



Introduction

An independent review of cancer care across the region (the Baker Cannon Report 2008) commissioned by the Merseyside and Cheshire Cancer Network (MCCN) developed a series of recommendations to ensure that cancer services were delivered in the best way to improve outcomes for patients across the region.

Following the review PCTs in Cheshire and Merseyside supported:

- The establishment of six additional Consultant Oncology posts across the region, seven new nurse specialist appointments and two tumour specialist Cancer nurses at The Clatterbridge Cancer Centre (CCC)
- The enhancement of clinical services at The Clatterbridge Cancer Centre to improve care for acutely ill patients
- The opening of a CCC satellite radiotherapy unit on the Aintree Hospital site
- Appointment of a Chair in Medical Oncology by the University of Liverpool
- Opening of a CRUK research centre in Liverpool adjacent to the Royal Liverpool Hospital (RLBUHT) site

The report also concluded that big benefits could be gained for patients and their families by expanding the services provided by The Clatterbridge Cancer Centre.

The proposal

The proposal would see Clatterbridge Cancer Centre services expanded with the building of a new cancer centre for Cheshire and Merseyside next to the new Royal Liverpool University Hospital.

Inpatient services will move from Wirral to the Liverpool site and additional outpatient services will also be provided.

Only those Wirral based patients, who need more complex treatment, or an overnight hospital stay, will need to travel to the new centre in Liverpool, as outpatient radiotherapy, chemotherapy and proton therapy services for the more common cancers – such as breast or prostate – **will continue to be provided at the Wirral site.**

The benefits

The new centre in Liverpool means that for the first time Cheshire and Merseyside Cancer patients will have access to expert clinical services, surgery, in-patient care, radiotherapy, chemotherapy, critical care, outpatient clinics and enhanced research and development with clinical trials all on one site.

Developing a new Clatterbridge Cancer Centre on a thriving biomedical campus, alongside the new Royal Liverpool Hospital and Liverpool University is a once in a generation opportunity to make cancer services in this region the very best than can possibly be.



Being co-located with the Royal Liverpool Hospital and the University of Liverpool will allow The Clatterbridge Cancer Centre to:

- Have physical links to an acute teaching hospital where patients can have rapid access to critical care services when they are required.
- Develop its research programme further, giving patients access to a broader portfolio of clinical trials and leading edge treatments as soon as they are developed.
- Be located at the centre of the population we serve. Around 70% of our patients currently travel to the Wirral site from north of the River Mersey.

How cancer affects our region

- More than 5,500 people die each year from cancer in Cheshire and Merseyside.
- The burden of cancer for people in Merseyside and Cheshire is greater than anywhere else in England.
- Our mortality rate from all cancer is 20% higher than England as a whole – the worst in the country.
- The number of new cancer cases in the region is higher than the national average and expected to rise significantly in the next few years.
- New cases of lung cancer in Merseyside and Cheshire are 15% higher than the national average for men and 23% higher for women.

Progress achieved to date

All Primary Care Trusts (PCTs) in the Merseyside and Cheshire Cancer Network received and approved two papers relating to non-surgical oncology services and The Clatterbridge Cancer Centre.

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 Cannon report. That paper noted that expansion of CCC into Liverpool, whilst desirable, would take several years to plan and deliver, and so a series of interim measures were proposed which included endorsing Liverpool PCT to lead on the procurement of radiotherapy facilities on the Royal Liverpool site through an open competitive tender.

Work to take forward the procurement of satellite radiotherapy facilities at the Royal Liverpool



Hospital site was initiated and 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 CCC, as per the central recommendation of the Baker Cannon report and within an earlier timescale, would offer greater benefits to all patients Cheshire and Merseyside and would represent greater value for money.

Liverpool PCT and the Cancer Network agreed the need to support the development of proposals for the establishment of a new Clatterbridge Cancer Centre on the Royal Liverpool Hospital site in tandem with plans to rebuild the new Royal Liverpool Hospital.

A high level affordability study was undertaken to review the cost and affordability of building a new comprehensive Cancer Centre co-located with a redeveloped Royal Liverpool hospital.

Following this study senior colleagues from CCC, RLBUHT, the University of Liverpool and the Cancer Network worked together to produce a strong, collective agreement on a joint vision for the future provision of Cancer Services:

“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.”

At this point the total cost of proposals had been estimated at £94.5m.

