

26 January 2026

## **Children's Cancer Principal Treatment Centre: Briefing from Evelina London Children's Hospital on progress**

This document provides an update on progress towards the transfer of the Children's Cancer Principal Treatment Centre (PTC), including:

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## Overview and roles and responsibilities

This very specialist children's cancer service is currently provided across two sites (The Royal Marsden NHS Foundation Trust in Sutton and St George's University Hospitals NHS Foundation Trust in Tooting). Following a decision made by NHS England leaders in March 2024, planning is now underway for the service to move to Evelina London Children's Hospital (part of Guy's and St Thomas' NHS Foundation Trust), with conventional radiotherapy at University College Hospital (part of University College London Hospitals NHS Foundation Trust). The move brings the service location in line with the national service specification that mandates that the PTC must be co-located with a paediatric intensive care unit. You can read more about the reasons for the service change in the appendix which gives the background to this service change.

As of 1 April 2025, Integrated Care Boards (ICBs) and NHS England are working together, with the ICBs as responsible commissioners and NHS England as the accountable organisation. They are jointly overseeing implementation of the reconfiguration. This includes the delivery of recommendations agreed at the [decision-making meeting](#) and [advice from the Mayor of London](#) to ensure that, in line with the objectives for the service change, the future centre:

- **complies** with the national service specification with all the benefits that will bring
- **builds** on the many strengths of the existing children's cancer service
- **gives best quality care** to achieve **world-class outcomes** for children with cancer for decades to come.

Work is also ongoing with the Children's Cancer Operational Delivery Network to improve the range of care provided by the paediatric oncology shared care units (POSCUs) across the catchment area. This is in line with [the POSCU national service specification for these units](#) and will enable more care to be provided closer to home where it is clinically appropriate, reducing the amount of travel needed to Principal Treatment Centres. We know from the public consultation in 2023 how important this is for children and their families.

A pan-London working group, led by NHS England, is being established for the North Thames and South Thames Principal Treatment Centres to bring together their providers and interdependent services to work collaboratively across the region. This will ensure equity in access for patients as well as education, training and governance arrangements. Evelina London will continue to work with NHS England and relevant colleagues to ensure there are clear patient pathways developed for delivery of care closer to home.

**Evelina London's role** as the future provider, is to deliver the safe transfer of care, successfully integrating very specialist children's cancer services and clinical trials into its existing outstanding-rated children's services. It is working closely with partners, patients and families, staff and other key stakeholders to ensure that the future centre delivers the service change objectives<sup>1</sup>. This will include addressing any potential issues or risks, such as those raised through the public consultation and other engagement<sup>2</sup>. Governance is in place between GSTT, Evelina London and partner organisations to manage the programme between The Royal Marsden NHS Foundation Trust, St George's University

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<sup>1</sup> You can [read more about Evelina London's approach, including how it is involving children, families and the public, on the Evelina London website](#).

<sup>2</sup> Potential issues raised to date include travel to the future centre and for radiotherapy, impacts on the children's cancer workforce, and on research. Read about [how NHS England has responded to feedback](#).

Hospitals NHS Foundation Trust, ICB commissioners of specialised services, NHS England and other partner organisations. Importantly, the patient voice is represented throughout the programme and at every level of the governance structure. The Royal Marsden and St George's leadership are also integral to key decision-making boards and groups.

The team are very grateful to everyone who is contributing to this work. Families, staff and charities are sharing their experience and expertise to help ensure the change happens as smoothly as possible. They remain committed to ensuring their voices, alongside those of other partners, guide the programme to create the best possible services for children.

If you have any questions or would like to discuss this further:

- please contact Evelina London at [gstt.ChildrensCancer@nhs.net](mailto:gstt.ChildrensCancer@nhs.net)
- please contact the commissioning team at [england.PTCChildrensCancer@nhs.net](mailto:england.PTCChildrensCancer@nhs.net).

