Transforming Cancer Care
Consultation Document

A public consultation on a new cancer hospital providing expert care for the people of Merseyside and Cheshire

We want your views on proposals to expand and transform cancer services with a new cancer centre in the heart of Liverpool, in addition to services at Wirral and Aintree.

28th July - 19th October 2014

www.transformingcancercaremc.nhs.uk
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Cancer affects most of us at some point in our lives. One in every three people in the UK will develop cancer; in men, this is expected to rise to one in two by 2027. Half of those will now survive for at least 10 years but cancer still causes one in four deaths nationally1.

In Merseyside and Cheshire, people are 20 per cent more likely to die from cancer than the average for England. Our cancer rates are among the highest in England and it is the biggest single cause of death locally – greater than heart disease and stroke combined.

If the rate of deaths from cancer in Merseyside and Cheshire was the same as the average for England, then 5892 lives could be saved every year.

That means people in our region have a very personal stake in the future of cancer care. It’s something that really matters.

We have superb cancer services here. The Clatterbridge Cancer Centre is nationally renowned and consistently ranks as one of the top-performing hospitals in the country, both for quality of care and patient feedback.

The Care Quality Commission says it is one of the lowest-risk places in England to receive care, awarding it the highest possible rating (Band 6) in its Hospital Intelligent Monitoring report. Monitor, which regulates NHS foundation trusts, says it is one of the best-run hospitals in the country, giving its leadership and management the highest possible ratings (Green for Governance; 4 for Continuity of Services).

Yet if we are to ensure that people in Merseyside and Cheshire – plus North Wales, the Isle of Man and other areas that access our services – are truly to benefit from world-class cancer care in coming years, we cannot stand still. We need to Transform Cancer Care in order to achieve this.

In 2008, a major review of cancer care in Merseyside and Cheshire (the Baker Cannon2 report) recommended that the services provided by The Clatterbridge Cancer Centre needed to expand with a new hospital located on the same site as other key specialties such as intensive care. That view was endorsed earlier this year by the National Clinical Advisory Team.

There are many things we can’t currently do because The Clatterbridge Cancer Centre’s main site in Bebington, Wirral is some distance away from cancer surgery, intensive care and other key medical and surgical specialties.

The majority of the population we serve live north of the River Mersey. The main Clatterbridge site in Wirral is in the south of the region; it isn’t centrally located. Although The Clatterbridge Cancer Centre already carries out groundbreaking clinical trials, it could do earlier-stage and wider-ranging trials if it had intensive care and medical and surgical experts on site too. This would benefit patients who can only currently access such trials by travelling to other parts of the country.

That’s why we believe it’s so important to develop a new Clatterbridge Cancer Centre at the heart of Liverpool’s city centre health campus, alongside the Royal Liverpool University Hospital, the University of Liverpool, Cancer Research UK’s Liverpool Cancer Trials Unit and other key research partners.

Clinical staff strongly support the proposals and they have been endorsed by the National Clinical Advisory Team. Local health commissioners, who hold the NHS budget for their population, also believe this is the right thing to do and funding from them is available if the proposals go ahead.

This document explains the thinking behind our proposals, what they involve and what they would mean for patients. It also asks for your views on them and we really do want to hear what you think.

As we’ve already mentioned, everyone in our region has a very personal stake in the future of our cancer services. It’s important you have your say and we will listen and take your views into account in considering the best way forward for Transforming Cancer Care.

1. Data from Cancer Research UK
2. 2008-2010 National Cancer Intelligence Network (NCIN) data
Key benefits

The new centre would...

- Increase capacity and choice by offering radiotherapy at three sites instead of two and expanding The Clatterbridge Cancer Centre to meet increasing demand for specialist cancer care.
- Provide services at a central location that’s closer to home for the majority of patients and has excellent public transport links.
- Have on-site intensive care, medical and surgical expertise in the Royal Liverpool, enabling the sickest and most vulnerable patients to receive a wider range of cancer treatment and have immediate access to support from these specialties if they need it.
- Be on the same health campus as the University of Liverpool, Royal Liverpool University Hospital and other key research partners.
- Be a hub for a much wider range of world-class cancer research and clinical trials, enabling people in Merseyside and Cheshire to benefit from the latest and most advanced forms of cancer treatment.

What would change?

- There would be a new cancer hospital in the heart of Liverpool, closer to home for around 63% of The Clatterbridge Cancer Centre’s patients than the Wirral site.
- Inpatient care (including the Teenage and Young Adult Unit) and a relatively small percentage of outpatient treatments requiring more complex support would move from Wirral to the new centre in Liverpool.
- For the first time, patients could access cancer surgery, chemotherapy, radiotherapy, intensive care, inpatients, outpatients, and acute medical/surgical specialties together on the same site.
- Seriously ill patients would have direct access to experts in other specialties and intensive care where necessary, without the need for an ambulance journey.
- Cancer experts from different hospitals, the university and key research partners would be together, offering new scope for research. Patients could also access a much broader range of clinical trials.
- The Wirral site would receive further investment and refurbishment so local patients could be confident of receiving the same high standard of care and facilities.

What would stay the same?

- The warm, compassionate Clatterbridge care patients value so much would also be provided in the new centre.
- Most Wirral and West Cheshire patient attendances – we estimate around 90 per cent – could continue to take place at the existing centre. Patients would only need to travel to Liverpool for inpatient care, the more complex treatments or treatment as part of an early-stage clinical trial. Outpatient chemotherapy would be available at Wirral, as well as radiotherapy for most cancer.
- The specialist national centre for eye proton therapy – the only service of its kind in the UK – would also remain at Wirral.
- The satellite radiotherapy unit at Aintree would remain, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours.
- The local chemotherapy clinics in hospitals and other locations across Merseyside and Cheshire would also continue.
- Patients from all parts of Merseyside and Cheshire would receive equally high-quality care.

People in Merseyside and Cheshire are 20% more likely to die of cancer than the average for England. This is thought to be due to social factors such as deprivation, not seeking medical help at an early stage and lifestyle (including smoking and diet).
**Clatterbridge patients by area of residence**

The table below shows where patients under the care of The Clatterbridge Cancer Centre in the year from April 2013 to March 2014 came from. This is shown by the local NHS clinical commissioning group (CCG) that covers their area, where relevant.

