

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 6<sup>th</sup> March 2012  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health & Adults  
**SUBJECT:** Comprehensive cancer Centre for Cheshire & Merseyside  
**WARD(S)** Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 This briefing paper seeks to provide information on the work that has been taking place in Cheshire and Merseyside to consider and bring forward proposals for the development of World Class Cancer Services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool and the further development of services across the area.

1.2 To ask for support for the delivery of a wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

2.0 **RECOMMENDATION: That members of the Board note the contents of the report.**

## 3.0 **BACKGROUND**

3.1 In autumn 2010, Pricewaterhouse Coopers (PwC) were engaged by Liverpool PCT to undertake a high level affordability study to review the cost and affordability of building a new comprehensive Cancer Centre co-located with a redeveloped Royal Liverpool Hospital. The final report was published in March 2011. The study reviewed 2 options – **a Standalone Cancer Centre and a Cancer Centre with an element of shared services with the RLBUH**. The capital cost of both options (based on 80 inpatient beds) was **£116.5m** and **£105.2m** respectively (**both excluding VAT**).

## 4.0 **KEY ISSUES FOR HALTON**

4.1 Both Trust Boards have worked together to consider and bring forward an affordable proposal which incorporates:

- A new build Clatterbridge Cancer Centre adjacent to the

- proposed new build Royal Liverpool Hospital (RLH)
- A separate dedicated entrance for the Cancer Centre
- The majority of cancer inpatient services provided by Clatterbridge Cancer Centre, to be accommodated within the RLH scheme with flexibility within the cancer centre to provide additional, flexible inpatient/day care services
- Radiotherapy, chemotherapy, dedicated imaging and outpatient services to be provided within the Cancer Centre
- Appropriate, dedicated patient and staff access links between the Cancer Centre and RLH buildings with required clinical adjacencies conducive to effective and efficient delivery of patient care and clinical trials
- A dedicated adjacent free car parking facility for cancer patients.
- Clinical Trials unit to be provided in collaboration with RLH and the University assuming essential laboratory support of the Cancer Centre
- Cytotoxic pharmacy to remain on the CCO Wirral site
- A satellite facility to remain on the CCO Wirral site comprising ambulatory, radiotherapy and chemotherapy, outpatients services and proton therapy

4.2 In making the above recommendations it is recognised that certain patients will have to travel further for certain elements of their care. However, it is important to emphasise that radiotherapy and chemotherapy services would continue to be provided on the original Clatterbridge site. Outpatient chemotherapy services and radiotherapy services for patients with more common cancers such as breast, prostate and lung would continue to be provided on the site for local patients. Only those patients who require more complex treatment, or require inpatient facilities, would be required to travel to the new centre in Liverpool.

4.3 Senior clinicians believe very strongly that cancer research will be strengthened by closer integration between the University of Liverpool, Cancer Research UK, Clatterbridge Cancer Research, the Royal Liverpool Hospital and Clatterbridge Centre for Oncology NHS Trust. The Clatterbridge Cancer Research laboratories have recently relocated to share the “bio-campus” with other partners in central Liverpool. Only CCO remains physically isolated from this important and growing research community. By relocating CCO, all patients including those from Wirral and Western Cheshire would benefit from greater participation in international-standard research and clinical trials.

4.4 The Royal Liverpool University Hospital employs the greatest number of specialist cancer doctors and other clinical professionals. Most specialist cancer surgical teams for residents of Merseyside and Cheshire are based at the Royal

Liverpool and the hospital also hosts the majority of specialist cancer pathology and radiology services for the region. Patients from Wirral and Cheshire already travel to the Royal Liverpool University Hospital site for treatment and care. Closer physical integration between the Royal Liverpool University Hospital and Clatterbridge Centre for Oncology would enable greater collaboration between expert cancer teams and improve the experience of cancer patients through the delivery of seamless care.

- 4.5 Lastly, it is important to note that the relocation would reduce the inequalities in access to health care for the population of Merseyside and Cheshire as a whole. The majority of CCO's patients (67%) live north of the River Mersey. The general characteristics of this population are that they suffer from the highest death rates from cancer in England, and that they are amongst the poorest citizens and consequently are less able to travel to access health services. Logically, the main cancer centre should be located where the majority of its patients can access it with relative ease; this is in central Liverpool. The impact on travel times of these proposals has been considered.

