

**Report to the North West London Joint Health Overview Scrutiny
Committee**

19 March 2026

Report Title:	Cancer Prevention & Early Diagnosis Across North West London
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Purpose:	<p>This report sets out the landscape of cancer provision across NWL.</p> <p>It is intended to update stakeholders on the work undertaken by RM Partners NHS Cancer Alliance to improve cancer prevention, lung screening participation and early diagnosis across North West London. It summarises key programme areas, progress to date, and priorities for continued improvement.</p> <p>It also provides an update on the Mount Vernon Cancer Centre (MVCC) programme.</p>

1. Introduction:

A request was made to present a report to the North West London JHOSC reviewing Cancer Screening & Early Diagnosis across North West London. In addition, it was also requested to provide an update on the changes at the Mount Vernon Cancer Centre. To cover these topics, the report is structured in the following three sections:

1. Cancer screening- verbal update from Will Huxter, Director of Commissioning, NHSE London
2. Earlier diagnosis of cancer across NWL- Susan Sinclair, Managing Director, RM Partners Cancer Alliance
3. Mount Vernon Cancer Centre changes- Jessamy Kinghorn-Head of Partnerships and engagement NHS East of England

There will also be representation present from London North West University Healthcare (LNW) Trust to support discussion.

The NWL Cancer landscape:

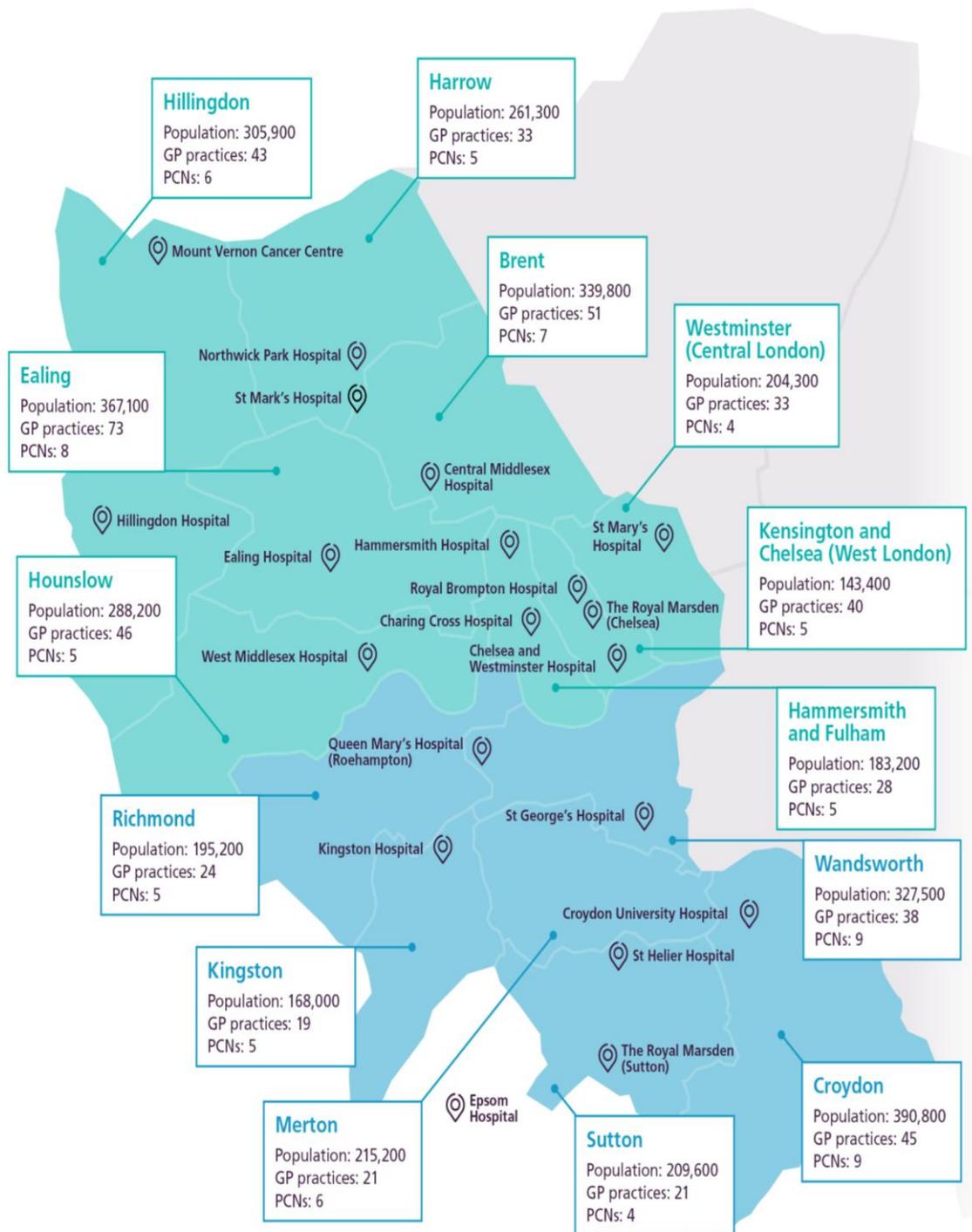
North West London Acute Provider Collaborative (APC), comprising of Imperial College Hospital, London North West Hospital, Chelsea and Westminster Hospital and The Hillingdon Hospital, are partnered with RM Partners NHS Cancer Alliance to improve Cancer Outcomes. RM Partners covers both NWL and SWL APC's allowing it to work at scale and share expertise and rapidly spread and adopt improvements.

