Changes to Children's Specialised Cancer Services Principal Treatment Centre Programme – South London & South East England

West Sussex

8 March 2023

Purpose of the discussion

- Explain the background to the programme and why changes to the current service provision is required i.e. the case for change
- Explain how Children's Cancer services are currently organised and which services are in scope for this service change
- Describe the implications for people from West Sussex
- Describe the work of the programme to date
- Demonstrate how we have already been engaging to support our thinking
- Outline the broad timeline we are working to
- Discuss next steps – understanding how we best engage with you

A new national service specification for PTCs

- Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. Following a number of reviews of services nationally, NHS England has worked with professionals and patients and consulted the public on a new set of service specifications which set out how services should be organised in the future. These have been published and are available here. In particular they wanted to:
  - **Improve integration** between different children's cancer services;
  - **Improve experience of care**
  - **Improve participation** in **clinical trials**
  - Tackle variation, ensuring that patients got the **same high quality care, regardless of where they were treated**

- Standards for Principal Treatment Centres were developed by clinicians, patients, families and providers to ensure that wherever children and young people receive specialist cancer services, it would be the same excellent care across the country from diagnosis to management and follow-up of cancer

- The outcomes of the 2019 consultation on the standards was reflected in a new service specification for PTCs (published here in November 2021) 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**.**
- These specifications set out how services should be provided in future and meet the highest safety considerations, as well as ensuring that services are able to meet the needs of new technologies and treatments.

Changes are needed to meet the new service specification

- London has internationally renowned paediatric cancer services – **the new specification helps strengthen them even further** by creating future facing services able to excel in new treatments modalities making the need for an on-site PICU is even more necessary

- The **Royal Marsden NHS Foundation Trust currently provide high quality and safe specialist children's cancer services on behalf of London and the south east. The research undertaken by the RMH is outstanding.**

- The current PTC is provided across The Royal Marsden (Sutton site) and St George's University Hospital NHS Foundation Trust, **but there is no PICU at The Royal Marsden (Sutton site**) meaning the PTC does not comply with the new specification

- Professor Nicholas van As, Medical Director for The Royal Marsden NHS Foundation Trust, has said recently: "it is not economic to provide PICU services with a highly specialised workforce at a greater number of locations including The Royal Marsden, Sutton. Given this decision, The Royal Marsden will not be bidding to remain a PTC but will work in partnership for the benefit of children with either St George's Hospital, our existing partner, or Evelina London Children's Hospital."

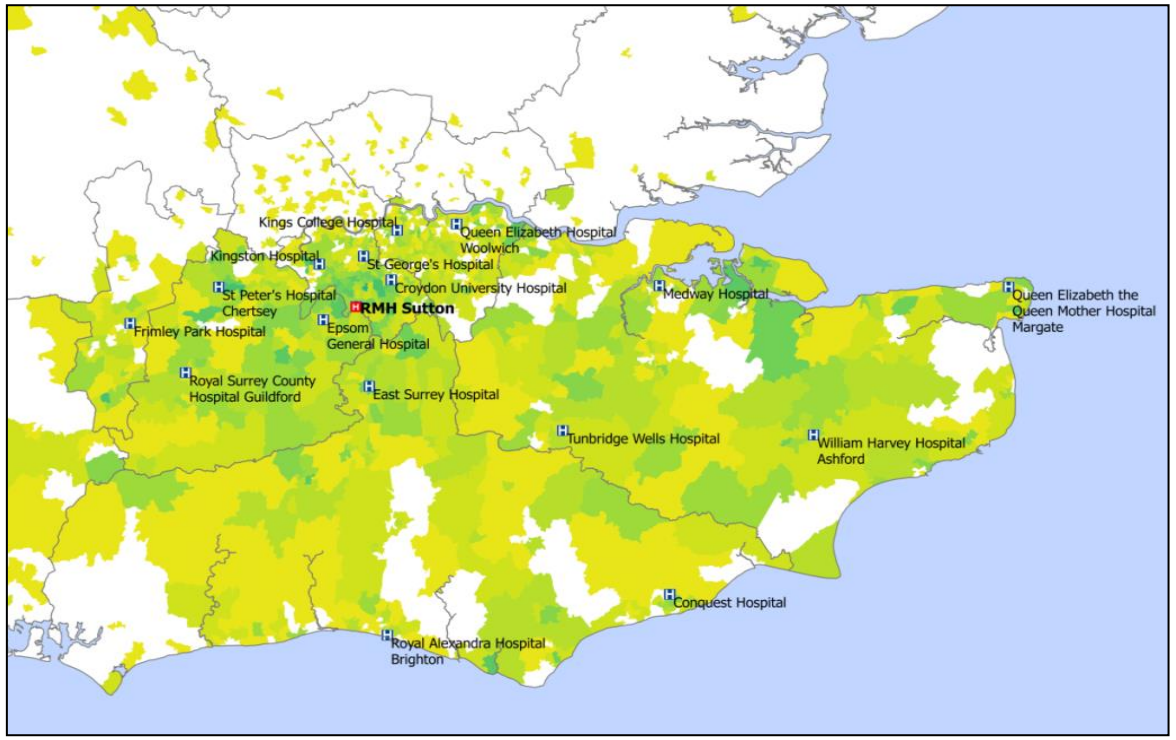
- The programme is in the process of undertaking an **options appraisal process** on a shortlist of options, in order that services can be **relocated to comply with the new specification.**

