

**Media release 08/03/21**

## **FUTURE OF MOUNT VERNON CANCER CENTRE THROWN INTO DOUBT**

**Campaigners call on NHS to get a grip**

The future of a leading cancer treatment centre serving a population of two million in south east England is increasingly uncertain, as plans to share a site with Watford's acute hospital run into serious practical obstacles. Contradictory statements from the NHS are causing confusion.

Mount Vernon Cancer Centre (MVCC) in Northwood is one of the country's top cancer hubs, with an international reputation for treatment, and it helps many thousands of patients annually. But years of neglect have left its buildings in a poor state and care is hampered by the need to move patients to other hospitals if their condition deteriorates. Recruitment is difficult.

The answer is seen by clinicians and patients as a move to share a site with an acute hospital that can step in when needed to provide intensive care and other support. Watford General Hospital - one of the six flagship 'new hospital' sites under the HIP1 programme announced in 2019 - is emerging as the preferred route forward.

### **Right area, wrong site**

Health campaigners in Hertfordshire's New Hospital Campaign group (NHC) have warmly welcomed the idea of combining the site of an acute hospital for West Hertfordshire with a new Mount Vernon. That would leave MVCC geographically well-placed to serve the huge region it covers, extending from Buckinghamshire and Bedfordshire to North London. However, the NHC believe that a combination of Mount Vernon with a new acute and emergency West Herts hospital on a clear central site for the area would be better than trying to refurbish and rebuild at Watford General, where buildings are ageing and unsuitable.

Fears are growing that the large and widely-respected clinical team at MVCC will be split up to allow Watford to accommodate parts of Mount Vernon's services. There are doubts about whether the Watford site is big enough to accommodate a relocated MVCC, and suggestions that radiotherapy and other services will be outsourced to other hospitals.

Other problems are emerging with the plans for a move of MVCC to Watford. These include:

- Fears that a planned massive and controversial redevelopment of Watford General will delay or complicate the building of a new MVCC on the cramped and sloping town-centre site, with restricted road access a particular issue;
- Moving treatment of the nearly 5000 patients who use MVCC every year (and not forgetting 500 staff) to the cramped Watford site, would have a major effect on the progress of the General hospital redevelopment programme
- The prospect of disruption to existing patients at Watford from the construction work, worsened by extensive residential and other developments on the same small site – including hundreds of flats, a hotel and a two-form entry primary school to be built within metres of the likely site of the new MVCC;
- Concern that it will be hard to provide safe access and single rooms for immuno-compromised cancer patients separately from the General Hospital in pandemic situations;
- A likely shortage of car parking spaces for MVCC patients and staff – a planned multi-storey car park will be shared with Watford FC, whose Vicarage Road ground dominates the likely site of the new MVCC.

### **Contradictory NHS statements**

Doubts have also been raised by a series of contradictory statements from the NHS. The West Herts Trust Board papers for February 2021 noted that '*A joint clinical working group [between West Herts and Mount Vernon] is being established.*' The aim is to '*maximise the clinical benefits for patients of co-locating MVCC on the WGH site.*'

The note continued:

*'UCLH [University College London Hospitals Foundation Trust, who are likely to take over responsibility for Mount Vernon soon] are leading work to develop a detailed business case and the Trust's acute redevelopment team will be working closely with the MVCC programme team ... Our preliminary assessment has shown that the needs of the Mount Vernon cancer services could be accommodated on the Watford General Hospital site. The timescales are different for the Mount Vernon move and our construction, with our plans being further forward. However, we are confident that we can incorporate the needs of Mount Vernon when its future location and funding is finalised without causing delay or difficulty on either side.'*

But a recent letter to the NHC from the Eastern Regional Director of NHS England, Ann Radmore, gives a very different impression. Ms Radmore told the group:

*'We are ... at the very early stages of reviewing how best to provide those [Mount Vernon] services in the future and there is a great deal of work that needs to be done before we are at a point where firm proposals can be considered.'*