## Progress update from August 2025 to December 2025

### Business case development

In November, a significant milestone was reached in the completion of the final Full Business Case (FBC), marking the last stage of the business case process for the PTC transfer. The case provides a fully costed, detailed proposal for service transfer and implementation and has been formally approved by the Guy's and St Thomas' NHS Foundation Trust (GSTT) Board.

Construction works must follow a sequence to ensure they are carried out as efficiently as possible. As a result, there has been a phased approach to the FBC. Following approval of the first instalment of the FBC, the GSTT Board allowed early release of funding for the first phase of building works.

A crucial update is the inclusion of a detailed timeline created with dates provided by our building contractor, John Sisk & Son. Dates for the construction works have been worked out based on the approved plans and technical drawings for the specially designed cancer outpatient and inpatient areas. The timeline indicates that construction will be completed in March 2027 and the works are mapped out to deliver a carefully planned and safe transfer from then.

The transfer date is still subject to essential building safety approvals which have been factored into the timeline but are outside of the programme team's control. Relevant approvals have been identified and incorporated using anticipated timescales provided by the Building Safety Regulator.

This programme of work is complex, planning the move of such an important service involves many different workstreams. All partner organisations worked collaboratively towards a transfer in late 2026 but the construction timeline has shown when construction can be completed. The updated timeline has been communicated to all key stakeholders.

The commitment of partner organisations in sharing expertise and guiding the programme has been outstanding. Delivering a safe transfer for children and their families continues to be the most important

factor so that the excellence of the current service can be upheld and developed further as part of a comprehensive children's hospital.

## Design and construction of the cancer care spaces

Construction is progressing well on the new dedicated day care unit which will be within Evelina London's Children's Day Treatment Centre and where children will receive any treatment that doesn't require them to stay overnight. Internal walls have been built, the majority of pipework has been completed and electrical services have been installed in the ceilings. Similar works are now taking place on the floors below.



Images showing hoardings at Evelina London (above) and the crane lift (below)

Externally, a plant area has been created, a crane was used to lift a 5 tonne Air Handling Unit and other plant up on the roof. Installation and other works will continue on the roof and west elevation of the building.

All these works require careful planning and sensitive handling as they are taking place within and nearby a live day surgery unit. Drainage connection was required on lower levels to pick up the drainage coming from the new floors above. These works involved co-ordination with the day surgery team to minimise disruption, carrying out works out-of-hours where possible, as the ceilings needed to be dismantled and re-built to facilitate access.



Pre-construction works are underway for builds within Evelina London Children's Hospital and South Wing of St Thomas' Hospital.

As a reminder, all of Evelina London's children's services are located on the St Thomas' Hospital site with interlinked spaces in the Evelina London Children's Hospital building, St Thomas' Hospital and the Children's Day Treatment Centre. The core spaces of the new Children's Cancer Principal Treatment centre are in the following locations:

- an inpatient ward with 23 beds and dedicated holistic care spaces located on the 3<sup>rd</sup> floor of the children's hospital building

- a dedicated day care unit and procedure room, for day case Systemic Anti-Cancer Treatment (SACT) which includes chemotherapy, and minor procedures, on the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the Children's Day Treatment Centre
- a children's cancer outpatient department in the South Wing of St Thomas' Hospital.

## Engagement with families

From the start of this programme, patients and families have been at the heart of every decision. Guided by the principle that a healing environment must be clinically excellent and emotionally supportive, the team have created spaces that will provide comfort and promote independence.

Thanks to the patients and families who have been involved, there are practical features like accessible storage and entertainment systems as well as engaging artwork and flexible shared areas.

Recent engagement sessions have resulted in:

- curtains alongside glazed screens for privacy and comfort, bedside lockers for personal items, and movable TVs with gaming shelves.
- extra power sockets and cable management for parents and clinical needs.
- play areas with accessible storage, clear wheelchair spaces, and bins for tidiness.
- bedrooms with lockers, shelves in the ensuite and centralised nurse call points which are easily accessible from either side of the bed.
- access to a hob and microwave for parents and carers, individual food lockers, and bathroom and shower areas with a less clinical feel.



