WHY DEVELOP THE GOSH SITE?

A RESPONSE

On 21st December 2022 the GOSH CCC issued a paper entitled 'Why does Great Ormond Street Hospital continue to develop the Great Ormond Street site?' in support of its current planning application (Ref.2022/2055/P). This document challenges some of its statements and assumptions.

It is already increasingly clear that the existing site occupied by GOSH, bounded by Great Ormond Street, Lamb's Conduit Street, Guilford Street and Powis Place is too small to accommodate its existing functions in an efficient and environmentally acceptable way. The lack of out-street ambulance delivery and parking, taxi drop-off or parking for visitors and parents is a serious problem, and will only get worse if the hospital expands.

The fact that GOSH shares the street block bounded by Great Ormond Street, Queen Square, Guilford Street and Lamb's Conduit Street with two other hospitals places severe restrictions on all of them. The location of two large scanner units on the public highway in Queen Square on a seemingly permanent basis is symptomatic of the immense pressure on the existing site.

The fact that GOSH has been in existence for 170 years is not in itself a reason to remain where it is, either in whole or in part. Many other London hospitals have moved after long periods on historic sites. Most recently Moorfields Eye Hospital has decided to move, despite having been at Old Street for over 100 years and despite large investment on the existing site.

The lack of off-street parking and unloading areas within the GOSH campus means that dozens of ambulances every day have to both unload their patients on-street and park on-street.

The vast majority of ambulances are carrying day-clinic patients, travelling considerable distances from the Home Counties and beyond. They often wait hours on-street waiting to take their patient home.

Given that the majority of GOSH's patients come from outside London, central London is not the ideal location. Mainline stations are not very close to GOSH. Access by vehicle, whether car, taxi or ambulance, is tortuous. Even for those patients coming by public transport, the journey from mainline railway stations to GOSH is not quick or easy.

The previous investment in improved facilities and new buildings is not a reason to consider the future location strategy for GOSH. The cost of the current proposal, not disclosed in the GOSH document, will far greater than any of the other investments. The proposal is, for example, much larger than the Zayed Building. Indeed the size of the investment proposed makes it imperative that all options are thoroughly considered so that the vast capital outlay is spent in the best possible way and in the best possible place to ensure long-term value for money.

There is no reason why, if the GOSH CCC were located elsewhere, that the Zayed Building would need to close. It could continue as a research centre for rare children's diseases, unrelated to the CCC.

Were the existing frontage building to be converted to residential use, perhaps with an additional set-back floor, accommodating approximately 50 south-facing flats, it would realise a very substantial capital value.

The notion that central London is the only place in the UK where there is a sufficient concentration of expertise and support for a specialist children's hospital is absurd. There are centres of medical excellence and research in places such as Cambridge and Oxford, Manchester, Glasgow, Bristol and Liverpool.

Even were GOSH's assertion correct, it is surely not a good thing to have such an absolute concentration of expertise in one single place within the UK. The concept that everything has to be located in central London is completely contrary to the Government's agenda for 'levelling up', spreading investment and jobs more evenly across the UK, and providing regional centres of excellence in all form of economic and social activity. The strategy of GOSH to put so many eggs into a single basket that is already full up is inherently flawed.

There is a danger that the enlargement and concentration of children's cancer care at GOSH will undermine the ability of existing regional facilities such as Liverpool's Alder Hey Hospital (with just nine child cancer beds) to expand or improve their facilities.

The appendix to the GOSH report illustrates the implications for its development proposal if minimum acceptable BRE daylight standards are to be maintained for the 50 or so residential units opposite the development. It reveals just how out of scale the proposal is for its context, and hence the inappropriateness of the development on that site. The sections regrettably do NOT show the profile of the existing building that the development seeks to replace, which would be even more illuminating.

The GOSH CCC's report cannot be regarded as an impartial statement or assessment. It is self-serving, written by the applicant on behalf of the applicant. The plans and ambitions of the GOSH Charity Trustees and the CCC, though expanded in the current proposal, derive from its own internal masterplan of 2015, and have such self-justifying impetus inertia that any change of direction is now seemingly unthinkable. What is required is an independent analysis of child cancer care provision across the UK, so that the vast amount of money currently proposed for investment is spent in the best possible way for the long-term well-being of the patients and their parents, and the hundreds of children living in the local

Bloomsbury community whose lives and health are potentially affected.

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