Surgery: All Trusts undertake Breast and GI surgery. Particular surgical expertise at LNW through GI through St Marks and the OFMS regional service.

The Cancer Centre for NWL is Imperial College Hospital, who cover most of NWL, although patients from Fulham and Chelsea will tend to be managed by The Royal Marsden Hospital, and unusually London North West has 2 Cancer Centres supporting it- Mount Vernon and Imperial.

Hillingdon is supported by Mount Vernon, although tertiary surgery is largely undertaken at Imperial.

Apart from The Hillingdon Hospital, all Hospitals in NWL run oncology chemotherapy services. Mount Vernon provides oncology chemotherapy services for patients in Hillingdon, as its current location is convenient for patients.



2. Early Diagnosis update

This is an update of the progress made to improve cancer prevention and early diagnosis by RM Partners NHS Cancer Alliance, which covers North West and South West London. The Alliance covers the eight boroughs of NWL, and brings together the NWL Acute Provider Group, Primary care, and works with public health teams to deliver impact. The Alliance has four strategic work programmes to deliver the core ambition of saving more lives from Cancer:

1. **Prevention and Screening.** Between 30-40% of cancers are preventable, with the main drivers being smoking, which causes at least 15 types of cancer (CRUK), obesity, diet and alcohol. The HPV virus causes several cancers, and a key National focus to increase uptake of the vaccination to support prevention of these cancers. Smoking cessation and HPV uptake have been the primary focus of RM Partners work over the last year.
Cancer screening consists of four programmes, three of which are commissioned and managed nationally, breast screening, bowel screening and cervical screening; and one which is commissioned and managed by RM Partners; lung cancer screening. This paper updates on progress around Lung Cancer screening.
2. **Early diagnosis.** Early diagnosis of cancer is an important way to improve survival and reduce cancer morbidity. The time a person takes to access healthcare and the time it takes to be referred for specialist tests is a critical factor in supporting earlier diagnosis, and RM Partners is focussing on both of these areas through a three layered approach to community awareness and by working directly with GP practices to reduce variation.
3. **Time to treatment.** This strategic programme focuses on ensuring return to the cancer constitutional standards by March 2029.
4. **Treatment, care, and survival.** Ensuring access to personalised medicine and care (e.g. genetic screening where appropriate to tailor treatment and supporting cancer prehabilitation and rehabilitation) are key to ensuring improved survival.