To date, there have been more than 160 engagements (totalling more than 240 hours over the course of 16 months) across the full spectrum of people invested in this programme.

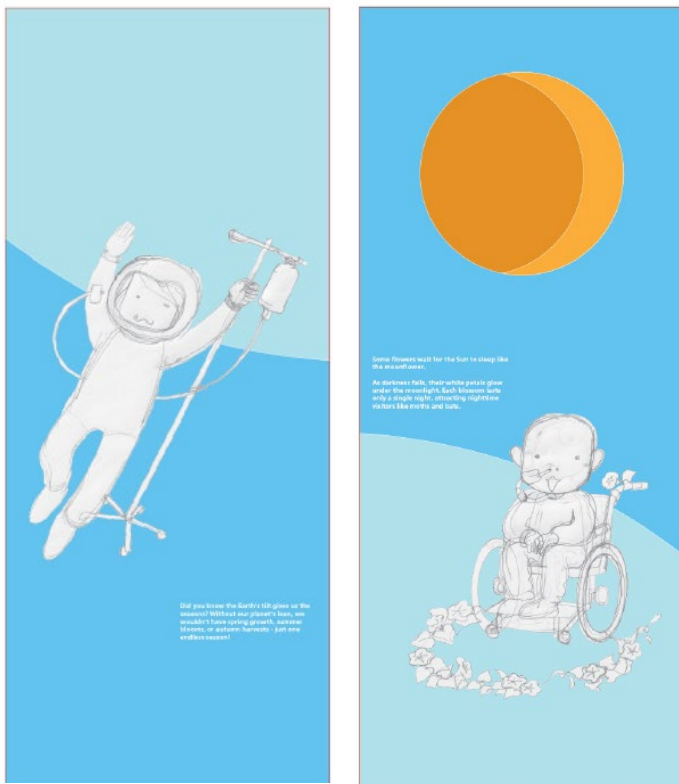
## Artwork

Alongside finalising the important practical elements of the spaces, work has been undertaken with patients, families, and clinical staff at the current PTC to develop artwork for the future areas. This work is particularly important in reassuring children and young people and providing comfort on their journey. The team have heard and understand the importance of striking a balance to create spaces that are not too overwhelming or overstimulating but are fun and engaging. The spaces will be used by children aged 1 to

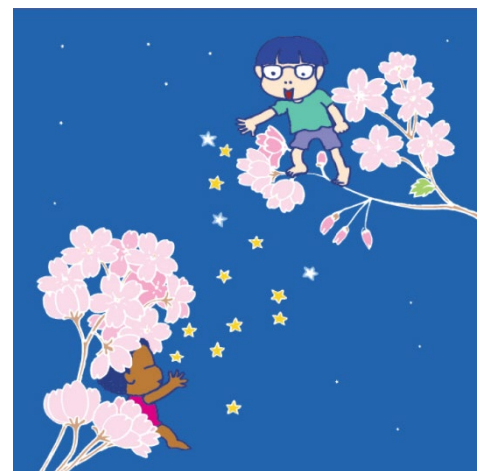
16, and the artwork needs to recognise the vast differences in what is comforting or exciting depending how old the child or young person is.

Recent focus has been on the artwork for the day care unit with patients and families. This has resulted in a space garden theme, in keeping with the existing space theme of the Children's Day Treatment Centre. A repeated message from children and young people using the current service has been that the connection to the outside world and nature is incredibly important. This led to the development of the theme that combines space and nature.

This area will include engaging images and interesting facts. The group of existing Evelina London characters used throughout the children's hospital have been expanded and developed to recognise the importance of resonating with this new patient population. Many of the children depicted in the new images have no hair, are wearing a hat, or have a nasogastric tube to foster a sense of community and shared experience among patients. Families and staff in the current service expressed that this is particularly important.



