

MAYOR OF LONDON

Caroline Clarke

Regional Director for London
NHS England

Date: 31 July 2024

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 updated 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. This follows the initial position set out in my letter of 18 December 2023.

I am aware that a decision was taken on 14 March 2024 that Evelina London will be the future provider of these services.

My updated position has been informed by an independent review of the decision-making business case (DMBC) for the proposals that I commissioned from the Strategy Unit, a copy of which is attached with this letter.

I share my updated position in the spirit of our wider shared ambition to reduce health inequalities and meet the needs of all Londoners. As the proposals are taken forward, I ask you to consider:

- Setting a clear expectation that the future provider monitors healthcare inequalities in a way that reflects a broad definition of access to care.
- Setting out plans and targets for reducing healthcare inequalities in the future service, including taking further steps to address travel cost inequalities.
- Stating explicitly that the changes will not create a risk to the continuation of paediatric surgery and pathology services at St George's.
- Maintaining close engagement with patients and families, including by widening the Travel and Access Group membership to include multiple patient and family representatives.

Test 1: Health and healthcare inequalities

In my previous letter, I called for an analysis of healthcare inequalities in the current service. I am pleased to see emerging plans for monitoring inequalities. However, it is unclear why the proposals were not informed by a more detailed analysis of existing inequalities using locally held service data.

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As the proposals are taken forward, I encourage you to set ambitious plans and targets for reducing inequalities in the future service. This would be strengthened by setting a clear expectation for the future provider to monitor equity in a way that reflects a broad definition of access to care.

I welcome the work done to address my call for strengthened travel analysis, including of travel costs. My review suggests that current proposals will reduce but not eliminate travel cost inequalities. It would be valuable to explore steps to fully address these inequalities.

My review identified a concern that the proposed changes could lead to reduced activity in paediatric elective surgery and pathology services at St George's, which could put the continuation of these services under threat. If this risk is material, it would raise significant questions around the wider impact of the changes on local populations and health inequalities. NHS England should provide welcome assurance on this concern by explicitly confirming that these services are not at risk.

Test 2: Hospital beds

My review shows that you have completed the additional modelling on bed numbers that I asked for in my previous letter. In view of this, I have no outstanding concerns in relation to my hospital beds test.

Test 3: Financial investment and savings

My review found that the proposals are affordable and that the financial case is robust. I note that the value for money return generated by the changes will be modest, and that this would have been the case regardless of which option was chosen.

However, given that the chosen option is costlier, I am concerned that an opportunity may have been missed to generate greater value for money by considering other uses of this differential investment. Helpful assurance could be provided by publishing the economic evaluations conducted by the Trusts bidding to provide the future service.

Thank you for providing the assurance I asked for on how increased private patient income will be achieved without opportunity cost to NHS patients and without widening inequalities.

Test 4: Social care impact

I welcome the assurance in my review that the proposals will have minimal impact on social care.

Test 5: Clinical support

I welcome the work carried out to clarify the case for the changes, which I called for in my previous letter. My review found that strong clinical support for the changes has been demonstrated. I also welcome the commitment to further quantify expected benefits as the proposals are further developed. However, I note again the limited use of existing service data that could have helpfully informed the case for the changes.

My review notes the disruption that could be caused if consultants transferring from the Royal Marsden or St George's are required to live within thirty minutes or ten miles from the Evelina. It would be helpful for the future provider to confirm whether this will be the case.

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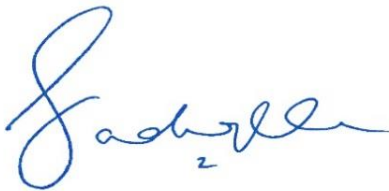
Test 6: Patient and public engagement

My review found that effective engagement has been undertaken, reaching a representative group of patients and the public and working creatively to engage with young people. I was pleased to see that the DMBC transparently considers the objections and alternative proposals shared during the consultation and that consultation insights have been used to shape implementation plans.

I note the evidence, transparently set out in the DMBC, of opposition to the changes from some families and members of the public. With this in mind, it is all the more crucial that proposals are taken forward with close engagement with patients and families. I welcome the formation of a Travel and Access Group to monitor how proposals are implemented. To ensure that the needs of families are better understood, I would encourage widening the Group's membership to include multiple patient and family representatives.

Thank you for the opportunity to comment on these proposals. I will be making this letter and the accompanying independent review publicly available on the Greater London Authority website in the next few days.

Yours sincerely,



Sadiq Khan
Mayor of London

Cc: Sir Richard Douglas, Chair, South East London Integrated Care System
Michael Bell, Chair, South West London Integrated Care System
Andrew Bland, Chief Executive Officer, South East London Integrated Care System
Sarah Blow, Chief Executive Officer, South West London Integrated Care System
Will Huxter, Regional Director of Commissioning, NHS England – London
Jane Clegg, Regional Chief Nurse, NHS England – London
Dr Chris Streater, Regional Medical Director and Chief Clinical Information Officer, NHS England – London
Martin Machray, Director of Performance, NHS England – London
Charles Alexander, Chairman, Guy's and St Thomas' NHS Foundation Trust
Professor Ian Abbs, Chief Executive, Guy's and St Thomas' NHS Foundation Trust
Cllr Chris Best, Chair, South East London Joint Health Overview and Scrutiny Committee
Cllr Anita Schaper, Chair, South West London and Surrey Joint Health Overview and Scrutiny Committee
Dr Michael Gill, Chair, London Clinical Senate
Dr Paul Stevens, Chair, South East Clinical Senate
Geoff Alltimes, Independent Co-Chair, London Estates and Infrastructure Board
Ali Parsons, Deputy Director – Service Integration, NHS England – London