For further detail of the RM Partners strategy, please use this link: [RM-Partners-Strategy-2025-2030.pdf](#)

Work programme update

Prevention

RM Partners NHS Cancer Alliance (RM Partners) has two key focus areas around cancer prevention.

Primary HPV vaccination (year 8). The HPV virus is associated with 5 different cancers. Whilst there is good public awareness regarding the link between HPV and cervical cancer, there is much poorer awareness of the link between Head and Neck cancers and HPV. This and other negative perceptions associated with HPV transmission mean that HPV vaccination coverage is poor across NWL. 4 of the NWL boroughs have the lowest uptake in the country. RM Partners are working with vaccination teams, borough PH teams schools, parents and young people to address these issues with a number of focused strategies aiming to improve awareness and reduce barriers to access.

Through the vaccination teams we are working directly with schools with the lowest uptake (under 40% vaccinated) to provide headteacher and teacher support, support for parent webinars and school assemblies. Our universal approach is to target communications across NWL through an awareness box delivered to each school, information at cinemas in targeted boroughs, and widespread social media campaign. By the end of the campaign we are aiming for no school to be under 50% vaccinated at primary vaccination, and overall uptake to have improved in all schools across North West London.

Smoking cessation. Through the Lung Screening Programme RMP is offering an augmented smoking cessation offer for participants, through enhanced wayfinding for those who wish to stop smoking, and the purchase of additional licenses for the Smoke Free London App which provides access to Nicotine replacement therapy and prescription only medications (Varenicline and cytosine).

5. Cancer Screening

RM Partners directly commissions the Lung Screening Programme. Since the InHealth Service commenced 114,815 have been offered a Lung Health check, and 61,072 receiving one and 233 lung cancers have been found across NW and SW London. RM Partners is also supporting roll out of the cervical self-screening (London pilot) with 75 practices participating in NWL.

6. Early Diagnosis

Improving the rates of early cancer diagnosis is an important way to improve survival and reduce morbidity from cancer.

Work in RM Partners with grass roots communities over the last year has focused on Bladder Cancer Awareness, Bowel Cancer Awareness and Lung Cancer Screening. As

part of our Core Community Grant Programme, we have worked in partnership with 8 key community and voluntary sector organisations in NWL over the course of the financial year. We have reached a total of 2,349 people via in-person events and a further 8,065 via community organization's WhatsApp groups/channels and digital newsletters/bulletins. We are currently running the final campaign of the core programme focusing on raising awareness of Oesophageal Cancer.

Additionally, we are currently working with 29 organisations in NWL to deliver 39 different sessions focusing on Women's Health and Cancer and/or Men's Health and Cancer, to give local people a comprehensive guide to cancer prevention and screening, including the national screening programmes, the HPV vaccine and smoking cessation information.

In primary care, our QI programme is focused on ensuring reduced variation at practice and borough level, and to take at scale learning to improve care at scale. The scheme works directly with GP Practices (working in their Primary Care Networks) to evaluate the diagnostic process prior to referral for each new cancer and optimize their systems and processes to make high quality and timely urgent suspected cancer referrals. Quality improvement activities are focused on sharing best practice, improving adherence to NICE cancer guidance (NG12) and reducing inequalities relating to the referral interval.

Roll out has been staggered and started with the boroughs with the lowest early diagnosis rates. All GP practices within Brent and Ealing have participated, equaling 117 GP Practices across 15 PCNs and almost 1m registered patients. This has resulted in the development to date of 70 cancer diagnosis case studies for sharing & learning, 28 PCN based workshops on improving early diagnosis and the auditing of well over 3,000 cancer diagnoses (across all tumour types excluding BCC) which is supporting local and at scale evaluation of care prior to a cancer diagnosis. The programme has also increased the adoption of digital decision support tools (i.e. C the Signs). In 2026/27, the Cancer QI Scheme (CQIS) will be rolled out to the remaining 6 boroughs in NWL - covering up to 223 Practices, 31 PCNs and the remainder of the registered patient list.

