

# MAYOR OF LONDON

**Caroline Clarke**

Regional Director for London  
NHS England

**Date:** 18 December 2023

**Anne Eden**

Regional Director for South East  
NHS England

Dear Caroline and Anne,

**Mayor of London's six tests assessment of proposals for the future location of very specialist cancer treatment services for children living in south London and much of South East England**

I am writing to set out my position on proposals for the future location of very specialist cancer treatment services for children living in south London and much of South East England, based on my six tests for major health and care service reconfigurations in London. I will not be taking a position on which of the two potential future sites identified in the proposals should be the preferred option. Instead, I will seek to ensure that, whichever option is taken, the changes are equitable, transparent and in the best interests of all Londoners.

I recognise the depth of concern surrounding the proposed changes felt by many families who use the current service, who want to ensure that the best possible care is available and easily accessible for all who need it. My intention in applying my six tests to the proposals shares this foundational aim.

As Mayor, I have committed to using my influence and role as a political leader to champion, challenge and collaborate with the NHS on behalf of all Londoners. As part of this commitment, I have developed six tests to apply to major health and care transformation and reconfiguration programmes. These tests are designed to help me challenge the NHS to demonstrate that major changes are in the best interests of all Londoners.

The six tests cover:

- The impact of changes on health and healthcare inequalities
- The impact of changes on hospital beds
- The financial investment and savings that the changes involve
- The impact of changes on social care
- Clinical support for the changes
- The quality of patient and public engagement carried out in developing the changes.

In June 2023, I commissioned the Strategy Unit to carry out an independent expert review of the proposed changes against the six tests. I have used this analysis to inform my position on the proposals. A copy of the review is attached to this letter.

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This letter sets out my position on the proposals set out in the public consultation documents, in particular the pre-consultation business case (PCBC). Following the publication of the consultation report and the final plans in the forthcoming decision-making business case (DMBC), I will share my updated position on the proposals.

I am mindful that the proposed changes will affect families living outside of London in the South East of England. Given my role, my primary concern is with the impact of the changes on Londoners. However, I am also committed to the shared London Vision ambition for London to be the best global city in which to receive health and care services. This is reflected both in the approach taken to the review and in developing my position on the proposals.

I recognise that the NHS is proposing to move services away from the existing centre at The Royal Marsden NHS Foundation Trust in order to meet national service specifications, which require very specialist cancer treatment services for children to be located on the same site as a Level 3 Paediatric Intensive Care Unit.

It is in the spirit of our shared ambition to reduce health inequalities, and to make London the world's healthiest global city and the best global city in which to receive health and care, that I share my position on the proposals at this stage of their development.

To allow me to support the DMBC, I would like to draw your attention to several key points to consider during the next phase of developing the proposals. In particular, the final plans should:

- Set out greater analysis of existing inequalities within the current service in access to diagnosis and treatment, experience of care and outcomes from treatment. This baseline analysis is needed to show whether the proposed changes will reduce inequalities compared to the current service.
- Commit to specific plans for how the future service will maximise opportunities to reduce health and healthcare inequalities, with clear targets and mechanisms for monitoring progress. This should be informed by analysis of existing inequalities and engagement with patients, families and carers.
- Provide an analysis of travel costs and a strengthened analysis of travel times, with plans set out to mitigate any potential negative or inequitable impacts on patients and families. This should reflect the fact that a significant majority of patients and families travel to appointments by car.
- Set out detailed analysis of the potential impacts of the proposed changes on other services, particularly wider children's inpatient services. This should consider and address potential knock-on effects in terms of service viability, access and outcomes, especially where these risk widening health and healthcare inequalities.
- Put forward a more detailed case for change that clearly sets out the expected improvements that the changes will generate for patients and families.

## **Test 1: Health and healthcare inequalities**

My health and healthcare inequalities test assesses whether proposals have transparently set out existing health and healthcare inequalities related to the service under consideration and the extent to which the proposals have maximised available opportunities to reduce those inequalities.

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A baseline analysis of existing inequalities in the current service is needed to show whether the proposed future service will reduce inequalities compared to the current service and not widen existing inequalities. The independent review found that further work is needed to understand inequalities in access to diagnosis and treatment, experience of care and outcomes from treatment within the current service. This analysis is also crucial to setting ambitious and achievable plans for reducing healthcare inequalities through the future service. I would expect this analysis to be included in the DMBC.

I am pleased to see that the Integrated Impact Assessment recommends developing access, quality and outcome metrics to monitor progress in equity. I would expect to see this confirmed in the DMBC, alongside measurable goals and commitments to specific actions to reduce inequalities. I agree with the joint London and South East England Clinical Senate review that the scope of these actions should include linked services in addition to the PTC itself and that plans should be informed by patient and family engagement.

It is essential that the expected impact of proposed changes on travel times and travel costs for patients and families is fully understood. It is positive that the proposals include work on the impact of the changes on journey times. However, attention needs to be paid to the cumulative journey times that will be experienced by patients and families over the course of their diagnosis and treatment, rather than focusing solely on the times of individual journeys.

The proposals do not contain an analysis of the impact of the proposed changes on travel costs. This is particularly important given the disproportionate impact that additional costs will have on low-income families. To support the final proposals, I would expect to see an analysis of travel costs and cumulative travel times, with specific plans to mitigate negative or inequitable impacts in either measure. It is important that this work reflects the fact that 81% of current patient journeys have been found to be by car.

