

REPORT OF THE SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW
AND SCRUTINY SUB-COMMITTEE

SUMMARY

The Sub-Committee submitted their formal response to NHSE's consultation on the proposals for the future location of very specialist cancer treatment services for children living in south London and much of south east England within the statutory consultation period. The Sub-Committee are of the clear and unanimous opinion that should this specialist service be required to move, then St George's was the clear and preferable choice for numerous reasons as set out in this report, and including its strong working partnership with The Royal Marsden and its location which would provide easier access when compared to the Evelina for the vast majority of patients and their families. The independent consultation summary report has not swayed the Sub-Committee's view, and has reiterated the issues and strong feelings from patients, families and clinicians with regards to any move of service, and in particular a move of service to the Evelina.

GLOSSARY

JHOSC – Joint Health Overview and Scrutiny Committee

NHSE – NHS England

SWL – South West London

TYA - Teenage and Young Adult Services

ULEZ – Ultra Low Emission Zone

RECOMMENDATIONS

1. That the South West London and Surrey Joint Health and Scrutiny Committee:
 - (a) Consider and note the report of the South West London and Surrey Joint Health Overview and Scrutiny Sub-Committee; and
 - (b) Use this report as a basis for drafting their final response to NHS England.

INTRODUCTION

2. The Sub-Committee was formed at the meeting of the JHOSC held on 7th June 2023. The purpose of the Sub-Committee was to formally respond to NHSE's consultation on the proposals for the future location of very specialist cancer treatment services for children living in south London and much of south east England, and to submit a final report to the JHOSC upon receipt of the final consultation summary report.
3. The Sub-Committee met on 22nd November 2023, and received representations from NHSE, Evelina's, St George's and a patient representative regarding the mid-point review of the consultation. These representations provided an evidence base for the Sub-Committee formulate their response to NHSE's consultation document.

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4. The formal consultation response of the Sub-Committee, on behalf of the JHOSC and its constituent authorities, was submitted on 14th December 2023 alongside a covering letter. The response made it clear that the unanimous view of the Sub-Committee was that should the service be required to move, then St George's was the clear and obvious choice.

ST GEORGE'S

5. St George's Hospital boasts 25 years of close-working relationships with The Royal Marsden, which would be critical in establishing this specialist service. Tumour surgery is already carried out on the site, meaning that this could be integrated into the new service provision seamlessly. It is also worth noting that the paediatric tumour surgery provided is highly recognised within the sector, whilst experience in the unit is a sought-after learning opportunity. Creating a team with this kind of expertise and integration is not easily replicated. The fact is that this expertise has been built up over decades and together with its links to the Institute for Cancer Research makes for a network of relationships that is irreplaceable.
6. Other positives for a potential move to St George's include the potential for on-site accommodation in the form of family suites to be offered, providing a comfortable and private environment for families to stay alongside their child including a dedicated outside space. Due to the location of the hospital, travelling by private vehicle would be easier than in a truly central London location, especially for residents in Medway, Kent and areas of Surrey, whilst parking provision would be available on site. Car journey times are also much more predictable and generally shorter for Surrey families when compared to Evelina's. The site also benefits from being outside of the congestion zone, and has good rail and bus links. Members were clear that parents may feel apprehensive about utilisation of public transport, due to fear of transmitting viruses and other illnesses to immunosuppressed children.
7. St George's delivers paediatric neurology and neurosurgery procedures on-site, eliminating the need for transfer where patients required these services. In addition, world class cancer research facilities are available on-site. Members heard directly from surgeons that they did not work in isolation, and there was a complex system of care with significant institutional experience that had been developed over time and which could not be immediately replicated elsewhere. On the matter of service move, the Sub-Committee acknowledges NHSE's comments that the clinical risk of service change would be low at either location. However, it is the Sub-Committee's view that the transfer of location to St George's would help with staff retention, including retention of experience which has been built up over decades, and it is the cheaper option at a time when NHS budgets are tight.
8. There is considerable concern from the team at St George's that an award of service to Evelina's would be detrimental to St George's from an operational perspective. The Sub-Committee considered representations from surgeons at St George's, whereby real concern was raised as to the specialisms on offer at the hospital currently being a driving force behind staff training and retention. In addition, these specialisms are fundamental to the operation of the hospital and its services. Detailed consideration needs to be given to ensure that St George's can

continue to deliver highly specialised services over the long-term, ensuring the future viability of the site. On the contrary, officials from Evelina's informed the Sub-Committee that there would be no detrimental impact to their own service provision should they not be named as the Principal Treatment Centre.

