NHS consultation on the new children's cancer Principal Treatment Centre:
response from Councillor Simon Hogg, Leader of Wandsworth Council
December 2023

Question 6. In a future Principal Treatment Centre, what would you value most?
This might include things about: the service itself, children, young people and family experience, things that help the service to run well, research

Answer:
The National Service Specification for children's Principal Treatment Centres highlights that the service encompasses the diagnosis, management and follow-up of children with cancer and is based on the principle that care must be age appropriate, safe, effective and delivered as locally as possible. The aims of the service include securing improved experience, greater pathway integrations and increased clinical trial participation. All these aspects of the service are equally important and contribute to improved outcomes for children and young people with cancer now, and into the future.

It is vital for the future Principal Treatment Centre (PTC) to provide a high-quality service to patients, based on expertise and experience of staff, in a trusted environment. Children and family experience is a key element, as is the research element to the service.

For all these reasons, and others which I will detail later in my response, I am clear that St George's is the right option for the future PTC.

It's also important to emphasise the simple point that St George's already delivers part of the current PTC. If the Evelina is chosen for the new PTC, St George's will be losing a significant part of its existing service delivery – the potential impacts of which are detailed later in my response. If St George's is chosen, the Evelina will not be losing any of its existing provision. The consultation documentation often appears to overlook this.

Question 7. If something else is an important aspect of your travel, please tell us more...

Answer:
NICE Guideline CSG7: Improving outcomes in children and young people with cancer, recommends that care should be coordinated across the whole NHS and be as close to home as possible.

The integrated impact assessment summary on travel time found both positive and negative impacts for children living in the most deprived areas, when traveling by public transport to a future PTC compared to The Royal Marsden. It also highlighted that those living in the most deprived areas would have moderate increases in median driving time to a future PTC location compared to the Royal Marsden. The travel analysis did not describe impact in terms of complexity of journey, reliability of transport services and costs.

The PTC service specification highlights that care for children with cancer is mainly provided on an inpatient basis and the consultation report adds that 536 children had inpatient care, for day care or a stay of at least one night. This highlights the importance of both ease of access with transport or family accommodation depending on the need, especially given that more than 1 in 10 children have over 20 visits (in 2019/20).

Question 8. Please tell us if other types of support or information might be needed, to make the change easier for staff and families.

Answer:
The Checklist in Appendix 4 of the NHS Guidance on planning, assuring, and delivering service change for patients highlights what types of information should inform a communication plan with patients and the public, including how staff will have their say. The consultation document should include how changes will be implemented including staffing implications, and phasing of implementation. Annex 9 on best practice checks also includes workforce planning that is integrated with finance and activity plans and considering the implications for future workforce. Staff should be properly engaged in developing the proposed changes.

Thinking about Evelina London…
Having read about the option for the future children's cancer centre to be at Evelina London…

Question 9. Please share your views on the good points of this option (including anything we may have missed)

Question 10. Please share your views on potential challenges of this option (including those we may have missed)

Answer:
The Evelina does not have experience in delivering cancer care for children – a key element to this consultation that must not be understated.

Significantly, the Evelina does not currently have paediatric oncology surgeons. This means that if the Evelina were to be selected to be the PTC, surgeons from St George's would need to go to work at the Evelina, or a new surgical team would have to be created.

If surgeons and other specialists do not move to the Evelina, then it could take a long time for new staff to develop the necessary expertise. For instance, it can take between five and eight years after completing paediatric surgical training for a surgeon to become competent in paediatric oncology surgery. It can take at least four years of training and supervised practice for advanced nurse practitioners in oncology to practise independently.

As well as this, it takes time to build up trust and effective working relationships within teams of professionals with different specialisms. A collaborative approach is required for paediatric oncology surgery: surgeons, nurses, intensive care clinicians, theatre staff, diagnosticians and anaesthetists must all be involved. The surgical service is part of a multi-disciplinary team including paediatric intensive care, oncologists, pathology, diagnostic radiology and interventional radiology. In cases of paediatric tumours that are rarely seen, close working with specialist adult surgeons is needed. These relationships and processes are all well developed at St George's, and would take a long time to replicate elsewhere.

Transport

St George's does not only support families from south London, but from across south England. In fact, more than 60% of children having inpatient care at the PTC are from outside London. Parents of children with cancer have said that they prefer to take them to hospital by car rather than public transport (especially if children are on immunosuppressants). Good parking provision is also essential. This means that the potential transfer of services away from south west London, into central London, is a significant concern. (In contrast, St George's would be able to offer dedicated parking spaces and a drop-off zone for children with cancer, which would be directly outside the entrance of its new cancer centre.)

I do not feel that this consultation has taken sufficient account of the fact that parents of children with cancer prefer to travel by car. The ward-based patient survey undertaken for this consultation found that 81% had travelled by car, with only 11% by public transport. But the fact that the majority of journeys are taken by car does not seem to be reflected elsewhere in the consultation documentation.

Further, section 9.2.5. of the pre-consultation business case appears not to take into account that many families already travel to St George's for treatment. It compares the journey times to either PTC option with the current journey times to the Marsden – but many families are already being treated by the existing service at St George's, so already undertaking that particular journey. The use of the Marsden as a comparator for all journeys therefore seems misleading and inaccurate.

This is indicative of a wider issue throughout the consultation documentation. The documentation often appears to overlook the fact that there is already a children's cancer service at St George's, which will be lost if the Evelina is chosen at the PTC. This will have many far-reaching impacts, as explained below.