Though the number of children, young people, families and carers using these services is very small, what is provided is vital and specialist care. Therefore, our Programme Board feels that any changes to these services would be significant and we are planning for a formal consultation.

About the programme – the current service

- NHS England is **responsible** for commissioning specialist services, including **children's cancer services for those aged 1-15 years.**
- In England on average **1,400 children (under 15 years) are diagnosed with cancer every year** – meaning **very small numbers** of children need to access these services.
- The age-specific incidence rates for childhood cancer across the South Thames geography are similar to England as a whole, at around 15 cases per 100,000 population per year.
- **All children and young people** in the UK who are diagnosed with cancer are treated in **one of 19 Principal Treatment Centres (PTCs)** which are responsible for coordinating and delivering care.
- Currently, the joint PTC in this area (**The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust**) covers; **Kent and Medway, Surrey, Sussex, south east and south west London.**
- **Paediatric Oncology Shared Care services (POSCUs)** 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 for some procedures. The map shows the POSCU's associated with the joint PTC in London

In 2019/20 **26 children** aged 15 and under from West Sussex accessed inpatient care at the joint PTC.



Paediatric Oncology Shared Care services associated with the joint PTC run by The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust in London.

The current principal treatment service in south London

South Thames Joint PTC (Children aged 1-15 years): **c400 referrals per annum**
Active caseload of c1500 patients

The Royal Marsden (RM) - primarily oncology, chemotherapy radiotherapy & bone marrow transplant

INPATIENT
- Inpatients (18 beds of which 75% used by -16s, c470 admissions pa).
- Palliative care (c100 palliative and symptom patients per year)

AMBULATORY
- Outpatients (c5,800 attendances pa)
- Chemotherapy (c3,600 attendances pa)
- Radiotherapy (c800 treatments pa)
- Imaging & nuclear medicine (3,700 images pa)
- Day case treatment/procedures (1,800 procedures pa)

Children move between services for care

- Almost all specialist ambulatory cancer care is provided at RM
- Other providers, in particular KCH (for neurosurgery and liver) and GOSH/UCLH (for under 1s) play significant role

St George's Hospital (SGUH) - primarily surgery & critical care

INPATIENT
- PICU (c65 admissions pa, average 1.5 beds)
- Inpatients (4 beds, c135 admissions pa).

PROCEDURES
- Biopsies (c45 pa)
- Line insertion / removal (c190 pa)
- Surgery incl. neuro-surgery and tumour resections (c20 pa)

OTHER
- Neuro-rehab
- Specialist paeds including gastroenterology, neurology, dental, bronchoscopy/respiratory, infectious diseases, gynae, urology, Max Fax, plastics

Other specialist centres providing/supporting cancer care for South patients.

Kings College Hospital (KCH)
- Provides ⅔ of all neuro-surgery
- All liver surgery
- Endocrine & ophthalmology OPD

GOSH/UCLH PTC
- All children aged under 1
- CAR-T therapy
- Some surgical procedures

Evelina London (GSTT)
- Cardiology service, including echo cardiograms as part of cancer care, and renal.

RNOH – bone sarcoma
Barts - retinoblastoma

Other key providers:

Epsom & St Helier
- Ophthalmology OPD (c40 referrals pa)
- Endocrine OPD
- Audiology OPD (c70 patients pa)

Oxford/Hammersmith
- Fertility services

What are the expected benefits of any change?

