

**MEDWAY COUNCIL**

Gun Wharf  
Dock Road

Appendix 3



*Serving You*

## **Children and Young People Overview and Scrutiny**

### **Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial**

#### **1. A brief outline of the proposal with reasons for the change**

##### **Commissioning Body and contact details:**

NHS England, London Region  
Hazel Fisher  
Director of Transformation and Programmes  
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##### **Current Provider(s):**

The Royal Marsden and St George's University Hospitals NHS Trust – joint Children's Cancer Principal Treatment Centre for South London and the South East

##### **Outline of proposal with reasons:**

The current Children's Cancer Principal Treatment Centre (PTC) for London and the South East (including Kent and Medway) is currently provided on across two sites, the main oncology service delivered at the Royal Marsden (RMH) and paediatric intensive critical care (PICU), neurosurgery, and other related surgery (ie. biopsies and line insertions). provided on the St George's site (SGUH). Following the publication of a new national service specification for PTCs in November 2021, the RMH/SGUH service is not compliant with the requirement to provide a PICU on the same site as the PTC, and for joint site services this means a PICU on each site thus avoiding the need to transfer critically sick children. While the current specialist children's cancer service is high quality and safe, the Royal Marsden has confirmed that it would not be sustainable clinically or financially to provide a PICU on its Sutton site.

NHS England, who commissions this service, has therefore been working to identify options to deliver the children's cancer principal treatment service in a way that will comply with the national service specification. It has completed an options appraisal process on a shortlist of options in order that services can be relocated to comply with the new service specification.

The two options are:

- (1) To move the RMH service to SGUH who currently provide a component of the PTC service.
- (2) Move the service from RMH and SGUH to the Evelina Children's Hospital, part of Guy's & St Thomas' NHS Foundation Trust (GSTT), which already provides a dedicated children's hospital.

Both options will need estates changes to accommodate the new service. Capital monies have been identified for this change.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

An initial decision from Medway's Children & Young People's OSC on whether the PTC service change is viewed as a substantial variation is sought for March 2023. This will help inform an understanding of whether a Joint HOSC is required for South London and Medway, Kent, Surrey and Sussex to consider this service change.

This date is proposed, to enable the public consultation on both viable options to start in June 2023 for a period of 12 weeks. This will be followed by a consultation outcome report, and the production of a Decision Making Business Case – with a final decision confirmed in the late Autumn of 2023.

**3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The Principal Treatment Centre service currently provided by the Royal Marsden and St George's University Hospitals NHS Foundation Trust serves children with cancer from across South London, Kent & Medway, Sussex and Surrey, and therefore supports Medway's JHWBS priorities of:

- giving every child a good start
- preventing early death and increase years of healthy life

An Equalities Health Impact Assessment will be run by NHSE to understand the impact of this service change on health inequalities, and how any negative impacts might be mitigated.

Moving this service to a single site will help to enhance integration of fragmented services (please refer to supporting slide deck). The service

change should also reduce the number of treatment transfers needed for children moving between sites to access care (with more services being provided on a single PTC site).

This is a specialised service, with 9 children with cancer from Medway using the PTC service in 2019/20. Incident rates remain fairly consistent for children with cancer, so although this number may fluctuate year on year, rates are unlikely to change markedly.

An overarching travel time analysis has been undertaken with the following results:

- Both the Evelina and SGUH options improve public transport for over 90% of children and families needing to use the service compared to public transport to the RMH site.
- 50% of families will find SGUH more difficult to access by car than RMH and 70% of families will find GSTT more difficult to access by car.

A travel analysis based on Boroughs, Unitary Authorities or Counties has not yet been undertaken, but will be.

#### **4. Alignment with Kent and Medway Sustainability and Transformation Plans.**

There are only 13 PTCs in England and only two covering London, counties north of London and Kent, Surrey and Sussex. As a specialised service, the PTC will continue to serve children from across Kent and Medway (and the four other areas it serves), providing a compliant and future facing specialised cancer services for children and young people able to make maximum benefit of new cancer treatments with all necessary services on one site. The PTC will also continue to work with Paediatric Oncology Shared Care Unit Services which allow children and young people with cancer to be treated closer to home so that families do not need to travel long distances to the nearest PTC treatments other than those requiring a centre of excellence.

