

## Consultant 71

30 January 2014

Dear Mr Witcomb,

As a long-standing Consultant Oncologist [redacted] at UCL, working substantially within the National Health Service, but also in the independent sector, I would like to add my voice in support of maintaining the Princess Grace Hospital in London W1 as part of the HCA network. I am totally opposed to this hospital being selected for dissociation from HCA in favour of management by an alternative independent provider.

My major reasons relate both to clinical service and also academic concerns. Over the past [redacted] years, as a Specialist in Oncology, we have built up a close relationship between UCL hospitals and the Princess Grace Hospital, particularly in respect of innovative techniques for radiotherapy in patients with breast cancer. We have pioneered the use of "single-shot" intra-operative radiotherapy for breast carcinoma, by means of a totally novel technique which is currently available at the Princess Grace Hospital, and is a very scarce resource – we do not currently even have the equipment here at UCL Hospitals, even though the technique was initially developed here [redacted].

The great advantage for patients, and also for healthcare resources within the NHS, is that the patient is treated with a single intra-operative dose of radiotherapy, given at the time of the surgical procedure to remove the cancer, and indeed under the same anaesthetic. We have shown with a very large international randomised trial recently reported in The Lancet, that this technique is equivalent in terms of effectiveness to the conventional external beam radiotherapy which has been in use for over 30 years, but requires daily visits by the patient, over a period of 3-5 years.

The benefits to the patients are obvious, and the advantage as far as NHS resource is concerned, is also considerable – particularly bearing in mind that breast cancer, a very common diagnosis in the UK population, accounts for approximately 30% of the total work volume in a standard radiotherapy department such as UCLH. This allows resource to be freed up and be used for other types of specialist case – particularly important here at UCLH because we see so many "specialist cases" which require particular additional technical expertise, with corresponding increase in "time-on-machine" for each individual patient. A very good example of this would be our very large cohort of young patients including both children and young adults, because of our close link with Great Ormond Street and the bone sarcoma service at the Royal National Orthopaedic Hospital. We perform virtually all of the radiotherapy required for young patients from Great Ormond Street Hospital, making us the largest paediatric radiotherapy centre in the UK. Indeed, it was largely this simple statistic, allied with the associated expertise, which led to our successful bid "South of England" centre for proton beam therapy in which the UK government has now invested over 200 million pounds, with plans to open the UCL Hospitals Proton Beam Centre by 2018.

Academic and service requirements are interlinked. We plan to increase still further our use of intra-operative radiotherapy, and the Princess Grace Hospital is an excellent venue for this work, convenient for UCL Hospitals and to a large degree, sharing the same staff.

I cannot stress these points strongly enough, and would be very happy to come and discuss these points in more detail with you at any time. Please let me know if there are any points that require further clarification.

In addition, you may know that UCL Hospitals in partnership with HCA have invested heavily in State-of-the-Art radiotherapy equipment, which was installed in our radiotherapy

department at UCH in 2011 and was the first of its type in the UK.

This is the Varian TruBeam machine with RapidArc computer technology, currently regarded as the quality leader in terms of precision and accuracy, allowing a level of treatment which was previously impossible, and of particular importance for our children with cancer – especially brain and spinal tumours, abdominal tumours etc etc.

This has greatly benefitted the NHS at minimal cost, [✂] – a remarkable and successful collaboration which I suspect is unique within London, in terms of scope, ambition and service provision.