

Great Ormond Street Hospital, Children's Cancer Centre (CCC)

25 January 2023

Consideration of alternative sites and alternative approaches to deliver care: GOSH response to issues raised by the neighbours in response to our document 'Why does Great Ormond Street Hospital continue to develop the Great Ormond Street Site' (21-12-22), for the avoidance of doubt and for further clarity

In our submission 'Why does Great Ormond Street Hospital continue to develop the Great Ormond Street Site', we set out the compelling healthcare and financial reasons as to why GOSH must stay at its historic home in Camden and develop its existing campus and in particular, the Frontage Building.

For the avoidance of doubt, we again confirm our previous responses by way of answering three questions:

1. Could GOSH as a whole move to a new location?
2. Could the CCC be developed at a different location to the main GOSH site?
3. Could the services which will be delivered in the CCC be de-centralised and provided by local hospitals?

1. Could GOSH as a whole move to a new location?

No. As set out in our previous document, moving GOSH as a whole to a new location either in London or outside of London would not be possible because:

- GOSH has unique and significant strategic partnerships in London and in the Bloomsbury area, in particular with UCLH, University College London, both of which have facilities next door and close by, and the Institute of Child Health (ICH) which has shared facilities with us and is on our island site. GOSH needs to be co-located with these partners for the services provided to be successful. For example, we deliver cancer services in partnership with UCLH with children seamlessly moving between the two sites and this would not be feasible from a different location.
- GOSH is a leading international research hospital and is at the forefront of new discoveries into innovative treatments that improve outcomes for patients. With the ICH, we host the only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC). The Zayed Centre for Research (ZCR) in Guilford Street, provides facilities for researchers from UCL and the ICH, working on novel treatments for rare childhood conditions that will be trialled at GOSH prior to introduction across the UK and worldwide.
- Many of our clinical staff have joint appointments at the ICH. The co-location enables them to undertake clinical and research duties in an extremely efficient and effective way, enabling break throughs in treatment to move more rapidly from bench to bedside. Teams can use observations in the clinic to identify research priorities and opportunities that will make the biggest difference to children. It also makes it easier to set up clinical trials so new treatments can be rapidly and safely tested, and more quickly put into clinical use.
- Every year around 200 research projects are started at GOSH, while at any one time there are roughly 500 research projects active at the Trust. If GOSH were to move away from its current co-located site with ICH, the amount and quality of research undertaken would be at serious risk.
- The North Thames Paediatric Network which manages care pathways for children with complex illnesses and conditions is hosted by GOSH and chaired by Mat Shaw our CEO, moving location could fundamentally impact on the network and how the care is provided.

- Specialist intensive care services for children in north central London are based at GOSH. These are highly specialised services which are required to be located in specific geographic locations to serve specific populations, furthermore, the nature of the services requires them to be located within a specialist hospital with relevant professional support which would not be possible in a non-specialist institution.
- The range of technical care provided in all of the above areas means that GOSH cannot be relocated elsewhere.
- The fact that Moorfield's are developing a new site does not prove that other hospitals can lift and shift their services to new locations. The Moorfield's development has taken many years to develop and involves a partnership with UCL Institute of Ophthalmology and Moorfields Eye Charity, as well as the NHS providers leaving the new site. For GOSH to achieve the same, not only would GOSH have to move, but so would other institutions we have partnerships with, such as ICH and others. For example, the care pathways for children receiving Proton Beam Therapy at UCLH which houses only one of two such centres in the UK, would become more complex, as children receiving treatment at UCLH may also be cared for by GOSH for other elements of their treatment.
- The nature of the services and model of delivery provided by Moorfields is very different to those provided by GOSH and are not comparable in terms of patient groups, complexity, the size and scale, nor comparable in terms of healthcare partnerships or integrated care pathways.
- With 317,600 children and young people living in North Central London, we provide important specialist services to support our local hospitals. This includes specialist care for children who may need surgery, specialist neonatal care, with GOSH the designated neonatal intensive care for NCL, as well as specialist intensive care for older babies and children. As well as delivering these important services at GOSH, we also provide outreach services, for example, our ENT surgeons work across other hospitals in NCL. If GOSH was moved outside of North Central London, another specialist children's provider would have to be developed, with facilities and workforce to deliver these vital services. It would be unaffordable to have two paediatric providers and impossible to find the workforce for, due to the specialist nature of the work.
- Any changes to GOSH service provision will destabilise local/regional services and impact on nationally commissioned specialist services. For example, if GOSH was to move its intensive care services outside of North Central London, capacity for these will need to be created at other hospitals within London and any reconfiguration of clinical services would come at a significant cost to the taxpayer and could be detrimental to the quality of healthcare provision.

2. Could the CCC be developed at a different location to the main GOSH site?

- No. As previously stated in "Why does Great Ormond Street Hospital continue to develop the Great Ormond Street Site", the nature and complexity of the services delivered within the CCC means it is not possible to deliver these services at a satellite centre away from the main hospital site, without the back up of other specialities, services and clinical infrastructure. Replicating the required supportive services, for example, critical care, laboratories or imaging, at the satellite site would not be sustainable or safe due to patient numbers and levels of activity. Transferring children between sites carries significant risks and goes against best and safe practice for the management and care of children with cancer. In addition, the fact that GOSH delivers over 60 clinical specialities means children, who may have more than one condition, which is not unusual, benefit from easy access to these services. The interconnection of them brings economies of scale which also makes extracting the oncology services impossible.
- It is also worth noting that the design of the CCC deliberately interconnects with the existing Variety Club Building, Premier Inn Clinical Building and Octav Botnar Wing, with cumulative benefits to the rest of the

hospital. Patients from across GOSH will benefit from the new theatres, imaging, critical care services and hospital school, with easy level access between all areas of the hospital.

- In addition, being in a different location would make it much harder to undertake and improve research techniques, given the points already made in the answer to question 1.

3. Could the services which will be delivered in the CCC be de-centralised and provided by local hospitals?

- No. Services are already delivered in a de-centralised way. As set out in “Why does Great Ormond Street Hospital continue to develop the Great Ormond Street Site”, the services provided by GOSH, and which will be within the CCC, are already delivered in partnership with the referring hospital and clinical team. This means that GOSH provides specialist care whilst the child’s local hospital and team provides day to day care, with expert input as required.
- It is well established that centralised specialist children’s care is best for their outcomes, best for their chances of survival and the best way of retaining the expertise. This is reflected in the principal treatment centre approach set out by NHSEngland/Improvement.

Conclusion

As previously set out in ‘Why does Great Ormond Street Hospital continue to develop the Great Ormond Street Site’ and our other planning application documents, and as the above paragraphs confirm, moving either

- i) the CCC or
- ii) the services provided by CCC or
- iii) even the whole of GOSH

to an alternative location, is not an option. Periodic internal assessments of these questions do take place and the conclusion has remained that this would not be possible.