EVELINA'S

9. Conversely, the Sub-Committee are of the view that a move to the Evelina would not be in the best interests of patients and their families. The Integrated Impact Assessment highlighted issues of travel and access from within Medway, Kent and Surrey, which we believe a move to Evelina would not resolve. Despite this, a set of positives were identified including the ability to develop the currently vacant area of the day-patient centre into a custom built and dedicated out-patient care (chemotherapy etc.) centre. Other benefits of the site include their close working relationship with King's College London and Great Ormond Street, research capabilities, nephrology, kidney and cardiology services, and an on-site school with an OFSTED rating of 'Outstanding'. For those families who wish to travel by public transport to visit their child, the site offers excellent public transport options, although the nearest main transport hub at Waterloo is just over one kilometre from the hospital. Other than by taxi there is no obvious solution other than walking to cover that distance, whilst parents may feel apprehensive about utilising public transport due to fear of transmitting viruses and other illnesses to immunosuppressed children.
10. The location of the site in central London will be extremely off-putting to many families, adding unnecessary stress when transporting their child to hospital, or when visiting. Evelina's, by the very nature of its central London location, will be much more difficult to access for families living in Kent and Medway.
11. Travel times, travel distances and the need to use multiple modes of transport in order to make the journey would seriously impact on many families from within Surrey, especially those located in rural areas or some distance from an easy route into London. It is therefore extremely likely that almost all parents would opt to travel by car rather than attempt to use public transport. Vehicle journey times into a Central London location are extremely unpredictable but would be significantly longer than they are at present to the Royal Marsden and somewhat longer than to St George's. Whilst transport and parking costs would be re-imbursed for one parent, this site would disproportionately impact upon low- and medium-income families, as the second parent/guardian would be forced to pay for expenses and charges such as parking, ULEZ, Congestion charges and fuel costs.
12. The Sub-Committee are of the opinion that there are not any significant mitigations that could be applied to reduce travel times, or the difficulties involved in using public transport to get to Evelina's for residents residing in Surrey. A potential minor mitigation could involve the provision of significant dedicated car parking, in addition to the provision of dedicated accommodation on site.
13. There is not currently a close working relationship between The Royal Marsden and Evelina's, meaning that a transfer of services could prove to be problematic when compared to a retention of service at The Royal Marsden, or a transfer of service to St George's.

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14. Accommodation, whilst offered at Ronald McDonald House, is ten-minute walk away from Evelina's and would be shared with lots of other families. The accommodation offered is the provision of bedrooms, with shared facilities and communal areas. Parents of very sick children will, naturally, feel very protective of their child, and will want to try and prevent passing on viruses or other illnesses from others wherever possible. Furthermore, the lack of on-site accommodation is likely to prove stressful to parents who will want to be physically in the same building as their very sick child. Construction and current service moves may also prove problematic for current patients and local residents.
15. The difficulties of recruiting and retaining staff in a central London location are key issues, and it was noted during the Sub-Committee's visit to Evelina's that the paediatric intensive care unit was not fully staffed due to recruitment and retention issues. Those difficulties were confirmed at the subsequent meeting of the Sub-Committee. Considering the feedback received on a potential move to Evelina from both clinical and non-clinical staff, as well as from families with experience of cancer, there is considerable concern that similar issues would be encountered with any future paediatric specialist cancer treatment future treatment centre provision. As with any other similar service, the continuity of staffing and the built-up shared expertise gained over many years of working together are vital to success. It is therefore vital that recruitment and retention issues are avoided at all costs.
16. Whilst Evelina's would no doubt benefit from adding Paediatric Oncology to its list of services, the lack of similar paediatric oncology services and treatments other than adult oncology services in St Thomas' is a considerable concern. It takes many years to build the kind of full functioning team required and Evelina's would, in many ways, be starting from scratch. Furthermore, specialists from St George's advised the Sub-Committee that paediatric oncology services were very technically different from adult oncology services.

CONCERNS OVER ANY SERVICE MOVE

17. Any move away from The Royal Marsden would necessitate a certain amount of construction, disruption and associated works. This could potentially negatively impact on current service provision at either of the proposed sites, in addition to causing an amount of disruption to local residents. Additionally, moving the service will cause uncertainty to current and future patients and families, who require certainty and familiarity during such a stressful period of time.
18. Concern remains over the issue of fragmentation of the service, and that children may still be required to be transported to a different hospital in some cases, regardless of which site is chosen, dependent on the specialist care that individuals may require which are not offered at the chosen location. This is particularly important, given the number of expected out-patient appointments which surround radiotherapy treatment for example. Given this and the strength of feeling from a number of patient representatives regarding the retention of services at The Royal Marsden, and the desire to limit the number of journeys children and families must undertake to access treatments they need most often, NHSE are requested to give additional consideration regarding the clinical need of any service move.

