

Great Ormond Street Group

15 January 2023

Patrick Marfleet
Planning Department
London Borough of Camden
2nd Floor
5 Pancras Square
c/o Town Hall
Judd Street
London
WC1H 9JE

Dear Patrick,

New Objection re: GOSH CCC development submission re: 2022/2255/P

On 21st December 2022, Great Ormond Street Hospital (the "Applicant") made an additional submission with respect to their planning application for the CCC development, entitled "*Why Develop GOSH site?*"

We contend that this submission and the Application it refers to is flawed for at least six reasons:

1. The submission claims that previous investments prevent a new site being considered

In an apparent effort to justify the Applicant's failure to consider alternative sites locally or nationally, the submission states new sites cannot be considered because of prior investments.

If this hypothesis was true, no hospital would ever move or relocate.

All hospitals are constantly investing in new equipment, facilities and building - but that does not prevent responsible hospital management from properly considering moving to new dedicated or modern sites, when new buildings or facilities are being considered.

One example would be Moorfields, which moved its whole site, despite hundreds of millions of pounds of recent investment at its site including the recently constructed Moorfields Children's Eye Hospital.

The Royal Free and Charing Cross Hospital has also previously made such decisions, as relocation can often be in the best interests of patient care.

In Denmark, Copenhagen's Children's Hospital, the equivalent of Great Ormond Street Hospital, decided to move to a brand new site with better communications and facilities, despite having previously invested hundreds of millions of Euros at existing sites. The result is a hospital that puts Great Ormond Street's proposals to shame.

See <https://www.archdaily.com/878914/3xn-wins-competition-for-copenhagen-childrens-hospital-with-playfully-logical-design>

Contrary to the Applicant's submission, it is clear that to ensure the best quality of care a hospital should always consider the alternatives before making any significant new investment at an existing site – especially if an existing site is too small or if the health care needs have outgrown an existing site, which is clearly the case in this instance.

Unfortunately, the Applicant provides no evidence that it has ever considered alternatives – indeed it has stated it has not done so.

2. The submission ignores the option of alternative local sites

The Applicant claims that it is critical the new development is in the local area, due to other facilities.

It does not provide independent proof of this and relies on its own statements to justify this without evidence from independent medical professionals.

Even if this is the case, and this is disputed, this does not explain why other local sites have not been considered, of which there are many.

This is a fundamental flaw in the Applicant's submission.

3. The submission fails to consider the negative medical effects of demolition and construction at an existing site vs a new local or national site

If demolition and construction is to take place at an existing hospital, health care will be compromised for years during the period of demolition and construction as a large proportion of the hospital will not be available for patients.

The Applicant's document does not take into account or even mention the negative health care effects that exist during the demolition and construction phase, when the hospital has to continue to try to operate in the middle of a huge construction site with reduced facilities over a period of years – with contention for transport, road, access and issues with noise and pollution - a problem that does not occur if the new buildings are constructed at a new site and then moved into when ready.

This failure to admit to this issue is another fundamental flaw in the Applicant's submission.

4. The submission fails to provide alternatives nor a full cost/benefit analysis against such alternatives

To make a potentially multi hundred-million-pound investment in a new building, which will affect the local area and children's health care for generations, a full search for other local (and national) sites should be considered, and then a full cost/benefit analysis done to identify the best route forward.

In this instance, no local or national search has been carried out at all – let alone the associated cost/benefit analysis.

Indeed, at a meeting with Mat Shaw, Chief Executive of the Great Ormond Street Hospital for Children NHS Foundation Trust ("GOSH"), Mr Shaw admitted that no other local (or national) site has ever been considered and that no cost/benefit analysis had been carried out either which given the grave limitations of the current site, and potential effects on the local community, is clearly wrong when making decisions that will affect children for generations.

Any cost/benefit analysis should also consider the value of land or buildings currently owned by the Applicant that might be resold to a developer, when no longer required once a new site becomes available for use. The Applicant makes no mention of this in its submission.

The failure to consider alternative sites and carry out a full cost/benefit analysis is another fundamental flaw in the Applicant's submission.

5. The submission fails to consider the option of a different design on the current site, including potentially relocating some facilities to Phase 5

This application represents Phase 4 of a Phase 5 "Masterplan" that the Applicant has developed (but which is not approved by Camden Council and which has not been subject to any Consultation process with the local community and which therefore has no legal or binding status).

Despite repeated requests by GOSG representatives the Applicant has not been willing to provide any information about its plans for the Phase 5 site. No designs, specifications or details of what Phase 5 might include or involve have been supplied, despite the Applicant's claims of proper local consultation.

Given the area covered by Phase 5 is significant in scale (indeed it is similar to the size of the Phase 4 site) and given the Phase 5 site is also adjacent to the Phase 4 site, there is no reason why a scheme that covers the whole of the Phase 4 and Phase 5 areas could not be designed that would enable all of the benefits associated with the Applicant's scheme to be delivered, without any of the significant negatives.

Alternatively, the upper floor plant, restaurant, school, and terrace requirements of Phase 4 could be moved and incorporated into the designs of any future Phase 5 building, enabling the height of the Phase 4 building to be reduced by three storeys without any effect on patient capacity and eradicating many of the problems with the

current scheme without hampering or reducing the quality of care that can be delivered to patients.

Given the Applicant's failure to provide any details of the Phase 5 plans, and given the two schemes are clearly linked, and the sites adjacent, it is impossible to say that the clinical benefits of the new Phase 4 scheme cannot be delivered in another and better way even if the hospital is to stay at the current site - purely through a realignment or integration of the Phase 4 and Phase 5 designs and plans.