## 5.0 **TIMESCALES**

- 5.1 It is estimated that the Cancer Centre scheme could open with, or shortly after, the new Royal Liverpool Hospital in 2017. This would involve the completion and approval of outline and full business cases by the Board of CCO – and monitor assessment of each – and the completion of formal public consultation. It is considered that the clinical and service case for change has been made effectively.

## 6.0 **STAKEHOLDER INVOLVEMENT**

- 6.1 It is now vital to involve a wider range of stakeholders in the debate. It is proposed that the plans identified in this paper, and the real and continuing benefits for patients that these plans are designed to bring, are shared with a wider range of stakeholders immediately. This will ensure that people are informed about the reasons for the proposed changes and that they have an opportunity to comment on and influence these plans. Staff in the Cheshire and Merseyside PCT Clusters, supported by the MCCN have developed a stakeholder involvement plan and are in a position to launch these plans after PCT Cluster agreement. It is proposed that this will be led by the Cheshire PCT Cluster, with Merseyside leads involved closely.

## 7.0 **POLICY IMPLICATIONS**

- 7.1 These are contained within the report.

8.0 **OTHER/FINANCIAL IMPLICATIONS**

9.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

9.1 **Children & Young People in Halton**

Please see 9.3

9.2 **Employment, Learning & Skills in Halton**

9.3 **A Healthy Halton**

The development of a Comprehensive Cancer Centre will impact on the health of cancer patients in Halton. All patients would benefit from greater participation in international-standard research and clinical trials. The closer physical integration between the Royal Liverpool University Hospital and Clatterbridge Centre for Oncology, would enable greater collaboration between cancer teams and improve the experience of cancer patients through the delivery of seamless care. The relocation of the Cancer Centre, would reduce the inequalities in access to health care for the population of Merseyside and Cheshire as a whole.

9.4 **A Safer Halton**

N/A

9.5 **Halton's Urban Renewal**

N/A

10.0 **RISK ANALYSIS**

10.1 Patients would access the new Cancer Centre for more complex care or require inpatient facilities, which would require traveling to Liverpool as opposed to Clatterbridge. If stakeholders do not support the options for the development of a new Cancer Centre, the level of care and access to cancer support services will remain at its current level. As cancer rates in the local population are higher than the national average in some cases, this may cause increased demand and pressures on current local health services.

11.0 **EQUALITY AND DIVERSITY ISSUES**

11.1 Any services provided which seek to address the health needs of the residents of Halton needs to be fully accessible.

12.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

## Scrutiny Briefing Report

### Overview and Scrutiny Board

**Briefing Report Title:** Comprehensive cancer Centre for Cheshire & Merseyside

**Date:** 10<sup>th</sup> February 2012

**Contact:** Leonie Beavers, Managing Director  
Liverpool PCT and Jackie Robinson, Head of Engagement & Involvement, NHS Merseyside, Nutgrove Villa, Huyton, Tel: 0151 244 3459

**Directorate:** NHS Merseyside Cluster

**Scrutiny Theme:** Health Policy and Performance Board

#### **1. Overview**

This briefing paper seeks to provide information on the work that has been taking place in Cheshire and Merseyside to consider and bring forward proposals for the development of World Class Cancer Services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool and the further development of services across the area.

To ask for support for the delivery of a wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

#### **2. Background**

##### **Cancer incidence and mortality in Cheshire and Merseyside**

**2.1** Incidence (new cases) and mortality (death rates) represent a major challenge within Merseyside and Cheshire. For all cancers combined, the incidence of new cancers (Fig.1) and cancer mortality rates across the network are higher than the national average. Breast, lung, colorectal, prostate and upper gastro-intestinal (GI) cancers account for over 90% of all new cases of cancer and over 75% of cancer deaths, both nationally and across the cluster.

