

TRANSFORMING CANCER CARE

**AN OPPORTUNITY TO SIGNIFICANTLY
IMPROVE THE DELIVERY OF CANCER
SERVICES ACROSS THE MERSEYSIDE AND
CHESHIRE CANCER NETWORK**

May 2014

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1. INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is a highly regarded specialist cancer Trust providing non-surgical treatment for patients suffering from solid tumour cancers within the Merseyside and Cheshire Cancer Network (MCCN).

This document has been produced by CCC, supported by Cheshire, Warrington and Wirral Area Team, its commissioner of services. The document describes the background to the Transforming Cancer Care project, the proposals for change and expansion of the CCC services, and both the clinical rationale for these changes and the benefits which will result from them.

2. THE CATCHMENT POPULATION SERVED BY THE CLATTERBRIDGE CANCER CENTRE

The Trust serves a population of around 2.3 million with the majority of patients drawn from the areas shown in Table 1 below:

Table 1: Population served by CCC shown by Clinical Commissioning Group¹

Clinical commissioning group	Population	% of total
South Cheshire	175,943	8
Vale Royal	102,144	5
Warrington	202,709	9
West Cheshire	227,382	10
Wirral	319,837	14
Halton	125,722	6
Knowsley	145,903	7
Liverpool	465,656	21
South Sefton	159,764	7
Southport and Formby	114,205	5
St Helen's	175,405	8
Total	2,214,670	

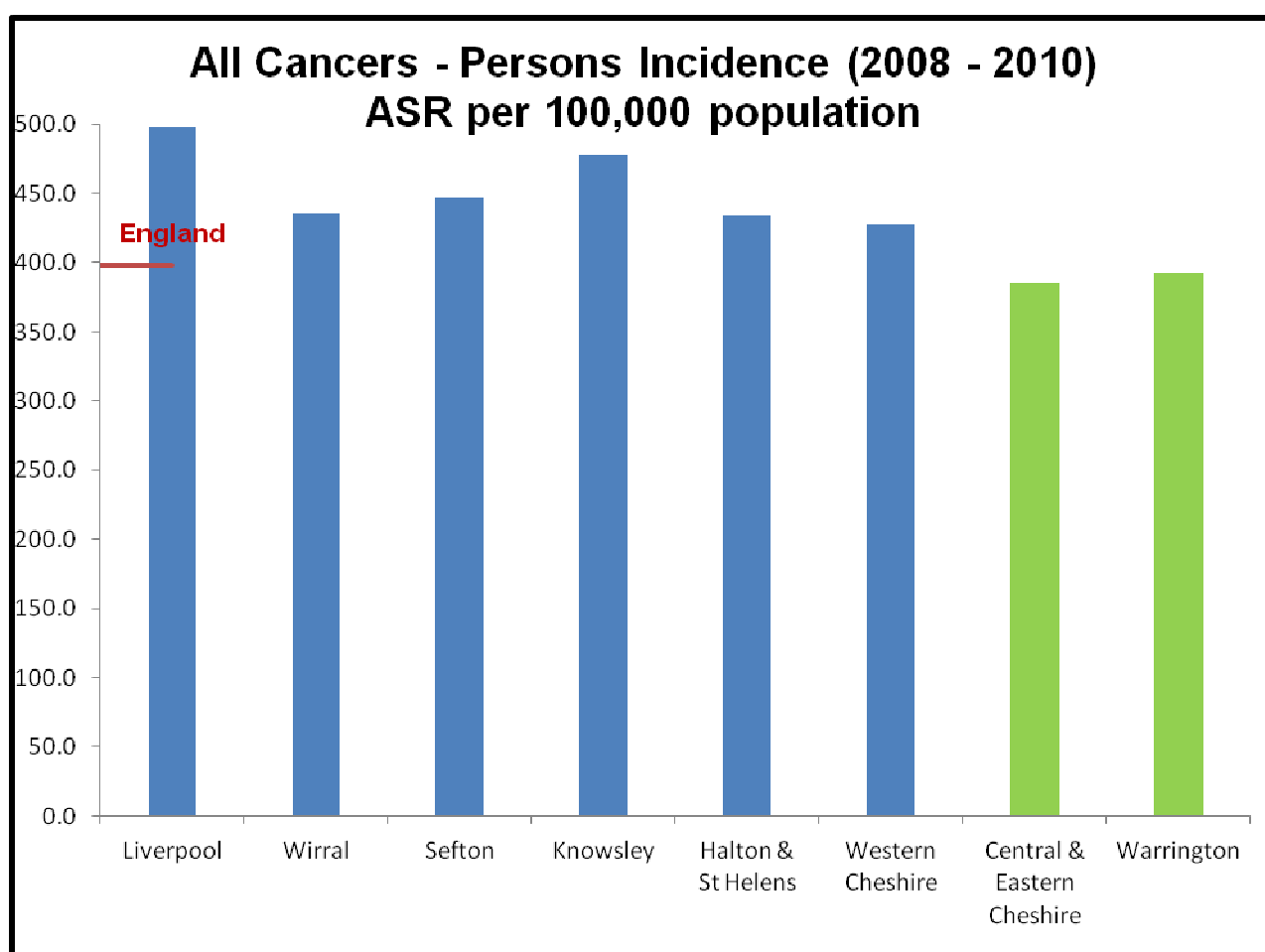
1. ONS - mid 2011 population by CCG - includes people under 16y.

From the above it can be seen that around 67% of the catchment population for the CCC live north of the River Mersey. The current CCC site at Bebington is therefore neither central to its geographical catchment nor close to its centre of population density.

