

Response to NHSE consultation on changes to Paediatric Oncology

We are writing on behalf of Healthwatch Richmond and Healthwatch Merton in response to the consultation on the move of cancer services from Royal Marsden to either St George's or Evalina Hospitals.

Our view is that the consultation is insufficient and does not discharge the duty to consult as it fails to meet the Gunning Principles for Consultations. As a result, we are unable to submit a response to the consultation survey questions and are limited to providing a narrative response relating to the consultation itself.

Provides insufficient information for people to give “intelligent consideration” to the consultation.

The benefits and negatives of the change itself were not articulated sufficiently clearly in the consultation material. As a result, we were unable to fully understand the benefits of the proposed changes in terms of the numbers of people impacted by the proposals and the extent of this impact on them vs the status quo.

Our understanding left us unconvinced that the reason for the proposed change to take place had been laid out in the consultation.

With respect to the impact of this for the Gunning Principles, providing an insufficiently persuasive and detailed rationale for a change undermines the reader's ability to give “*intelligent consideration*” to the consultation. Without clarity on this issue, responder is led to give “*intelligent consideration*” to the pros and cons of making **any change** from the status quo, rather than to engaging in consideration of the relative merits and challenges presented by the options themselves.

The evidence that the premise of the consultation was insufficient is clear from the following which oppose the change from the status quo:

- Extensive public statements made during the consultation
- Press coverage that did not engage with the need for the changes
- Petition responses



- Requests for clarification from the 6 Healthwatch in South West London, and the Joint Health Overview & Scrutiny Committee to NHS
- That we feel unable to provide a consultation response weighing the options

Whilst Professor Sir Mike Richards has contributed an introduction, and his report is available via a link from the consultation, the important rationale underpinning the need for change is not clear from the consultation materials.

Proposals are not at a formative stage

Gunning's Principles require engagement to have some prospect of meaningfully impacting the decisions being consulted on.

The consultation document sets out an extensive scoring process of bids by the 2 parties against a 42 page scoring framework of criteria all taking place prior to the consultation. It is a *fait accompli*.

Whilst the consultation documents contain empty assertions that "*the decision has not been taken*", this is simply not credible. Were the consultation to have any prospect of influencing the decision previously arrived at via the scoring criteria, it would need to be able to influence either the scoring criteria that the bids were asked to address, or the scoring of the bids themselves, which are not provided in sufficient depth.

The consultation is perhaps useful in refining the proposals to some extent, and in socialising the change before it occurs. It cannot however be considered to be a genuine opportunity to influence a decision that was taken prior to the consultation closing.

Conscientious consideration cannot be given to consultation responses because information that would allow this is not being collected.

In addition to the fact that the decision has clearly been made prior to the consultation taking place, the consultation questions do not collect the information that would be needed to influence the decisions. To achieve this, the questions would need to:

- relate to the criteria in the scoring exercise, the way that these scores have been applied or the appropriateness/completeness of the criteria
- enable respondents to express a preference to the options by ranking them against the criteria; or
- enable respondents to describe the **relative** strengths and weaknesses of the 2 options.

As put, we are not convinced that the questions enable respondents to provide responses that could realistically lead to conscious consideration. There is also no reason to exclude all other sources of feedback such as petitions [such as this](#).

Further

We are not assured that the risks arising from this change have been appropriately considered. There are apparent risks to both the incoming provider and to Royal Marsden Hospital.

Neither incoming provider has the experience or staff expertise required to undertake the services that would transfer to them. It is reasonable to expect that significant retention issues will arise from asking staff to both change from personal to public transport and increase their average daily commutes from c60min to c140 minutes.

Whilst the travel time will clearly create retention pressures for those staff that do transfer, existing staff may also be redeployed to vacancies within RMH, notably within teenage and young adult cancer services: *“Part of [the teenage and young adult cancer services] is currently provided by staff who support the children and young people’s service”*, which will create competition for these.

The impact on the Royal Marsden is sufficiently significant the consultation documents state that ongoing support will be provided. No information is provided however as to what this impact is, or how it will be mitigated other than through short term funding however.

Travel time

Much consideration is given to travel time within the documents in terms of minutes spent travelling. Travel time however is important not just in terms of the amount of time that people have to sit on trains or in traffic, but in terms of the impact that it has on a person’s ability to meet their essential commitments.

Parents and staff will have commitments outside of the hospital. These will have step change impacts. Parents will need to balance the time taken to visit a child in hospital with work and other family commitments. Travel times in excess of 1 hour lead to round trips in excess of 2 hours. The impact of this on parent and staff ability to manage their competing commitments is neither understood nor sought by the consultation. More so where such journeys cannot be undertaken by private transport – for example because parking is unavailable.

Conclusion

It is with regret that we feel that we have no option but to conclude that the consultation is insufficient as it fails the legal test for consultations and appears to have no prospect of altering the decision to award the new service to the Evalina.

As the consultation fails to identify the material unintended consequences of the move on staffing, patients and families and on the incumbent. We are concerned that these cannot be mitigated effectively as they have not been articulated or sought. The change would appear to present a considerable unknown and unmitigated risk as a result.

Furthermore, a substantial change of this nature requires a compelling reason to justify it. If such justification exists, it has not been articulated by the consultation. What rationale there is, appears to be quite limited in scope and focussed on hypothetical future benefits/problems or relying solely on national directives. We do not agree that sufficient justification for this change has been presented within the report.

Yours sincerely,

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