Examples of wall panels showing new characters designed to resonate with children undergoing cancer treatment.



Example panel for the procedure room showing an image shown alongside references to classical Japanese poetry where cherry blossoms are likened to the scattered stars of spring.

Final designs shared with permission from Art in Site.

You can read more about the engagement work, including design workshops with young people on the Evelina London website in [a story thanking families for their involvement](#).

In line with The Royal Institute of British Architects (RIBA) Plan of Work which outlines 8 stages to guide the design and construction of buildings, RIBA Stage 4 is underway. A report detailing how patients and families have shaped this stage is in progress and will be published online.

## Travel and patient support

A Travel and Clinical Advisory Group including young people and family members continues to inform decisions about travel, family support services, treatment and care. A key priority is ensuring that travel and access to the hospital is as smooth as possible.

- **Parking** – work is underway to provide dedicated parking spaces in the St Thomas' Hospital car park, alongside a new system that will allow families to book spaces in advance, aligned with their appointment schedules. This will help reduce stress for families and ensure they have reliable access when attending appointments or staying for treatment.
- **Accommodation** – policies and booking procedures are being updated to make them clear and easy to navigate.
- **Catering** – a comprehensive summary of all available options for food and drink is being developed so patients and families can plan and feel confident about what is available during their stay.
- **Wayfinding** – work is underway to review signage and guidance across the site to make it easier for families to find their way around, particularly those visiting for the first time.

These improvements are part of a wider effort to create a welcoming and supportive environment for families, ensuring that practical needs are addressed alongside clinical care.

## Planning for the future team

The Workforce Oversight Group has driven a number of initiatives to ensure existing staff are supported to transfer and that the service has the right staff for a safe go live.

- **Recruitment and training plans** – key milestones have been identified and a RAG rated planner for each individual role has been developed to ensure a robust recruitment and training plan.
- **Data driven planning** – a dedicated workstream collated staff data to inform the final FBC. This includes the roles that are in scope to transfer under TUPE regulations, and any new roles that the service will need to recruit into before or during the transition.
- **Staff engagement** – many existing PTC staff have taken up an open invitation to visit Evelina London. Focus groups for different staff groups have been held at The Royal Marsden in Sutton and St George's Hospital to provide professional support and give an opportunity to discuss concerns (for example, access to flexible working). Evaluation has shown these sessions were well received and is guiding future work. There is a continued focus on sourcing information about travel expenses/reimbursement and flexible working to support staff in making their decision to transfer. Meetings for all PTC staff are held quarterly with the agenda developed in response to staff queries, these meetings are an important opportunity to share information encourage an open discussion.

- **Organisation development** – work has been commissioned with the organisational development team at GSTT to support bringing together the teams and 3 distinct organisational cultures to develop a shared culture and vision.
- **Recruitment and retention** – a detailed recruitment plan and timeframe will ensure the right staff with the right skills are in post when the service transfers. This is crucial to providing a safe service. Clinical leads have been tasked to RAG rate roles and quantify the time taken to recruit to each role as well as detail training and education requirements to inform recruitment timelines.
- **Learning and development** – an education workstream has been established to develop a sustainable training programme. The programme will map continued training required to support staff (considering specific oncology training needs) and outline an education plan and timeline to support Evelina London staff to care for children with cancer as well as any other training needs of transferring staff.

## Treatment and care planning

The Clinical Oversight Group has increased its representation to include new workstream leads to ensure oversight for the whole clinical programme. Workstreams cover wide-ranging topics, divided to allow a focus on resource with subject matter. Milestones are being tracked through the board with a focus in most workstreams on fully mapping clinical pathways in each area. Progress includes:

- **Diagnostic Imaging and Molecular Radiotherapy** – Evelina London visits are being arranged for the current PTC nursing team responsible for nurse-led sedation. Following this, operational planning will begin to implement the service. The molecular radiotherapy working group has started to map their clinical pathways, Thyroid and MIBG (a type of radioiodine therapy).
- **Diagnostic Pathology** – A histopathology group met and considered the operational delivery work plan, clinical expectations, rapid turnaround times and the need to validate and optimise immunohistochemistry antibodies for paediatric solid tumours as well as discussing capacity to meet clinical demands.

