sent to the MVCC Team and Clinical Review Panel Members for a point of accuracy check no later than 16 May 2022, for response by 30 May 2022.

2. The plan is for the full report to be submitted to the East of England Clinical Senate Council on 27 June 2022 and the London Clinical Senate Council on 19 July 2022 to ensure it has met the agreed Terms of Reference and to agree the report. If, in discussion with MVCC, the report is required prior to this date, extraordinary Clinical Senate meetings may be convened.

The final report will be issued to the commissioning organisation following the Clinical Senate Council meetings at which the report is reviewed and agreed. The commissioning organisation then becomes the owner of the report.

The Clinical Senates will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the commissioning organisation.

Clinical Senate Review Panel Members

Name	Role / Area of Expertise	Area / Organisation
Dr Bernard Brett – Co Chair	East of England Clinical Senate Chair	
Dr. Mike Gill – Co Chair	London Clinical Senate Chair	
Ione Ashurst	Head of Therapy & Rehabilitation	The Royal Marsden NHS Foundation Trust
Fiona Carey	Expert by Experience	
David Eaton	Consultant Clinical Scientist & Head of Radiotherapy Physics	Guy's and St Thomas' NHS Foundation Trust
Charlotte Etheridge	Macmillan Urology Clinical Nurse Specialist	East Suffolk and North Essex NHS Foundation Trust
Dr Deepak Hora	GP, Camden Primary Care Borough Development Lead & North Central London Primary Care Clinical Lead for Acute Commissioning and Outpatient Transformation	North Central London Clinical Commissioning Group
Jane Hubert	Head of Quality (incl. cancer services)	NHS England and NHS Improvement, South East Specialised Commissioning
Dr Sheena Khanduri	Medical Director & Consultant Clinical Oncologist	The Clatterbridge Cancer Centre
John Lancaster	Expert by Experience	
Professor Geeta Menon	Postgraduate Dean for Health Education England across South London & Lead Dean for Cancer and Diagnostics.	Health Education England
Dr Christopher Scrase	Consultant Oncologist (Urology, Head & Neck) & Macmillan Clinical Lead for Cancer	Suffolk and North East Essex Integrated Care System
Kim Whitlock	Consultant Therapeutic Radiographer (Breast)	Norfolk & Norwich University Hospitals NHS Foundation Trust
Gladys Xavier	Director of Public Health and Commissioning	London Borough of Redbridge
In Attendance		
Mary Parfitt	Interim Head of Clinical Senate, East of England	NHS England and NHS Improvement
Elizabeth Mabbutt	Clinical Senate Project Officer, East of England	NHS England and NHS Improvement
Christina Wise	Clinical Senate Project Officer, East of England	NHS England and NHS Improvement

Emily Webster	Senior Programme Manager, Clinical Senate, London	NHS England and NHS Improvement
Grace Coombs	Clinical Senate Project Manager, London	NHS England and NHS Improvement

NHSEI/ MVCC Team		
Name	**Role**	**Organisation**
Ruth Derrett	Programme Director, MVCC Review	NHS England and NHS Improvement, East of England Specialised Commissioning
Dr Kirit Ardeshna	Clinical Director	University College London Hospitals NHS Foundation Trust
Emily Collins	Project Director, MVCC Transition	University College London Hospital NHS Foundation Trust
Sarah James	Hospital Director	Mount Vernon Cancer Centre
Jessamy Kinghorn	Head of Partnership & Engagement	NHS England and NHS Improvement, East of England
Dr Suzy Mawdsley	Clinical Director	Mount Vernon Cancer Centre
Sue Maughn	Head of Cancer; Director of Transformation, Cancer Team London System (TCST)	NHS England and NHS Improvement, London
Susan Sinclair	Managing Director	RM Partners
Professor Catherine Urch	Cancer Lead	Imperial College Healthcare NHS Trust
Kimberley Walker	Business Coordinator & Commercial Services Manager	East & North Hertfordshire NHS Trust

APPENDIX 5: Key Lines of Enquiry

Key Lines of Enquiry

Independent Clinical Review of proposal for Mount Vernon Cancer Centre Radiotherapy Reprovision

The following were invited to the pre-Panel meeting on Wednesday, 06 April 2022 from 16.30 – 17.30 via MS TEAMS