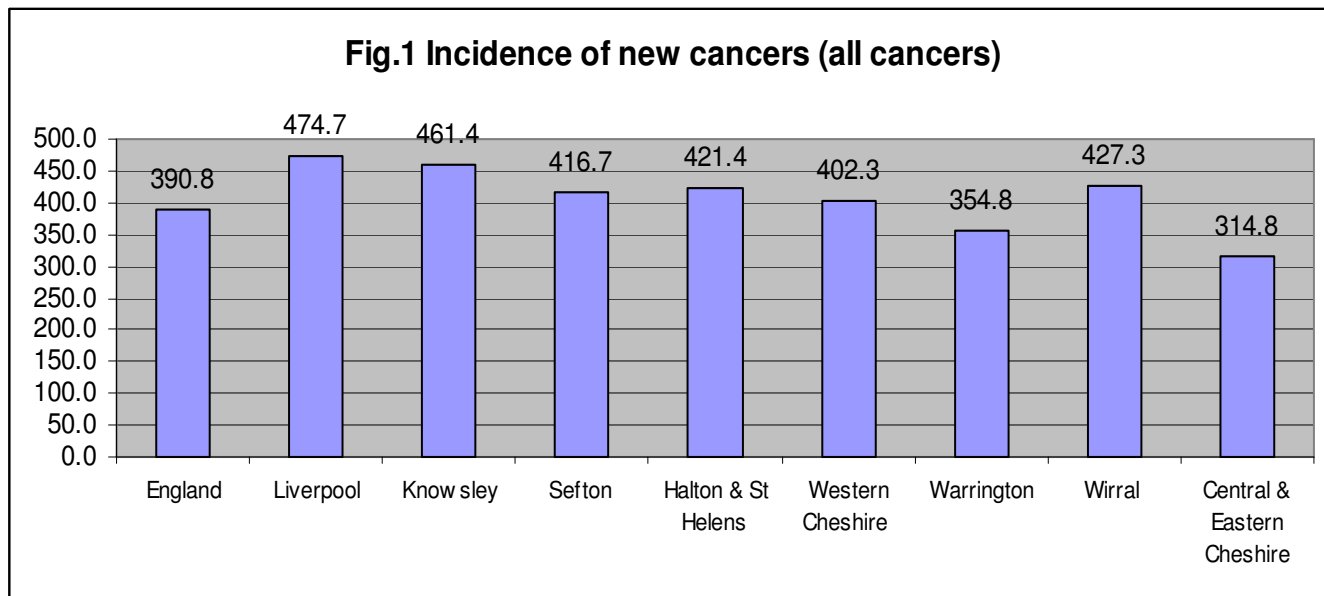
**2.2** The incidence of new cases of breast cancer across the cluster is lower than the national average. Mortality rates for breast cancer across the cluster are lower than the national average except for in Liverpool. The incidence of new cases of **lung cancer** across the cluster is higher than the national

average and almost twice the national rate in Liverpool and Knowsley. Similarly, lung cancer mortality rates across the cluster are higher than the national average and almost twice the national rate in Liverpool and Knowsley.

**2.3** The incidence of new cases of colorectal cancer and colorectal cancer mortality rates are higher across the cluster than the national average. The incidence of new cases of prostate cancer across the cluster is lower than the national average except for Sefton. Prostate cancer mortality rates across the cluster are higher than the national average. The incidence of new cases of upper GI cancer across the cluster is higher than the national average (Fig.13). Similarly, upper GI cancer mortality rates across the cluster are higher than the national average.

**NB**

- All incidence and mortality rates are per 100,000 population
- Incidence data is for 2006-8
- Mortality data is for 2007-9



**Current configuration of cancer services**

**Hospital Cancer Services**

Thirteen hospital trusts provide cancer services within the Merseyside and Cheshire Cancer Network. Ten of these 13 are designated to provide specific specialist (tertiary) cancer services. Table 1 **Error! Reference source not found.** shows which hospitals host specialist teams, most of which have been officially designated by commissioners through the cancer network in response to NICE improving outcomes guidance. The table also shows which

hospitals provide non-specialist (secondary care level) diagnostic and treatment services for their local populations

Table 1: The distribution of specialist cancer services in the network

	Aintree University	Alder Hey Children's	Betsi Cadwaladr	Clatterbridge Cancer Centre	Countess of Chester	Liverpool Heart and	Liverpool Women's	Royal Liverpool and	Southport and Ormskirk	St Helens and Knowsley	The Walton Centre	Wirral University	Warrington and Halton
Local cancer services <sup>1</sup>	✓		✓		✓	Lung only	Gynae only	✓	✓	✓		✓	✓
Anal								✓					
Brain & CNS											✓		
Chemotherapy <sup>2</sup>	Clinic			✓	clinic			clinic	clinic	clinic			clinic
Children's		✓											
Head & neck	✓												
Liver	✓												
Lung surgery						✓							
Neuro-endocrine <sup>3</sup>	✓							✓					
Ocular								✓					
Oesophago-gastric	✓		✓			✓							
Pancreas								✓					
Radiotherapy	✓			✓									
Sarcoma								✓					
Specialist gynae							✓						
Specialist haematology								✓					
Specialist skin <sup>4</sup>								✓		✓			
Teenage & young adult <sup>5</sup>		✓		✓				✓					
Testicular								✓					
Specialist urology								✓				✓	

<sup>1</sup> 'Local cancer services' defined as diagnosing and treating most common cancers.