An overview of the Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS) working group's progress was presented at the pathology board. It showed plans for fortnightly meetings and operational steps such as integrating ordering and labelling in EPIC (the electronic health record system), sample pathways, the development of Stand Operating Procedures (SOPs) for handling cerebro spinal fluid (CSF) samples onsite, and maintaining rapid turnaround for specific tests.

- **Bone Marrow Transplant (BMT)** – Collaboration with University College London Hospitals and Great Ormond Street Hospital NHS Foundation Trust is ongoing to refine the total body irradiation (TBI) pathway and associated SOPs. The team is reviewing SOPs, documentation and booking forms to ensure alignment with local processes and patient safety requirements.

- **Surgery and Interventional Radiology (IR)** – A theatre timetable identifying and allocating provision for the oncology services across IR, main theatres and the new procedure room has been completed.
- **Neuro Oncology** – The workstream group established the core multidisciplinary team attendance for neuro oncology to ensure the correct clinicians are involved with decision making. There has been a focus on plans for time-critical neuro-transfer leading to agreement that the Evelina London time-critical transfer policy will be reviewed and modified to accommodate patients from both King's College Hospital and St George's Hospital.
- **Leukaemia and Lymphoma** – A clinical pathway has been finalised, with agreement on the management of high and low risk patients. There has been a focus on the outpatient provision for the service, feeding into the outpatient clinic model in the new department.
- **Palliative care** – Current focus is on developing an integration plan for The Royal Marsden and Evelina London teams.
- **Solid Tumour and Sarcoma** – Pathways are being mapped for the tumour groups, agreeing the referral process, imaging requirements and multidisciplinary process for each one. The working group will begin to work jointly with the surgical and IR workstream to ensure the correct surgical and theatre input is included in pathway developments.
- **Late Effects (health problems that appear months or years after cancer)** – Integration of the paediatric and adult endocrine teams is ongoing to ensure continuity across acute and long-term follow-up services. The working group also focused on the proposed outpatient timetable for the new unit. Feedback was provided and the group identified key services to develop joint clinics with.
- **Inpatients, day case and outpatient care** – Admission, discharge and transfer pathways have been created for review.
- **Pharmacy** –The working group continue to focus on setting up drugs on the patient record system with the majority of the main chemotherapy drugs completed. The group are ensuring all treatments used in the paediatric cancer service are made available at Evelina London. They are also working closely with interlinked projects to provide the required aseptic pharmacy capacity (for manufacture of chemotherapy and other drugs) and to automate the existing children's pharmacy to expand capacity for non-aseptic drugs. Pathways are being set up for management of paediatric cancer clinical trials.
- **Digital** – A data migration strategy and agreement have been completed to ensure a smooth transfer of patient information at the point of transfer. The strategy includes critical decisions about how data can be safely and efficiently shared and proposals for how best to do this to the benefit of patients and clinical staff managing ongoing care.

## Radiotherapy

University College London Hospitals (UCLH) continues to work closely with partners to plan the safe transfer of children's radiotherapy services from The Royal Marsden to University College Hospital.

There has been good progress in the programme to replace UCLH Linear Accelerators (Linacs), the first of which will be ready to start treating patients in Summer 2026. Planning is now underway for the next Linac replacement to take place in Winter 2026 prior to the transfer of services, including the development of the clinical guidelines and standard operating procedures for patients. Development work has also begun to improve the digital interface with GSTT and The Royal Marsden, to allow clinicians at other organisations to easily view clinical information and maintain continuity of care as much as possible.