3. CANCER INCIDENCE AND MORTALITY ACROSS THE MERSEYSIDE AND CHESHIRE CANCER NETWORK (MCCN)

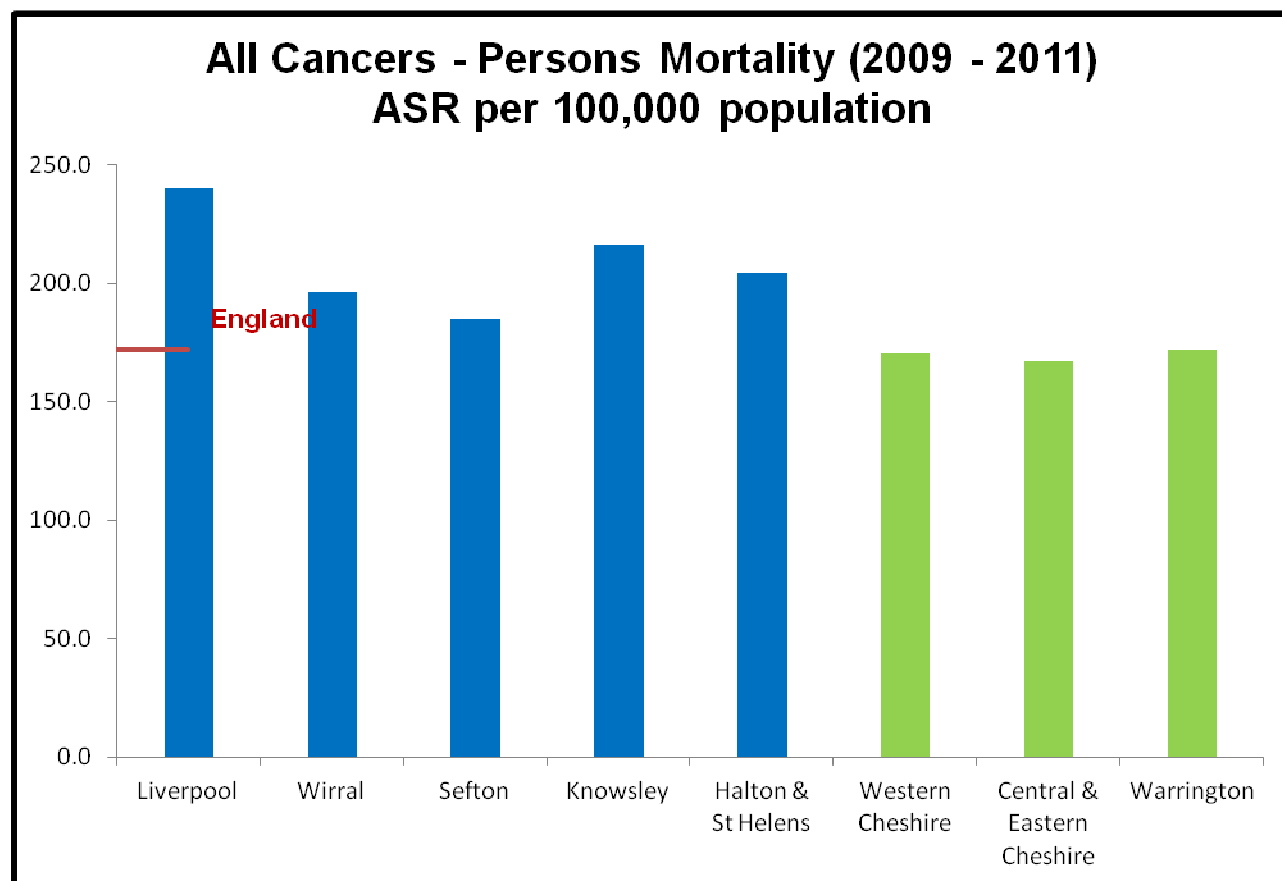
The incidence (new cases) of and mortality (death rates) from cancer represent a major challenge within Merseyside and Cheshire. The incidence and mortality rates for each Primary Care Trust (PCT), the most recent 'units' for which this data is available, are shown in Figure 1 and Figure 2 below in comparison with the rate for England as a whole.

Figure 1: Incidence of all cancers across the MCCN, compared with the average for England.



1. Age standardised ratio

Figure 2: Death rates from all cancers across the MCCN, compared with the average for England.



From the above figures it can be seen that the both the incidence of cancer, and deaths from cancer are higher across almost all areas compared to the England average, with Liverpool and Knowsley particularly badly affected.

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.

The incidence of breast cancer is generally above the national average across the network, as are deaths due to breast cancer.

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.

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 Wirral and West Cheshire; however deaths as a result of prostate cancer are higher than the national average in a number of areas, particularly Sefton and Wirral.

The incidence of new cases of upper GI cancer across the cluster is higher than the national average. Similarly, upper GI cancer mortality rates across the cluster are higher than the national average.

The incidence of, and deaths from the common cancers are shown in Figures 3 and 4 below, in comparison with the England average.

Figure 3: Incidence of the common cancers across the MCCN network, compared with the average for England.