Both viable options are therefore proposed to be in line with Kent and Medway Sustainability and Transformation Plans around local care and hospital transformation for specialised care.

#### **5. Please provide evidence that the proposal meets the Government's five tests for service charge:**

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##### **Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
  - (ii) List the groups and stakeholders that have been consulted
  - (iii) Has there been engagement with Medway Healthwatch?
  - (iv) What has been the outcome of the consultation?
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(v) Weight given to patient, public and stakeholder views

Early engagement, to support the development of this pre-consultation business case, began after the conclusion of the national consultation between June and August 2019 on children's cancer services and the publication of both Professor Sir Mike Richards' report on children's cancer services in January 2020 and the new specifications for different elements of the service including Principal Treatment Centres in November 2021.

Early engagement helped us to:

- develop a case for change
- understand what is valued about current services
- explore potential solutions to ensure the South Thames Principal Treatment Centre fully meets national standards
- understand what we should be looking for and what criteria parents and carers saw as important to score as part of the options appraisal process.

**Early engagement activities**

Early engagement ran between September 2020 and March 2021 and continues. During the earlier period, we:

- created and developed a stakeholder group of parents and carers. We held seven meetings, involving 17 parents. The group was able to comment on engagement plans; options development; and domain and sub-criteria content and weightings. This group continues to meet and has been enhanced by a wider range of charities interested in supporting families and children with cancer.
- flexibly engaged with parents/carers/caregivers who were not able to engage with us regularly. Through more than 70 contacts, which were a combination of meetings, individual conversations with parents (telephone or virtual) and emails, we listened to views and fed these into the stakeholder group
- heard from children and young people. The Association for Young People's Health spoke to more than 200 families, children and young people via a survey and interviews, reaching families, children and young people from a range of geographies and backgrounds. This provided feedback on current patient experience and what was important, from their perspective, in terms of the service. This included people from Medway.
- worked with clinical staff to hear from current parents of service users what aspects of patient experience were important to them. More than 50 survey responses helped us shape the sub-criteria scoring for the patient experience domain in our option appraisal.

Early engagement was paused until spring 2022 due to Covid pressures.

Since autumn 2022, we have:

- supported a panel of parents to participate in the options appraisal scoring process. Parents who use The Royal Marsden NHS Foundation Trust were asked to join the scoring panel, and were trained and supported to review and score submissions for the patient experience domain. This ensured parent voice input directly to the options appraisal process.
- re-energised and re-started the stakeholder group, in November 2022, to support us as we develop our pre-consultation and consultation plans. We are working to ensure this group represents all groups affected and impacted across all geographies. It now includes parents, carers, and charities interested in supporting families and children with cancer.
- started a children and young people's sub-group with charities and representative organisations in January 2023, to support us to actively engage with children and young people as part of our consultation, doing this in an age appropriate way.
- begun briefing Overview and Scrutiny Committee chairs and members to understand whether different committees feel the programme of work constitutes a substantial change in service provision for their populations and how best to work together across the different geographies prior to, during and after consultation.

### **Feedback to date**

Our engagement processes recognise the importance of hearing separately from children with cancer, and their parents and carers. Feedback has routinely raised the importance of:

- access to specialists who are highly knowledgeable about care for specific cancers, and to the best treatments
- child and youth friendly communications, care and environment
- continuity of care from clinical and non-clinical staff
- making travel to and from hospitals as quick, simple and stress free as possible
- facilities which are clean with access to good food and other support
- access to a range of other services including mental health support.

Young people were more likely to talk about or mention the critical importance to them of youth friendly care and a general feeling of caring around them during visits. They also were more likely to mention the quality of the food, and the impact of treatment on their stress and mental health. The fact that the impact of

treatment came up despite not being the subject of any particular question emphasises how critical an issue it is to young people experiencing this kind of life crisis.

Parents and carers were more likely to talk about or mention the importance of the quality of the cancer care that their children were receiving, and access to research and latest interventions. They were more likely than the young people to refer to logistical challenges and threats posed by, for example, lack of cleanliness.

### **Impact and change**

Feedback from children, young people and parents/carers during this early phase of engagement has already influenced a number of important aspects of the programme.

Supporting communications and engagement planning

- Informing frequently asked questions.
- Designing and agreeing the Association for Young People's Health survey questions to ensure they were accessible.
- Recommending wider engagement with current service users, which has been undertaken by trusts and fed into the options appraisal process.
- A proposal that we establish a Children and Young People's Advisory Group that sits alongside the established stakeholder group.