<table>
<thead>
<tr>
<th>CCG area of residence</th>
<th>Number of patients (2013/14)</th>
<th>Percentage of total patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Wirral CCG</td>
<td>6,680</td>
<td>21.8%</td>
</tr>
<tr>
<td>NHS Liverpool CCG</td>
<td>5,120</td>
<td>16.7%</td>
</tr>
<tr>
<td>NHS West Cheshire CCG</td>
<td>2,809</td>
<td>9.2%</td>
</tr>
<tr>
<td>NHS Warrington CCG</td>
<td>2,329</td>
<td>7.6%</td>
</tr>
<tr>
<td>NHS St Helens CCG</td>
<td>2,207</td>
<td>7.2%</td>
</tr>
<tr>
<td>NHS South Sefton CCG</td>
<td>2,167</td>
<td>7.1%</td>
</tr>
<tr>
<td>NHS Knowsley CCG</td>
<td>1,846</td>
<td>6.0%</td>
</tr>
<tr>
<td>NHS Southport and Fomby CCG</td>
<td>1,651</td>
<td>5.4%</td>
</tr>
<tr>
<td>NHS Halton CCG</td>
<td>1,525</td>
<td>5.0%</td>
</tr>
<tr>
<td>NHS West Lancashire CCG</td>
<td>1,236</td>
<td>4.0%</td>
</tr>
<tr>
<td>Isle of Man</td>
<td>935</td>
<td>3.0%</td>
</tr>
<tr>
<td>Wales</td>
<td>848</td>
<td>2.8%</td>
</tr>
<tr>
<td>NHS Wigan CCG</td>
<td>274</td>
<td>0.9%</td>
</tr>
<tr>
<td>NHS Vale Royal CCG</td>
<td>211</td>
<td>0.7%</td>
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<tr>
<td>NHS South Cheshire CCG</td>
<td>106</td>
<td>0.3%</td>
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<td>NHS Eastern Cheshire CCG</td>
<td>86</td>
<td>0.2%</td>
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<td>NHS Shropshire CCG</td>
<td>43</td>
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<td>NHS Cumbria CCG</td>
<td>41</td>
<td>0.1%</td>
</tr>
<tr>
<td>NHS Chorley and South Ribble CCG</td>
<td>34</td>
<td>0.1%</td>
</tr>
<tr>
<td>NHS East Lancashire CCG</td>
<td>27</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other (including rest of England, overseas, Scotland and Ireland)</td>
<td>533</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,688</strong></td>
<td><strong>100.0%</strong></td>
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**Timescales**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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<tr>
<td>Formal public consultation</td>
<td>July-Oct 2014</td>
</tr>
<tr>
<td>Evaluate consultation feedback</td>
<td>Oct-Nov 2014</td>
</tr>
<tr>
<td>Outline business case</td>
<td>Autumn 2014 – Summer 2015</td>
</tr>
<tr>
<td>Full business case</td>
<td>Summer 2016</td>
</tr>
<tr>
<td>Construction of new cancer centre in Liverpool</td>
<td>Summer 2016 – Summer 2018</td>
</tr>
<tr>
<td>Redesign of existing cancer centre in Wirral</td>
<td>Autumn 2018 – Autumn 2019</td>
</tr>
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**Our vision**

The Clatterbridge Cancer Centre’s goal is “To provide the best cancer care to the people we serve”. **Transforming Cancer Care** is a key element in delivering that.

**Our vision for Transforming Cancer Care is that:**

- All patients should be able to access the best care and most advanced treatment, facilities and equipment as close to home as possible.
- Cancer care should be seamless throughout the whole patient journey from diagnosis to treatment and beyond. Different professionals and organisations involved in a patient’s care should work together in a fully joined-up way.
- People receiving inpatient (overnight) cancer care should have rapid on-site access to experts in intensive care and medical/surgical specialties if they need it, without having to be transferred by ambulance to another site. This is increasingly important as we see many frailer patients with complex health conditions in addition to their cancer.
- All cancer patients should be offered the chance to take part in leading-edge clinical trials if they wish to do so.
- It should be easy for NHS healthcare professionals, university academics and cancer researchers to work together so patients receive the very best care.
- Merseyside and Cheshire should become a world-class centre of excellence in cancer so patients can benefit from the most advanced expertise, treatments and research, including ‘first in human’ clinical trials.

**Aiming to save 5894 more lives a year**

Cancer is the biggest cause of death locally, due to factors like social deprivation, smoking and people being less likely to seek medical help with early symptoms of cancer.

Building a new cancer centre won’t in itself solve those problems or save 589 lives – as a specialist centre, our patients have already been diagnosed with cancer and other factors like people stopping smoking are also crucial – but improving care in this way could contribute to bringing deaths from cancer in Merseyside and Cheshire more in line with the English average.

**Attracting the best cancer experts**

We now need to compete globally for the highest-calibre staff and the new centre would make us even more attractive to the brightest and best clinicians. They are attracted by the prospect of working in a cancer centre which shares a site with a large teaching hospital, the university and other key research partners.
More about cancer care

When someone is diagnosed with cancer, they want to know they will get the best care. Depending on the type and stage of cancer, treatment may include one or more of the following:

- Surgery to remove cancer tumours and cells.
- Chemotherapy and other drugs to kill cancer cells or reduce the rate at which they grow/reproduce.
- Radiotherapy to kill cancer cells and relieve symptoms (e.g. pain).

The Clatterbridge Cancer Centre’s role

The Clatterbridge Cancer Centre offers specialist care of the highest quality and is one of the largest networked cancer centres in Europe. It provides radiotherapy, chemotherapy and other drugs for solid tumours. This covers all cancers except those affecting the blood, like leukaemia.

Almost all its patients are adults and it does not perform surgery – people who need cancer surgery have it in other hospitals in Merseyside and Cheshire. There is no critical care unit (intensive and high-dependency care) on the Wirral site and it wouldn’t be viable to develop one as there is no A&E or other urgent/emergency medical and surgical care there.

A typical patient’s journey

Patients are usually referred to The Clatterbridge Cancer Centre by another hospital. Although every patient is different and receives care tailored to their own needs, someone with cancer will generally be looked after by a multidisciplinary team of all the relevant experts, including surgeons, oncologists (doctors who specialise in cancer), radiologists (doctors who specialise in understanding images and scans), pathologists (doctors who specialise in analysing blood and tissue samples) and specialist nurses.

They will consider what kinds of treatment may be suitable, so the patient’s consultant can discuss options with them and agree their plan of care.

A patient may be cared for by a range of experts from different organisations, working closely together. Here are some examples that show how different NHS trusts work together to care for people with cancer:

- Shirley from Liverpool has surgery for a small, early-stage breast cancer at Royal Liverpool University Hospital. She doesn’t need chemotherapy but radiotherapy is recommended. She sees an oncology specialist from The Clatterbridge Cancer Centre in clinic at the Royal Liverpool University Hospital, visits the Wirral site for her radiotherapy planning and then receives her radiotherapy treatment at The Clatterbridge Cancer Centre’s satellite unit in Aintree.
- Douglas from Runcorn has prostate cancer and decides not to have surgery. He chooses to have a special type of radiotherapy (brachytherapy) at The Clatterbridge Cancer Centre in Wirral.
- Teresa from Wirral has cervical cancer and has surgery at Liverpool Women’s Hospital followed by chemotherapy and radiotherapy at The Clatterbridge Cancer Centre in Wirral.
- Aziz from Warrington has a brain tumour and has surgery at The Walton Centre followed by specialist stereotactic radiotherapy at The Clatterbridge Cancer Centre’s Aintree site.

Dr Nicky Thorp, Associate Medical Director and Consultant Oncologist at The Clatterbridge Cancer Centre

“In my day-to-day work, I need to work closely with colleagues in other specialties, including surgery, diabetes, heart disease and lung conditions. The same is true of my consultant colleagues at The Clatterbridge Cancer Centre.

“As the population ages, we are seeing more patients who have a complex range of health conditions that all need to be managed very carefully. For us to provide the very best and safest cancer care, it’s important to have intensive care and other support on site.”
Transforming Cancer Care will further enhance this collaboration between health professionals and NHS trusts involved in a patient’s care.

After treatment, patients may receive rehabilitative care such as physiotherapy or counselling to help them adjust to life after surgery, chemotherapy or radiotherapy. Once their specialist care ends, they may be referred back to a non-specialist general hospital and/or their GP who will continue caring for them.

Chemotherapy and other drug therapies

This involves drugs that are used to treat cancer or used to alter the disease process. The medical term is systemic anti-cancer therapy. Historically, the most familiar type has been chemotherapy – drugs which prevent cancer cells dividing and growing. There are now many other medicines as well such as hormones and monoclonal antibodies which target cancer cells more accurately and have far fewer side-effects than traditional chemotherapy.