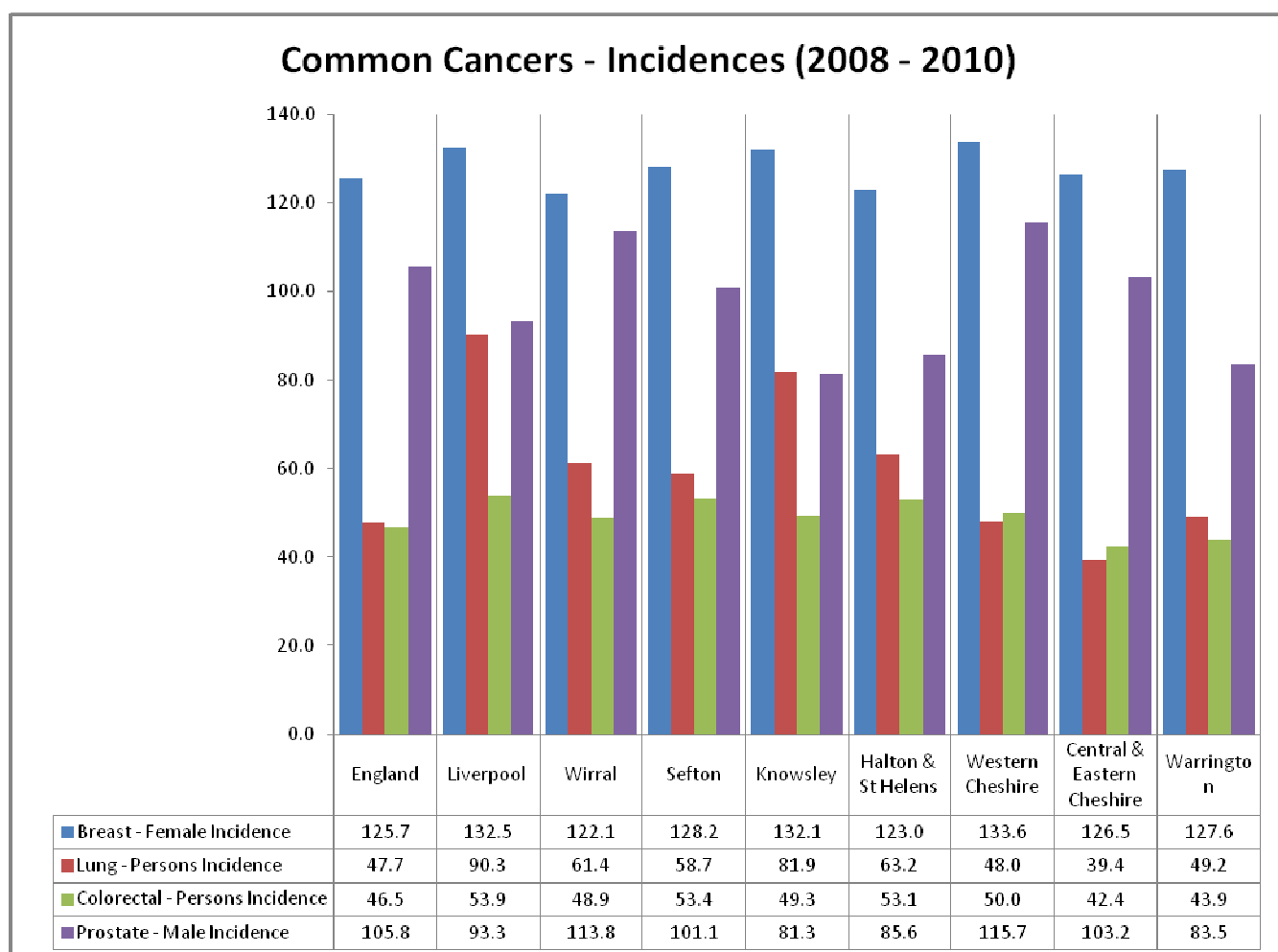
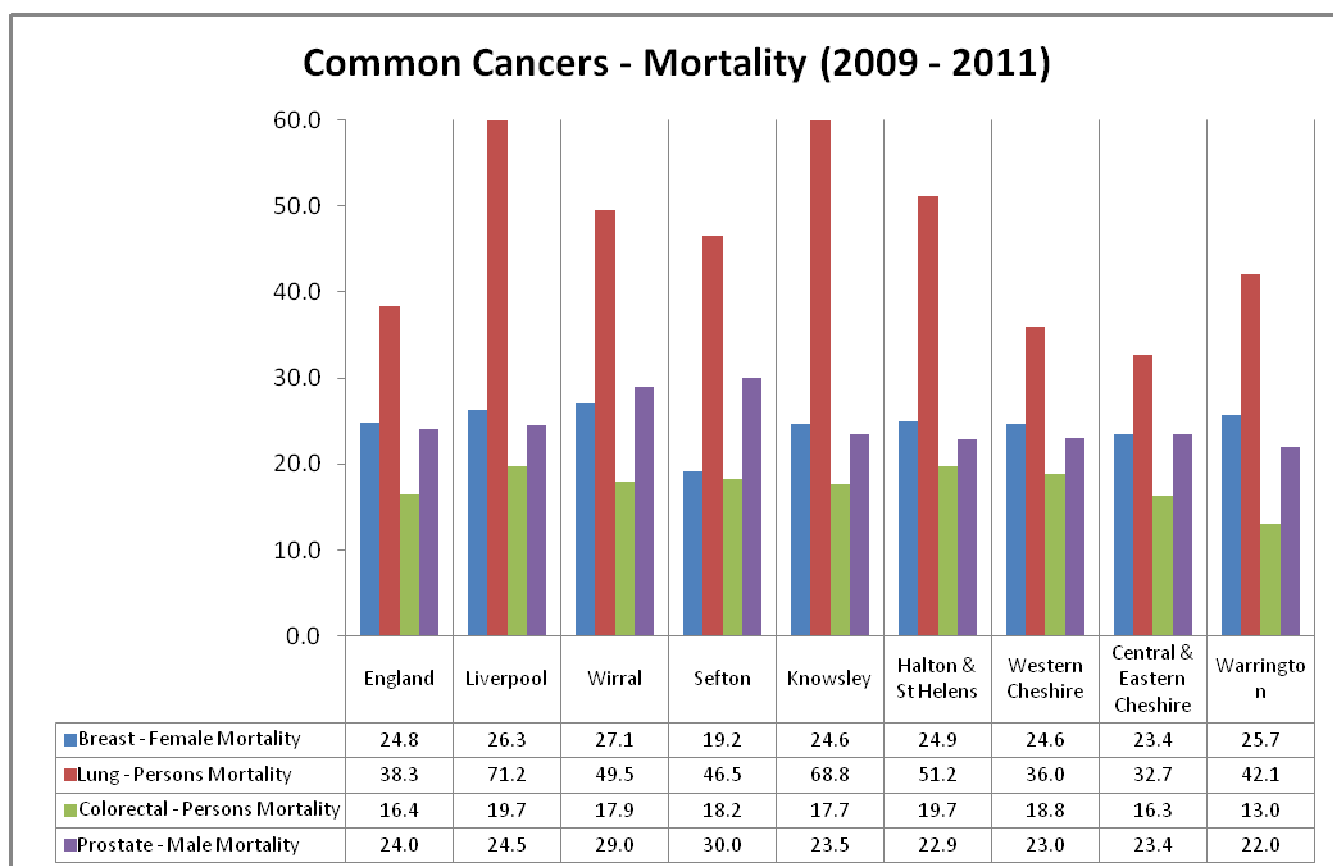


