

**From:** Rob Lewis

**Sent:** 25 January 2023 17:33

**To:** CCC

**Cc:** Louise Hammersley; Patrick Marfleet; Planning

**Subject:** Re: Request for response - GOSG response to GOSH late Dec submission

Dear CCC (Patrick / Camden Planning cc'd),

I appreciate your response, but it fails to answer the following questions we made in our recent objection, all of which are very important:

- **Why it is not possible to include 2 or more floors of this accommodation in Phase 5**, meaning all the benefits could be delivered without the damage to the local community, protected views and conservation area;
- **Whether the vast resources required for the build and running of this new development are best spent at this site on this development and not at other hospitals elsewhere in the country** where build and running costs would be lower and patient care be closer to the patient meaning better and more care could be delivered;
- **Why neither the NHS nationally or the Department for Health & Social Care** have been willing to confirm that that this is the best use of scarce resources (noting the allocation of resources on a national basis is by its very definition and important national matter and that therefore it would be reasonable for them to confirm this before planning is provided);
- **Why no other national OR local sites were considered for a brand new hospital** and why no such cost/benefit analysis was ever carried out;
- **Why Phase 4 and Phase 5 sites cannot be integrated given they are on adjacent sites** to ensure that all the facilities can be delivered but with a lower and acceptable frontage on Great Ormond Street that doesn't destroy the area.

I should add that we note this submission is written by yourself directly as Applicant.

An Applicant's submission (rather than an independent report) should be given limited weight in any planning matter especially in this case where we believe it

to be a biased attempt to post-rationalise a decision you took not to consider alternative local or national sites, or different designs, or different allocations of charity and NHS capital, despite the obvious benefits of doing so.

We further note your submission is not endorsed by the NHS nationally or the Department for Health & Social Care.

We continue to believe this and the national matter of children's care and scarce NHS health care spending deserves public scrutiny.

National health planning for the nation's children is by its very definition a national matter and it is clear that the right forum for these discussions is a national one, i.e. it should be considered at a public enquiry as it affects all the children in this country and all other children's hospitals not just now but for decades to come.

Patrick – please place this response on the portal.

Many thanks,

Rob