<sup>2</sup> Clatterbridge provides out-reach clinics for daycase chemotherapy on several hospital sites.

<sup>3</sup> A single neuro-endocrine specialist multidisciplinary team (MDT) is managed jointly by Aintree and the Royal.

<sup>4</sup> Specialist skin MDT is hosted by St Helens & Knowsley. Associated unit is the Royal for T-cell lymphoma.



## **Radiotherapy**

Clatterbridge Centre for Oncology NHS Foundation Trust (CCO) is the sole provider of radiotherapy within the Merseyside and Cheshire Cancer Network (MCCN). The centre is based in Bebington on Wirral and treats around 5,500 patients with radiotherapy each year. A course of treatment for most patients will be made up of a series of appointments during which they will receive fractions of their overall dose of radiotherapy. CCO delivers approximately 83,000 fractions of radiotherapy each year. Ninety per cent of these treatments are for patients living within the Merseyside and Cheshire Cancer Network area.

Although 67% of the patients served by CCO live north of the River Mersey, CCO is located south of the river. Relative to the number of new cancers diagnosed, the PCTs on the south side of the river (Wirral and Western Cheshire) account for a larger number of the radiotherapy fractions delivered within the network, compared with patients elsewhere in the network, although it must be noted that the Sefton population appear to benefit from higher radiotherapy rates than other PCTs north of the Mersey, which might be explained by the higher numbers of older residents.

It would appear that the patients who live closest to the radiotherapy centre benefit from greatest access to treatment. The effect of distance upon access may be most apparent in the frailest of patients.

To improve access for patients, CCO opened a satellite radiotherapy unit adjacent to the Walton Centre in early 2011. This provides services for patients requiring radical (curative) radiotherapy for breast, prostate and lung cancer as well as stereotactic radio-surgery. This benefits around 900 patients a year (a little over a third of the total number of patients living north of the River Mersey who need radiotherapy). Patients needing more complex radiotherapy or who have other medical needs, cannot be treated at a satellite unit as they require the full medical support only available in a cancer centre. Thus many Cheshire and Merseyside residents continue to need access to the service at Clatterbridge

## **Chemotherapy**

Chemotherapy for haematological malignancies is delivered under the care of consultant haematologists in local hospitals operating within local multidisciplinary teams. Patients requiring specialist diagnosis and treatment are managed through the multidisciplinary team based at the Royal Liverpool University Hospital. Chemotherapy for solid tumours (i.e. non-haematological) is delivered under the care of oncologists employed by Clatterbridge Centre for Oncology. All inpatient chemotherapy is given at CCO's base in Bebington on Wirral, but patients can access outpatient or day-case chemotherapy more locally

through 11 weekly clinics operated by CCO oncologists on six hospital sites. Approximately 70% of chemotherapy patients are treated in these clinics and this is set to rise as nearly all new chemotherapy treatments expected to come into clinical practice will not require an inpatient stay.

### **Surgical oncology**

Most patients requiring surgery for cancer are able to have their operation at their local hospital, under the care of a local multidisciplinary team. This is the case for many common cancers, such as breast and bowel, where there are sufficient numbers of patients to maintain the surgical skills of local teams.

Patients with less common cancers, or those requiring more complex operations, will have their care managed by specialist multidisciplinary teams hosted in fewer, designated hospitals. Largely in response to national guidance from the National Institute for Health and Clinical Excellence (NICE), the centralisation of specialist surgery has quickened pace over the last decade.

### **Pathology**

With the exception of Clatterbridge Centre for Oncology and Liverpool Heart and Chest Hospital, each trust in the network hosts a pathology department. These departments are not homogenous, and they operate as a network to ensure that all patients have access to clinically appropriate pathology tests and expertise irrespective of where they live and what their local hospital can provide. The pathology departments in each of the general acute trusts provide a broad range services which reflect the hospital services they provide. Where a trust hosts a specialist multidisciplinary team, the trust's pathology department likewise develops specialist expertise.