Figure 4: Death rates from the common cancers across the MCCN, compared with the average for England.



By comparing the mortality rate for each PCT with the average for England, the number of cancer deaths above the national average can be determined. This is the number of lives that could be saved each year if the mortality rate across the network was the same as the average in England. This equates to 589 deaths each year as shown in Table 2 below.

Table 2: Comparison of excess deaths from cancer across the cancer network.

PCT	Excess deaths per year in comparison with England average*
Liverpool	316
Halton & St Helen's	97
Wirral	77
Knowsley	64
Sefton	35
Warrington	0
West Cheshire	-4
South Cheshire	-8
Total each year	589

* 2008-2010 National Cancer Intelligence Network (NCIN) data

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AND CHESHIRE CANCER NETWORK

Cancer is now the biggest single cause of death in Cheshire and Merseyside.

4. CURRENT CONFIGURATION OF CANCER SERVICES PROVIDED BY CCC ACROSS THE MCCN

CCC operates a networked cancer service across the whole of the MCCN. The current configuration of CCC cancer services is shown in Table 3 below.

Table 3: Current geographical distribution of CCC clinical services

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
CCC – Clatterbridge	Y	Y	Y	Y	Y	Y	Y
CCC - Aintree	-	-	-	Y	-	-	Y
Aintree University Hospital	-	-	Y	-	-	Y	Y
The Walton Centre	-	-	-	-	-	-	Y
Royal Liverpool University Hospital	-	-	Y	-	-	Y	Y
St Helen's & Knowsley Hospitals	-	-	Y	-	-	Y	Y
Warrington & Halton Hospitals	-	-	Y	-	-	Y	Y
Arrowe Park Hospital	-	-	-	-	-	Y	Y
Alder Hey Children's Hospital	-	-	-	-	-	-	Y
Liverpool Women's Hospital	-	-	Y	-	-	-	Y
Liverpool Heart and Chest Hospital	-	-	Y	-	-	-	Y
Southport Hospital	-	-	Y	-	-	Y	Y
Countess of Chester Hospital	-	-	Y	-	-	Y	Y

From the above it can be seen that the CCC's principal site currently is the Cancer Centre located on the Clatterbridge Health Park at Bebington on the Wirral. The only other site currently providing radiotherapy is CCC's satellite unit at Aintree hospital.

CCC also operates an extensive network of chemotherapy clinics and outpatient clinics in partner NHS Trusts across the MCCN, as well as an acute oncology service, supporting partner Trusts in the care of cancer patients who have been admitted to these hospitals.

5. PROPOSALS TO TRANSFORM CANCER SERVICES IN MERSEYSIDE AND CHESHIRE – THE CASE FOR CHANGE

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services across the area with the aim of developing recommendations to ensure that services were delivered in the best 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'¹ was presented to the local Cancer Taskforce in October 2008.

The report identified a number of 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 Linear Accelerators.
- The decentralisation of chemotherapy which requires a larger clinical workforce with a greater local presence.
- 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 oncologists to local general hospitals 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 Specialist Multi-Disciplinary Teams were factors in the difficulty in addressing this deficiency.

Consequent on these findings, a number of immediate steps were taken which included:

- the enhancement of clinical services at CCC to increase the Trust's ability to care for very acutely ill patients
- the opening of the satellite radiotherapy unit at Aintree
- the establishment of a number of Chairs in a variety of cancer-related fields, in partnership with the University of Liverpool

¹ "The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network" A feasibility study into the potential relocation of non-surgical oncology services from Clatterbridge to Liverpool (October 2008)
Prof. M R Baker and Mr R C Cannon

- The establishment of an acute oncology service in partner trusts

However more still needs to be changed in order to fully address the points identified by Baker and Cannon and ensure that all local people are able 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.”

Following the acceptance of the recommendation contained within the Baker Cannon report in 2009, the then Merseyside Cluster Board commissioned PricewaterhouseCoopers to undertake a high-level feasibility study on the establishment of a new acute cancer centre in Liverpool. The findings of this study were presented to Merseyside Cluster Board by Liverpool PCT; as a consequence of this approval was given to allocate funding for project costs to deliver a business case for the creation of a new cancer centre in Liverpool, together with a capital allocation towards the cost of its construction. At the same meeting the need was identified for further recurring funding to be set aside to support the project, delivered through annual commissioning arrangements.

The Transforming Cancer Care project was therefore established by CCC following this network-wide agreement to implement the recommendations of the Baker Cannon report, the most material of which is the development of a new Cancer Centre in Liverpool adjacent to the redeveloped Royal Liverpool University Hospital.