Existing services at St George's

I am also very concerned at the potential impact that moving children's cancer care to Evelina would have on existing services at St George's. Paediatric oncology at St George's is closely intertwined with other specialties. A range of specialists at St George's deliver children's cancer care as part of their wider caseload, including neurology, paediatric neurosurgery, gastroenterology, haematology, paediatric intensive care, paediatric surgery, paediatric acute medicine, infectious disease, and clinical support services such as paediatric pathology and radiology. The surgeons at the hospital who operate on children with cancer also operate on other children from across South West London and Surrey. If the children's cancer service were to move to the Evelina, a large number of the other specialties at St George's would be impacted, and could be weakened.

There would be particularly significant impacts on paediatric pathology and paediatric surgery. A significant proportion of the paediatric pathology department's workload focuses on paediatric cancer, as the cases are often complex and time consuming. Removing the children's cancer service could impact the viability of the paediatric pathology department – and consequently impact other services across South West London served by the department, including paediatric and maternity services and perinatal post-mortems.

Removing children's cancer care from St George's would mean the paediatric surgery service losing a fifth of its elective caseload, as well as the most complex and rewarding element of the caseload for surgeons. This could eventually mean that some of the most experienced surgeons leave – including many that deliver surgery across South West London and Surrey.

There could also be a significant financial impact for St George's if the service were to move to the Evelina. Clinical staff at St George's caring for children with cancer also care for other children. If the service were removed from St George's, the hospital would lose the associated income, but still need to pay for facilities and staff. This could mean a financial gap of around £2.5 million in the first year after the removal of the children's cancer service – with a particular impact on paediatric intensive care. NHS England must clarify how they plan to address this gap if the service is removed from St George's.

Question 11. What suggestions do you have to improve the things you've identified as potential challenges?

Thinking about St. George's Hospital…
Having read about the option for the future children's cancer centre to be at St George's Hospital …

Question 12. Please share your views on the good points of this option (including anything we may have missed)

Answer:
Experience and expertise at St George's
St George's has 25 years of experience and expertise in delivering children's cancer care. The depth and significance of this expertise must not be underestimated within this decision. The existing cancer service at St George's offers ground-breaking and innovative treatment, such as new immunotherapy treatment which modifies patients' own cells to help tackle cancer.

The service that St George's currently delivers for children with cancer is built upon strong professional relationships between different clinical specialists, many of whom have very specific expertise. For instance, there is a shortage nationally of paediatric pathologists, especially those with expertise in children's cancer. St George's is the paediatric centre in south London where pathologists regularly undertake cancer pathology. St George's has three paediatric oncology surgeons – there are only around 20 in the whole country, and no others in south London hospitals. These surgeons work closely with paediatric anaesthetists, who are highly specialised in working on complex cancer cases – again, St George's is the only place in south London with these experts supporting children's cancer care.

St George's also provides the most important services for children with cancer on site. Importantly, St George's provides the key service of neurosurgery: one in four children with cancer have neuro-oncological cancer, and children with other cancers can need neurosurgery in emergencies.

Developing the PTC at St George's would also be the simpler and cheaper option for the NHS – due partly once more to the simple fact that part of the service is already delivered at the hospital. The hospital would be able to efficiently transform an existing non-clinical space into a state-of-the-art new cancer centre. It would remove the disruption that could be caused by having to move staff and services to central London.

Vision for a new centre at St George's
St George's has developed an extensive vision for a brand-new state-of-the-art children's cancer centre if the hospital becomes the PTC. This plan incorporates excellent medical facilities to continue the exemplary care already provided by the hospital's cancer doctors.

The estate vision also takes account of parents' feedback on what is important to their experience. It focuses on the fact that parents of children with cancer much prefer to drive to hospital rather than get public transport. The plan for the new centre includes dedicated parking and accommodation, and would enable families to park directly outside the centre's front door, reducing the risk of infection during journeys.

The new centre would have state-of-the-art research facilities, complementing the existing facilities at the hospital. The plans also incorporate recreational, educational and therapeutic spaces – essential for children to play, relax and learn during their treatment.

Question 13. Please share your views on potential challenges of this option (including those we may have missed)

Question 14. What suggestions do you have to improve the things you've identified as potential challenges?

Question 16. Do you have any other thoughts or ideas you want to share?

Answer:
As Leader of Wandsworth Council, local residents with experience of the children's cancer service at St George's have contacted me with their serious concerns about the potential removal of the service from the hospital.

One parent has said of the potential removal of the service:
"Caring for someone with cancer is a 24/7 job and the slightest thing means you have to leg it to the hospital – a raised temperature could mean sepsis.

"You can't easily drive to central London and you can't take an immuno-compromised child on the tube, so it would have really added to the stress and expense. I will be completely devastated if this change goes ahead."

Another said:
"As a parent of a child who underwent 3.5 years of chemotherapy for leukaemia, please can I ask for your support to keep St George's Hospital open for paediatric oncology (children's cancer) services.
"St George's was where we came for regular chemo, and for any episodes of febrile neutropenia, and when needing blood transfusions.

"It was such a blessing to have this so close, as travelling into town to Evelina would have been very, very difficult. You cannot take neutropenic children on public transport, and so difficult to park - not to mention the long drive. When you have a sick child, you do not want to face any of this."

I have been very concerned to hear that parents consulted with as part of the process so far did not feel that their voices were significantly heard. No-one understands the needs of families better than families themselves; no-one understands the impact on services and outcomes better than clinicians themselves. As the true experts in this decision, I hope that the voices of families and clinical staff have been prioritised within this consultation.