The failure to consider changes to Phase 4 and Phase 5 to deliver the same or better clinical care without the negative effects on the local community is another fatal flaw in the Applicant's submission.

6. The submission fails to consider the option of de-centralising children's health care facilities nationally and whether this could provide better value for money and improved health care for children on a national basis

The Applicant's proposal ignores the existence of other children's hospitals in the UK, often in areas which are closer to patients, and which may feature lower inherent running costs or which can potentially provide better access and health care for patients.

Given the Applicant services patients from all over the country, as well as abroad, and that its current location is in a heavily congested and polluted area in the centre of the London, on a small residential street, in the far South East corner of the UK, it is likely that better health care arrangements could be delivered at a lower cost, and with easier access to patients, by simply spreading the proposed investment and facilities across a number of hospitals country wide, so patients and families can be much closer to the health care facilities they need, and running costs kept lower.

Given the Government's goal of levelling up across the regions as well as the Applicant's intention to deliver "day care" cancer care (where patients travel to the hospital every day rather than staying long term) it is likely that a much better long term clinical result can be delivered by decentralising children's health care.

As such, a full and independent national analysis carried out by an independent body that is independent of the Applicant (e.g. the NHS nationally, or the Department of Health and Social Care) is required to confirm that this the Applicant's proposals are the right and best use of the hundreds of millions of pounds the Applicant plans to invest in the building – as well as the hundreds of millions of pounds the NHS would subsequently be asked to spend operating the building long term.

However, no such analysis has apparently been done, and the Applicant provides no evidence whatsoever that the NHS or Department of Health and Social Care agree that this is the best and most optimum strategy for national cancer or other health care for children.

Given this is a matter of national importance, and involves sick children from all over the country, we would argue that an independent analysis should be done by the

NHS or Department of Health and Social Care nationally, independently of the Applicant, particularly given the fact that the Applicant has consistently shown a desire to maximise the proportion of children that it treats vs other hospitals.

Given this is a matter that has national consequences we contend this planning application should not be approved at this stage and that a Public Inquiry is the most suitable forum to ensure all interested parties are able to participate in the discussion on the best means of providing cancer care to children in this country (to include representatives of the NHS nationally, the Health Secretary, the Department of Health and Social Care and also critically medical professionals in other children's hospitals).

In conclusion, the submission fails to prove that the considerable negative effects on the local area, community and businesses are outweighed by the public good

The Applicant continues to ignore the very significant negative effects including:

- a) Unacceptable massing overwhelming an 18th Century Conservation Area;
- b) Lack of acceptable light for dozens of residents, and the associated effects on mental health;
- c) Huge disruption over many years involving 1000s of 30 ton lorries travelling down small residential streets for years with associated health and safety issues near a Children's Hospital, Schools and Children's Playground;
- d) Loss of Resident and Disabled Parking for many years;
- e) Noise pollution from a whole floor of plant positioned on the 6th and 7th floor of a residential area;
- f) Damage to a Protected View of St Paul's Cathedral;
- g) Destruction of a local community and likely closure of many local businesses.
- h) The Applicant presumably believes the public benefits of its scheme outweigh the very considerable negatives above.

Even if this is the case, it has yet to prove (or even try to prove) that the same or even better public benefits cannot be better or more efficiently achieved by a variation to the scheme or an entirely different scheme, because it has never considered:

- Any alternative local sites;
- Any alternative national sites;
- The positive benefits of a new site by reducing service degradation during demolition and construction;
- Any modification of its Phase 4 and Phase 5 schemes at the current site to reduce the negative effects of Phase 4;
- An alternative national strategy involving decentralisation of services by way of investments in other children's hospitals;
- The cost/benefit implications of all of the above.

We should further add that of all the submissions made to support GOSH's application, none have actually supported the design and location – only the concept of an improvement in the care that can be delivered to children through investment. We are confident that the various

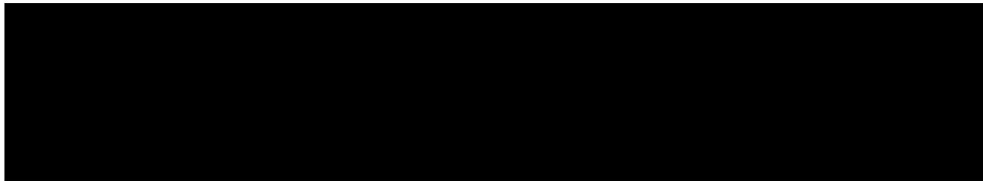
authors of such submissions would support a change to GOSH's investment plans if a better result can be delivered for children nationally by alternative means.

Furthermore, it is notable that the Applicant has not provided any evidence from the NHS nationally or from the Department of Health & Social Care or from any independent consultants that its proposal represents the best path for children's health care nationally.

Given the expectation in any planning process that important considerations are always reviewed by independent third parties and consultants rather than the Applicant itself, this is even more reason for this debate to progress to a proper national forum, rather than a local planning forum, by way of a Public Enquiry.

For all these reasons and for the sake of the children nationally, as well as the local community that is so under threat, we urge Camden Council to reject this application at this time so that the national issue of future children hospital care is dealt with properly at a national Public Enquiry.

Many thanks,



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Representative
Great Ormond Street Group

Lou Hammersley
Representative
Great Ormond Street Group