In order to adequately provide accommodation in close proximity to UCLH for children's radiotherapy patients and their families or carers, a tender process jointly with their Proton Beam Therapy (PBT) service will begin in early 2026 to increase the accommodation provision. In addition, a fundraising campaign with UCLH Charity to improve the play area in the radiotherapy department and enhance patient experience has been launched.

## Research

The Research Integration Oversight Group (with representatives from all partner organisations) continues to meet monthly to monitor workstream progress, identify and mitigate risks and agree priorities.

The External Advisory Board have held 3 meetings. At one meeting, Board member Prof. Dr. Michel Zwaan, Head of Trial and Data Centre – Princess Máxima Centre, shared insights from leading a similar service transition in Utrecht in the Netherlands, offering valuable perspective on managing research continuity.

Research transition managers are in post at both Evelina London and The Royal Marsden.

Work from these boards and working groups has included:

- an outline of key research milestones as a framework for a safe and well-governed transition.
- a comprehensive overview of The Royal Marsden's current research portfolio to help confirm a refined list of transitioning studies, so set-up and governance can begin.
- initial modelling of the transitioning workforce and mapping associated training, competency and induction requirements to support safe service continuity.
- mapping of Standard Operating Procedures to inform future harmonisation and alignment.
- structured tabletop exercises (in-person and virtual engagement sessions) delivered in collaboration with The Royal Marsden research team to inform the structure of the future integrated research delivery model. Sessions explored:
  - research governance and delivery models,
  - patients' pathways

- financial models.
- meetings with key interdependent workstreams including pharmacy, digital, imaging, and biobanking to understand pathways and transition requirements.

The focus of the next quarter will be to continue the collaborative planning, with focus on continuity of care. Once mapping is complete the focus will shift to communication and engagement with staff and sponsors to support research readiness.

## Appendix

### Background

In March 2024, after a rigorous, clinically-led process including a public consultation, NHS England chose Evelina London Children's Hospital (part of Guy's and St Thomas' NHS Foundation Trust) to be the future provider of very specialist cancer services for children who live in south London and much of south east England<sup>3</sup>.

As a result of this decision, the current Children's Cancer Principal Treatment Centre, which is provided across two sites (The Royal Marsden NHS Foundation Trust's hospital in Sutton and St George's University Hospitals NHS Foundation Trust's hospital in Tooting), will move to Evelina London, with conventional radiotherapy at University College Hospital. This reconfiguration will mean:

- seriously ill children with cancer undergoing chemotherapy or bone marrow transplants will be on the same site as a level 3 children's intensive care unit (the highest level of intensive care) which is able to provide life support. This is required by the [national service specification](#) which sets the clinical requirements for Principal Treatment Centres in England and is based on clear and robust clinical evidence (including NICE guidance) about what is best for children with cancer.
- children will benefit from the expertise of many other specialist services that they may need within Evelina London's specialist children's hospital
- the future centre will have the potential, like other major centres worldwide, to provide groundbreaking CAR-T treatment and other treatments expected in the future that require a children's intensive care unit onsite.

### Who does this change affect?

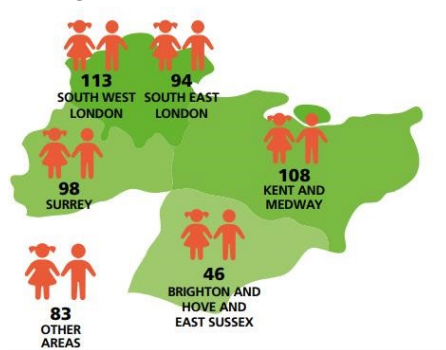
Children's Cancer Principal Treatment Centres are responsible for making sure every child with cancer gets the expert care they need. They provide diagnosis, treatments, and coordination of very specialist care for children aged 15 and under, and there are 13 of them in England. Data from the public consultation about this change, which was undertaken by NHS England in autumn 2023, showed that:

- about 1,400 children are under the care of the Principal Treatment Centre (PTC) for south London and much of south east England at any given time
- about 190 children in the catchment area are newly diagnosed with cancer every year.