Overall early diagnosis rates across NWL (based on rapid staging data) have increased by 4.3% since 2019. Particularly encouraging is that stage inequity by deprivation has also narrowed over this period, with the 7% gap between least and most deprived now closed at tumour aggregate level (figure 1). Change by ethnicity (high level ethnicity grouping is used due to small numbers) is also positive, with the groups which had lowest early diagnosis both increasing in early diagnosis rates.

Work on early diagnosis by demographic group continues to address differences by age, gender, ethnicity and deprivation to remove inequity at diagnosis at tumour level.

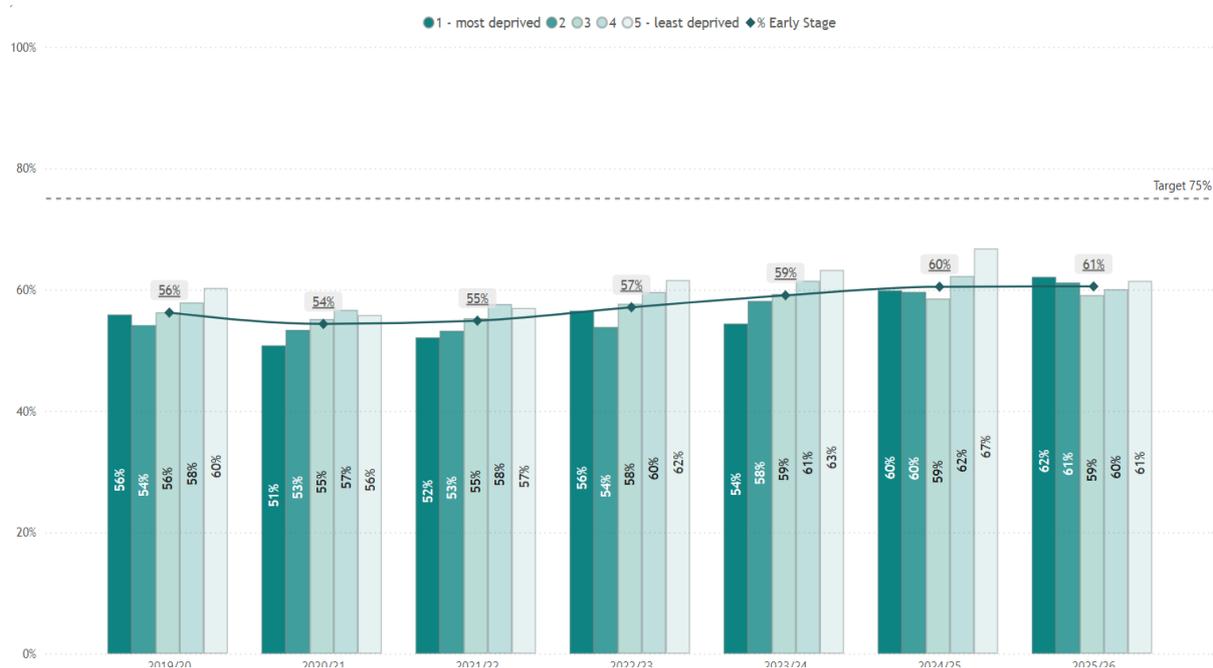


Figure 1: change in stage at diagnosis, RCRD data, all cancers, NWL.

In conclusion, there is significant strategic and operational focus on both improving prevention and screening opportunities for people across NWL, and on ensuring improvements in early diagnosis across all tumours and demographics.