At the September 2011 meeting the NHS Merseyside Board approved funding to meet the project costs to deliver an Outline Business Case and one-off investment of up to £20m for the new Centre.

In addition further on-going revenue support of £6.5m will be required from 2012/13 onwards to enable the scheme to proceed.

Given the significant benefits that would accrue to Merseyside residents of the proposals, and the high levels of cancer morbidity and mortality in Merseyside, it was proposed that the NHS Merseyside Cluster included, in the Cluster's Commissioning Intentions for 2012/13 onwards, the requirement for an additional £6.5m.

This intention was confirmed by the NHS Merseyside Cluster Board at the March 2012 meeting when the Commissioning Plan was approved.

Transforming Cancer Care

CCC has continued to develop the proposal to build a new centre, next to the redeveloped Royal Liverpool Hospital and the University of Liverpool.

The development of the Strategic Outline Case completed in March 2012 followed the support



given by The Merseyside and Chester, Warrington & Wirral PCT Clusters to this investment.

The current project timescale is as follows:

- Outline Business case approved by Q3 2014
- Contractor appointed by Q2 2014
- Full business case approved by Q2 2016
- Construction work starts Q2 2016
- New hospital opens Q3 2018
- Work complete on Wirral site Q3 2019

Work has included a programme of public engagement to share the real and continuing benefits for patients that these plans are designed to bring with a wide range of stakeholders. This has ensured that people are informed about the reasons for the proposed changes and that they have an opportunity to comment on and influence these plans.

Getting public feedback

We need to get the views of patients, families and the wider public if we are to develop services that fully meet their needs.

We wanted to know what the public think about our proposals so we used a variety of different ways to give people the opportunity to share their views with us.

From August 2012 to March 2013 members of the public attended events, completed an online survey or visited our customised 'Action on Cancer Trailer' which we took to busy shopping centres across Cheshire and Merseyside for 38, three day roadshow events.

Voting boxes were also placed in hospitals and a variety of community venues, cancer support groups and charities across both regions.

Our staff spoke to members of the public about the proposals, distributed information leaflets and showed a short DVD before asking people:

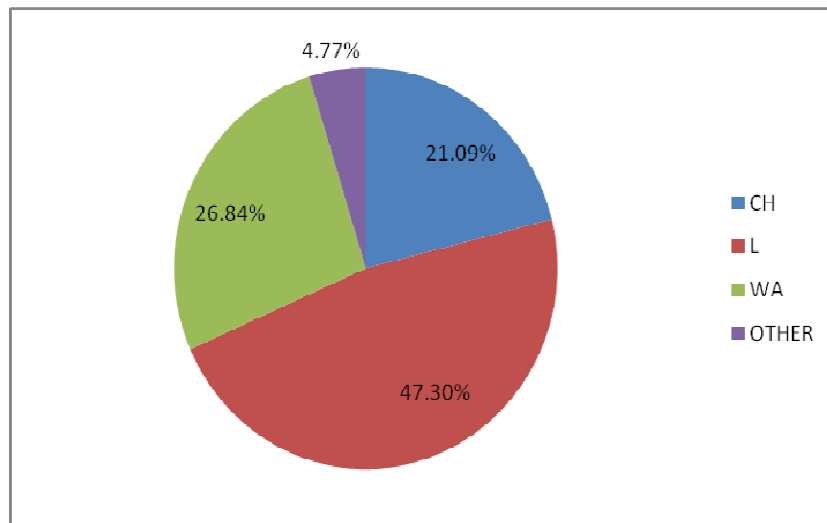
'Having heard about the proposals do you think they are a good idea?'

Who responded?

We reached approximately 90,000 people; with 14,000 people accessing the Action on Cancer trailer and a total of 4,164 responses returned.

