

Dear Member of the Senedd Finance Committee

The Petitions Committee of Senedd (9th February) has recommended a plenary debate in Senedd on a **Petition I've been involved in, and which directly touches on your Committee's work of scrutinising expenditure and budget bids**. The recommendation coincides perfectly with your Committee's attention to finance. For instance, a recent report is typical in revealing that parks and green spaces across the UK provide people with over £34bn of health and wellbeing benefits. The Petitioner, *Save the Northern Meadows* (STNM), believes that bio-diverse green spaces are cost-effective, as does the *Future Generations* Commissioner assume in her current budget bid. **The Petition's signatories include local people and many from the wider S.E. Region and still further afield.**

It's clear that bio-diverse green spaces aren't limited to combatting climate change but also prove **valuable assets for public health** free from the headache of bulk-capital funding. They:

- **help to prevent some cancers**, as well as helping to overcome the effects of Long Covid, surgery and conditions such as sepsis etc.
- **shield people from many mental health problems**, like stress caused to families (especially evident in lockdown) or being deprived of education, work or prospects.

These researched facts only strengthen further the STNM Petition to Senedd, **"to hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre"**. In arguing that the location should **not** be the Northern Meadows or any other bio-diverse site, this Petition honours not only **a debt to future generations** but also the problem of a post-Covid, 'economic emergency'. It therefore finds common concern with the work of your Committee.

We can, hopefully, agree that destroying a biodiverse space is the last way we'd want to spend the taxpayers' good money. It surely seems fiscally irrational and profligate to authorise the destruction of a low-cost, efficient health facility to make way for another one. *In this special case, the new Velindre:*

- really **could** go somewhere else,
- and actually **should** go somewhere else for vital clinical reasons, *such as*:
 - **the safety and long-term wellbeing of patients,**
 - **demands of current good practice UK-wide and internationally,** notably for patient-safety,
 - **opposition from an overwhelming consensus of senior professionals** (local, regional, national and UK-wide),
 - **contrary external advice such as given by the Nuffield Trust,**
 - **the sheer, eye-watering costs in a post-Covid economic emergency** - the biggest spend of the NHS big-capital constructions proposed for the 2021-2022 financial year,
 - **MIM debts incurred for future generations,** in huge payments which will now overshoot by decades the actual useful life of the planned facility.

Most members of *Save the Northern Meadows* now find themselves fighting for the highest and best cancer care in S. E. Wales as passionately as they strive to save the Northern Meadows.

Since the Petition was lodged in August, consensus has rapidly emerged in support of a change of location for the new Velindre. Today the *South Wales Echo* front page highlights prominently the **163 senior specialist clinicians** wanting a radical rethink of the current Velindre project. They're drawn from staff at all of the S. E. Wales regional health boards and every one deals with cancer patients. Their letter to Vaughan Gething follows similar appeals from **57 senior clinicians involved with cancer** (19 August 2020), **34 consultants and senior nurses** (2 September 2020), **Trainees** (2 December 2020) and the **Nuffield Trust Advice**, (2 December 2020, universally welcomed by health bosses including Velindre's). Its report concludes that **the proposed project cannot lead to a cancer hub of excellence without also pivoting to relocation at an acute general hospital ('co-location')**. **This is the only path to a one-stop, multidisciplinary, best cancer care along with world-class research and training.** [Note. A Welsh Government budget report to your Committee mistakenly claimed Velindre had just undergone a review, whereas Nuffield explicitly stated it was **not** a review, for one thing by taking a narrow focus.]

This all draws attention to the fact that Velindre does not need to spend so exuberantly as it intends, nor destroy a health and wellbeing asset. It is, however, in need of an investment worthy of its vital, immediate transitional role. Its patients and staff truly deserve this, and it could be finished sooner than the proposed new building would have been. It could be an extension on its own land, retrofit or early transfer to a general hospital with such a resource as the Covid-surge building at UHW. All such solutions would cost a fraction of the proposed access costs alone (put, perhaps conservatively, by Velindre, at just short of £27m).

Therefore, I urgently ask you to:

- 1 Please consider, as Finance Committee members, the points above and the attached letter from the 163 senior, frontline clinicians currently excluded from the decision process.
- 2 support the 163 clinicians' practical proposals for Welsh Government to "assume direct responsibility for addressing deficiencies in leadership and planning pointed out in the Nuffield report...[and] a formal review, including an updated, full options appraisal and re-assessment of some of the prior assumptions made by TCS which are insufficiently challenged in the report... done at pace".
- 3 support the halting of the now exposed 'MIM' investment scheme with no further spend or promise of any part of the £220-240m for what is now an out-of-time project. Please explore instead finance for Velindre's transitional period and the speeding up of a 'co-location' for Velindre.

4 demand transparency from Welsh Government in its response to the developments above, and enable it to abandon the somewhat cloaked outline business case process with its arcane infrastructure procedure.

5 advise the Minister for Health and Social Care that in the current financial stress, it should not even contemplate the Velindre bid for almost £27m merely to create an access to build. Informed voices suggest the only Velindre spend needed is investment in a quality transitional role.

6 provide fiscal advice to Ministers that could carry forward the proposals of the 163 clinicians (2 above) in a positive, encouraging, and even exciting way. This is surely needed very soon for the sake of patients and staff at Velindre.

With best wishes,

Yours sincerely,

Roy Kearsley (Dr – not medical)

Select Sources from many available

The impressive letter of the 163 senior clinicians who work with cancer patients (attached. Sent to the Health and Social Care Minister 14 January 2021, FOI from Welsh Government 5 February 2210)

References to *the Nuffield Report 2 December 2020*

- 'co-location' as current good practice nationally and internationally (Nuffield p.47),
- Nuffield's agreement with the Acute Oncology Service (AOS), namely with the requirement of an acute hospital hub from each Health Board (Nuffield pp 19-21, 24),
- Nuffield's call for an immediate Velindre 'footprint' at the UHW hub (p 28),
- the Nuffield requirement for immediate transfer of Velindre patients to an acute hospital wherever their condition could escalate (Nuffield, Appendix 1, esp. 47-49),
- Nuffield's clear assertion of the New Velindre's unsuitability as a hub for research and training, calling for immediate participation with UHW research, again using the 'footprint' principle (Nuffield pp.38-9).

Financial value of green spaces:

Revaluing Parks and Green Spaces. Measuring their economic and wellbeing value to individuals

<http://www.fieldsintrust.org/Upload/file/research/Revaluing-Parks-and-Green-Spaces-Report.pdf> Also:

<https://www.localgov.co.uk/Parks-provide-over-34bn-of-health-benefits-report-says/45250>

Urban green spaces and health A review of evidence. WHO 2016

https://www.euro.who.int/_data/assets/pdf_file/0005/321971/Urban-green-spaces-and-health-review-evidence.pdf Also:

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5615-2>