REFLECTION ON THE INDEPENDENT CONSULTATION REPORT

19. The independent consultation report reflects on the very mixed set of responses with regards to both of the proposed venues, and the suggestion to move conventional radiotherapy services to University College Hospital. Moreover, the overall feedback for both of these options was stated to be negative, with concerns from respondents focussing on accessibility, increased travel costs, and how patients would be able to manage the increased journey times. Whilst some respondents put forward ideas to address challenges including broader assistance to help with travel costs and prompt reimbursement of said costs, the general feeling is there is a sense of unease as to a full-service move regardless of potential mitigation measures.
20. Suggestions from some respondents included implementing a risk adapted model. This would involve those patients who were assessed as being most at risk of requiring level three intensive care being cared for at St George's, with some services to be retained at The Royal Marsden, and with utilisation of the new hospital being delivered next to The Royal Marsden. Should it be both safe and practical to retain key services such as radiotherapy at The Royal Marsden, whilst delivering positive outcomes for patients and their families, then the Sub-Committee suggests that NHSE further consider this model in detail as an option. This is especially important, given the risk of impact any potential move will have on the Teenage and Young Adult (TYA) services. At present, the TYA unit is located at the Royal Marsden, alongside the paediatric PTC in the Oak Centre for Children and Young People. Whilst the Sub-Committee has not visited this site, we understand that there is a close integration of facilities and staff, with most of the care carried out by consultants in the paediatric team. Disaggregation is clearly a concern as well as continuity of care which needs further consideration.
21. The case for change was presented within the report, with strong clinical support for such a change coming forwards from clinical NHS staff and associated medical organisations. Other comments of support arrived from patients and their families who had a lived experience of intensive care transfers. Conversely, many of those who submitted responses in opposition to change were received from young people, their families and other advocates. This presents a further split of opinion, which will require strong consideration and evaluation from NHSE. A risk adapted model would, in many ways, negate many of the concerns from both sides of the argument.
22. Despite the negativity of responses regarding both proposed venues, the feedback regarding St George's is evidently more positive than that of Evelina's. Within the 'any other thoughts' section of the consultation, 16% of respondents to this question indicated that St George's should be selected as the principal treatment centre, compared to just 5% of respondents suggesting that Evelina's should be named as the principal treatment centre. Other key responses to this section included 15% of

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respondents suggesting that The Royal Marsden be retained as the Principal Treatment Centre. This demonstrates the clear unease as to a move of service to Evelina's. This unease likely comes from factors that would be very difficult or impossible to change, including its central London location, lack of on-site accommodation, lack of experience in dealing with children's oncology, and lack of close working relationships with The Royal Marsden. Conversely, concerns relating to St George's including an older estate and lack of recreational facilities could be improved with the investment that would be received as a result of being named the Principal Treatment Centre.

23. A final note in response to the consultation report document centres on the criticism of the consultation process in general. A number of respondents felt uneasy that NHSE have indicated their preference for Evelina's prior to sending the consultation out, whilst others felt their feedback had been discounted within the pre-consultation period. With NHSE indicating their preference for Evelina's prior to opening up the consultation, this has the potential to sway how respondents replied to the consultation, rather than trusting respondents to give their open and honest feedback based on their lived experiences and expertise.

CONCLUSION

24. Members of the Sub-Committee remain unanimous that should a service move be required, then St George's is the clear choice. This is for a multitude of reasons, including its more accessible location, experience with paediatric oncology including tumour surgery, close working relationship with the Royal Marsden, and ability to utilise family suites whereby parents can reside alongside their child. Conversely, Evelina's presents a host of issues, including its difficult to reach central London location by private vehicle, which is especially troublesome for patients of Medway, Kent and areas of Surrey, offsite and shared accommodation facilities, and lack of experience with paediatric oncology. The independent consultation report has reiterated the strength of feeling from all respondents on this very sensitive matter, whilst affirming the lack of support for Evelina's as the Principal Treatment Centre. A final point is to request that NHSE take on board and consider suggestions raised by respondents to the consultation, including the evaluation of the potential for a risk adapted model, for example whereby key services such as radiotherapy would be retained at The Royal Marsden with St George's being named as the Principal Treatment Centre.

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On behalf of the SWL and Surrey JHOSC Sub-Committee
7th February 2024

Background papers

There are no background papers to this report.