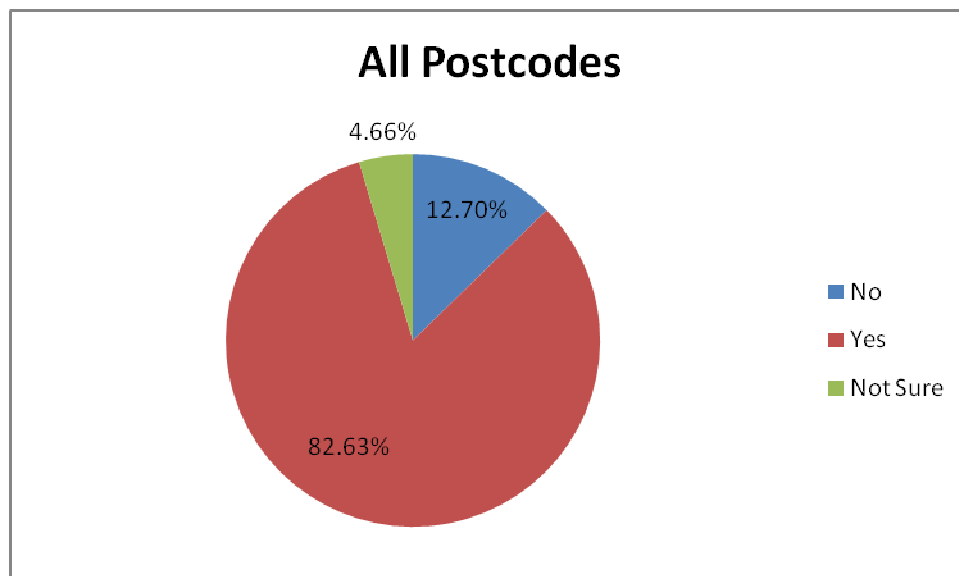
96 visits were made to 53 unique groups across Cheshire and Merseyside to speak to patients and members of the public.

Analysis of the questionnaires returned showed that respondents came from the following postcode areas:

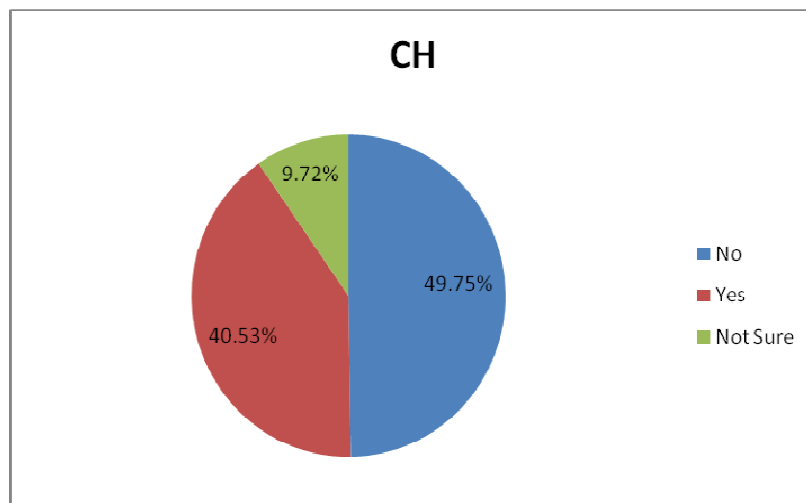


What they told us

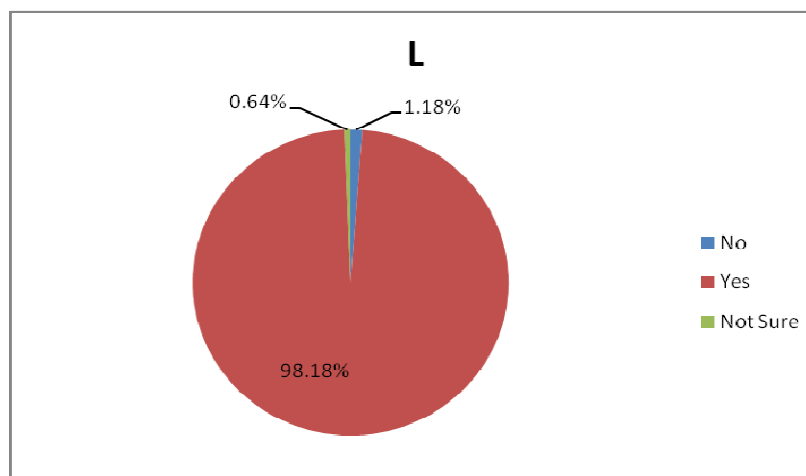
'Having heard about the proposals do you think they are a good idea?'



