

Paper to Senedd in support of the petition “Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre”

Velindre’s NHS workers provide outstanding care, compassion and treatment. Accordingly, *Save The Northern Meadows* (STNM) stands with all who feel hugely grateful for Velindre. STNM’s posters declare **YES to Velindre**, before saying **NO to Meadow Destruction**. YES for the highest and the best, a top quality cancer care service in South-East Wales. STNM stands fully behind patient wellbeing, the safest medicine possible, respect for all NHS key workers and the integrity of medicine itself. The campaign’s special role is to fly the flag for a corresponding and supportive health asset – green spaces that are a community’s lungs and beating heart, an indispensable constituent of a community’s health and wellbeing <https://savethenorthernmeadows.wales/campaign-overview/>

The Case for a Review

The petitioner’s request for an independent review is to ensure that all in South East Wales benefit from the best treatment model, service provision and maximum use of resources over the next 60 years. Velindre’s Professor Tom Crosby has said on air, “It’s taken us ten years to get here.” Precisely, and it’s taken over three years from the announcement of a New Velindre to where we are now: no building designs or architect, no agreed access, no construction contracts, no work begun. Welsh Government investment in an urgent cancer provision is fully warranted but with such little progress, and on the rim of rapid, huge post-Covid 19 expenditure, the time is ripe for an independent review.

To consider a review which may result in a changed approach is not unreasonable. On the contrary it is wise and decisive. The current proposals for access do not even have WG funding approved – in response to an [FOI request August 2020 ATISN 14204](#), WG advised: “*The Outline Business Case for the enabling [works]... is presently being reviewed by Welsh Government officials...no decision has been taken in respect of funding for the site access works.*” Actual build costs for it are shown as “awaiting *competitive dialogue*.”

The costs of the enabling works alone are so prohibitive that developers would not take on the project, as it doesn’t promise sufficient profit unless “*shovel ready*”. Only then, with access done, can the MIM’s proposal for financing focus “on the Velindre Cancer Centre facility.” ([WG FOI request August 2020 ref ATISN 14204](#)). However, if nVCC were located on a general hospital site, most of the claimed access £26.9m will disappear. No excavation, drainage, connection of utilities and most notably access roads and bridges (cited as costs in nVCC’s letter to Petition chair). On final costs some professionals have quoted a real total of £500m. An enquiry could bring clarity to the present situation.

So even nVCC can’t know the precise costs of the access works and therefore are not positioned to question our petition’s figures. Equally, it’s hardly fair for nVCC to query a petitioner’s use of the term ‘*roads*’ instead of ‘*access route*’ as in their planning application (20/01110/MJR). The issues are frankly far more serious than that.

As for the petition supporting the new VCC, it doesn’t oppose STNM’s at all, but supposes its success more than we dare. It merely requests ‘Support [New VCC] *in any future inquiry*.’ However, our role in this paper is not to evaluate a petition requesting Welsh Government to show partiality during an *independent* inquiry such as ours. That is for the committee. We’re concerned about issues much more serious than how two petitions relate. In the next session our clinical advisers have helped us make this clear.

Clinical Issues

It’s not disputed that we need a new Velindre Cancer Centre. It should offer world class, safe, sustainable services. In our region, many live in some of the most deprived areas in Europe, with poor outcomes on most health measures, including for cancer. They deserve better, they deserve

nothing but the best. We know that this can be delivered. The need for an independent clinical inquiry is therefore implicit in the petition.

Concerns over the Velindre care model

There are today grave concerns over the safety and sustainability of a stand-alone cancer centre. VCC has been such for the 60 years since it was built. This means that unlike many other cancer centres of similar scope, scale and reputation it doesn't offer care for tumours of the blood, children or adolescents, cancer surgery, acute medicine (e.g. dialysis, cardiology), interventional radiology (e.g. drains, stents), endoscopy or intensive care facilities. Stand-alone centres elsewhere have encountered safety problems and been forced into reconfigurations as a result. The rebuild offers the opportunity to proactively 'future-proof' the cancer service offered to the people of SE Wales.

Safety for the patient

There have been many developments in cancer care since the start of the Transforming Cancer Services (TCS) programme, and even in the three years since planning permission was granted for the new centre. Effectiveness has increased, but so has treatment toxicity. Cancer centres built in the 21st Century (such as Leeds, and Liverpool's Clatterbridge) provide integrated cancer care on acute hospital sites so patients requiring urgent surgical or medical intervention, or urgent critical care with ventilatory support, can be treated immediately rather than transferred in an ambulance to another hospital. Time is crucial in an emergency.