6. THE CURRENT STRATEGIC ENVIRONMENT

Since the Baker Cannon report was published, the conclusions contained within this have been reinforced by a number of strategic, policy and operational factors. These include:

- An increase in the number of acutely-ill CCC inpatients who have needed to be moved in order to access specialist opinion or facilities not available on the CCC site. These transfers have grown from 53 in 2011 to 67 in 2013 and in the majority of cases patients were receiving radiotherapy or chemotherapy which had to be interrupted because of their transfer. This is clearly not ideal in a modern healthcare system.
- The recognition that organisational isolation is a risk factor in the delivery of sub-optimal care (Prof Sir Bruce Keogh: Review into the quality of care and treatment provided by 14 hospital trusts in England). Although there is ample evidence which demonstrates that the care delivered at CCC is very good, the acknowledgement of this risk factor is consistent with the findings of Baker and Cannon.
- The increasing acknowledgement of the importance of clinical research in the delivery of cancer care. *'Equity and excellence: Liberating the NHS'*, produced by the Department of Health, notes that organisations with strong participation in research tend to have better outcomes, and that research-active organisations are therefore able to offer increased patient benefits both through a direct contribution to knowledge and through enhanced organisational performance. The same document noted that *"a thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes. The Department will continue to promote the role of Biomedical Research Centres and Units, Academic Health Science Centres and Collaborations for Leadership in Applied Health Research and Care, to develop research and to unlock synergies between research, education and patient care"*.

The investment proposal is supported by the Trust's commissioner of clinical services, Cheshire, Warrington and Wirral Area Team, as well as by the Merseyside Area Team and by local CCGs, who do not directly commission specialist cancer services but nonetheless have a very strong interest in the delivery of high quality cancer care to their respective populations. The project also has the strong support of clinicians within CCC, as well as those with a cancer interest across the MCCN.

The project is consistent with the strategic plans for the delivery of clinical and other services across Merseyside and Cheshire. In particular it supports Liverpool City Council's vision for the future of the city region which sees healthcare and life sciences research as a core component in the ongoing development of the city (*Liverpool City Region's knowledge economy: delivering new opportunities for growth*).

The project also sits alongside Liverpool CCG's Healthy Liverpool Programme which has been set up to help the CCG adapt to face future challenges, such as an ageing population and increase in long-term conditions, while also improving the health of residents. Although the location of some services may change as a result of this

Programme it is clearly understood that the Royal Liverpool University Hospital will remain a hub for delivery of acute services to the population of Liverpool and, as such, will provide the type of services which will complement the cancer services which are planned to be delivered by CCC on the Royal Liverpool campus.

The retention of a full range of cancer outpatient services at the existing Clatterbridge site is also supportive of Wirral Council's vision for retention and potential development of the Health Park at Bebington. As CCC further develops its own strategic plans there will be opportunities to work closely with partners in Wirral to explore ways in which to maximise the role of CCC on this site.

7. OUTCOME OF THE PRE-CONSULTATION ENGAGEMENT WORK UNDERTAKEN OVER THE WINTER OF 2012/13

A wide ranging pre-consultation exercise was held over the winter of 2012/13 to understand the views of the public on the central proposal within the Transforming Cancer Care project – the opening of a new Cancer Centre in Liverpool. This exercise reached over 90,000 people through 114 roadshows and 96 group sessions, and involved 7 District General Hospitals and 12 Primary Care Trusts. Every Healthwatch and a wide range of Cancer Support Groups were also part of this process. 14,500 people visited the roadshows and 4,164 formal written responses were received.

People were asked a Principal Consultation Question (PCQ):

“After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?”

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (*“why do you think this?”*).

Overall, the results were as follows:

Yes – **82.63%**
No – **12.70%**
Not sure – **4.66%**

This showed overall strong support for the proposal. However further analysis of the responses by postcode showed significant differences in view, with the greatest number of people answering ‘no’ or ‘not sure’ appearing in the CH postcode areas i.e. those areas closest to the existing CCC site. When only answers from the CH areas the results were as follows:

Yes – **40.53%**
No – **49.75%**
Not sure – **9.72%**

When people explained their view by answering the follow-up question ‘why do you think this?’ there were similar themes regardless of whether they thought the proposal was a good idea. The main areas highlighted are shown below:

- Accessibility
- Cost
- Good current services
- Ill health (and the impact on ability to travel)
- Loss of services (from the current location)
- Travel
- Visits

In a number of these areas some people saw advantages whilst others saw disadvantages in the proposal. For example, those living in the Liverpool area were likely to comment on a beneficial impact for service accessibility whilst those living on the Wirral were likely to cite adverse impact on accessibility.

The information received from the pre-consultation engagement work has already had an impact upon the Transforming Cancer Care project. In particular it has:

- Emphasised strongly the importance placed by patients on access to sufficient, convenient and free car parking when attending for treatment.
- Highlighted the value placed by patients on the existing organisational culture and values of CCC, and identified the need for the Trust to ensure that this organisational culture is extended to the operation of the new Cancer Centre in Liverpool.
- Endorsed the overall direction of travel through the strong support given by the public to the consultation question.

The public consultation planned to run over the summer of 2014 will be used to gain more information on these issues identified as significant as a result of the pre-consultation engagement work.

8. THE PROPOSED CHANGES IN CANCER SERVICES AS A CONSEQUENCE OF THE TRANSFORMING CANCER CARE PROJECT

In their work to look at options for the future location of the Cancer 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 identified as a result of this appraisal process was the establishment of a new Cancer Centre adjacent to the Royal Liverpool University Hospital.