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<sup>3</sup> You can [read more about the decision-making by NHS England \(London and South East Regions\) on the transformation partners website](#).

This graphic shows the number of children from each area having inpatient care at the PTC.



Copyright: NHS England

### How will this work?

All specialist children's cancer services will transfer from The Royal Marsden to Evelina London except for children's conventional radiotherapy, which will move to University College Hospital in central London<sup>4</sup>. This is where children with cancer who live in the catchment area of south London, Kent, Medway, most of Surrey and much of Sussex already have proton beam therapy<sup>5</sup>. Conventional radiotherapy for patients aged 16 and over will continue to be provided at The Royal Marsden.

Children's cancer surgery currently provided at St George's Hospital will also transfer to Evelina London. St George's children's cancer shared care unit<sup>6</sup>, neurosurgery service<sup>7</sup>, and children's intensive care unit will not move, and will continue to provide care for children who need it. In addition, Kings will continue to provide neurosurgery for children with brain tumours in their catchment area.

At Evelina London, there will be an inpatient ward, day case treatments area, and an outpatient department specially designed for children with cancer and their families. Many other services that children with cancer may need, including the level 3 children's intensive care unit, diagnostics (such as MRI and CT scans), and specialist children's services (heart, kidney, gastroenterology, infectious diseases services, and many others) are already provided by Evelina London and will be expanded where necessary to cope with the added demand.

Some inpatients will need to be transferred from Evelina London for treatment elsewhere, such as for radiotherapy, or specialist surgery, including neurosurgery, at centres with specific expertise. This will be carefully planned

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<sup>4</sup> University College London Hospitals NHS Foundation Trust, which University College Hospital is part of, already provides all forms of radiotherapy for children under the care of the other Principal Treatment Centres (PTCs) in London and the south east.

<sup>5</sup> In coming years, more children are expected to have proton beam therapy than conventional radiotherapy. Though it is only suitable for certain types of tumours, proton beam therapy precisely targets tumours, reducing damage to healthy tissue and potentially reducing long-term side effects.

<sup>6</sup> This is one of 15 children's cancer shared care units in hospitals across the catchment area, which provide supportive care and, where agreed, specific chemotherapy treatments as close to home as possible, sharing care with the PTC.

<sup>7</sup> The majority of neurosurgery (approximately 80%) for children with cancer will continue to be at King's College Hospital, with the other 20% at St George's Hospital, as it is now.

## **Benefits of the change**

The future Principal Treatment Centre at Evelina London will bring together expert staff from the current service at The Royal Marsden and St George's Hospital with Evelina London's specialist teams who already care for children with complex and rare medical conditions.

At the future centre:

- very sick children who need intensive care input will no longer be transferred to another hospital as happens now. Such transfers are currently done as safely as possible but, even in a special children's ambulance with an expert team onboard, they add avoidable risks and stress to what is already a very difficult situation
- some very sick children may be able to avoid intensive care completely thanks to face-to-face review by onsite intensive care specialists, working closely with the cancer teams
- for children who need it, the intensive care unit will be just one floor away from the cancer ward
- most other specialist children's services that children with cancer may need will also be onsite, including tertiary heart and kidney services
- Guy's and St Thomas' have pledged to create exceptional capabilities for immunological and advanced cellular research for children's cancer care, supported by a comprehensive clinical trial programme and advanced imaging research. This could have national and international benefits
- it will be easier for different specialist teams treating the same children to work closely together, improving care for children, supporting new kinds of research, and helping the future centre keep and attract new staff
- more children will be supported to access care closer to home where this is clinically appropriate, as a result of Evelina London using its experience of working closely with paediatric teams across the catchment area to improve care at children's cancer shared care units.

This is a complex programme and, as with any service move, there are risks that need to be managed. All organisations involved are committed to working closely together to ensure the best outcome for children.