Name	Role / Area of Expertise	Area / Organisation
Dr Bernard Brett – Co Chair	East of England Clinical Senate Chair	
Dr Mike Gill – Co Chair	London Clinical Senate Chair	
Ione Ashurst*	Head of Therapy & Rehabilitation	The Royal Marsden NHS Foundation Trust
Fiona Carey	Expert by Experience	
David Eaton	Consultant Clinical Scientist & Head of Radiotherapy Physics	Guy's and St Thomas' NHS Foundation Trust
Charlotte Etheridge*	Macmillan Urology Clinical Nurse Specialist	East Suffolk & North Essex NHS Foundation Trust
Dr Deepak Hora	GP, Camden Primary Care Borough Development Lead & North Central London Primary Care Clinical Lead for Acute Commissioning and Outpatient Transformation	North Central London Clinical Commissioning Group
Jane Hubert	Head of Quality (incl. cancer services)	NHS England and NHS Improvement, South East Specialised Commissioning
Dr Sheena Khanduri	Medical Director & Consultant Clinical Oncologist	The Clatterbridge Cancer Centre
John Lancaster	Expert by Experience	
Professor Geeta Menon	Postgraduate Dean for Health Education England across South London & Lead Dean for Cancer and Diagnostics.	Health Education England
Dr Christopher Scrase	Consultant Oncologist (Urology, Head & Neck) & Macmillan Clinical Lead for Cancer	Suffolk and North East Essex Integrated Care System

Kim Whitlock	Consultant Therapeutic Radiographer (Breast)	Norfolk & Norwich University Hospitals NHS Foundation Trust
Gladys Xavier	Director of Public Health and Commissioning	London Borough of Redbridge
In Attendance		
Mary Parfitt	Interim Head of Clinical Senate, East of England	NHS England and NHS Improvement
Elizabeth Mabbutt	Clinical Senate Project Officer, East of England	NHS England and NHS Improvement
Christina Wise	Clinical Senate Project Officer, East of England	NHS England and NHS Improvement
Emily Webster	Senior Programme Manager, Clinical Senate, London	NHS England and NHS Improvement
Grace Coombs	Clinical Senate Project Manager, London	NHS England and NHS Improvement

***Note:** Ione Ashurst & Charlotte Etheridge gave their apologies for the Pre-Panel Meeting

The central questions Clinical Senate is being asked to address in this review are:

1. **Is the proposed model and pathways for patients requiring radiotherapy service clinically sound, based on the best evidence, and likely to result in safe and high quality services and outcomes for patients?**

2. **Do the specific plans for a networked radiotherapy site at Luton or Stevenage support achieving the best model and outcomes?**

3. **Do the plans for some London patients who currently receive radiotherapy at MVCC to receive their radiotherapy at Hammersmith Hospital, support achieving the best model and outcomes?**

4. **Are the proposed clinical and quality criteria for the selection of the networked radiotherapy site appropriate?**

The clinical review Panel raised a number of areas for further exploration at its pre-Panel call on 06 April 2022. These have been developed into Key Lines of Enquiry (KLOE) for the commissioning organisation to address. The commissioning organisation is invited to address these issues by giving a presentation at the Panel review on Monday 25 April 2022. Please note, the discussion by the Panel will not be restricted to these areas alone.

The Key Lines of Enquiry are:

1. Clinical Vision and Outcomes

a. What is the clear purpose and intended aim of the proposal?
b. How do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
c. How will these proposals meet the current and future healthcare needs of MVCC patients within the given timeframe of the planning framework (i.e. the next ten years or more)?
d. What are the clear expected outcomes and benefits of delivery for patients of this proposed model and what are the plans for how they will be measured?
e. Could the broader approach to health outcomes including mortality rates be explained – how will the broader determinants of health be addressed?
f. What is the range of therapies which will be delivered at networked sites and will these ensure that only a small proportion of patients have to travel away from these sites for therapy?

2. Quality and Safety

a. How do the proposals evidence an improvement in the quality, safety and sustainability of care? (e.g. sustainability of cover, clinical expertise).
b. What are the identified clinical risks in the proposals, and the plan to mitigate the identified risks, e.g. boundary issues and safe handover with other cancer systems?
c. How will the proposals deliver the aspiration for enhanced ongoing research and development?
d. What impact has the pandemic had on demand, capacity and modelling assumptions?
e. What is the envisaged capacity of the Linacs?
f. Can capacity modelling at different units be clarified, e.g. number of patients treated rather than radiotherapy fractions?
g. Are the decisions re Hammersmith and any other networked services mutually exclusive?