More about radiotherapy

Radiotherapy – the use of radiation carefully targeted at tumours to kill cancer cells – is a highly-effective cancer treatment. Of all patients who are cured of their cancer, more than 40 per cent will receive radiotherapy as at least part of their treatment and, with modern techniques, radiotherapy is both safe and extremely accurate. In addition, it is also used to treat symptoms such as pain and bleeding caused by cancer.

There are many different types of radiotherapy but they include:

- **External beam radiotherapy** – high-energy x-rays are carefully targeted at the tumour from outside the patient’s body using a machine called a linear accelerator. This is the most common type of radiotherapy.
- **Brachytherapy** – radiation is placed inside the tumour e.g. by inserting radioactive ‘seeds’ to treat prostate cancer. The Clatterbridge Cancer Centre is one of only a few sites in the UK offering a type of brachytherapy known as Papillon for early-stage rectal cancer.
- **Stereotactic ablative radiotherapy (SABR)** – external radiotherapy that gives smaller, thinner beams so the tumour gets a high dose but the healthy tissue that the beam is travelling through gets a lower dose. It may be an option for small tumours. Stereotactic radiosurgery is a type of SABR.
- **Proton therapy** – proton particles (part of an atom) are carefully targeted at the tumour. The Clatterbridge Cancer Centre is the only site in the UK offering this for the treatment of rare eye cancers.

Imaging

State-of-the-art imaging equipment allows better definition of tumour location for targeted radiotherapy treatments and close monitoring of drug therapies.

**CONSULTATION QUESTION 1**

Do you support the vision outlined on page 9?

Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire?

Can you briefly tell us why?

Go to page 40 to answer this and other questions.
Why we need a new cancer centre

Demand for highly-specialised cancer care has been steadily increasing in recent years. That trend is set to continue with an ageing population, modern lifestyles, better diagnosis and new treatments that give patients improved outcomes, often with fewer side-effects.

A major review\(^5\) in Merseyside and Cheshire in 2008 by two national experts – Professor Mark Baker and Mr Roger Cannon – highlighted a number of issues stopping cancer services in Merseyside and Cheshire from reaching their full potential and being fit for the future. It concluded that the specialist cancer service provided by The Clatterbridge Cancer Centre needed to expand and change.

In January 2014, the National Clinical Advisory Team (NCAT) – clinicians who advise the NHS on any proposed service changes – agreed with this and endorsed the proposals for Transforming Cancer Care.

Issues with the current service:

1. There is no intensive care unit at the Wirral site and it doesn’t have the full range of medical and surgical specialties that The Clatterbridge Cancer Centre needs to be able to access. The number of inpatients needing intensive care or an emergency specialist opinion has increased year on year – as a result, 74 inpatients in The Clatterbridge Cancer Centre had to be transferred several miles by ambulance to another hospital in 2013, compared with 53 in 2011. This trend will continue as the population ages and lives longer.

2. People with cancer may also need support from other specialists including heart, kidney, lung, digestive system, blood and infection experts, which cannot be provided on the Wirral site.

3. The Clatterbridge Cancer Centre’s Wirral site is too far away from much of the population it serves. Around 63% of its current patients live closer to the Royal site. This includes those in the most vulnerable and deprived areas where people are less able to travel.

4. The Wirral site is geographically isolated from other major tertiary hospitals (those offering the most specialist care), the university and key research partners. Cancer experts from different organisations cannot collaborate and share their ideas and knowledge as easily as they could if they were together.

5. The most advanced clinical trials – where a cancer treatment is being used in humans for the first time – can only be carried out where there is also easy access to highly-specialist medical and surgical expertise and intensive care. At the moment, The Clatterbridge Cancer Centre can’t carry out as much of this kind of pioneering work as we would like.

6. Medical students in Liverpool prefer to stay close to their university and are less likely to come to Wirral to learn about oncology. This means they have less opportunity to develop an interest in specialising in cancer care, reducing the number of aspiring oncologists locally. The same may also be true for students of other professions crucial to cancer care, including nursing, radiography, and allied health professions.

Although The Clatterbridge Cancer Centre provides superb care and carries out important research, people in Merseyside and Cheshire deserve even better. Merseyside and Cheshire should have a centre of excellence in cancer care and research in line with other major cities such as London, Manchester and Birmingham.

Experts have recommended that the best way of achieving this is for The Clatterbridge Cancer Centre to expand and develop a new site in the heart of Liverpool’s health campus, alongside the Royal Liverpool University Hospital, the University of Liverpool and other key partners including Cancer Research UK’s Liverpool Cancer Trials Unit.

\(^5\) The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network (Baker Cannon, Nov 2008)
The story so far

Phase 1

The thinking behind these proposals began when the Merseyside and Cheshire Cancer Network commissioned two experts – Professor Mark Baker and Mr Roger Cannon – to carry out a detailed review of local services.

Their 2008 report recommended that The Clatterbridge Cancer Centre’s services should be expanded and its main site should be on the new Liverpool health campus. This would be alongside Royal Liverpool University Hospital, the University of Liverpool, and other key partners.

Phase 2

Developing a new cancer hospital is a large project that everyone knew would take many years. The NHS needed to carry out a lot more detailed work to explore the options, the costs and the model of care.

Once this had been completed, the outline proposals were published. People across Merseyside and Cheshire were invited to have their say on them from August 2012 to March 2013.

Overall there was very widespread support for the proposals, with almost 83% of people saying they were a good idea.

You can read more about what people said on pages 28-29. One of the key themes that emerged was travel and transport. There is more information about travel and transport to the new centre on pages 32-33.

Phase 3

We analysed what people told us and in early 2014 we held another series of public roadshows across Merseyside and Cheshire to publicise the results. We also sent out the results and visited groups representing patients and the public.

The National Clinical Advisory Team (NCAT) for cancer, a body of experts that advises the NHS on the reconfiguration of services, assessed our proposals and reported that they made sense from a clinical perspective.

The Baker Cannon report also recommended:

- Expanding radiotherapy, as the only site at the time of the report was The Clatterbridge Cancer Centre in Wirral.
- Recruiting more oncologists – doctors who specialise in cancer chemotherapy and radiotherapy – for Merseyside and Cheshire.
- Establishing an academic unit of highly research-active doctors employed jointly by the NHS and the University of Liverpool.

Since then:

- There are now two radiotherapy units. The Clatterbridge Cancer Centre Liverpool opened on the Aintree University Hospital site in 2011. Under Transforming Cancer Care, radiotherapy would expand to three sites with the addition of a new cancer hospital next to the Royal Liverpool University Hospital.
- Many more oncologists are now employed in Merseyside and Cheshire. The number of consultant oncologists employed by The Clatterbridge Cancer Centre has increased from 29 in March 2008 to 49 in March 2014.
- The academic unit was established in 2010, attracting some world-class medics carrying out groundbreaking research. There are now four professors in the academic unit and we want to continue expanding it with the new centre.

2008

2008: The Baker Cannon report says The Clatterbridge Cancer Centre should expand with a new centre in Liverpool.

2009

The NHS agrees in principle and begins more detailed work.

2010-11

An initial feasibility study is carried out.

2011

Cancer experts hold a workshop to look at how clinical services might work.

2011-12

The Clatterbridge Cancer Centre develops initial proposals (a strategic outline case).

2012-13

The public are invited to have their say on the outline proposals, with a huge series of roadshows and public meetings across Merseyside and Cheshire.

2013-14

The feedback is incorporated into the detailed proposals and put to public consultation in July 2014.

Liverpool has long had a strong reputation for certain kinds of cancer research including head and neck, pancreatic and leukaemia. We’re now gaining a reputation for research into many other cancers and want to continue developing this further.