A service ready for the future

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, such as immunotherapies to very sick children.

More care delivered on a single site

We wont address all of the service fragmentation in London, but we do want to maximise the number of other specialist children's services delivered on the same site as the PTC, meaning that children will be able to receive care from clinicians skilled in a wider range of specialist care for children. This will not just mean that treatment transfers are reduced, but coordinated holistic care is also increased.

Good treatment for staff

We aim to match and ideally improve on the current training and support offer to staff.

Compliance with the national service specification

The service specification includes standards which are in place to ensure all children receive the best possible care. Compliance in itself should be seen as a very positive step.

Fewer treatment transfers

Streamlining access to critical care will happen immediately once the PTC is on the same site as a PICU. This will remove the need for emergency transfers. Availability of a wider range of clinical specialties on the same site as the PTC should also reduce the limited number of other transfers that also occur currently. Care models that reduce transfers further will be one of the evaluation criteria.

Although The Royal Marsden/St Georges service is safe and offers excellent care, all treatment transfers carry risk, and the aim should be to minimise these where possible.

Managing Risks during the transition

We are assessing the two short-listed options against four key criteria:

- Clinical
- Research
- Patient and Carer Experience
- Enabling support (workforce, capacity, resilience

We aim, by taking this approach, to protect what is excellent in the current service, including research, and build on this for the future. We will work with all parties to ensure the benefits of this change are realised.

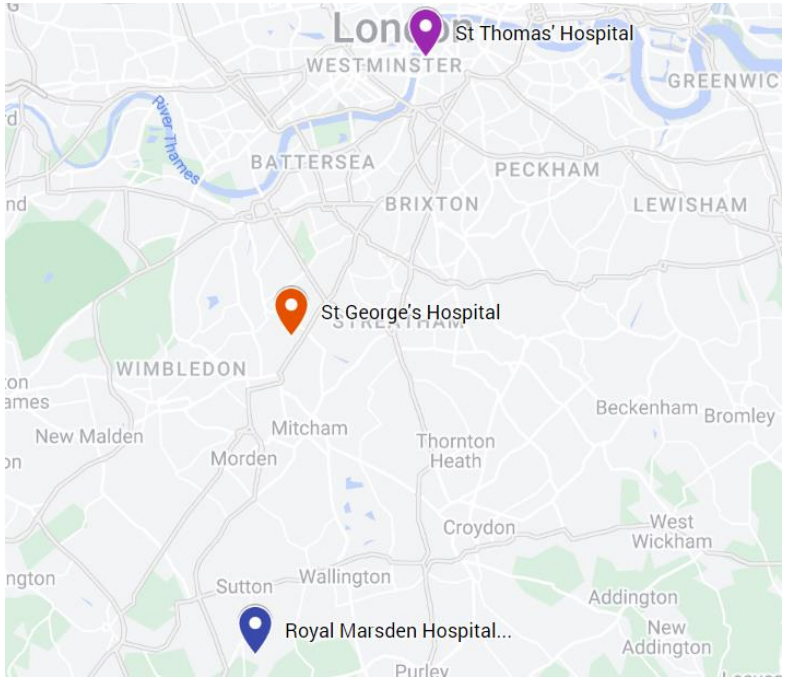
The picture in West Sussex

Potential impacts

- In 2019/20 **26 children aged 15 and under from West Sussex accessed inpatient care at the PTC out of a total of 411 children aged 15 and under who used RMH PTC in 2019/20**.
- Any changes proposed are unlikely to be implemented until 2026 at the earliest, following consultation.
- Both options being considered will require travel into London when services for those aged 15 and under cease at the Royal Marsden Hospital in Sutton.
- Travel time has been looked at by deprivation and geography. For both SGUH and GSTT public travel times improve over public transport access to RMH for the majority of patients. However, car transport travel times are longer by at least 15 minutes for 50% of patients when travelling to SGUH and 70% when travelling to GSTT. Travel time impacts have not yet been looked at on a borough basis.
- Travel is only one of a number of considerations in making this change. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel times.

Involvement in the programme

- Involvement from ICBs, Trusts and the Children and young peoples cancer network in our governance.
- Heard from parents and young people through our early engagement.
- As we begin planning for consultation we are working to ensure we are connected with charities and local groups working with children and young people with cancer across geography's.