3. Integration

a. How do the proposals align with the local strategies and delivery plans (e.g. Sustainability and Transformation Plans / Integrated Care System strategy and plans). Do they demonstrate alignment / integration of services (e.g. the link between primary care / social care / mental health services and acute provision including information systems)?
b. How do the proposals support better integration of services from the patient perspective?
c. Does the options appraisal consider a networked or Alliance approach - cooperation and collaboration with other sites and/or organisations?

4. Engagement

a. What is the evidence of clinical leadership and engagement in the development of the options/ preferred model?
b. Is there evidence of patient / service user/ community engagement in development of the options / preferred model?
c. Please provide a clear description of how the changes will translate into individual patient journeys.

5. Environmental Sustainability

a. What is the evidence that the plans support the NHS ambition to move to net zero carbon emissions by 2040?

6. Inequalities

a. What is the evidence that the proposed model will ensure equity in access to services for the population which MVCC serves, and how will it reduce inequalities in health?
b. If there is a potential increase in travel times for some patients, how is this mitigated and is this outweighed by the clinical benefits?

7. Workforce/Local Economy

a. How the model be staffed? Is there a workforce plan for recruitment, retention, availability and capability of staff?

b. What is the relationship between the host trusts of radiotherapy sites; the radiotherapy sites and MVCC; and how do these link from a governance and leadership point of view?
c. How will the proposals support the training and development of staff and therefore deliver a sustainable workforce on all the radiotherapy sites?
d. How will the workforce be transformed with new ways of working, new roles and skill mix?
e. What is the potential impact of networked radiotherapy sites on the local workforce and economy?

8. National Policy

a. How do the proposals demonstrate good alignment national policy and planning guidance?
b. Will the proposals reflect further the delivery of the NHS Outcomes Framework?
c. Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?

APPENDIX 6: Summary of Evidence Set Provided

Ref	Evidence	Explanation
01	MVCC: Revised Clinical Model with Reprovision on an Acute Hospital Site	East of England Clinical Senate Independent Clinical Review Panel Report - June 2021
02	MVCC Strategic Review – Overview for Clinical Senate	Overview of the stages in the proposals for reprovision of the Mount Vernon Cancer Centre Strategic Review – March 2022
03	Document A	Clinical Advisory Panel Review & Recommendations – July 2019
04	Document B	Future siting of the central hub of the Mount Vernon Cancer Centre Report – November 2020
05	Document C	MVCC Activity Review – March 2021
06	Document D	Clinical Model for Programme Board – December 2020
07	Document E	Travel Times Analysis – December 2020
08	Document F	MVCC – Patient & Public Engagement Report - Stage 1 – February 2020
09	Document G	MVCC – Patient & Public Engagement Interim Report – Stage 2 – December 2020
10	Document H	Preliminary Reprovision Business Case v2 May 2021
11	Document I	Preliminary Reprovision Business Case Appendices – v2 May 2021
12	Document J	Networked Radiotherapy Analysis
13	Document K	Summary Radiotherapy Criteria – April 2022
14	Document L	MVCC Chemotherapy & Radiotherapy Services – Strategic Proposal for the provision of chemotherapy for solid organ cancer patients in Hillingdon, Brent, Ealing and Harrow, and provision of radiotherapy at Hammersmith Hospital- June 2021.
15	Document M	NHSEI: Equality and Health Inequalities Impact Assessment (EHIA) of the relocation of

		Mount Vernon Cancer Centre Services – June 2021
16	Document N	Expression of Interest to New Hospitals Programme – MVCC to be reprovided at Watford General Hospital – July 2021
17	Document O	MVCC Reprovision – Business Case Update for Programme Board – February 2022
18	Document P	Patient & Public Engagement – Radiotherapy. Overview for Clinical Senate – March 2022
19	Slide Pack A	MVCC Presentation to 25 April 2022 Panel
20	Slide Pack B	MVCC Slide Deck in response to Key Lines of Enquiry raised at Pre-Panel on 06 April 2022

End of report.