6. The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network (Baker Cannon, Nov 2008)
7. NCAT Report: The Clatterbridge Cancer Centre Investment in Liverpool Project (Dr Chris Clough, January 2014)
Options considered

We’re proposing to build the new cancer centre on the Liverpool health campus, alongside the Royal Liverpool University Hospital and the University of Liverpool. Before choosing this site, a number of different options were reviewed – including doing nothing.

Initial options

The Baker Cannon review in 2008 looked at nine options and assessed them against 10 criteria. It concluded that the best option was to build a new cancer centre alongside the Royal Liverpool University Hospital.

Shortlisting

A further review in 2012 by The Clatterbridge Cancer Centre shortlisted six options for consideration:

- **Option 1**: Do nothing (i.e. things continue as they are)
- **Option 2**: Do minimum (inpatient beds stay at Wirral; invest more in acute support)
- **Option 3**: New cancer centre on the Royal Liverpool site, with inpatient beds moving into the Royal Liverpool University Hospital
- **Option 4**: New cancer centre (including inpatient beds) on the Royal Liverpool University Hospital site
- **Option 5**: New cancer centre on the Aintree University Hospital site
- **Option 6**: New cancer centre elsewhere, including other NHS hospital sites such as Arrowe Park Hospital in Wirral

Stage 1 evaluation - pass/fail

The six shortlisted options were tested against the following questions:

- Could the new cancer centre be located adjacent to acute medical/surgical services?
- Would cancer centre patients have improved access to intensive and high-dependency care?
- Could the new cancer centre carry out ‘first in human’ and high-risk Phase 1 clinical trials or Class 2 gene therapy studies?
- Could intensive and high-dependency beds be staffed without the need for a separate on-call rota?
- Would there be improved access to other specialties?
- Could ambulance journeys be eliminated for cancer centre patients who needed to access acute medical/surgical services?
- Would the new cancer centre be more centrally located for the population The Clatterbridge Cancer Centre serves?

Options 1, 2 and 6 didn’t meet these essential requirements. The other NHS hospital sites considered under option 6, including Arrowe Park, wouldn’t have been more centrally located for the majority of the population. Some also had restricted capacity on their sites that meant it wasn’t feasible to develop a new cancer centre there.

Final evaluation

Options 3, 4 and 5 – together with Option 1 – were then subjected to detailed evaluation: options 3, 4 and 5 because they had cleared the pass/fail test; option 1 was included for comparison as it was the ‘no change’ option.

Evaluation criteria:

- Improved scope for research
- Patient experience (including travel times)
- Clinical outcomes including mortality, treatment options
- Clinical synergy between different specialties
- Deliverability: implementing to realistic budgets and timescales
- Future-proofing: flexibility to change with demand
- Staffing: recruitment, retention, training, travel times
- Strategic fit: in line with national and local plans
- Business issues: enhancing services; impact on business development

Conclusions:

<table>
<thead>
<tr>
<th>Option</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 - Do nothing</td>
<td>Failed to address current issues</td>
</tr>
<tr>
<td>Option 3 - Cancer centre on Royal Liverpool site, inpatient beds in Royal Liverpool University Hospital</td>
<td>Viable but scored lower across the majority of areas including strategic fit, patient experience, clinical outcomes and staffing as inpatients would not be under CCC’s specialist cancer care</td>
</tr>
<tr>
<td>Option 4 - Cancer centre on Royal Liverpool site, inpatient beds in it</td>
<td>Preferred option</td>
</tr>
<tr>
<td>Option 5 - Cancer centre on Aintree hospital site</td>
<td>Viable but scored lower across the majority of areas, most specifically research due to its distance from the main university site. Also scored lower on strategic fit, patient experience, clinical outcomes and staffing e.g. it is less centrally located for the geographical area served by CCC</td>
</tr>
</tbody>
</table>

Links to other NHS projects

It’s important that Transforming Cancer Care is aligned with other work such as the Healthy Liverpool Programme led by Liverpool Clinical Commissioning Group, which is planning health services for the future to improve the health of the people of Liverpool. The Healthy Liverpool Programme is committed to providing services that meet the clinical needs of The Clatterbridge Cancer Centre.
How care would be provided

People have told us how much they value the warmth and compassion they feel when they go to The Clatterbridge Cancer Centre’s Wirral and Aintree sites. The new hospital in Liverpool would provide exactly the same welcome and personalised care.

All Clatterbridge staff are recruited for their values and commitment to ensuring every patient receives the very best care, as well as their professional expertise and experience.

Although The Clatterbridge Cancer Centre provides excellent care, we believe the proposals would improve this even further. Transforming Cancer Care isn’t just about expanding services and a new hospital on the Liverpool health campus. It’s also a chance to ensure services really do put patients first, so cancer treatment is as comfortable, reassuring and convenient as possible.

Guiding principles

- Care must always be safe and effective.
- Services should offer patients as much choice and convenience as possible.
- Chemotherapy should be available as close to patients’ homes as possible.
- Radiotherapy should be provided in large centres that make best use of the equipment and maintain staff expertise.
- Inpatient wards need to be on the same site as critical care and other medical and surgical specialists.

“The clinicians are fully supportive of these proposals because we believe it’s going to be best for our patients. If we were to remain as we are, then we would be vulnerable. It’s likely that in future we will need to deliver more cancer treatment to older patients with more complex medical needs. That means the need to have access to those specialist acute services will become even greater.”

Dr Peter Kirkbride, Medical Director of The Clatterbridge Cancer Centre and Chair of the National Radiotherapy Clinical Reference Group for NHS England

Services provided by The Clatterbridge Cancer Centre (CCC)

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wirral</td>
<td>• Inpatient beds</td>
<td>• Outpatient radiotherapy (except complex)</td>
</tr>
<tr>
<td></td>
<td>• Teenage &amp; Young Adult unit</td>
<td>• Outpatient chemotherapy (except complex)</td>
</tr>
<tr>
<td></td>
<td>• Outpatient radiotherapy</td>
<td>• Outpatient appointments</td>
</tr>
<tr>
<td></td>
<td>• Outpatient chemotherapy</td>
<td>• Planning &amp; diagnostic imaging</td>
</tr>
<tr>
<td></td>
<td>• Outpatient appointments</td>
<td>• National eye proton therapy</td>
</tr>
<tr>
<td></td>
<td>• Planning &amp; diagnostic imaging</td>
<td>• Specialist support services</td>
</tr>
<tr>
<td></td>
<td>• National eye proton therapy</td>
<td></td>
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<tr>
<td></td>
<td>• Specialist support services</td>
<td></td>
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<table>
<thead>
<tr>
<th>New centre in Liverpool</th>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inpatient beds</td>
<td>• Outpatient radiotherapy (except complex)</td>
</tr>
<tr>
<td></td>
<td>• Teenage &amp; Young Adult unit</td>
<td>• Outpatient chemotherapy (except complex)</td>
</tr>
<tr>
<td></td>
<td>• Planning &amp; diagnostic imaging</td>
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<tr>
<td></td>
<td>• National eye proton therapy</td>
<td>• Specialist support services</td>
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<td></td>
<td>• Specialist support services</td>
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<table>
<thead>
<tr>
<th>Aintree</th>
<th>Current</th>
<th>Proposed</th>
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<tbody>
<tr>
<td>Chemotherapy clinics</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Chemotherapy clinics in other hospitals in addition to CCC’s Wirral site:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Marina Dalglish unit at Aintree University Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Liverpool Heart and Chest Hospital (Broadgreen Hospital site)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Countess of Chester Hospital (currently piloting a mobile chemotherapy unit)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Halton General Hospital</td>
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<tr>
<td></td>
<td></td>
<td>• Liverpool Women’s Hospital</td>
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<tr>
<td></td>
<td></td>
<td>• Linda McCartney Centre at Royal Liverpool University Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Southport Hospital (currently piloting a mobile chemotherapy unit in addition to the service on the hospital site)</td>
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<tr>
<td></td>
<td></td>
<td>• Patient’s own home (currently being piloted for patients that live close to the cancer centre and meet strict criteria)</td>
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<tr>
<td></td>
<td></td>
<td>• Lilac Centre at St Helen’s Hospital</td>
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<tr>
<td></td>
<td></td>
<td>• Isle Of Man (The clinic at Royal Liverpool would be provided in CCC’s new centre on the same site)</td>
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<table>
<thead>
<tr>
<th>Outpatient clinics</th>
<th>Current</th>
<th>Proposed</th>
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<tbody>
<tr>
<td></td>
<td>Outpatient clinics in other hospitals</td>
<td>Outpatient clinics in other hospitals</td>
</tr>
</tbody>
</table>
Dedicated free parking would be available for patients attending the new cancer hospital in Liverpool, as well as the existing Clatterbridge Cancer Centre sites at Wirral and Aintree.