### **Radiology and nuclear medicine**

All trusts in the network have a radiology department that supports day to day clinical services. As with pathology departments, the radiology teams work as a network so that patients requiring more specialist imaging or interventional radiology procedures can be referred on to other trusts if their local trust does not provide the service.

## **Proposals to improve and develop Cancer Services in Cheshire and Merseyside**

In 2008 the **Merseyside and Cheshire Cancer Network (MCCN)** commissioned an expert review of the configuration of Cancer Services in Cheshire and Merseyside with the aim of developing recommendations to ensure that services were delivered in the most optimal way to improve outcomes for patients. The resulting report 'The organisation and delivery

of non-surgical oncology services in the Merseyside and Cheshire Cancer Network<sup>6</sup> was presented to the Cancer Taskforce in October 2008. In brief, the report summed up certain reasons for considering a change in the service model location and delivery of non-surgical oncology in the MCCN area including:

- Encouraging the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight LINACs.
- The decentralisation of chemotherapy requiring a larger clinical workforce with a greater local presence than is currently available.
- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.
- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.
- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.
- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncologist to local providers would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.
- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and MDTs were factors in the difficulty in addressing this deficiency.

Since that time the PCTs in Cheshire and Merseyside have supported the establishment of additional Consultant Oncology posts across the region, (and associated additional clinical nurse specialists), a satellite radiotherapy unit has been opened by CCO on the Aintree Hospital site and a Chair in Medical Oncology has been appointed by the University of Liverpool. In addition CR:UK have opened research centre in Liverpool adjacent to the RLBUHT site.

However, despite these developments, certain ongoing issues still need to be addressed if local people are to receive the highest quality care available and to benefit from the best possible clinical outcomes. First and foremost is the issue of the geographical location of the specialist Cancer Centre on the Clatterbridge hospital site. In their report Baker and Cannon confirmed that

*“When it was first established, the Clatterbridge campus provided a wide range of medical and surgical services; this is no longer the case and the oncology facilities are now isolated from modern medical and surgical practice. During this time, the complexity of cancer treatments has increased dramatically, patients are older and sicker and the treatments have more side effects. In most cancer centres, most of the beds are used for patients who are seriously ill because of their underlying cancer or because of the side effects of treatment. The management of these conditions requires ready access to both critical care facilities and the on-site access to the full range of general medical and surgical expertise. This is no longer possible at Clatterbridge”.*

In their work to look at options for the future location of the specialist centre to address the issues above, Baker and Cannon looked at a long list of nine options which were assessed against ten criteria. The preferred option, following this appraisal process, proved to be **the move of the main oncology centre to the Royal Liverpool Hospital site with a link oncology centre at Aintree Hospitals and a local unit retained on the Clatterbridge site. This preferred option was considered and supported by the Cancer Taskforce, which included representatives from Trusts and PCTs across the network.**

In considering this option and the support for the establishment of a comprehensive cancer centre on the site of the Royal Liverpool Hospital it was noted that such a centre would:

- Ensure better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single campus, which currently hosts the majority of Cancer Multi-Disciplinary Teams (MDTs).
- Ensure that patients benefit from closer integration between the NHS and research teams within the University of Liverpool and other key research partners e.g. CR:UK
- Ensure that specialist services are located in a place most easily accessible to the majority of patients so that more patients could benefit from improved access particularly those who need repeated and regular radiotherapy for certain types of cancer and for palliation
- Make best use of NHS resources by enabling clinical teams to work more effectively and efficiently together
- Be a focus for innovation and knowledge, complementing and amplifying the efforts of all partners including local employers and councils to promote the region as a premier choice for investment
- Maintain those NHS services which are best delivered in more local settings including local district general hospitals and the community.

Importantly, the development of a comprehensive cancer centre would bring the inpatients facilities for radiotherapy and chemotherapy onto a single large acute teaching hospital campus that already offers a wide range of specialist cancer services that would benefit patients from across the network.

### **Benefits for patients living in Wirral and Cheshire**

In making the above recommendations it is recognised that certain patients will have to travel further for certain elements of their care. However, it is important to emphasise that radiotherapy and chemotherapy services would continue to be provided on the original Clatterbridge site. Outpatient chemotherapy services, and radiotherapy services for patients with more common cancers such as breast, prostate and lung would continue to be provided on the site for local patients. Only those patients who require more complex treatment, or require inpatient facilities, would be required to travel to the new centre in Liverpool.