External reviews of other UK centres, carried out in response to safety concerns, have concluded that the safest care is provided when on the same site as a large acute hospital with a full range of medical and surgical specialities. Between May and July 2019, a Strategic Review of the Mount Vernon Cancer Centre was carried out, regarding future provision of services for a population of 2 million people.

<https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2019/08/Independent-Clinical-Panel-Report.pdf>

The reviewers noted

- the increased intensity and toxicity of modern-day treatments, and the increasing age and co-morbidity of patients
- the need for comprehensive support services, including ITU, meant that some services, should relocate to a hospital with comprehensive acute services and oncology expertise on site.

In another example, staff at the Beatson Cancer Centre in Scotland alerted the General Medical Council to safety concerns when their acute services were withdrawn to a more distant hospital, leaving the Beatson as a stand-alone centre. Healthcare Improvement Scotland recommended that co-location of non-surgical oncology services with acute services, including critical care, medical and surgical specialities, should be pursued at the earliest opportunity.

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/beatson_enquiry_visit.aspx

https://www.nhsggc.org.uk/media/256389/item-9-paper-no-19_47-moving-forward-together-update.pdf

Neither VCC nor the proposed new VCC has facilities to deal with acutely unwell patients, who are transferred to acute hospitals, usually UHW. Such transfers are said by the Trust to be required around 30 times a year, with ambulance transfer taking 'minutes'. Staff at Velindre and UHW believe that urgent transfer is much more common than this, and takes much longer to arrange and carry out. We are awaiting responses to Freedom of Information requests lodged simultaneously with Velindre NHS Trust and the Welsh Ambulance Service Trust on 24/08/2020, to determine:

- the number of 999 calls made to request urgent assistance,
- whether there were any deaths at scene prior to transfer,
- how many patients at the less acute end of the spectrum required non-emergency ambulance transfer to other hospitals for treatment or intervention not available at the Velindre site.

The Trust point to the Emergency Medical Retrieval and Transfer Service as a safeguard, although this helicopter service is based 51 miles away, and overnight it is actually a single car covering the whole of Wales. The service can't guarantee their availability to attend and treat at scene, yet the Trust suggest that this is an acceptable safety arrangement.

Sustainability

Velindre cancer centre is held in high esteem in Wales. The new centre must be able to offer all modern therapies for this to remain the case. Velindre can currently recruit high quality staff and trainees. This may change in the future with the proposed clinical model. The Mount Vernon review commented specifically on the detrimental impact of transferring acutely unwell patients on staff skills, recruitment and retention (p9).

It has already been decided that CART therapy (a type of immunotherapy) can't be safely provided at Velindre. Instead it will be delivered from UHW. The inability of a new standalone cancer hospital to deliver CART will severely diminish the ability of Cardiff to attract Oncology trainees and Consultants, to the detriment of clinical cancer services in SE Wales.

The Trust states that research is a key driver for excellence, and clinicians agree. Many of the UK's best cancer researchers and facilities, including in Cardiff, are on acute hospital sites. Many clinical trials demand immediate access to critical care facilities, meaning these 'early stage' trials can't be conducted on a stand-alone site. Indeed, the current proposal acknowledges this, meaning that this work will need to be conducted away from the nVCC if it is built on a remote site. Again, this can be expected to make Velindre a less attractive place for exceptional staff to build their careers than the integrated centres elsewhere in the UK with whom they will be competing at recruitment.

Lack of clinical support for model

This model lacks clinical support from within Velindre and the wider SE Wales cancer workforce.

- 19 August 2020: a letter calling for an independent clinical review of the model was sent to Minister for Health and Social Services, the Director General of NHS Wales and the Chief Medical Officer for Wales, signed by 57 senior clinicians with a high proportion of cancer care in their work from all three SE Wales Health Boards
- 2 September 2020: a letter calling for independent clinical review of the model was sent to the CEO of the Trust by 34 Consultants and senior nurses at Velindre.
- 2nd September 2020: a letter from Trainees also called for an independent clinical review

Velindre response to feedback and challenge

Velindre's response to the petition describes the process of 'engagement' they have undertaken in determining that a stand-alone model is the preferred option. However, throughout the process Velindre has been resistant to challenge.