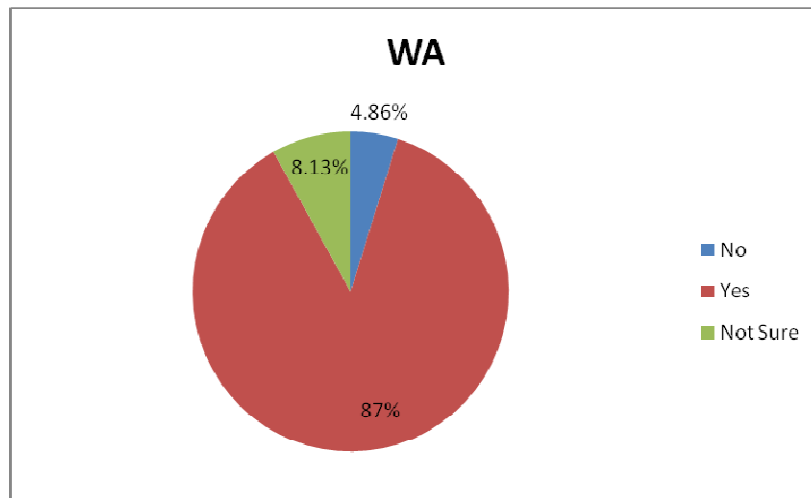
Responses broken down by Postcode Area



CH –includes Wirral, Flintshire, Cheshire West and Chester



L – includes Liverpool, Sefton (including PR8 and PR9 postcodes) and Knowsley



WA – Warrington, Widnes, Runcorn and St Helens

Main themes

The emerging themes identified were:

- Travel
- Accessibility
- Cost
- Good Current Services
- Ill health
- Loss of Services

Travel

Travel is a key emerging theme. The majority of comments relating to travel came from respondents in support of the proposals and reflect the opinion that the existing Cancer Centre is 'too far' from where they live and the new centre will be beneficial in terms of distance, time and money saved.

"My family have been affected by cancer and the travel to Clatterbridge took a lot out of them when they were unwell. It was too far."

Costs, parking and tunnel were also key words mentioned by South Mersey residents many of whom stated that they were happy with the current service provision at The Clatterbridge Cancer Centre.

Accessibility

The accessibility theme covers issues of transport and travel and also includes references to the availability of public and private transport, parking and congestion.



Those respondents in support of the plans felt that accessibility would be improved because of the transport infrastructure in Liverpool.

"I live in Wallasey but I am sure it would be easier for me to use public transport to get to Liverpool rather than Clatterbridge."

In general, those people who don't think the proposals are a good idea felt that the new centre would reduce accessibility for them. They consider The Clatterbridge Cancer Centre Wirral to be accessible as it is close to the motorway and that Liverpool would be inaccessible due to parking and congestion.

"Clatterbridge should stay as main hospital. It has the space for development. The Royal is congested by area and accessibility."

Cost

The majority of the cost references were in respect of the additional costs of travel, such as parking, taxis and tunnel fares.

"A lot of cancer patients are quite elderly and cannot travel to Clatterbridge and cannot afford taxis."

Comments on cost were balanced by Liverpool postcode residents who considered it to be positive as they would save money on tunnel fares. 'Yes' voters believed that a better transport infrastructure would reduce the amount of taxi journeys required to the new site.

Good Current Health Services

Respondents acknowledged the benefits of the re-location and the establishment of a new cancer centre, linked to state of the art research and treatment facilities and the development of a world class health campus.

Many respondents also spoke of excellent services and a preference to keep services in Clatterbridge.

"No problems with CCC so why change?"

Ill Health

Respondents who have had personal experience of cancer treatment reported on the difficulties of travelling when feeling unwell.

"A new centre will provide easier access for patients at a time when they would prefer to be nearer to home. Travelling can be stressful especially when someone is ill."

Loss of Services

The loss of services was a concern for a particular minority of voters. In some cases people felt that



the proposals might lead to the ultimate closure of services and loss of jobs at Clatterbridge.

“Provided the service currently available at the existing Clatterbridge site is not diminished in any way then the new proposal is an excellent idea otherwise not so.”

Next steps

We want to make sure that everyone in Cheshire and Merseyside can access the right cancer services, at the right time and in the right place.

We plan to launch a formal twelve week consultation period in Summer 2014 which will enable us to explore the main themes identified in the pre consultation engagement work in more detail.

We anticipate making a formal request to form a Joint Overview and Scrutiny Committee to be held in June 2014 to explore your views and take advice before we seek approval to proceed with a formal public consultation.

This feedback will then be used as we develop our Outline Business Case which we anticipate will be completed in the Autumn of 2014.

In the meantime if you would like us to attend a forthcoming meeting to provide an update on the project and present the findings of engagement work so far please Transforming Cancer Care Project office on 0151 552 1823.