It is also important to emphasise that the current location of the cancer centre has no critical care facilities (i.e. high dependency or intensive care unit) or acute medical cover. Increasingly complex chemotherapy and radiotherapy treatments require these services and these can only be provided on a full acute hospital site. Keeping the cancer centre isolated on a non-acute site is regarded as unsustainable by senior clinical advisors.

Thirdly, senior clinicians believe very strongly that cancer research will be strengthened by closer integration between the University of Liverpool, Cancer Research UK, Clatterbridge Cancer Research, the Royal Liverpool University Hospital and Clatterbridge Centre for Oncology NHS Trust. The Clatterbridge Cancer Research laboratories have recently relocated to share the 'bio-campus' with other partners in central Liverpool. Only CCO remains physically isolated from this important and growing research community. By relocating CCO, all patients, including those from Wirral and Western Cheshire, would benefit from greater participation in international-standard research and clinical trials.

Fourthly, the Royal Liverpool University Hospital employs the greatest number of specialist cancer doctors and other clinical professionals. Most specialist cancer surgical teams for residents of Merseyside and Cheshire and based at the Royal Liverpool, and the hospital also hosts the majority of specialist cancer pathology and radiology services for the region. **Patients from Wirral and Cheshire already travel to the Royal Liverpool University Hospital site for treatment and care.** Closer physical integration between the Royal Liverpool University

Hospital and Clatterbridge Centre for Oncology would enable greater collaboration between expert cancer teams and improve the experience of cancer patients through the delivery of seamless care.

Lastly, it is important to note that the relocation would reduce the inequalities in access to health care for the population of Merseyside and Cheshire as a whole. The majority of CCO's patients (67%) live north of the River Mersey. The general characteristics of this population are that they suffer from the highest death rates from cancer in England, and that they are amongst the poorest citizens and consequently are less able to travel to access health services. Logically, the main cancer centre should be located where the majority of its patients can access it with relative ease; this is in central Liverpool. The impact on travel times of these proposals has been considered

### **Primary Care Trust Board Consideration**

All Primary Care Trusts (PCTs) in the Merseyside and Cheshire Cancer Network have received and approved two previous papers relating to non-surgical oncology services and Clatterbridge Centre for Oncology NHS Foundation Trust. The first paper (March/April 2008) sought PCT boards' support for an expansion of radiotherapy services through the development of two satellite services: one adjacent to the Walton Centre and one adjacent to the Royal Liverpool University Hospital.

The second paper (June/July 2009) presented the recommendations from the Baker and Cannon report. That paper noted that relocation of CCO into Liverpool, whilst desirable, would take several years to plan and deliver, and so a series of interim measures were proposed. These measures involved:

- the enhancement of clinical services at Clatterbridge Centre for Oncology to improve care for acutely ill patients;
- the establishment of an academic oncology unit at the Royal Liverpool University Hospital in partnership with the University of Liverpool and Clatterbridge Centre for Oncology;
- the development of acute oncology services to enhance the care for cancer patients in all acute hospitals in Merseyside and Cheshire;
- the establishment of radiotherapy facilities at the Royal Liverpool University Hospital site including a potential underwriting of any access premium from Liverpool and Knowsley PCTs.

PCT boards approved these measures in principle and endorsed Liverpool PCT to lead on the procurement of radiotherapy facilities on the Royal Liverpool site through an open competitive tender.

Co-ordinated through the cancer network, significant progress on all of these initiatives has been made since then as identified in section 5

above. Work to take forward the procurement of satellite radiotherapy facilities at the Royal Liverpool Hospital site was initiated and has involved detailed analyses of clinical models of care, informed by a number of clinical experts from both within the network across England. Following detailed consideration the cancer network and the radiotherapy procurement team led by Liverpool PCT agreed that the benefits to patients that could be derived from a satellite facility at the Royal would be outweighed by the cost of delivery and confirmed that **a larger-scale relocation of CCO, as per the central recommendation of the Baker and Cannon report and within an earlier timescale, would offer far greater benefits to all patients Cheshire and Merseyside and would represent far greater value for money.** Thus Liverpool PCT and the Cancer Network agreed the need to support the development of proposals for the establishment of a Comprehensive Cancer Centre on the Royal Liverpool Hospital site in tandem with plans to rebuild the new Royal Liverpool Hospital.