- the Trust has frequently publicly responded to calls for an independent clinical review of the model by stating that such a review been carried out in 2017 by Dr Jane Barrett, (without sharing the review's findings, conclusions or recommendations). In response to a personal approach, Dr Barrett has confirmed that in fact her review concerned the siting of a satellite radiotherapy centre, rather than a review of the model for the cancer centre itself.
- the internal letter from staff was only achieved after BMA intervention led to assurances that there would be no repercussions to staff who signed (Velindre is effectively a monopoly employer of oncologists and specialist cancer nurses in SE Wales).
- staff have been criticised in correspondence for approaching their elected representatives (Julie Morgan AM/ Anna McMorrin MP) to discuss their concerns.
- individuals (not Trust employees) approaching the Trust for information about their claims that the model has been subject to independent clinical review were criticised for posting on related topics on social media without first clearing it with the Trust.

Conclusion

We do need a new Cancer Centre, but not at the expense of patient safety. Cancer Care has advanced significantly since the concept and approval of the nVCC back in 2017, with more toxic treatments and a greater reliance on integrated care. Welsh Government's own Plan for Health and

Social Care 2019-20 'A Healthier Wales' reminds us of the core value of NHS Wales - putting quality and safety above all else.

<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

An independent external review will ensure we are doing the right thing in Wales - or potentially face the same situation that is awaiting resolution at the Beatson. This would be extremely costly to rectify at a later date and would put cancer patients in Wales at a disadvantage for years to come.

Our STNM environment advisers also want a review of VCC's site to highlight the defining crisis of our time, namely climate change.

The Relationship of Environment to Health

The Northern Meadows are not just some local beauty spot. Today, we know green spaces such as these help to address the challenge of climate change. Since planning approval was obtained for nVCC (2017/18), the Minister for Environment, Energy and Rural Affairs, Lesley Griffiths, published a *Climate Change Adaption Plan for Wales, Prosperity for All: A Climate Conscious Wales* in 2019. The author highlighted pivotal actions needed now, such as growing more woodlands, creating more open spaces, improving air quality, reducing erosion, protecting soil and supporting our existing ecosystems.

https://drive.google.com/file/d/1vZ6zqedT3faA8hv_tedx7-yE5FG4K6YY/view

<https://www.walesonline.co.uk/news/health/air-pollution-wales-traffic-asthma-17626718>

This call aimed at nothing less than people's wellbeing. The nVCC's plans for the Northern Meadows, however, will destabilise a precious health asset. Habitat destruction like this violates Welsh Government Policy. Building on a space like Northern Meadows aggravates the adverse health impacts of heat exposure and raises the risk of illness, morbidity and mortality. A greater exposure to green spaces improves mental health and wellbeing while reducing stress, anxiety, depression and boosting immune systems. It also combats loneliness, while encouraging physical activity and so creating a community and social cohesion. Green spaces also reduce the risk of chronic diseases such as asthma. In addition, they're associated with a healthier weight and therefore combat obesity-related health issues which include cancer itself. Green spaces enhance the quality of life for both children and adults, reducing hyperactivity rates and inattention, improving the working memory and motor skills to enable better behavioural outcomes. A site like the Northern Meadows is particularly beneficial to the likes of Ty Coryton and Coryton Primary School

<https://www.sciencedirect.com/science/article/pii/S0143622818312384?via%3Dihub>

The meadows also protect from flooding <https://gov.wales/prosperity-all-climate-conscious-wales> and provide public paths. In February 2020, the Glamorganshire Canal and The Feeder caused several houses to flood. Building on the meadows and draining the excess water into The Feeder would surely increase the risk of flooding again.

Over 5000 wildlife records exist for the meadows and the many specialised habitats. This highly developed mosaic sustains the diversity of wildlife in the surrounding Forest Farm nature reserve, a wildlife integral to our healthy food systems (e.g. the role that pollinators play). The natural habitat is critical to community health and wellbeing – physical or mental. The meadows provide just such space for the 500 residents of the Hollybush estate the majority of whom live in flats with no other access to open space. They and others deserve a review of seemingly reckless plans that cut right across the Healthier Wales vision. When the diggers have finished, the so-called 'mitigations' are no more than sticking plasters over a decapitation. We should be increasing green spaces not reducing them.

To destroy this space when other options exist is a wilful act against public health and only an independent review of the choice of site for nVCC can give Northern Meadows the attention they warrant. For an NHS Wales Trust to countenance this act certainly merits a proper debate and an independent inquiry into whether nVCC's project really is sound and fit for purpose.