

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, Correspondence – Petitioners to Committee, 30.10.20

Save the Northern Meadows to Petition Committee of the Senedd that met 15th September 2020

Thank-you for your email of 2nd Oct advising us of your handling of our Petition. Ahead of your November meeting. We thank you for your efficiency in considering our petition to hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre. We're grateful that it reached the agenda of the Health, Social Care & Sport Committee for advice on September 30th. Our support letter to the petition emphasised urgency in particular for an independent clinical review and this was indeed given attention. The minute for that Senedd committee meeting is: "6.1 In relation to the Velindre Cancer Centre, the Committee agreed to await the findings of the Nuffield Trust." But this, necessarily, was an early response, actually before Nuffield even posted its project description and terms of reference.

Because of that information in a post by Nuffield on October 6th we write now to stress that along with many others, including clinicians, we can't regard the Nuffield project with Velindre as remotely fulfilling the request of our petition. Nor does it fulfil the similar calls for an independent clinical review made by Julie Morgan Ms and Anna McMorris MP. Why was the bare revelation of the Velindre announcement about Nuffield unveiled to the world precisely one minute before the start of the Petitions Committee of September 15th? Such precision timing surely reveals that this was an attempt to displace the widely proposed, real external, independent, clinical inquiry. Why else done in that place and that way at that time? So far it has in some measure succeeded. But for our part, we still consider our Petition to be in play and awaiting approval as if the Velindre-Nuffield Project did not exist – made possible by your due diligence in September. Compelling reasons for our position are given below.

Your decision not to be pressurised by that announcement has been wholly vindicated. For the Nuffield project, we now know, bears little resemblance to what our Petition and other parties so plainly sought. Nuffield, it transpires, is:

Not external, because New Velindre autonomously selected the project organisation as its preferred choice, then negotiated the project, laying out its needs not anyone else's.

Not independent because (a) New Velindre, Nuffield has told us, has helped select the crucial clinical panel members in phase 3 (whereas those of any other view do not). Nuffield is now 'independent' only in the narrow sense that it has no previous stake in a local controversy. And Nuffield is clear that it certainly has obligations to one particular party more than to any others. In fact its contractual obligation of 'advice', however public, is directed only to New Velindre (b) Velindre will be providing the entire administrative and logistical setup for the engagement phase including the interviewing of the Velindre Trust's staff. How secure does that make any whistle blowers feel? New Velindre will, in practice, be the sole path to engagement for anyone unhappy with the current proposal, including staff.

Not a review if only because Nuffield doesn't describe the project this way, but uses the front title 'Independent advice' (as did even Dave Powell in VCC's news release). An independent review is not 'advice' but a quite different kind of species. A review is

a formal mechanism imposed and conducted by an accrediting or assessing authority to scrutinise and make accountable one of its members or providers. The Velindre-Nuffield project is not remotely like that, and it's likely Nuffield Trust would be surprised if anyone thought it did. All the same, this arrangement has aspired to sideline our Petition's call for a real, external, independent, clinical inquiry into the 'stand-alone' model which nVCC seems to have evaded, through other exercises, for years. And it's plain some have been quite misled by the Velindre-Nuffield move.

For the reasons above, we need to re-emphasise that we see the Petition as still present before Senedd awaiting a response. As is a proper, quite independent clinical review.

Thank-you for listening to us and taking us seriously.

With good wishes,

Chris Marshall

On behalf of Save the Northern Meadows campaign

How can we get people to respect regulations?

IN OUR city, our country and worldwide we are facing a crisis unlike anything any of us have seen in our lifetimes.

Here in Wales we are under a lockdown, a firebreak lockdown designed to do nothing less than save the lives of our fellow Welsh men and women and to protect our cherished NHS.

Most of our fellow citizens seem to be following the restrictions that the Welsh Government was forced to impose because of the growing pandemic. We should all be grateful to our neighbours who are helping to look after us.

However, and sad to say, there do seem to be a small minority of people who refuse to join in this life or death struggle and whose actions are putting all of us in danger.

Whether their anti-social actions are deliberate or come from ignorance of the regulations is unclear but, whatever the reason, they are undermining the firebreak lockdown and therefore putting us all in danger.

So what should be done about this situation and how can these people be corrected?

- The Welsh Government must ensure its messages are clear.
- The police have a part to play in enforcing the law, of course.
- And finally, all the rest of us have a responsibility to tell those not following the regulations that they are letting us down and they are putting lives in danger.

GJ Jones
Cyncoed, Cardiff

We cannot afford to get this wrong

I am writing on behalf of clinical colleagues in response to the letter by John Evans published in the South

“We have a responsibility to tell them that they are letting us down and they are putting lives in danger”

GJ Jones
Cyncoed, Cardiff

Wales Echo on October 27. His letter exemplifies the wonderful care provided by the hard-working and dedicated staff at Velindre hospital. The same staff are working under increasingly difficult circumstances in an ageing, overcrowded set of buildings. Everyone agrees Velindre Cancer Centre desperately needs to be redeveloped so it can provide 21st century cancer care.

