

Professor Sir Mike Richards

Specialised Commissioning
NHS England
Skipton House
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Dear Sir Mike

Just prior to the start of the Covid-19 pandemic you presented the outcome of your independent review of the proposed new service specification for children's cancer Principal Treatment Centres (PTC) to the NHS England Board. The Board fully supported your findings, including your central recommendation that from now on all children's PTCs must be co-located on the same site with level 3 paediatric critical care and other specialised children's services.

Today we are publishing the final PTC service specification and the linked specification for Paediatric Oncology Shared Care Units (POSCU) which, taken together, respond to your recommendations.

The PTC specification makes co-location with level 3 paediatric critical care a mandatory requirement with no exceptions or special arrangements permitted.

This is essential for the continued development of our already internationally renowned children's cancer services across England, which are rapidly innovating to offer the best new treatments for children. The introduction of innovative immunotherapy treatments and other novel targeted therapies means the highest level of intensive care support is increasingly essential for PTCs, ensuring they can keep pace with future advances and can offer patients the full range of treatment options.

The linked POSCU specification sets out what activity can appropriately take place outside of the PTC. For those that meet the requirements to be an enhanced POSCU, this includes the type of low risk activity you described in your report that could safely be carried out without on-site level 3 paediatric critical care.

As you know, the mandatory co-location requirement has particular implications for the current joint PTC arrangements in London, both North and South of the Thames. For example, neither University College London Hospital (a joint PTC with Great Ormond Street Hospital) or the Royal Marsden Hospital (a joint PTC with St Georges Hospital) have co-located level 3 paediatric critical care.

Now that the specifications have been published and set a clear direction for future services, these providers will work with others across London to rapidly explore options that can meet the new requirements. NHS London will lead the process, working with Trusts impacted by this change, ICS colleagues, clinicians and families, to identify as quickly as possible preferred solutions. Final decisions will, of course, follow appropriate public involvement.

I would like to thank you for your advice and guidance on this matter which has been integral to the development of the service specifications and will ensure our children's cancer services remain world class in the years ahead. With their publication, we are placing clinicians and local stakeholders in the driving seat for leading children's cancer networks and shaping the development of care pathways and POSCUs as well ensuring consistent service access arrangements for all patients.

Yours sincerely



John Stewart
National Director, Specialised Commissioning
NHS England