

To: leaders@wandsworth.gov.uk

cc. Caroline Reid, Regional Director of
Commissioning, NHS England -
South East
Ailsa Willens, Programme Director

NHS England
Wellington House
133-155 Waterloo Road
London
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9 May 2024

Dear Council Leaders and Mayor,

Decision on the future location of the Principal Treatment Centre for south London and much of south east England

Thank you for your letter dated 26 April notifying us that you are exploring the option of making a request to the Secretary of State to call in NHS England's recent decision that the future location of the Principal Treatment Centre for south London and much of south east England should be Evelina London Children's Hospital, with conventional radiotherapy moving to University College Hospital.

We recognise that you believe St George's Hospital should have been chosen as the location of the future Principal Treatment Centre. Your letter cites travel and access, St George's Hospital's experience in delivering children's cancer services, and cost as the reasons for this view.

You ask for an "evidence base outside of the decision-making business case" which addresses these concerns.

The decision on the future location of very specialist cancer treatment services followed consideration of all relevant information at the decision-making meeting of NHS England (London and South East regions) on 14 March. The areas you raise are addressed in the [decision-making business case](#) and its appendices, as part of our wider consideration of consultation feedback and the impact of the proposal (Sections 7 and 8 of our decision-making business case).

NHS England (London and South East regions) Executives considered the feedback from the consultation in a variety of ways, including through workshops ahead of the decision-making meeting and at the meeting itself to satisfy themselves that due consideration was given to consultation feedback and other relevant factors (the [recording](#) and [minutes](#) of the meeting are both available on the reconfiguration website).



We have been transparent about the process we have followed to get to this point, including how the long list of possible options was developed, how the evaluation criteria and sub-criteria were developed and weighted, how panels of experts undertook the pre-consultation options evaluation, and the conclusion they came to. All of this is detailed in our [pre-consultation business case](#) and, for ease of access, [separate information sheets](#), available on our website. This information was summarised in our decision-making business case.

Responses to the consultation were independently analysed. The independent [consultation feedback report](#) was an appendix to the decision-making business case.

As well as a decision on the future location of the service, the leaders within NHS England London and South East regions made a number of important recommendations to support the smooth transfer of services, enable continuity of care for patients and deliver the benefits of the clinical model. These recommendations cover the clinical model, patient pathways, travel and access, workforce, radiotherapy, impact on other services, capacity, estates, research, and deliverability. They are captured in the decision-making business case.

As you mention, travel and access was raised by a number of those who responded to the consultation as an issue throughout the process, relating to both options. We looked at travel to the future Principal Treatment Centre in a number of ways. In our pre-consultation options evaluation, travel times for patients and staff contributed to the scores for the two options. Our Integrated Impact Assessment looks at the impact on families, with a particular focus on those with fewer choices, and sets out recommendations, which are detailed in the decision-making business case, for how negative impacts can be addressed.

Travel and access was discussed in the decision-making meeting where it was confirmed that all providers involved in the programme are committed to focussing on travel and access during transition and implementation phases including to work on mitigations to make travel and access as easy as possible. More information about how we addressed families' concerns surrounding travel and access can be found in the [DMBC section 7.4](#).

Do let me know if you have further questions. Both I and Ailsa Willens, as joint senior responsible officers for this reconfiguration (London) and Caroline Reid (Regional Director of Commissioning, NHS England - South East), would be happy to help.

I am also sure that the members of the Joint Health Overview and Scrutiny Committee for South West London and Surrey will be able to provide further detail to you on the information and discussions we shared with them.

Yours sincerely,



Chris Streater

Dr Chris Streater

Regional Medical Director and Joint SRO
NHS England, London Region