Site requirements for chemotherapy and radiotherapy

- Chemotherapy involves giving patients drugs orally, by injection or by drip. Treatment can last from a few minutes to several hours. Although the drugs need to be prescribed and given by a specialist cancer team, they don’t necessarily have to be given in a specialist cancer hospital. The cancer team can usually treat patients in a hospital close to home, saving them from undertaking long journeys. This is good as some patients may feel tired or unwell after treatment.

- Radiotherapy appointments last about 15 minutes and patients often don’t feel unwell afterwards. The treatment is delivered by large machines that can cost several million pounds and need a lot of space and specialist staff to operate them. Radiotherapy machines need to be centralised in a small number of specialist units to maximise their use and maintain staff expertise.

Evening and weekend appointments

The inpatient wards at The Clatterbridge Cancer Centre care for patients 24 hours a day, seven days a week. At the moment, outpatient chemotherapy and radiotherapy is usually provided during the daytime from Monday to Friday but some patients may find it more convenient to have their treatment during evenings or weekends. We are looking at extending treatment hours in this way.

Inpatient beds, like here on Sulby Ward, would move to Liverpool. This is because clinical staff believe the most seriously unwell patients would get better, safer care on a site with intensive care and other key specialties.

The Aintree site, which provides outpatient radiotherapy, would remain.

Dedicated free parking would be available for patients attending the new cancer hospital in Liverpool, as well as the existing Clatterbridge Cancer Centre sites at Wirral and Aintree.
Funding the cost of a new hospital

The Transforming Cancer Care proposals will cost around £118m. This is a huge investment in improving cancer care in Merseyside and Cheshire and the money for it will come from a variety of sources.

- **The Clatterbridge Cancer Centre’s own reserves.** This is money that the Trust has built up over the years by managing its budget carefully.
- **The local NHS commissioners.** Improving outcomes for people with cancer is an important priority for them. The number of people with cancer is increasing and services need to expand, so they will use some of their resources to help develop the new hospital.
- **A charitable appeal.** The Clatterbridge Cancer Charity – the only charity directly fundraising to benefit Clatterbridge patients and facilities – will launch an appeal encouraging major donors and local people to support the new hospital. Fundraising appeals for new hospitals are very successful.
- **Borrowing at low interest rates from government sources.** NHS foundation trusts like The Clatterbridge Cancer Centre can borrow money from the government at low interest rates to support important projects such as this one.

Excellent financial management

The Clatterbridge Cancer Centre has an excellent record on managing its money well, achieving its target surplus and savings each year. The NHS foundation trust regulator, Monitor, awards it the best possible financial risk rating, based on factors including cash flow.

Is this PFI?

No, the new cancer hospital won’t be a private finance initiative (PFI). It will be fully funded by public money, topped up by a charitable appeal.

CONSULTATION QUESTION 3

If you’ve visited The Clatterbridge Cancer Centre’s Wirral or Aintree sites, what can we learn from them for a new centre? (E.g. are there aspects you particularly value about services/care at the current sites?)

Is there anything we don’t currently do or provide at Wirral or Aintree that you think we should consider for the new centre?

Go to page 40 to answer this and other questions.

CONSULTATION QUESTION 4

If you were offered an early morning, evening or weekend appointment, how would you find this...?

What would make it easier for you to attend appointments out of hours?

Go to page 40 to answer this and other questions.

“...the new hospital is a very exciting opportunity to make our local cancer services even better than they already are. We’re very lucky in Merseyside and Cheshire to have such fantastic cancer care but the benefits of having a cancer hospital on the same site as a major teaching hospital and the university will mean that people receive even better services in future.”
Why research is so important

Making sure people in Merseyside and Cheshire receive the very best cancer care involves them being looked after by health professionals with the most advanced expertise in their field and giving them the opportunity to take part in trials of new treatments.

That’s why it’s important your local cancer hospital has a strong research portfolio, with doctors, nurses and other clinicians interested in furthering knowledge and understanding of the disease and the best ways of treating it. Liverpool already has a good reputation for carrying out certain kinds of cancer research but there are things that we are not able to do at the moment because The Clatterbridge Cancer Centre is not on the same site as a large acute hospital with critical care and leading medical and surgical experts.

Examples include trials where a potentially life-saving treatment is ready to be tested on patients for the first time. The reason for this is that The Clatterbridge Cancer Centre’s Wirral site doesn’t have a critical care unit or highly expert cardiologists, gastroenterologists and other specialists in medicine or surgery on site.

Bringing The Clatterbridge Cancer Centre closer together to the University of Liverpool and the Royal Liverpool University Hospital would enable patients to benefit from a much wider range of new treatments and trials than they can at the moment.

It would also make Merseyside and Cheshire an even more attractive place to work for the top doctors, nurses and other health professionals specialising in cancer by offering them increased scope to carry out research and explore new treatments.

“The reason we get new treatments for cancer is because of research: the two go hand in glove. It’s vitally important that we develop a central hub in Liverpool because we would then have a critical mass of clinicians, scientists, nurses and other specialties which are not available on the Wirral site. A large cancer centre in a major city, next to a large teaching hospital and a leading university, would really galvanise cancer research and cancer care.”

The importance of volunteers

One of the things that make The Clatterbridge Cancer Centre so special is the contribution of its volunteers. They give generously of their time and find it a very rewarding experience. The new cancer hospital in Liverpool would offer lots of opportunities for volunteers to get involved, in addition to those in Wirral.

Volunteers like this massage therapist enhance a patient’s experience of care.
What patients and the public have said

We asked for your views on the initial outline proposals for the new cancer hospital from August 2012 to March 2013. In total we reached about 90,000 people across Merseyside and Cheshire at roadshows and other public events; that included the 14,000 people who visited the special Action on Cancer information trailer that went to sites across the area. We also made 96 visits to 53 different groups, including cancer patient support groups, across Merseyside and Cheshire.

People could fill in a questionnaire on paper or online asking ‘Having heard about the proposals, do you think they are a good idea?’

Of the 4,164 responses we received, 82.63% supported the proposals for the new cancer hospital. There were some local differences: 98.18% of people in the L, PR8 and PR9 postcode areas (e.g. Liverpool, Sefton, Knowsley) supported the proposals. Those in CH postcode areas (e.g. Wirral, Chester) – who accounted for 21.09% of all responses – were more mixed, with 40.53% in support and 9.72% unsure about them. This was mainly because they felt it would be further to travel. They also highlighted the friendly, welcoming feel of the current site and said how much they valued this.

