

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 2 March 2023

By: Assistant Chief Executive

Title: Proposed Changes to Children’s Specialised Cancer Services – Principal Treatment Centre

Purpose: To provide the HOSC with details of proposed changes by NHS England (NHSE) to Children’s Specialised Cancer Services – Principal Treatment Centre and consider whether the proposals constitute a ‘substantial variation’ to health service provision for East Sussex residents requiring statutory consultation with HOSC under health scrutiny legislation.

RECOMMENDATIONS: The Committee is recommended to:

- 1) consider whether the service change proposals set out in Appendix 1 constitute a ‘substantial variation’ to health service provision for East Sussex residents requiring statutory consultation with the East Sussex HOSC; and
 - 2) agree any further scrutiny work the Committee will undertake on the proposed changes to Children’s Specialist Cancer Services as outlined in paragraphs 2.8 to 2.10 of the report.
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1 Background

1.1 NHS England (NHSE), London and NHSE South East commission Children’s Specialised Cancer Services Principal Treatment Centres (PTCs) which serve South London and the South East Region. They have contacted HOSC regarding some proposed changes to Children’s Specialised Cancer Services PTC, currently provided jointly by The Royal Marsden NHS Foundation Trust (Sutton site) and St George’s University Hospital NHS Foundation Trust in south London.

1.2 This report provides the opportunity for the HOSC to consider whether the proposals constitute a substantial variation to services for East Sussex residents requiring formal consultation with the Committee alongside and separately to the planned public consultation.

2 Supporting information

2.1 The presentation from NHSE attached as Appendix 1 sets out their proposals for changes to the Children’s Specialised Cancer Services – PTC which provides cancer treatment for children and young people in East Sussex and the wider region (Sussex, Kent, Medway and South London). NHSE, as the commissioner, is the responsible organisation for service reconfigurations and changes for this service. The presentation includes:

- An explanation of the background to the programme and why changes to the current service provision are required i.e. the case for change.
- An explanation of how children’s cancer services are currently organised and which services are in scope for this service change.
- A description of the implications for people from East Sussex.
- A description of the work of the programme to date and how NHSE has already been engaging to support their thinking.
- An outline of the broad timeline NHSE is working to and a discussion of the next steps and how best engage with the East Sussex HOSC.

2.2 Following a number of reviews of services nationally, NHSE has developed a new set of service specifications which set out how PTC services should be organised in the future. The new service specification includes a requirement for PTCs to be delivered on a site with a Paediatric Intensive Care Unit (PICU), alongside paediatric surgery, radiology, haematology and paediatric anaesthetics. These new requirements mean that when the services are recommissioned there will be a change in service provider as The Royal Marsden Hospital has indicated that it would not be economic for them to establish a Paediatric Intensive Care Unit. NHSE is currently conducting a commissioning process where St. George's Hospital and the Evelina Children's Hospital at Guy's and St. Thomas' NHS Foundation Trust are bidding to provide the service.

2.3 In 2019/20, 28 children and young people aged 15 and under from East Sussex accessed inpatient care at the existing PTC out of a total of 411. East Sussex patients visited on a total of 302 occasions for predominately day case activity (284), plus a smaller number of visits for elective (17) and non-elective (1) procedures. Although the number of children, young people, families and carers using these services is small, what is provided is regarded as vital and specialist care. Therefore, the NHSE Programme Board consider that any changes to these services would be significant for service users overall and are planning for a formal consultation.

2.4 The anticipated benefits of the proposed changes include:

- **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** – The changes will not address all of the service fragmentation in London, but NHSE 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 of staff** – NHSE 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.

2.5 NHSE indicate that the proposed changes to the service are unlikely to be implemented until 2026 at the earliest following consultation on the proposals. NHSE have stated that one of the impacts of the proposed changes for East Sussex patients, families and carers will be increased travel times by car for the two options under consideration, but journey times by public transport are likely to be improved. Travel is only one of a number of considerations in making the proposed changes to the service. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel times.

HOSC role

2.6 Under health scrutiny legislation, NHS organisations are required to consult affected HOSCs about a proposed service change that would constitute a 'substantial development or variation' to services for the residents of the HOSC area.

2.7 There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected; whether the service provides planned care (outpatient appointments or day case surgery) where patients and carers make arrangements for travel beforehand, or un-planned care (emergency and urgent care) where patients may be

admitted via ambulance or travel to an Emergency Department; the level of improvement offered by the new service; and the availability of alternative services nearby are often taken into account in coming to an agreement between a HOSC and the NHS on whether formal consultation with the HOSC is required. NHS England also recommends that responsible organisations, in this case NHSE London and NHSE South East, conduct a public consultation for proposals that a HOSC considers to be a substantial variation to services.

2.8 Where the HOSC does not consider a proposal to be a substantial variation to services for the residents of its area there are alternative options for further informal scrutiny involvement including submitting a written response to the public consultation; writing to any HOSC or Joint HOSC which is being formally consulted asking them to consider issues that may be of concern or affect East Sussex patients when they scrutinise NHSE's proposals; and/or holding informal HOSC board meetings with other affected HOSCs to feed into the formal scrutiny process,.

2.9 If East Sussex HOSC considers that the proposals do constitute a substantial change for the county's residents the Committee, under the scrutiny legislation, will need to form a joint HOSC with any other HOSCs which also consider the proposal to be a substantial variation. The joint HOSC would formally consider the plans in detail in order to respond to NHSE with a report and recommendations. The formation of a joint HOSC would involve agreeing a terms of reference and appointing a representative(s) to attend the meetings of the joint HOSC which would be held in person in line with current legislation. The joint HOSC would then submit recommendations on behalf of the all the constituent HOSCs to NHSE on the proposals.

2.10 NHSE has indicated that the likely timescale for undertaking the public consultation is June to September 2023. It is therefore likely any joint HOSC arrangements for scrutinising the proposals will need to be in place before then. If HOSC decides that the proposals are a substantial variation for East Sussex it may need to delegate authority to the Chair and Vice Chair, in consultation with the Committee, to provisionally agree the terms of reference of any joint HOSC and East Sussex HOSC's representation in any joint scrutiny arrangements, in advance of formal agreement at the Committee's next meeting in June.

3. Conclusion and reasons for recommendations

3.1 This report presents HOSC with proposals for changes to Children's Specialised Cancer Services, Principal Treatment Centres, which provide cancer treatment for children and young people from East Sussex and other areas of London and the south east region.

3.2 The Committee is recommended to consider whether the service change proposals set out in **Appendix 1** constitute a 'substantial variation' to health service provision for East Sussex residents requiring statutory consultation with the East Sussex HOSC.

3.3 The Committee is also recommended to agree what further scrutiny the Committee will undertake, either by submitting its views on the proposals informally through the scrutiny work undertaken by other affected HOSCs and/or via the public consultation, or, should the changes be considered a substantial variation, by forming a joint HOSC to formally consider the proposals.

PHILIP BAKER
Assistant Chief Executive

Contact Officer: Martin Jenks, Senior Scrutiny Adviser
Tel. No. 01273 481327
Email: martin.jenks@eastsussex.gov.uk