The PCBC discusses concerns that the proposed changes may have knock-on effects on other services. Ahead of the DMBC, further analysis is needed to understand in detail the potential impact of the proposed changes on wider inpatient children's services in terms of changes in income, staff and expertise, alongside the implications of these changes for access, outcomes and service viability. I would expect to see a commitment to actions that address any risks of negative impacts on other services that are identified in this analysis. Crucially, this work should examine and address any risks that these knock-on effects pose of widening health and healthcare inequalities.

I note that the proposals state an ambition to provide more services locally where appropriate. This has the welcome potential to reduce the burden of travel for patients and families. I would hope to see this ambition set out in more detail in the DMBC, in terms of its nature, scale and implications for healthcare inequalities.

## **Test 2: Hospital beds**

I am pleased to see the findings in the independent review that the proposals will not result in a reduction in bed capacity, and that bed numbers appear to align with current demographic projections. This indicates that, at this stage, the proposals broadly meet the requirements of my second test.

I agree with the findings of the review that information on the change from current to proposed future bed numbers should be made more explicit. I would also hope to see additional sensitivity

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testing in the DMBC, including in relation to updated population projections, to give further assurance against my second test.

## **Test 3: Financial investment and savings**

I welcome the assurance provided by the review that, for both consultation options, capital funding for the proposed changes has been secured and appears to be affordable.

I note that the proposals include plans for increased private patient income. Further assurance is needed on how this will be achieved without opportunity cost to NHS patients and without widening inequalities in access to, experiences of and outcomes from care. I would also hope to see information on whether these private patients are expected to come from within the catchment area for the service and the resultant impact of the changes on access for London patients.

## **Test 4: Social care impact**

One of my priorities for any major service change is that the impact on social care services is well considered. The independent review accepts the position set out in the PCBC that a minimal impact on social care is expected as a result of these changes and states that, given this, an appropriate level of consideration is paid to the impact on social care in the proposals. I can confirm that, at this stage, I have no concerns related to the impact of these changes on social care.

## **Test 5: Clinical support**

I am pleased to see that the independent clinical review panel formed by the London and South East Clinical Senates found the case for change to be clear and clinically sound.

However, in line with the findings of both my independent review and the Clinical Senates' review, I would expect the DMBC to put forward a case for change that articulates in more detail the expected benefits that the changes will generate for patients and families. This should set out expected improvements against a baseline analysis of existing access, quality and outcomes data for the current service.

I note the Clinical Senates' finding that as proposals are further developed, careful attention is needed on how the transition from children's to teenage and young adult cancer services is managed, given that the proposed changes would mean that these services would no longer be on the same site.

I am aware that a process of engagement is currently underway with staff of the existing service and local clinicians. It is vital that this is robust and that the insights gathered are used to meaningfully shape the development of the proposals. This should include consideration of the potential impacts of the changes on current staff, including in terms of travel time and travel cost.

## **Test 6: Patient and Public Engagement**

The public consultation on the proposals is currently underway. My next letter, which will follow the publication of the consultation report and the DMBC, will address the quality of the consultation and the extent to which the proposals have been meaningfully and appropriately modified in light of the insights shared by patients and the public, both during the consultation and more broadly in the ongoing process of developing the proposals.

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At this stage, I am pleased to see that extensive pre-consultation activities were conducted and that these meaningfully informed the format and content of the consultation materials. I note that, following the mid-point review of the consultation process, plans were developed to better reach groups that had not been heard from enough so far. I will await the consultation report to determine whether these gaps have been filled.

I note again the concerns that have been raised by patients and members of the public concerning the case for change, as well as the imperative this raises for the DMBC to set out the case for change with greater clarity and detail. This would help provide greater assurance to patients and families about the need for and benefits of the changes.

Thank you for the opportunity to comment on these proposals. I would like to thank the NHS England London team for their helpful engagement with the process to apply my six tests to these proposals. This has supported my team to better understand the proposed changes and the objectives and analysis behind them.

I will be making this letter and the accompanying independent review publicly available on the Greater London Authority website in the next few days. I plan to share my updated position against all six tests once I have reviewed the consultation report and the revised proposals that will follow in the DMBC.

Yours sincerely,



**Sadiq Khan**  
Mayor of London

Cc: Michael Bell, Chair, South West London Integrated Care System  
Richard Douglas CB, Chair, South East London Integrated Care System  
Sarah Blow, Chief Executive Officer, South West London Integrated Care System  
Andrew Bland, Chief Executive Officer, South East London Integrated Care System  
Dr Chris Streater, Medical Director, NHS England – London  
Martin Machray, Executive Director of Performance, NHS England – London  
Charles Alexander, Chairman, Guy's and St Thomas' NHS Foundation Trust  
Gillian Norton, Chairman, St George's University Hospitals NHS Foundation Trust  
Professor Ian Abbs, Chief Executive, Guy's and St Thomas' NHS Foundation Trust  
Jacqueline Totterdell, Chief Executive, St George's University Hospitals NHS Foundation Trust  
Cllr Chris Best, Chair, South East London Joint Health Overview and Scrutiny Committee  
Cllr Anita Schnaper, Chair, South West London and Surrey Joint Health Overview and Scrutiny Committee  
Dr Michael Gill, Chair, London Clinical Senate  
Paul Stevens, Chair, South East Clinical Senate  
Geoff Alltimes, Independent Co-Chair, London Estates and Infrastructure Board