We really appreciated the feedback people gave and have taken it into account in the proposals we’re now consulting people about. The table on page 29 explains what people said and how we have responded.

Reasons given and issues raised

A number of common themes emerged, regardless of whether or not someone supported the proposals. For example, travel times and cost were seen as a negative by some people from CH postcodes who may face a longer journey and tunnel tolls to central Liverpool. However, people in L postcodes whose journey times would be reduced saw travel as a positive.

Key message:

In general, there was very strong support for the proposal to transform cancer care and develop a new cancer centre in Liverpool, while retaining outpatient services in Wirral, Aintree and CCC’s chemotherapy sites across Merseyside and Cheshire.

<table>
<thead>
<tr>
<th>Issues raised by people who did not support the proposals</th>
<th>Our response / what we are doing about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further for some people to travel</td>
<td>The new cancer hospital would be closer than the Wirral site for about 63% of patients. This includes those living in the most deprived areas, with least access to private transport. Of the remainder, most could continue to receive their care at Wirral if they wished. Only those having inpatient care or some complex treatments would need to travel – this is because it is safer and better to provide these services alongside a large acute hospital.</td>
</tr>
<tr>
<td>Worried about cost of parking</td>
<td>People’s comments have reinforced The Clatterbridge Cancer Centre’s (CCC’s) commitment to providing free car parking for patients at the new Centre, just like that already provided at its Wirral and Aintree sites.</td>
</tr>
<tr>
<td>Worried about availability of parking</td>
<td>CCC is looking carefully at the number of spaces that need to be provided.</td>
</tr>
<tr>
<td>Worried about transport / travel</td>
<td>The new cancer hospital would be easier for most of the Merseyside and Cheshire population to access than the Wirral site. There are excellent public transport links in central Liverpool – better than Wirral. It’s very important that we make it as easy as possible for people to get there. We will be working closely with transport providers and other relevant organisations on this between now and the new hospital opening.</td>
</tr>
<tr>
<td>Want to receive the very best cancer care</td>
<td>Current cancer services are extremely good but the new hospital would provide even better care by enabling patients to access all key specialties on the same site, including critical care, and a wider range of new treatments and trials.</td>
</tr>
<tr>
<td>Don’t want to lose the caring feeling and Clatterbridge culture</td>
<td>We were really touched and proud that people valued this. It’s very important to us too. The new Clatterbridge Cancer Centre would have the same warm, caring feel and compassionate ethos. Staff from The Clatterbridge Cancer Centre would take their caring values into the new centre. Any new staff would share the same values. CCC held a ‘staff culture’ event at its Wirral site in April 2014 to emphasise this and will run similar events in coming months and years.</td>
</tr>
<tr>
<td>Concerned Wirral will lose services</td>
<td>The Wirral site would continue providing most of its current services, including outpatients, chemotherapy and radiotherapy for most cancer, and proton therapy for eye tumours. Although inpatient care and some complex treatments would move, this is because it is safer and better to provide them alongside a large acute hospital.</td>
</tr>
</tbody>
</table>
CONSULTATION QUESTION 5

We want to ensure all patients receive the safest, highest-quality care as close to home as possible, but which is more important to you?

Go to page 40 to answer this and other questions.

CONSULTATION QUESTION 6

Our doctors and other clinical staff believe inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists. Do you agree?

Go to page 40 to answer this and other questions.

“Within my support group, there was concern that Wirral would lose elements to the new hospital but by and large services would remain here for local people. That’s good because that’s what we want. It’s essential for inpatients, however, that the cancer hospital is next door to an acute hospital so I would welcome a new hospital in Liverpool because the benefits are becoming more obvious.”
Travel and transport

Making it as easy and convenient as possible to get to your cancer treatment is really important. We know from the public engagement we’ve done so far that travel and transport is one of people’s top priorities.

The new cancer hospital in Liverpool would be more centrally located, closer and easier to get to than the Wirral site for the majority of the population. The Clatterbridge Cancer Centre serves around 63% of its patients live closer to the Royal Liverpool site. This includes the majority of the most vulnerable patients — for example, those on the lowest incomes, with least access to private vehicles.

It would also be easier for the majority of people to get to via public transport because most places in Merseyside and Cheshire have better bus and train links to central Liverpool than to Bebington in Wirral.

Would Wirral and West Cheshire patients need to travel?

The majority of patients who live closer to the Wirral site could continue being treated there. We predict around 90 per cent of Wirral and West Cheshire patients could continue taking place at Wirral, based on our current model and forecast. Our vision is for patients to be able to choose which site they are seen at, wherever possible.

Making travel and transport as easy as possible

We’re very keen to hear people’s views on travel and transport to the new cancer hospital and plan to work with local authorities, transport providers and other key partners. We want to make travel and transport to the new hospital as easy as possible and welcome patients’ and carers’ thoughts on how best to do this.

Public feedback highlighted that some people were concerned about the impact and cost (e.g. fuel and tunnel tolls) for the small percentage of patients and visitors who live closer to Wirral and would need to travel to Liverpool in future.

However, the majority of patients would face shorter journeys and those travelling from north of the Mersey would no longer have to pay the tunnel tolls they currently pay to Wirral.

People also commented that when someone is unwell they can find travelling difficult. We totally understand that. The new cancer hospital would extend the choice available and reduce travel times for the majority of patients and visitors.

Although a minority of patients would have to travel further, this is because we believe they would receive better care on a site alongside a major hospital with intensive care and medical and surgical specialists. We believe the benefits of this outweigh the disadvantage of a slightly longer journey.

People who gave their views on the proposals in 2012/13 were also concerned they might have to pay for parking at the Royal Liverpool site. The new cancer hospital would have free patient parking — just like The Clatterbridge Cancer Centre’s existing sites at Wirral and University Hospital Aintree.

Independent experts from Liverpool John Moores University published a report in 2013 that concluded:

• “Overall the transport analyses suggest that the Royal Liverpool site is the more accessible from a basic drive time and public transport travel time for the majority of people in the Merseyside and Cheshire Cancer Network area.”

• “Nearly all of the Merseyside and Cheshire Cancer Network population (97%) live within 35 minutes of the Royal Liverpool Hospital site … Applying the same level of coverage (97%) to the Clatterbridge site, it can be seen that the maximum transport time is about 65 minutes.”

• “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 Clatterbridge.”

• “This assessment identifies that for a majority of people from protected groups the travel time is likely to be reduced.”

Travel times for cancer patients

The National Clinical Analysis and Specialised Applications Team (NATCANSAT) looked at patients attending The Clatterbridge Cancer Centre to see whether the new site in Liverpool would be closer or further away for them.

They found that 63 per cent of patients live closer to the Royal Liverpool site than the Wirral site, based on the latest National Radiotherapy Dataset (2011).

CONSULTATION QUESTION 7

We know that people find it harder to travel when they are ill. People entitled to ambulance transport would continue to receive this under these proposals. Parking would be free for patients.

Would any of the proposed changes affect you personally in terms of travelling for treatment or to visit someone?

If you feel the proposals would make your journey harder, would any of the following make these changes easier?

Go to page 40 to answer this and other questions.

Free patient parking

Car parking at the new cancer hospital in Liverpool would be free for patients, just like the existing sites at Wirral and Aintree.

**A cancer hospital for everyone**

People in Merseyside and Cheshire have among the highest incidence of cancer, and deaths from cancer, in England. There are also areas of severe deprivation and disadvantage. This has an impact on people’s health. Smoking, drinking and poor diets are more common in the most deprived areas. As a result, life expectancy is lower. People are also less likely to have cancer diagnosed while it is at an early stage.

