

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

2 MARCH 2023

CHANGES TO CHILDREN'S SPECIALISED CANCER SERVICES PRINCIPAL TREATMENT CENTRE PROGRAMME- SOUTH LONDON AND SOUTH EAST ENGLAND

Report from: NHS England – London Region

Author: Hazel Fisher, Director of Transformation and Programmes,
NHS England – London Region

Summary

All children and young people England who are diagnosed with cancer are treated in one of 13 Principal Treatment Centres (PTCs) which are responsible for coordinating and delivering care. Currently, The Royal Marsden NHS Foundation Trust (RMH) and St George's University Hospitals NHS Foundation Trust (SGUH) provide a joint Principal Treatment Centre over their two sites which covers the catchment area of; Medway, Kent & Medway, Surrey, Sussex, south east and south west London.

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 paediatric intensive care unit (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. The current service provider therefore does not meet this new requirement, and a compliant single site is needed for this service going forward.

This report seeks to inform the discussion on whether the move of the South London and South East England Principal Treatment Centre service from the Royal Marsden Sutton site to a single site provider in South London is considered a substantial variation for Medway Council.

1. Background

- 1.1. Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. However, following a number of national service reviews, NHS England has worked and consulted with professionals, patients and the public on a new set of service specifications which set out how services should be organised in the future. As part of this work, in January 2020 the NHS England Board received a report by Professor Sir Mike Richards that recommended that all Principal Treatment Centres (PTCs) must be co-located with a Paediatric Intensive Care Unit (PICU) and other specialised children's services.
- 1.2. This work resulted in a new service specification for PTCs which includes a requirement for Principal Treatment Centres to be delivered on site with Paediatric Intensive Care Units, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children's services too. As a result of this, the current Principal Treatment Centre service provision will need to move from the Royal Marsden Hospital in Sutton and St George's University NHS Trust to a single site PTC for South London, Kent & Medway, Surrey and Sussex, subject to public consultation.
- 1.3. Cancer care for children under 16 would no-longer be provided at the RMH Sutton site, but services for young adults over 16 would continue on the RMH Sutton site.
- 1.4. The two short listed options being considered are:
 - a) To move the RMH service to SGUH who currently provide a component of the PTC service.
 - b) Move the PTC 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.

- 1.5. In 2019/20 94 children from across Kent and Medway accessed the joint PTC, with 9 of those children coming from Medway.
- 1.6. This report seeks to inform the discussion on whether this is considered a substantial variation for Medway Council. This discussion will then help to shape the consultation engagement for this service change.

2. Options

- 2.1. NHS England London region established the South London & South East Principal Treatment Centre (PTC) Programme Board to oversee this service reconfiguration.

2.2. In line with NHS reconfiguration guidance a short list of options was derived from a long list of all potential options through a process of applying fixed points and hurdle criteria. The final short list was evaluated against an agreed set of evaluation criteria, as per NHS England's reconfiguration guidance. From this process, there were a shortlist of two providers who could already meet the requirement to deliver a co-located PICU:

- St George's University Hospital Trust, the current partner with the Royal Marsden in delivering the existing PTC. This would mean all activity for those under 16 moving to Saint George's from the Royal Marsden; or
- The Evelina Children's Hospital part of GSTT, the largest children's tertiary centre in South London. This would mean all activity for those under 16 moving to the Evelina, and all PTC activity, other than neurosurgery, moving from St George's to the Evelina. All SGUH paediatric oncology shared care unit (POSCU) activity would remain at SGUH and could potentially be enhanced in line with the new service specification for POSCUs.

2.3. Both options would mean that children with cancer from Medway would continue to travel into London for PTC treatment, as is currently the case.

2.4. The detail behind both options will be set out in a pre-consultation business case, and consultation document, and shared when formal consultation is launched, planned for June 2023. As with all NHSE consultations there is an internal formal assurance process to work through, including presentation at the clinical senate, which for this reconfiguration will be joint between London and the South East Regions.

3. Advice and analysis

3.1. As commissioners of this Principal Treatment Centre service, advice is sought on how best to work with HOSCs across South London, Medway, Kent, Surrey and Sussex on this service change. It is understood that guidance suggests forming a JHOSC in these circumstances, but that this requires significant time and energy – especially as this programme involves HOSCs from across five areas in London and the South East.

3.2. NHS England would want to engage with OSCs at several key points in the process, to:

- Brief all members about the programme and impact in their area
- Present and consult on plans for consultation and seek feedback
- Share key documents like the pre-consultation business case and consultation materials once consultation has begun.
- Share the outcome of the consultation and the decision
- Share plans for implementation and the impact this may have on each area.
-

3.3. Following an initial briefing to OSC chairs over December 2022 and January 2023, it was recommended that this come to the Committee to decide whether this service change is viewed as a substantial variation, given that in 2019/20, 9 children from Medway used the existing specialised service, and childhood cancer

rates have historically remained relatively static (please refer to accompanying slide deck).

- 3.4. As part of the reconfiguration process for this service change, an Equalities and Health Inequalities Impact Assessment, Pre-Consultation Business Case and Travel Time Analysis are being developed, which are intended to help make decisions by assessing the consequences for different groups within the population to which the decision will apply. There will also be a 12-week consultation period, indicatively to start in summer 2023.

4. Consultation

- 4.1. As NHS England, we understand how critical this service is to those children, young people and families who use it. The services under discussion are small but critical. NHS England's activities are proportionate to this and will take account of people having varying levels of interest and prior involvement in our proposals. NHS England's consultation activities have been designed to reach and collect feedback from a broad range of audiences, including:
- those most impacted by our proposals
 - under-served communities
 - those with protected characteristics
 - the digitally excluded.

How people want to participate in public consultations varies widely and NHS England will offer different ways to receive information and participate.

- 4.2. NHS England's engagement process is being designed to ensure we deliver effective patient and public engagement and involvement as part of our obligations and legal duties under:
- the five tests for service change laid down by the Secretary of State for Health and Social Care and NHS England
 - the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
 - the Equality Act 2010
- 4.3. The public consultation will seek to:
- ensure children with cancer, their parents and carers, clinical and non-clinical staff providing the service, and other engaged stakeholders from the impacted geography are aware of and understand the case for change and the proposed options for change. We will do this by providing information in clear and simple language and in a variety of formats.
 - hear their views on the proposed options for the future location of the Principal Treatment Centre for children's cancer in the South Thames area
 - understand the impact of implementing each option and any mitigations or enhancements that could be put in place
 - ensure NHS England, as decision-makers, are made aware of any information which may help to inform the options and the decision-making process.

5. Recommendations

- 5.1 That the Committee recognises the need for the reconfiguration off the children's cancer specialised treatment centre programme and comment on the proposals.

Lead officer contact

Hazel Fisher, Director of Transformation and Programmes,
NHS England – London Region

Appendices

None

Background papers

NHS England » Children's cancer services: Principal treatment centres service specification).