Map depicting where services may be provided in future (St. Georges Hospital or Evelina London) and where they are currently provided (St. Georges Hospital and the Royal Marsden)

Children who use this PTC come from a broad geography and therefore **we will want to engage all OSCs likely to be affected** as we plan for consultation. We want to discuss with you **the most time and resource efficient way** to do this.

The picture across the entire affected geography – slide 1

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

NHS England London

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Kent and Medway CCG	**88**	**842**	**28**	**78**	**12**	**14**	**94**	**934**
Maidstone	12	81	3	11	1	1	13	93
Tonbridge and Malling	12	130	5	15	3	3	12	148
Swale	10	73	2	3			10	76
Thanet	10	77	2	5	2	2	10	84
Medway	7	47	3	4	1	2	9	53
Sevenoaks	8	134	3	14	2	2	8	150
Canterbury	6	93	2	6	1	1	6	100
Tunbridge Wells	4	31	2	6			5	37
Gravesham	4	32	1	2			5	34
Dover	5	33	1	1			5	34
Folkestone and Hythe	4	16	2	8	1	1	5	25
Dartford	4	79	2	3	1	2	4	84
Ashford	2	16					2	16
NHS South West London CCG	**80**	**958**	**23**	**53**	**10**	**11**	**84**	**1,022**
Croydon	26	379	9	28	5	5	28	412
Wandsworth	18	187	3	3	3	4	18	194
Sutton	13	156	4	6	1	1	15	163
Merton	15	140	5	13	1	1	15	154
Kingston upon Thames	6	57	1	2			6	59
Richmond upon Thames	2	39	1	1			2	40
NHS South East London	**80**	**666**	**26**	**89**	**10**	**12**	**83**	**767**
Bromley	17	171	8	18	3	4	19	193
Lambeth	15	96	5	13	3	3	16	112
Bexley	14	110	3	19	2	2	14	131
Southwark	13	134	5	18	1	2	13	154
Greenwich	12	80	3	6	1	1	12	87
Lewisham	9	75	2	15			9	90

Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

The picture across the entire affected geography slide 2

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

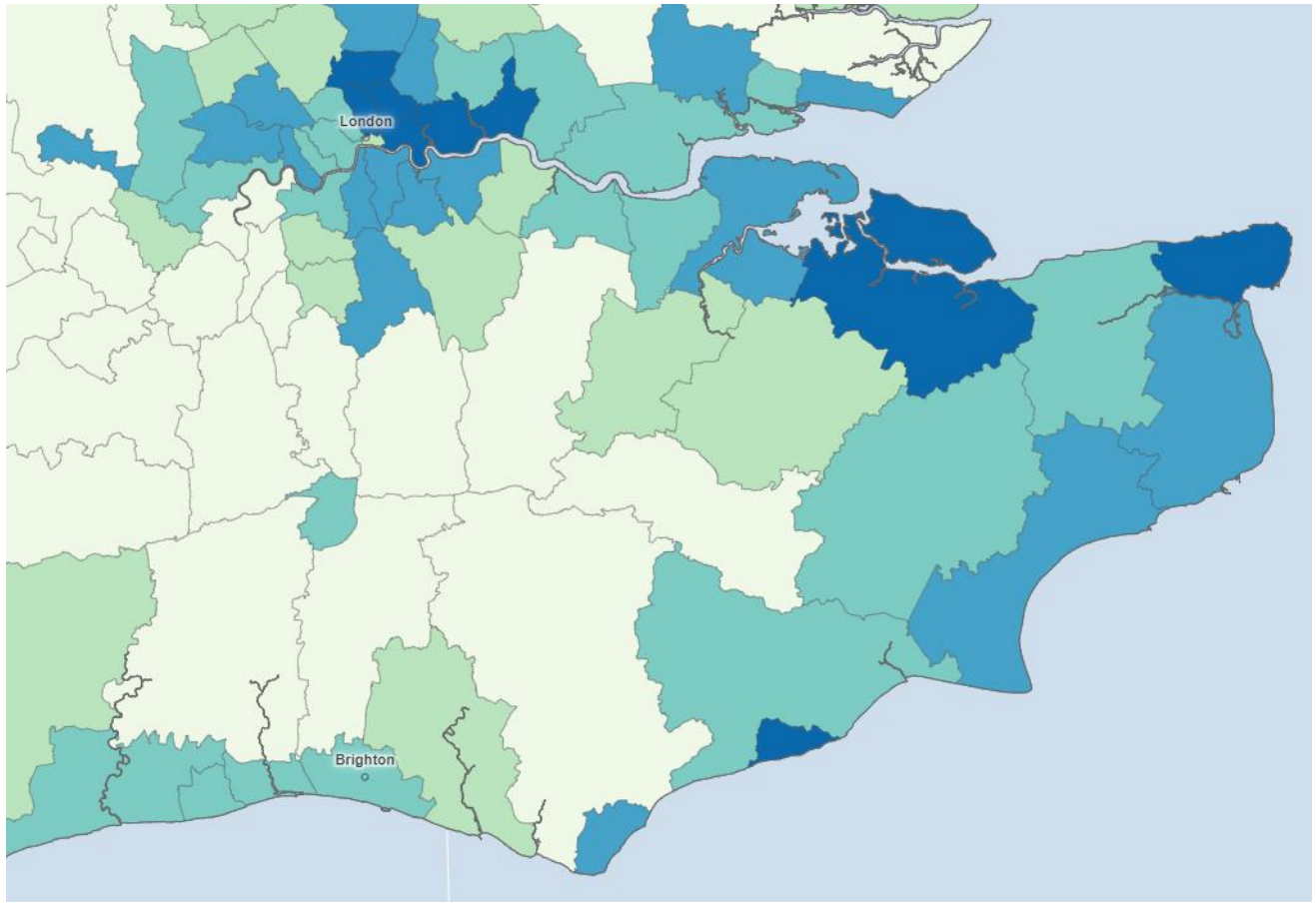
NHS England London

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Surrey Heartlands CCG	**81**	**667**	**25**	**74**	**5**	**5**	**83**	**746**
Elmbridge	15	139	3	8	2	2	16	149
Reigate and Banstead	13	114	1	4			13	118
Tandridge	9	104	4	5			9	109
Waverley	5	60	3	19	2	2	5	81
Woking	6	52	3	7			6	59
Runnymede	8	47	4	11			8	58
Guildford	6	48	2	5			6	53
Mole Valley	7	38	1	9			7	47
Epsom and Ewell	6	38	4	6	1	1	7	45
Spelthorne	5	26					5	26
Surrey Heath	1	1					1	1
NHS West Sussex CCG	**24**	**300**	**12**	**27**	**1**	**1**	**26**	**328**
Crawley	11	131	4	10	1	1	12	142
Horsham	4	121	2	5			4	126
Adur	2	19	1	3			2	22
Chichester	2	14	3	4			3	18
Mid Sussex	3	11	1	4			3	15
Worthing	2	4	1	1			2	5
NHS East Sussex	**28**	**284**	**9**	**17**	**1**	**1**	**28**	**302**
Hastings	11	130	2	3			11	133
Eastbourne	6	96	2	3			6	99
Wealden	7	43	2	5	1	1	7	49
Rother	3	14	2	5			3	19
Lewes	1	1	1	1			1	2
NHS Brighton and Hove CCG	**10**	**69**	**5**	**10**	**1**	**1**	**13**	**80**
Brighton and Hove	10	69	5	10	1	1	13	80
Grand Total	**389**	**3,786**	**126**	**348**	**40**	**45**	**411**	**4,179**

Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

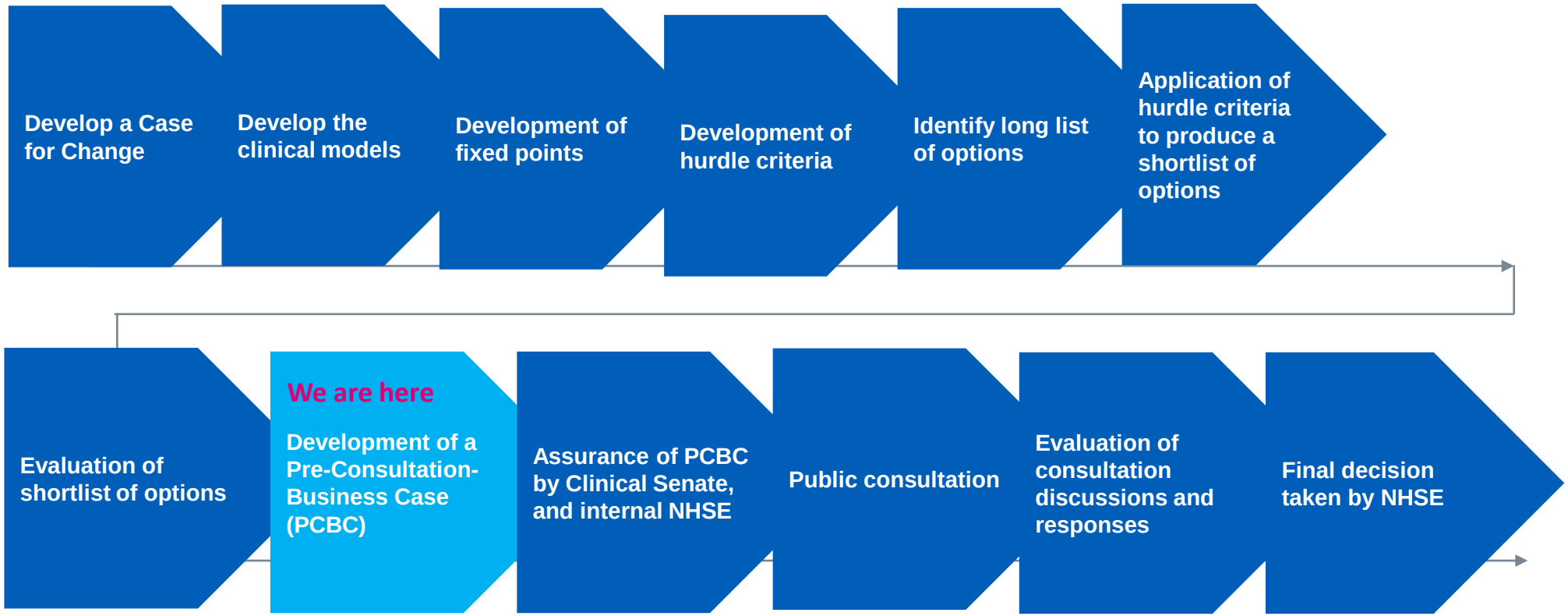
Deprivation across London and the South East

Index of Multiple Deprivation (IMD) 2019 score by lower tier local authority (LTLA)



The darker colours relate to areas classified as being the most deprived (according to the IMD 2019).

Where we are in the formal reconfiguration process



Programme timeline/ expected milestones

January - June

- Options appraisal concluded
- Planning for consultation
- Development of Pre Consultation Business Case
- Development of Equalities Impact Assessment
- Meeting with Clinical Senate
- **Meeting with OSCs/JOSCs**
- Commissioning of expert organisation(s) to support engagement
- Preparing consultation materials and questions

June - September

- **Expect to launch and conduct consultation**
- Equalities Impact Assessment updated
- Conduct mid-point review

September - December

- Consultation feedback analysed and outcome report prepared
- Programme Board considers feedback ahead of decision making
- Decision Making Business Case Prepared
- Decision confirmed and communicated – consultation respondents notified
- Begin planning to implement decision

Engagement to date with Overview and Scrutiny Committees

In November, we started a cycle of early conversations with OSC Chairs from all areas affected by the programme, to brief them and discuss how we best work together. Since then, we have met, informally, with all democratic services officers and most OSC Chairs as well as attending several committees, formally. We are attending further, formal committee briefings in February and March.

We are engaging, at this point, to understand if you believe the changes are substantial for your residents. If more than one committee agrees the changes are substantial, then there will need to be a Joint HOSC. The services involved cover a large geographic area and each population will have unique concerns and views which we will want to take into account as we plan further engagement work. Those affected areas include: Kent, Medway, Surrey, Sussex and South East and South West London).

Formal committee meetings attended – to date		
Date	**Committee**	**Feedback/ decision on whether the change is substantial**
25.01.23	SWL and Surrey JOSC	Further information requested.
31.01.23	Kent OSC	Change not felt to be substantial.

Discussion and next steps

- Do you, as a committee, view this change as **substantial**?
- If you do not think it is substantial, how would you like us to engage with you moving forward?
- If you think it is substantial, what further information would be helpful at this time?

We are working with SWL & Surrey JOSC on how other JOSCs could join them (possibly via a sub-committee) to form a single JOSC to consider this change.

Next steps:

- Agreeing arrangements for engagement and working together moving forward
- Meetings with other OSCs involved to understand their views
- Background work with democratic services teams to take forward feedback from today's session