3. Mount Vernon Cancer Centre Public Consultation Update

1.0 Introduction

- 1.1 Following the last update to the NWL JHOSC on proposals for Mount Vernon Cancer Centre, a public consultation is now underway to relocate the cancer centre to a purpose-built facility adjacent to the acute hospital in Watford which is also due to be rebuilt. There are some additional elements to the consultation to facilitate care closer to home, reducing the number of journeys people need to make to the main cancer centre.
- 1.2 Mount Vernon Cancer Centre provides specialist cancer services to a wide catchment across Hertfordshire, Bedfordshire, North West London, North Central London, and parts of Buckinghamshire, Berkshire and surrounding areas. 32% of patients are from North West London, 1% from North Central London.
- 1.3 The programme has set out proposals to change the location and delivery model for these services to support long term sustainability and quality following concerns about its ability to give patients access to modern cancer treatments and trials due to the lack of acute support on the site. In summary, the case for change is focused on:
 - A. improving access to essential acute hospital services and specialist support when patients need urgent care.
 - B. providing a modern purpose-built environment that supports current and future models of cancer treatment and diagnostics.
 - C. strengthening the ability to recruit and retain specialist staff and maintain resilient services.
 - D. improving the offer for care closer to home, so patients can access more diagnostics, monitoring, and some treatments locally or virtually, where clinically appropriate.
- 1.4 A Joint Health Overview and Scrutiny Committee was formed in December 2024 to scrutinise the consultation, and is made up of 10 local authorities, including the London boroughs of Hillingdon, Harrow, Brent and Ealing. North London patients make up around a third of the activity at Mount Vernon Cancer Centre. The majority are from Hertfordshire and Bedfordshire with most of the remainder attending from East Berkshire and Buckinghamshire.

2.0 Consultation activity

- 2.1 At the time of writing, there have been more than 1,380 responses to the consultation. 25% of these are from North London which is currently under target.

- 2.2 The age profile of respondents broadly reflects the age profile of people affected by cancer, with fewer responses from younger people and a higher proportion from older age groups than would be expected based on the general population but more typical of the age profile of cancer.
- 2.3 Among respondents from North West London, 72% are female compared to approximately 51% of the North West London population. In terms of ethnicity, 77% identify as being from a White ethnic group and 9% from an Asian or Asian British background.
- 2.4 While these type of differences in respondent demographics are common in survey responses, this profile differs from the ethnic composition of the local population, which is approximately 42% White, 35% Asian or Asian British and 12% Black or Black British.
- 2.5 To address this difference and ensure that we hear from people who don't always have a voice in public consultations, 75 grants of £750 have been made available for community and voluntary organisations to hold their own community conversation and report back. In addition, participants receive a payment of £15 and there is an access fund to help remove barriers to participation. 36% of organisations awarded grants are from North London, compared to 33% of the patient population (see appendix for a list of organisations). Some North London organisations are holding more than one conversation.
- 2.6 To promote the proposals and the public meetings, there has been targeted print, radio and social media advertising in London Boroughs, and production of audio and written material in a range of languages. Communication has gone via the Integrated Care Board to key stakeholders, including GPs and social prescribers, and via the acute trusts to staff and displayed in patient areas.
- 2.7 There has also been a presentation at a northwest London residents meeting with more than 80 people in attendance, Hillingdon and Northwick Park Patient Experience Forums, and further planned attendances in North West London, including Harrow Health and Wellbeing Board. There have been dedicated sessions for healthcare professionals from primary and social care, secondary care and hospice and care homes.

2.8 In addition to online public meetings held on different days and at different times, there have been face to face public meetings in Uxbridge, West Drayton, Pinner and Elstree, as well as other parts of Hertfordshire and Bedfordshire. There are still further meetings to take place, including in Wembley and Watford.