This new Cancer Centre would provide all inpatient oncology beds for the Cancer network, together with outpatient oncology services for those patients for whom the Liverpool site is the most accessible. The new Cancer Centre would operate as the hub, supporting a network of cancer services which would include the satellite radiotherapy centre at Aintree, the existing Cancer Centre at Clatterbridge which would continue to deliver outpatient cancer care to its local population on the Wirral and in West Cheshire, and the distributed network of CCC outpatient and chemotherapy clinics operated in partner hospitals throughout the MCCN.

This preferred option was considered and supported by the Cancer Taskforce, which included representatives from the MCCN, Trusts and PCTs across the network.

It is this preferred option which the Transforming Cancer Care project now aims to take forwards.

The consequences of this can be summarised in Table 4 below:

Table 4: Current (C) and proposed (P) geographical distribution of CCC clinical services with changes highlighted+

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
New Cancer Centre – L'pool	-	-	-	-	-	-	-
	P	P	P	P	P	P	P
CCC – Clatterbridge	C	C	C	C	C	C	C
	-	-	P	P	P	P	P
CCC - Aintree	-	-	-	C	-	-	C
	-	-	-	P	-	-	P
Aintree University Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
The Walton Centre	-	-	-	-	-	-	C
	-	-	-	-	-	-	P
Royal Liverpool University Hospital	-	-	C	-	-	C	C
	-	-	(provided instead in new	-	-	P	(provided instead in new

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			CCC on site)				CCC on site)
Arrowe Park Hospital	-	-	-	-	-	C	C
	-	-	-	-	-	P	P
St Helen's & Knowsley Hospitals	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Warrington & Halton Hospitals	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Alder Hey Children's Hospital	-	-	-	-	-	-	C
	-	-	-	-	-	-	P
Liverpool Women's Hospital	-	-	C	-	-	-	C
	-	-	P	-	-	-	P
Liverpool Heart and Chest Hospital	-	-	C	-	-	-	C
	-	-	P	-	-	-	P
Southport Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
Countess of Chester Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P

To summarise the above table, the **key proposed changes** would be:

- The creation of a new Cancer Centre on the Royal Liverpool campus, bringing together inpatient cancer services with critical care, other support facilities and a wide range of medical and surgical experts.
- The relocation of all CCC's cancer inpatient beds from the Wirral to Liverpool.
- The relocation of the Teenage and Young Adult Unit (including their inpatient beds) from the Wirral to Liverpool.
- The establishment of a new radiotherapy service in Liverpool and an overall increase in radiotherapy capacity.
- The relocation of complex outpatient radiotherapy from the Wirral to Liverpool, representing about 6% of treatments given.
- An increase in the capacity of chemotherapy and outpatient services in Liverpool.

The things that would **stay the same** would be:

- The continuation of the existing Cancer Centre on the Wirral as an important site for the delivery of cancer services.
- Retention of an outpatient radiotherapy service on the Wirral for treatment of the common cancers, which comprise around 94% of treatments given.
- Retention of a chemotherapy and outpatient service on the Wirral.
- The services delivered at the Aintree radiotherapy satellite centre.
- The services delivered by CCC in other hospitals across the cancer network.
- The national eye proton therapy service, based at the existing CCC site at Bebington.

9. BENEFITS WHICH WOULD BE DELIVERED BY THE PROPOSED CHANGES

When the establishment of a new Cancer Centre in Liverpool was first proposed in 2008 it was noted that such a centre would enable the benefits described below:

Benefits expected as a result of a new Cancer Centre in Liverpool

- Better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single health campus which currently hosts the majority of Specialist Cancer Multi-Disciplinary Teams which are central to the delivery of high quality cancer care.
- Improved access for CCC inpatients to specialists from other clinical disciplines and to specialist clinical facilities eg intensive care, which cannot be provided in the existing Cancer Centre.
- Delivery of cancer treatments nearer to home for the majority of patients.
- Location of the Teenage and Young Adult Unit closer to both the Royal Liverpool University Hospital and Alder Hey Children's Hospital and closer to the majority of the population served, improving patient access and choice.
- Closer integration between the NHS and research teams within the University of Liverpool and other key research partners in the public and private sector.
- An increase in patients who benefit because they are able to take part in clinical trials.
- Location of specialist services in a place more easily accessible to the majority of patients so that more patients can benefit from improved access, particularly those who need repeated and regular radiotherapy for certain types of cancer and for palliation.
- Best use of NHS resources by enabling clinical teams to work more effectively and efficiently together.
- Establishment of 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.
- Maintenance of those NHS services which are best delivered in more local settings, including district general hospitals and the community.

The development of the new Cancer Centre in Liverpool would bring the inpatient facilities for radiotherapy and chemotherapy onto a single large acute teaching hospital campus adjacent to both university and private sector research partners.

This would give the people of Merseyside and Cheshire, an area with some of the very poorest cancer outcomes in the country, access to the same sort of comprehensive cancer facilities as are already available in other major cities across the UK such as London, Manchester and Birmingham.

The above reasons together form the clinical benefits arising from the changes proposed by the Transforming Cancer Care project.

The National Clinical Advisory Team, who until April 2014 were responsible for reviewing the clinical justification for any proposed service change, assessed the Strategic Outline Case which had been prepared by the CCC as a first step in implementing the recommendations of the Baker Cannon review. **This report unequivocally supports the establishment of a new Cancer Centre in Liverpool in order to deliver the benefits described.**

10. IMPACT ON PATIENTS AS A CONSEQUENCE OF THEIR PLACE OF TREATMENT

General accessibility

The existing Cancer Centre at Bebington is not well served by public transport – the new Cancer Centre in Liverpool would be much more accessible by both bus and train because of its City Centre location. From an analysis of travel times it can be shown that when using public transport, a number of areas which are geographically closer to the Bebington site are closer from a time and convenience perspective to the proposed site in Liverpool.