We also know that there is differential take-up of radiotherapy across Merseyside and Cheshire. People from less affluent areas north of the Mersey are less likely to have radiotherapy than those in Wirral, and those who do tend to attend fewer appointments for radiotherapy—possibly because their cancer is more advanced when diagnosed.

Wherever possible, proposed changes to health services should reduce these kinds of inequalities and not further disadvantage vulnerable groups. An Equality Impact Assessment was commissioned from independent experts from Liverpool John Moores University to review the Transforming Cancer Care proposals. Their report, published in March 2013, concluded that the proposals would benefit, rather than disadvantage, the majority of people with these legally-protected characteristics.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>% households with car/van</th>
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<tbody>
<tr>
<td>Cheshire East</td>
<td>83.9</td>
</tr>
<tr>
<td>Cheshire West</td>
<td>81.4</td>
</tr>
<tr>
<td>Warrington</td>
<td>80.7</td>
</tr>
<tr>
<td>Wirral</td>
<td>72.0</td>
</tr>
<tr>
<td>Sefton</td>
<td>71.5</td>
</tr>
<tr>
<td>Knowsley</td>
<td>62.9</td>
</tr>
<tr>
<td>Liverpool</td>
<td>53.9</td>
</tr>
<tr>
<td>Average for England and Wales</td>
<td>74.4</td>
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</tbody>
</table>

They found that:

- Travel distances and cost would be reduced for the most disadvantaged people in Merseyside and Cheshire, the majority of whom live north of the Mersey.
- Transport links would be improved for the majority of people without access to private vehicles. Private vehicle ownership is lower in Liverpool than in Wirral and other parts of Cheshire.
- Patients from all groups across Merseyside and Cheshire would have a greater choice over where to be treated, as radiotherapy and outpatient services would be provided on an additional site in central Liverpool. (Outpatient chemotherapy is already provided at sites across Merseyside and Cheshire, including the Royal Liverpool and Wirral.)
- Although some patients from protected groups would have further to travel for their care, this was outweighed by the fact that the majority of patients from protected groups would benefit from shorter journeys, more convenient transport links and lower travel costs.

They recommended that the NHS should continue to review the equality impact of the proposals as the model of care is developed further. We are doing this.

Public sector bodies like the NHS have a legal duty under the Equality Act 2010 to consider whether proposals could disadvantage or discriminate on the grounds of someone’s age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, or sexual orientation.

People in Liverpool have one of the lowest rates of vehicle ownership in England and Wales – just 53.8% of households have a car/van, as the table below shows. That compares with 72.0% in Wirral and 81.4% in Cheshire West.

Lung cancer rates and mortality in Liverpool and Knowsley are twice the national average. Cancer is the biggest single cause of death in Merseyside and Cheshire.

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10. Source: National Radiotherapy Data Set

John

John is 55 and lives in Greasby, Wirral with his wife, Barbara, and their dog, Callie, who he enjoys taking out for long walks.

John mentions to Barbara that he thinks he’s lost weight recently and has noticed some changes in his bowel habits. Barbara encourages him to speak to his GP, who refers him to Arrowe Park Hospital. Following a series of tests, John is diagnosed with rectal cancer.

Now

John is relieved his cancer has been caught early. His consultant at Arrowe Park recommends surgery which he hopes could remove the cancer completely, followed by chemotherapy and radiotherapy to reduce the risk of it coming back.

John has his surgery at Arrowe Park and his surgeon is pleased they could remove the cancer completely. Once John has recovered from his operation he is referred to The Clatterbridge Cancer Centre, Wirral for chemotherapy and radiotherapy.

He has to take a bit of time off work to attend treatment but, because it is so close to home, he can keep this to a minimum – being self-employed, this is important for him. He is also able to take Callie for walks when he’s up to it.

He continues to have regular checkups with his oncologist at The Clatterbridge Cancer Centre, Wirral to monitor his progress.

2018

There would be no changes to where John would go for his treatment.

Charlie

Charlie is 16 and lives with his mum, dad and younger sister in Heswall, Wirral. He has recently been diagnosed with a form of bone cancer that primarily affects children and young people and has been admitted to the Teenage and Young Adult (TYA) Unit at The Clatterbridge Cancer Centre, Wirral whilst he receives complex chemotherapy treatment to try to shrink the cancer.

Now

Charlie starts to feel very unwell and his temperature is worryingly high. His condition quickly worsens and the nurses on the Teenage and Young Adult unit are concerned he may have a serious infection and need intensive care.

The Wirral site does not have any intensive care specialists or facilities so Charlie has to be transferred by ambulance late at night to Arrowe Park Hospital. He spends several days there recovering from his infection and is then transferred back to The Clatterbridge Cancer Centre to resume his treatment as soon as he is well enough.

2018

Charlie would receive his chemotherapy at the Teenage and Young Adult unit in the new Clatterbridge Cancer Centre in Liverpool. When he became seriously unwell, the nursing team could call the on-site intensive care outreach team based in the Royal Liverpool University Hospital next door. They would assess Charlie immediately and he could continue his cancer treatment in the new cancer centre, with intensive care specialists from the Royal Liverpool coming to review him twice a day.

Charlie’s family appreciate that intensive care specialists were on hand so Charlie could continue being treated in the same place by the same staff and didn’t have to be moved to another hospital.

Practical examples of what the changes would mean

Our staff and students would bring the same Clatterbridge values and warm, compassionate culture of caring to the new centre
CONSULTATION QUESTION 8

Have you got any other comments about any of the proposals in this document or any suggestions on how we can improve them?

Go to page 40 to answer this and other questions.

Alison

Alison is 60 and lives in Chester with her partner, Chris. She has just retired and, although she has breast cancer, is determined it won’t hold back her dreams of travelling the world. She has searched the internet and she thinks she may be eligible to enter a clinical study assessing a new drug with a new mode of action.

Now
This particular clinical trial is not available at The Clatterbridge Cancer Centre as the hospitals who take part need to have easy access to other specialist facilities not available on the current site.

Alison is keen to take part and decides to make the regular 90-mile round trip to Manchester where the study is available. The travelling is difficult, particularly on days when she isn’t feeling great, but she hopes this leading-edge treatment will be successful for her.

2018
Alison would be able to access the clinical trial at the new cancer centre in Liverpool as its link to the Royal Liverpool University Hospital next door means there is easy access to other specialist facilities required. People in Merseyside and Cheshire could benefit from a more extensive range of clinical trials than The Clatterbridge Cancer Centre can currently offer.

Tommy

Tommy is 75 and lives in Southport. He took early retirement some years ago to become a carer for his wife, Sheila, who has Multiple Sclerosis.

Now
Tommy has recently been diagnosed with early stage prostate cancer by his consultant at Southport Hospital. He attends The Clatterbridge Cancer Centre, Wirral for an appointment to plan his radiotherapy treatment.

As Sheila’s primary carer, Tommy prefers to be at home as much as possible. The journey to Wirral takes a long time and is a bit of a struggle for him although it is only for one appointment as he can have his radiotherapy much closer to home at The Clatterbridge Cancer Centre’s Aintree site.

2018
Tommy would have his treatment planning appointment at the new cancer centre in Liverpool as its link to the Royal Liverpool University Hospital next door means there is easy access to other specialist staff and facilities required. People in Merseyside and Cheshire could benefit from a more extensive range of clinical trials than The Clatterbridge Cancer Centre can currently offer.
We want your views

Thank you for your interest in our proposals for Transforming Cancer Care. We are very keen to hear your views and totally committed to taking them into account – and showing how we have done this – in any decisions about these proposals.