Options development

- Several changes and additions were made to the patient experience domain criteria to reflect what was being heard.

### **Engagement with Medway stakeholders**

Our engagement to date has focussed very specifically on parents, carers and young people who have direct experience of the service and key charities supporting children with cancer.

We are now at the point of planning further engagement and consultation which will widen out to include Medway Healthwatch and specific children's cancer charities from Medway. We are likely to have already heard from Medway children and families through some of the early engagement work and we will continue to develop relationships that ensure that we can continue to do so. We are working in partnership with engagement leads from within the NHS in the south east, including Medway, to ensure we are aware of relevant organisations and groups we need to connect with.

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## **Test 2 - Consistency with current and prospective need for patient choice**

The proposal does not alter the position on patient choice. There are only 13 PTCs in England, as these are specialized services and the relatively low level of cancer diagnosis in children means that these centres of expertise have a wide geography. The fixed points applied for this reconfiguration means that the service is still delivered within south London. Furthermore, this change will mean that for the first time, children and families from south London, Kent, Surrey and Sussex will be able to attend a PTC compliant with the national service specification standards.

### **Test 3 - A clear clinical evidence base**

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The rationale for this service reconfiguration is compliance with the national service specification. NHSE accepted the conclusions of Professor Sir Mike Richard's report in publishing a service specification which made co-location of paediatric intensive care and a children's cancer PTC a mandatory requirement.

The Royal Marsden recognize that this will deliver a PTC fit for the future, with all relevant services on site to make maximum benefit of new innovative cancer treatments.

### **Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety**

This is a specialized commissioned service. London and the South East Region have worked together as members of the programme board. ICBs from London have been members of the programme board and support achieving a compliant service. South East Region regional staff, ICB members and hospital clinicians were involved in the option appraisal panels.

### **Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:**

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

. There are no plans for a reduction in hospital bed numbers as part of this change.

#### **6. Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

(a) In 2019/20 9 children from Medway used the PTC service. Childhood cancer is relatively rare, and on average around 1,400 children (ages 0-15) are diagnosed with cancer in England per year. This figure is forecast to remain relatively flat in terms of occurrences of cancer in children.

(b) Will a service be withdrawn from any patients?  
No- this relates to a relocation of the current PTC service from a joint site in South London to a single site.

(c) Will new services be available to patients?  
With paediatric intensive care available on the same site as the principal treatment centre for children's cancer, the service will be ready to deliver new types of care going forward. The new service will be required to deliver the elements included in the service specification for PTCs:  
<https://www.england.nhs.uk/publication/childrens-cancer-services-paediatric-oncology-shared-care-unit-service-specification/>

(d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

An over-arching travel time analysis has been undertaken and will be reflected in consultation documents at the point that a formal consultation is launched.

Headline figures are given earlier in this form. The EHIA which will look at the mitigations for any travel disruption is currently being written. A Unitary, Borough or County analysis has not yet been undertaken, but will be.

#### **7. Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

There should be no changes in patient flows and catchment areas. The current PTC catchment area has not changed.



Demographic projections will be included within the EHIA.

#### **8. Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

An Equalities Impact Assessment is being produced and will be shared as part of the full suite of consultation documents once formal consultation is launched which is hoped to be in mid-summer (June).

#### **9. Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

Financial sustainability for both options was assessed as part of the 'hurdle criteria' in the option appraisal. This hurdle requirement was met for both options.

#### **10. Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

Both options would require estates developments to accommodate the service when transferred. These have been costed and the capital identified.

#### **11. Is there any other information you feel the Committee should consider?**

Nothing at this time. A full consultation document will be produced when consultation is formally launched, hopefully, in the summer.

#### **12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

As NHSE we understand how critical this service is to those children, young people and families who use it. We understand the importance of patient experience and want to ensure that we engage and consult to ensure we are

hearing from the public and stakeholders, and that these views are considered throughout the decision-making process. For this reason, we continue to do early engagement to help develop the consultation, and by going to full consultation on both viable options, we want to ensure that views are fairly heard.

Ideally, we would like a single JOSC with representation from scrutiny committees who consider this as substantial variation. We can continue to keep other scrutiny committees up to date as we progress through to consultation and again, when we have a post consultation report.