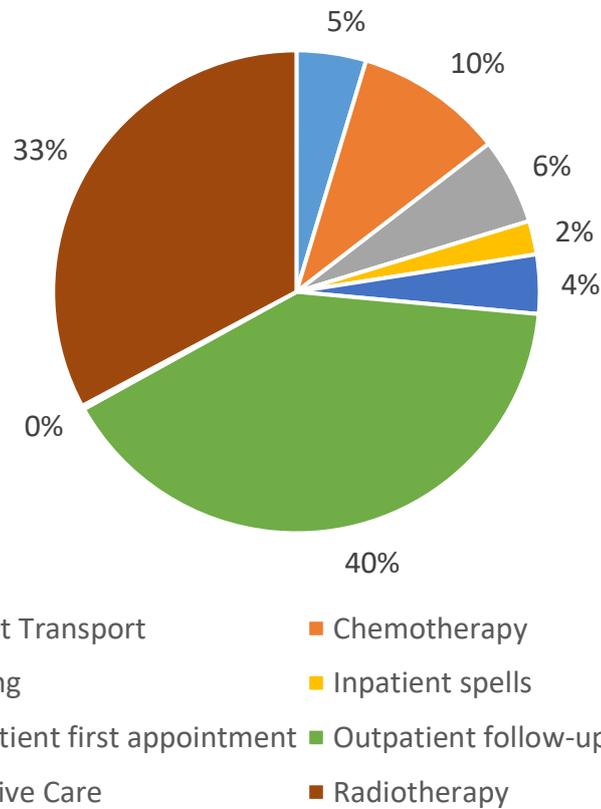
2.9 Attendance at the public meetings has been significantly lower than anticipated, both online and in person, despite a high rate of responses to the consultation. This may mean that people are responding without having asked questions or discussed the reasons for the change.

3.0 Interim indicative findings

3.1 Proposals are least well supported in North West London. Of those who support the proposals, the reasons are primarily around the need to be located with acute services and providing quality of care. The main reasons for objections are travel and access (either appreciating it is easy now, or concerned about access to Watford), and the excellent care and pleasant setting of MVCC currently. Most people from London think Watford would be much harder to get to.

3.2 A significant proportion of social media comments also suggest the cancer centre should stay as it is, with many questioning whether this is about selling the land. The cancer centre rents space from The Hillingdon Hospitals NHS Foundation Trust (THHFT) and has not been asked to move out to free up the land, and makes no gain from anything that happens to the buildings in future. In fact, commissioners have funded £10.5m of refurbishments to ensure the buildings can continue to be used to treat patients until a relocation can take place. THHFT continues to provide healthcare services at Mount Vernon Hospital with the majority of the site rented out by the Trust to other healthcare providers. There are no changes to services currently planned - if any changes to services were proposed in the future, local residents and the public would be engaged with as appropriate.

MVCC activity 2023/24 from Brent, Ealing, Harrow and Hillingdon



3.3 Around half of North West London patient activity at the cancer centre is chemotherapy and outpatient appointments, most of which could move to Hillingdon and Northwick Park Hospitals, with some of the radiotherapy also moving to Hammersmith Hospital. However, a planned new chemotherapy unit at Hillingdon Hospital, more chemotherapy chairs at Northwick Park, more radiotherapy at Hammersmith Hospital and increased chemotherapy in patients own homes, together with reductions in the number of radiotherapy sessions required in modern radiotherapy for the most common cancers (breast and prostate), do not appear to be reassuring North West London residents that there will be fewer journeys needed to the main centre, with the additional 5 mile journey when it is needed remaining a significant concern.

3.4 The clinical review has been clear that without moving to an acute site, the service is unsustainable, and clinicians at the cancer centre have repeatedly expressed their

view that the cancer centre will close unless it has the access it needs to acute services to provide modern cancer treatments.

- 3.5 Moving the cancer centre further into London is not an option for the 65% of patients who live further away and so the programme team will be looking through alternative suggestions made during the consultation to see how proposals could be developed and improved to alleviate some of the concerns from London residents. More information about the consultation, including videos from some of the clinicians, and the opportunity to respond to the questionnaire, which includes a question about alternatives, can be found at www.mvccreview.nhs.uk.
- 3.6 One of the most frequently raised issues is public transport. According to a recent patient survey, less than 5% of patients use public transport to get to their appointment. However, for London patients, the public transport network is generally very good and one of the challenges will be to ensure that public transport routes from London into Watford provide the same ease of access as they do for the current site. This will require working with Transport for London and local authorities. Improving the patient transport offering is also important.
- 3.7 A transport and access survey is underway alongside the consultation to better understand patients' current travelling experiences and barriers to treatment to help inform decisions. The survey can be accessed at: www.opinionresearch.co.uk/MVCC