You can tell us what you think by completing the consultation questionnaire in this document. Simply tear off the following pages and post to: Freepost - Patient & Public Voice, Cheshire and Merseyside CSU, 65 Bevan House, 3rd Floor, Stephenson Way, Liverpool, L13 1HN. You can also complete the questionnaire online at www.transformingcancercaremc.nhs.uk. The closing date for responses is 19th October 2014.

A number of public consultation events are taking place across Merseyside & Cheshire. If you want to find out about your local event, or if you have any questions or would like further information, please contact Debbie Williams on 0151 296 7068, or email engagement@cmcsu.nhs.uk. Alternatively, you can contact us via Twitter @CCCNHS. The full programme of consultation events is also available at www.transformingcancercaremc.nhs.uk.

### CONSULTATION QUESTION 1

Do you support the vision outlined on page 9?

- [ ] Yes
- [ ] No

Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire?

- [ ] Yes
- [ ] No

Can you briefly tell us why?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

### CONSULTATION QUESTION 2

Do you feel any groups would be affected – either for the better or the worse – by the proposed changes? (Please choose only one answer for each group.)

<table>
<thead>
<tr>
<th>Group</th>
<th>Significantly better</th>
<th>Slightly better</th>
<th>Undecided</th>
<th>Slightly worse</th>
<th>Significantly worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other visitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain why:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**CONSULTATION QUESTION 3**

If you've visited The Clatterbridge Cancer Centre's Wirral or Aintree sites, what can we learn from them for a new centre? (E.g. are there aspects you particularly value about services/care at the current sites?)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Is there anything we don’t currently do or provide at Wirral or Aintree that you think we should consider for the new centre?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**CONSULTATION QUESTION 4**

If you were offered an early morning, evening or weekend appointment*, would you find this...? (Please choose only one answer for each time / day.)

*It doesn’t matter if you have ever had cancer or not. We are interested in your views anyway.

<table>
<thead>
<tr>
<th>Time</th>
<th>Much more convenient</th>
<th>Slightly more convenient</th>
<th>The same</th>
<th>Slightly less convenient</th>
<th>Much less convenient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early morning (7.30am-9am)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening (5pm-7.30pm)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What would make it easier for you to attend appointments out of hours?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
CONSULTATION QUESTION 5

We want to ensure all patients receive the safest, highest-quality care as close to home as possible, but which is more important to you? (Please tick one answer only.)

- Quality of care provided
- Distance travelled to receive it
- Don’t know / can’t decide

CONSULTATION QUESTION 6

Our doctors and other clinical staff believe inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists. Do you agree?

- Yes
- No

CONSULTATION QUESTION 7

We know that people find it harder to travel when they are ill. People entitled to ambulance transport would continue to receive this under these proposals. Parking would be free for patients.

Would any of the proposed changes affect you personally in terms of travelling for treatment or to visit someone? (Please tick ‘better’, ‘worse’ or ‘no’ on each of the options below).

- Parking availability
- Public transport to hospital
- Tunnel fees
- Other (please specify)

If you feel the proposals would make your journey harder, would any of the following make these changes easier? (Tick all that apply.)

- Bus stop location
- Dedicated car parking
- Appointment times e.g. evenings (please give details)

CONSULTATION QUESTION 8

Have you got any other comments about any of the proposals in this document or any suggestions on how we can improve them?
About you

It’s important we listen to people across Merseyside and Cheshire, treat people fairly and equally and ensure that no one gets left out. We also need to understand any views that may be specific to certain geographical areas or sectors of society. That’s why we ask these questions.

We won’t share your information with anyone else and will only use it to help us make decisions and improve services. If you would rather not answer these questions you don’t have to.

Are you replying as an individual or on behalf of a group / organisation?

Individual [ ]

Group / organisation (please specify) [ ]

Which council area do you live in?

Cheshire East Council [ ]

St Helens Metropolitan Borough Council [ ]

Cheshire West and Chester Council [ ]

Warrington Borough Council [ ]

Halton Borough Council [ ]

Wirral Borough Council [ ]

Knowsley Council [ ]

Isle of Man [ ]

Liverpool City Council [ ]

North Wales (Conwy, Denbighshire, Flintshire, Gwynedd, Isle of Anglesey, Wrexham) [ ]

Sefton Council [ ]

Other (please specify) [ ]

What is the first part of your postcode (e.g. CH41)?

______________________________

Please state your sex:

Male [ ]

Female [ ]

Transgender [ ]

Prefer not to say [ ]

Age:

Please fill in your age: ____________

Prefer not to say [ ]

Race: (Please tick only one answer)

Asian or Asian British:

Bangladesh [ ]

Indian [ ]

Pakistani [ ]

Other Asian background [ ]

Black or Black British:

African [ ]

Caribbean [ ]

Other Black background [ ]

Mixed Heritage:

White & Asian [ ]

White & Black African [ ]

White & Black Caribbean [ ]

Other mixed heritage background [ ]

White:

British [ ]

Irish [ ]

Polish [ ]

Gypsy/Traveler/Roma [ ]

Other white background [ ]

Chinese or any other ethnic group:

Chinese [ ]

Other ethnic group (please specify) ______________________

Prefer not to say [ ]

Disability: Do you consider yourself to have a disability or long-term health condition?

Yes [ ]

No [ ]

Prefer not to say [ ]

Please identify the disability or condition:

______________________________

Sexual orientation:

Bisexual [ ]

Gay man [ ]

Gay woman/lesbian [ ]

Heterosexual/straight [ ]

Prefer not to say [ ]

Religion or Belief:

Buddhism [ ]

Christianity [ ]

Hinduism [ ]

Judaism [ ]

Islam [ ]

Sikhism [ ]

Other religion or belief [ ]

Prefer not to say [ ]

Do you work for The Clatterbridge Cancer Centre?

Yes [ ]

No [ ]

If you would like to be added to our email list for news about Transforming Cancer Care, please include your name and email address.

Name: ____________________________

Email address: ____________________
Thank you for taking part in the consultation. Please send your completed response form to:

**Freepost - Patient & Public Voice**

Cheshire and Merseyside CSU
65 Bevan House
3rd Floor
Stephenson Way
Liverpool
L13 1HN

You can find out more about Transforming Cancer Care, respond to the consultation, find out about consultation events in your area and download further information at www.transformingcancercaremc.nhs.uk.

You can also contact the consultation team on engagement@cmcsu.nhs.uk or 0151 296 7068.

The consultation runs from 28th July 2014.
The closing date for responses is 19th October 2014.
What happens next?

You can find out more about Transforming Cancer Care, respond to the consultation, find out about consultation events in your area and download further information at www.transformingcancercaremc.nhs.uk.

You can also contact the consultation team on engagement@cmcsu.nhs.uk or 0151 296 7068.

The consultation runs from 28th July 2014. The closing date for responses is 19th October 2014.

Your feedback will influence what happens next with Transforming Cancer Care. The consultation responses will be analysed by independent experts from Liverpool John Moores University who will then produce a report with recommendations for the NHS.

We plan to develop an outline business case incorporating that feedback and recommendations for approval by The Clatterbridge Cancer Centre NHS Foundation Trust, NHS England and Monitor in summer 2015.

The Clatterbridge Cancer Centre NHS Foundation Trust

Information can be provided in large print, Braille, audio or other languages on request. www.transformingcancercaremc.nhs.uk

Post: Transforming Cancer Care Consultation: c/o Jackie Robinson, Cheshire and Merseyside CSU, 65 Bevan House, 3rd Floor, Stephenson Way, Liverpool, L13 1HN.
Tel: 0151 296 7068
Email: engagement@cmcsu.nhs.uk

Follow us on Twitter: @CCCNHS www.clatterbridgecc.nhs.uk