Sadly, Mr Evans' letter also exemplifies the misinformation being perpetuated by both Velindre NHS Trust and the Velindre Cancer Centre supporters Facebook page.

Two from many examples of misinformation:

■ It has been suggested radio-frequency ablation (RFA) for oesophageal cancer will be delivered at the new Velindre Cancer Centre. It will not. Endoscopy is not planned. RFA is now delivered in Cardiff and Vale so patients no longer need to go to Gloucester.

■ "Fewer than 30 patients a year need an unplanned emergency transfer". These words are directly quoted from Velindre NHS Trust. A Freedom of Information request to the Welsh Ambulance Service PROVES it has been around 100 a year, every year, for the last 5 years.

Even this very newspaper on September 28 suggested breast cancer surgery is performed at Velindre. It is not and it will not be, as the current plans are for a non-surgical oncology cancer centre. Breast surgery is undertaken at Cardiff and Vale.

Regarding his comments about Clatterbridge, I would like to clarify for Mr Evans some of the fantastic work done by the "Transforming Cancer Care" team on Merseyside. I discussed this very matter only this week with a senior oncologist at Clatterbridge who has been at the helm of the development. Clatterbridge re-located the acute

care (in-patient beds) next to the central Liverpool University Hospital in June 2020, now called the Clatterbridge Cancer Centre - Liverpool. There are two other sites separate to this for elective outpatient care at the original Clatterbridge site on the Wirral and in Aintree.

The central Liverpool site has 110 beds, will treat blood cancers as well as solid cancers, and was delivered for £180m. The cancer centre is physically and managerially separate from the acute hospital BUT all of the facilities required for modern 21st century cancer care are on site, whether required in an emergency or elective setting. Complex treatments such as gene and immunotherapy are delivered in central Liverpool so if a patient gets into trouble, which they can do, they are supported by ITU doctors within minutes.

"Cold" services at the Wirral and Aintree sites will deliver Radiotherapy and some of the more straightforward chemotherapies, supported by satellite chemotherapy clinics.

As the direction of cancer treatment continues to change, Merseyside is now well placed to deliver the newer, more effective therapies.

These treatments provide a greater chance of cure, but may have greater initial toxic side effects requiring support from colleagues in different specialities to keep patients alive. Merseyside are truly transforming cancer care, and I suggest interested readers look at their website www.clatterbridgecc.nhs.uk/about-centre/mission-aims-and-values

Clatterbridge is one of many examples of modern, co-located and integrated cancer care. This perhaps explains the growing concern from specialist cancer nurses and doctors in SE Wales, both outside and inside Velindre, regarding the route chosen by Transforming Cancer Services at Velindre NHS Trust. Concerns have also been expressed by cancer experts in Swansea, Glasgow, Oxford and London, as well as Liverpool.

In fact, no one contacted around the UK has supported the proposed model of care.



I would be surprised and disturbed if the Nuffield Trust reached a different conclusion.

There is little doubt the project, as it stands, will not transform cancer care at all. It will provide more of the same for the next 30 years or more, albeit in a new environment.

These are the same cancer services that leave Wales with one of the poorest cancer survival rates in Europe. Despite good intentions, the disinformation that is being perpetuated, may ensure that cancer survival rates in Wales remain near the bottom of the pile.

Let's get on and develop the satellite radiotherapy and chemotherapy unit in North Gwent which has unanimous clinical support. This will improve access, allow more patients to be treated and reduce delays. In the meantime, we need to ensure we build a new main Velindre Cancer Centre, which will provide the most effective cancer treatments possible, in an environment which is safe for patients.

Rather than blind loyalty, I strongly suggest the supporters of the current proposals ask their clinicians whether the plans for the main

Cancer Centre to have no surgery, no interventional radiology, no endoscopy, no cardiology, no chest physicians etc, and in particular no intensive care unit, will be safe and effective.

We will have this for 30 years or

more, and cannot afford to get it wrong.

The people of South East Wales deserve better.

Dr Ashley Roberts MB BCH MD
MRCP(UK) FRCR

This isn't going anywhere so get used to a different way of life, do the best you can. But stop pretending it doesn't exist as it is very real.

Dawnie Dawn

Let's bear in mind that deaths from respiratory infections rise at this time of year. If you look at previous years there is little difference. Stop the fear mongering please.

Lesley Jones

Anyone would think its the start of flu season.

Brendan Watkins

Have we got a daily death rate of other causes. And is anyone

WEBCHAT

catching flu or flu that develops into pneumonia
Ray Owen

Lockdown you say? The traffic is quite heavy considering we are in lockdown. When I drove in the first lockdown the roads were empty but this time... no one is listening.

Martin Bobite Pickett

Lots of people saying the lockdown isn't working. The people dying with Covid now were probably infected six weeks ago or more. We won't see the