Ms Radmore also hinted that a cash crunch could stymie any move:

*'At present, there is no capital identified for this and discussions are continuing to see how we might best be able to access the amounts of capital that are likely to be required. At this stage, therefore, we do not know what the likely solution for cancer services at Mount Vernon is going to be.'*

Ms Radmore's letter then suggests that the redevelopment at Watford must go ahead, whatever the effect on the future of Mount Vernon's services:

*'What we do not want to do at this point is delay the improvement of acute hospital services for the population of West Hertfordshire by linking together that project too strongly with the development of cancer services currently provided at Mount Vernon'*

However, participants at an engagement event on the future of MVCC heard the very different message that a project to build a new MVCC at Watford and redevelopment of Watford General could possibly be done at the same time.

### **An alternative to Watford General**

There is an alternative for West Herts and Mount Vernon. In a recent letter to Ann Radmore, the NHC says that a new hospital on a clear new site in West Hertfordshire with the two hospitals combined:

*would attract the highest calibre specialists, medical staff and researchers. At the same time, it would allow an optimum, value for money solution to the urgent need for the dysfunctional*

*and dilapidated WGH estate to be replaced in a superior location more accessible for the whole of west Hertfordshire.*

The letter says that accessibility would be improved by a new site -

*The current location of the emergency/acute hospital for west Hertfordshire is at the southern boundary causing long travel times and access problems for most of the population that it serves. Mount Vernon Cancer Centre's catchment extends to Bedfordshire to the north, Buckinghamshire to the west, plus north and west Hertfordshire. The combined location should be made far more central and accessible for patients covered by both MVCC and WHHT.*

Edie Glatter of the NHC commented today:

'The NHS needs to get a grip if cancer services for north-west London and many other parts of the south east are to be protected and enhanced. It is fantastic news that MVCC might move to West Hertfordshire. There are all sorts of excellent reasons why the vital and highly-rated cancer treatment services provided by Mount Vernon should be located alongside an acute and emergency hospital in the area, which has been shown to offer the best travel times for patients and carers.

'But the site must be the right one. Now it looks as if the NHS wants to rush ahead with refurbishment of Watford General without properly thinking through the implications for Mount Vernon's cancer services.

'It appears possible that, if the Trust persists with its plans, some but not all Mount Vernon services may eventually be squeezed on to the Watford General site, where patients are already likely to be suffering disruption until the end of the decade as hospital building jostles with extensive commercial and residential development. That would be a tragedy. Patients and carers have made clear that they want the MVCC team - a powerhouse of research and treatment experts - to be kept together. '

Edie said that the alternative of a new hospital on a clear site was an attractive one:

'A new acute/emergency hospital for West Herts on a clear accessible site with close connections to all Mount Vernon's services could be a great solution for cancer services in this vast region. But the NHS have rejected all new build new site options for West Herts hospital, despite an independent report showing that it would be quicker and better value than trying to make the best of the unsuitable site in west Watford.

Commenting further Edie said

‘With growing demands for single hospital rooms and more ICU beds in light of the pandemic, the space available at Watford General will not be enough to accommodate all the necessary clinical and support facilities – or indeed the extra car parking that will be needed.

‘Contradictory statements and apparent changes of policy on Mount Vernon have led to confusion about the attitude of the NHS at local and national level. The alternative of a new West Herts site for Mount Vernon and the acute hospital needs to be explored quickly if this great opportunity is not to be missed.

‘ A number of key questions need to be answered by the NHS as soon as possible:

- How many Mount Vernon services will move to Watford?
- Where else will Mount Vernon’s services go if they are not at Watford?
- What effect will construction of new buildings to house Mount Vernon services at Watford have on the work of the existing hospital and on the redevelopment programme?
- When will patients at Watford be free of the noise and disruption caused by construction of not one but two major projects?’

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