### **Detailed proposals**

As a result of this situation, in autumn 2010 Pricewaterhouse Coopers (PwC) were engaged by Liverpool PCT to undertake a high level affordability study to review the cost and affordability of building a new comprehensive Cancer Centre co-located with a redeveloped Royal Liverpool hospital. The final report was published in March 2011. The study reviewed 2 options - **a Standalone Cancer Centre and a Cancer Centre with an element of shared services with the RLBUH.** The capital cost of both options (based on 80 inpatient beds) was **£116.5m and £105.2m respectively (both excluding VAT).**

Following the production of the PwC report, the PCT requested that CCO and the RLBUH work in partnership to bring forward a proposal which would maximise the potential for using shared clinical and non clinical support services and infrastructure, where appropriate, to drive down both capital and revenue costs, whilst ensuring the Value for Money was maximised for taxpayers.

The key elements of the PCT vision were:-

- Relocation of the Specialist Cancer Centre to the redeveloped Royal Hospital site.
- Enhanced research capacity (symbolised by more research beds).
  - Reconfiguration of the existing Clatterbridge site infrastructure to provide satellite radiotherapy, proton therapy, chemotherapy and out-patient service.
  - Retention of the satellite radiotherapy service adjacent to the Walton centre and
  - Maintenance of CCO's current range of existing network clinic arrangements.

To progress this request, a Joint Clinical Workshop was held in May 2011 with senior colleagues from CCO, RLBUHT, the University of Liverpool and the Cancer Network. This was a very productive workshop and a strong, collective agreement was reached across both Trusts on a joint vision for the future provision of Cancer Services. This vision enunciated:

***“The creation of a World Class Comprehensive Cancer Centre, co-located on the new RLBUH site for the Merseyside and Cheshire Network, which brings together in partnership for the first time specialist NHS cancer services with the University of Liverpool and other research partners on a single acute campus enabling :***

- ***Seamless pathways of patient centred care for our patients.***
- ***Best Use of NHS resources.***
- ***A centre of excellence for Cancer treatment and research.***
- ***Best possible cancer care and health outcomes.”***

This vision was supported by both Trust Boards subject to affordability.

Subsequent to the workshop both Trusts have worked together to consider and bring forward a more affordable proposal which incorporates

- A new build Clatterbridge Cancer Centre adjacent to the proposed new build Royal Liverpool Hospital (RLH).
- A separate, dedicated entrance for the Cancer Centre.
- The majority of cancer inpatient services provided by Clatterbridge Cancer Centre, to be accommodated within the RLH scheme with flexibility within the cancer centre to provide additional, flexible inpatient / day care services.
- Radiotherapy, chemotherapy, dedicated imaging and outpatient services to be provided within the Cancer Centre.
- Appropriate, dedicated patient and staff access links between the Cancer Centre and RLH buildings with required clinical adjacencies conducive to effective and efficient delivery of patient care and clinical trials.
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### **Timescales**

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involve the completion and approval of outline and full business cases by the Board of CCO - and Monitor assessment of each - and the completion of formal public consultation. It is considered that the clinical and service case for change has been made effectively.

### **Stakeholder involvement**

It is now vital to involve a wider range of stakeholders in the debate. It is proposed that the plans identified in this paper, and the real and continuing benefits for patients that these plans are designed to bring, are shared with a wider range of stakeholders immediately. This will ensure that people are informed about the reasons for the proposed changes and that they have an opportunity to comment on and influence these plans. Staff in the Cheshire and Merseyside PCT Clusters, supported by the MCCN, have developed a stakeholder involvement plan and are in a position to launch these plans after PCT Cluster agreement. It is proposed that this will be led by the Cheshire PCT Cluster, with Merseyside leads involved closely.

### **Scrutiny Action**

- Note the background to and the progress achieved with regard to the plans for cancer services in Merseyside and Cheshire since 2008.
- Take account of the progress and intentions outlined above, in the Cheshire and Merseyside
- Support the delivery of inclusive stakeholder involvement and engagement plans, led by Cheshire PCT Cluster with strong support from Merseyside.

### **Conclusion**

Overview and Scrutiny Committee are asked to discuss and note the proposals and to identify any further information they would wish to receive as part of the cancer development proposals.