An Equality Impact Assessment of the proposed changes which was undertaken by Liverpool John Moores University in March 2013 drew the following conclusions:

- There are a number of areas geographically close to the Bebington site where travel time by public transport is over an hour.
- The rail network that links the Wirral and Liverpool works in the favour of those Wirral residents travelling to the Royal Liverpool over those Liverpool-side residents travelling to Bebington.
- Patients from Sefton, Western Cheshire, Knowsley, St Helen's and Halton can expect in most cases to travel for more than an hour to reach either site, although a good proportion of these patients might be able to reach the Royal Liverpool site within 45 to 60 minutes, whereas it is unlikely that any of these patients could reach the Bebington site in under an hour.

Public transport links are important since access to private transport, as shown by car ownership, is much less across Merseyside than in other parts of the Cancer Network. This is shown in Table 5 below:

Table 5: Car ownership and percentage of households with a car or van (RAC Foundation, based on 2011 census data)

Local Authority	Rank (out of 348)	Cars/vans per 1000 people	% households with car/van
Cheshire East	76	606	83.9
Cheshire West	135	572	81.4
Warrington	164	546	80.7
St Helen's	240	482	73.3
Wirral	250	476	72
Halton	254	469	73
Sefton	261	462	71.5
Knowsley	315	378	62.9
Liverpool	327	323	53.9

Although it is hoped that public transport would be used to attend the new Cancer Centre in Liverpool it is recognised that many people would still prefer to use private transport. Good car parking is very important for cancer patients and so dedicated free parking would be provided for cancer patients attending the new Cancer Centre in Liverpool, and would continue to be provided at the existing Clatterbridge sites on the Wirral and at Aintree.

Patients who are eligible for Ambulance Transport would continue to have this provided, irrespective of the site attended. In 2013 patient attendances by ambulance at the existing Cancer Centre at Bebington were as shown in Table 6 below:

Table 6: Ambulance attendances at Clatterbridge by principal PCT

PCT	Individual planned patient attendances by ambulance
Liverpool	5828
Halton & St Helen's	4159
Wirral	2154
Knowsley	1922
Sefton	4055
Warrington	2037
West Cheshire	1641
Central & E Cheshire	391

The establishment of a cancer centre in Liverpool is expected to have a beneficial impact on ambulance services since there would be an overall reduction in patient travel times as a result of the opening of a centre in Liverpool.

Inpatient services (including TYA)

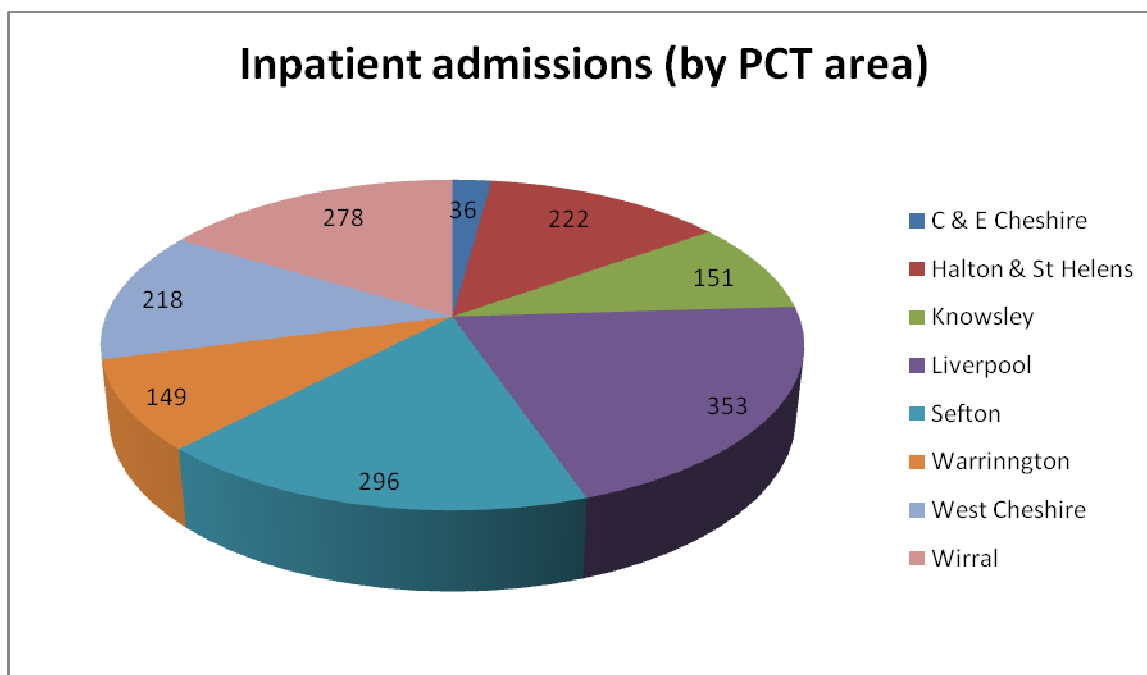
The proposed changes mean that those patients living in West Cheshire and on the Wirral who need to be admitted to an inpatient bed are likely to travel further for their care, as will their visitors. However these are the patients who are the most unwell or who have the most complex needs, and it is these patients whose treatment would benefit most from being admitted to a Cancer Centre which can draw on the facilities and expertise which is only available in a large acute hospital such as the Royal Liverpool.

In practice the greatest impact of this relocation of inpatient services would be on visitor travel time, and so the consultation planned over the summer will aim to explore this in more detail with a view to understanding how the impact of this might be ameliorated. It should also be acknowledged that there would be a beneficial impact on a greater number of people who currently have to travel from Merseyside to the Wirral in order to visit their relatives admitted to the current cancer centre as an inpatient, and who are less likely to have access to a car or to convenient public transport links.

Patients from Wirral and West Cheshire who may currently be admitted to Clatterbridge but who are not receiving chemotherapy or radiotherapy as part of their inpatient care may well in the future be admitted instead to Arrowe Park or the Countess of Chester under the care of the acute oncology team there, meaning that travel time for them, together with their friends and family would be largely unchanged.

The forecast numbers of inpatients by area who would in future be admitted to Liverpool is shown in Figure 5 below (based on a 2018/19 activity forecast)

Figure 5: 2018/19 forecast inpatient numbers by area admitted to the new Cancer Centre in Liverpool for active chemotherapy or radiotherapy treatment



The above figures show the number of forecast inpatient admissions by PCT for patients who need to be admitted in order for them to receive radiotherapy and/or chemotherapy. They exclude any patients who may need to be admitted to a hospital in order to help deal with the side-effects of their cancer but who are not part-way through a course of radiotherapy or chemotherapy.

Those excluded are the ‘acute oncology’ patients, who at present are usually admitted to their local District General Hospital under the care of the onsite medical team, supported by the local CCC acute oncology service; however, a proportion are admitted to CCC, either directly from clinic or because Clatterbridge is local to them. Work is currently underway to examine the patient pathways for these patients and determine where best they would be cared for in future.

Radiotherapy services

The significant majority of patients from Wirral and West Cheshire receiving radiotherapy services on an outpatient basis would continue to attend the existing Bebington site. However a small number of Wirral and West Cheshire patients, specifically those suffering from the less common cancers, would need to travel to Liverpool for their outpatient radiotherapy treatment. Conversely patients from Merseyside, many of whom currently travel to Bebington, would receive their treatment closer to home. The forecast impact of this on patient numbers, based on activity modelling which has been undertaken to support the Outline Business case, is shown in Table 7 below:

Table 7: Current and forecast place of treatment for radiotherapy patients by PCT (by attendances)⁺

PCT	Bebington				New Cancer Centre in Liverpool				Aintree			
	12/13	%	18/19	%	12/13	%	18/19	%	12/13	%	18/19	%
C & E Cheshire	1,481	1	1251	7	0	0	450	26	4	0	5	0
Halton & St Helen's	6,454	5	262	2	0	0	7,231	55	4807	43	5606	43
Knowsley	3,285	5	0	0	0	0	3,822	57	2,595	44	2928	43
Liverpool	9,615	5	0	0	0	0	10,802	57	7244	43	8018	43
Sefton	6,649	5	0	0	0	0	7,286	53	5616	46	6346	47
Warrington	5,224	7	140	2	0	0	6,086	77	1428	21	1698	21
W Cheshire	10,287	1	11,261	9	0	0	720	6	9	0	10	0
Wirral	14,476	1	14,106	8	0	0	2,269	14	13	0	12	0

⁺ CCC activity model

The model above has assumed that some of those Wirral patients who are geographically closer to Liverpool than Bebington would attend the new Centre rather than Bebington in the future. In practice, however, these patients may prefer to have their treatment on the Wirral in which case the proportion of Wirral patients being treated at Bebington in the future is likely to be higher and to come in line with the West Cheshire figure of 94%.

It should be noted that all patients would be given a choice of site, provided this was consistent with the specific treatment they required as a consequence of their type of cancer. In practice this means that almost all patients suffering from the common cancers e.g. breast, lung, prostate, colorectal, could choose which of the three sites they wished to attend for radiotherapy in future.

Chemotherapy and outpatient services

A similar picture to radiotherapy is expected for outpatient chemotherapy and outpatient consultations as a consequence of the proposed changes. Wirral and West Cheshire patients would continue to have their chemotherapy provided at Bebington and to continue to have their outpatient consultations there. However patients who would currently travel to Bebington but who are geographically closer to Liverpool would instead be offered treatment at the planned new Cancer Centre in Liverpool.

Delivery of networked cancer services by CCC

Overall, the Trust remains strongly committed to the philosophy of a networked model of cancer service delivery, providing care as close to the patient's home as

possible and only centralising where access to expertise or specialised equipment requires it if patients are to benefit from the best outcomes.

11. TIMESCALES

The key milestones for the Transforming Cancer Care project are shown in Table 8 below:

Table 8: key project milestones

Milestone	Date
Publication of the Baker Cannon Report	2008
Initial feasibility study	2010-11
Approval to proceed by Merseyside NHS Cluster Board	2011
Development of the Strategic Outline Case	Q3 2012
Pre-consultation public engagement	Q3 2012-Q2 2013
Formal public consultation	July-Sept 2014
Outline Business Case approval	Oct 2014-Feb 2015
Full Business Case approval	June 2016
Construction of the new Cancer Centre in Liverpool	July 2016-July 2018
Refurbishment of Cancer Centre on the Wirral	Sept 2018-Sept 2019

12. STAKEHOLDER INVOLVEMENT

The Consultation Plan for the Transforming Cancer Care project has been produced in tandem with this Case for Change document and is entitled 'Transforming Cancer Services for Cheshire and Merseyside; Communication and Consultation Plan January 2014 to September 2014'. For further information on the consultation process together with stakeholder engagement, please refer to this document.

13. SUMMARY

The Transforming Cancer Care project represents an opportunity to significantly improve the way in which Cancer Care is delivered to the people of Merseyside and Cheshire, areas with some of the very worst cancer outcomes in England. It is hoped that the proposals to deliver these service changes will be endorsed by all stakeholders, enabling the vision of the Transforming Cancer Care project to be realised. The people of Wirral, West Cheshire and Merseyside deserve to have the very best in cancer services.