

Save the Northern Meadows Petition

Dear Petitions Committee,

Thank-you for so diligently handling our petition and the issues around it. Events have prompted us to communicate ahead of your meeting on the 2nd December. These include a Welsh Government letter to one of us four days ago, the imminent report from the Nuffield and an email on 13th November from [REDACTED], the CEO of Nuffield, to one of our members.

Mr [REDACTED] made it clear that the Nuffield Project was **not** an independent review:

'On the question of an independent review versus the independent advice... at no point have we referred to it as a review and indeed we've tried to be clear that it's not a review, as you noted. It would be regrettable if it was seen as anything other than the tightly defined advice that it is.'

That it is **not a review** has been communicated to Velindre staff, yet a recent reply from Velindre was **still using the phrase 'independent review', as are members of the Welsh Government**. What this clarification means is that *Save the Northern Meadows* (STNM) made the right call on this when Velindre and others peddled it as the called-for review. But importantly, there's now clearly **no reason to dispense with the Petition** on account of the Nuffield Project. So either a proper independent review or a government U-turn is still needed. That was central to our original pitch for your consideration. In fact, from letters in the S Wales Echo, the clinical argument has been further stiffened by Freedom of Information confirmations.

This reality does not seem to have cut through to those manning the department of Health, Social Care and Sport. A statement on 20th November from [REDACTED] on behalf of the minister Vaughan Gething (to another of our members) affirms the following:

1. *'This process of scrutiny [of Velindre's business case] is independent of the Velindre... and will include... the clinical model and the independent advice from the Nuffield trust.'*
2. If the advice concludes *'...something different to the expert providers of cancer care in South East Wales, then the **government would be the inappropriate party to decide [between them] the best model to treat cancer.'***

In a convoluted way, this is saying that expert providers like Velindre are untouchable. But that's just the challenging reality of independent reviews - they test and outrank even expert providers. In the NHS it's how life and limb are held sacred.

3. Anyway, Mr [REDACTED] further writes that, '*...it is for the NHS in Wales to decide how best to treat people with cancer and how to arrange services to do so effectively. Their proposals are then subject to detailed scrutiny by Welsh government officials and ultimately decisions by ministers.*'

So Welsh Government (WG) isn't fitted to make the actual decision but it is well fitted to scrutinise it.

1. This dilemma of having inappropriately to arbitrate is entirely of the Department of Health's own making, especially the day it allowed the Nuffield Project. But accept the proposal in our Petition and no clash is involved. You do what the review tells you. The **independent review provides an independent and authoritative decision**, the reasons for which are always set out. And even now, even saddled with a somewhat untidy process, that would still be the case. No official or government tinkering is needed after an independent review. You trust it with the job and implement accordingly.

2. Mr [REDACTED]'s statement seems to settle the trickier question of who or what constitutes expert knowledge of cancer care in SE Wales - it is the Velindre University Hospital of Wales Trust. But in the Trust's decision-making body (its Board), the **degree of cancer expertise present is very thin indeed. Experts are absent altogether from the Transforming Cancer Services project.** This raises the question: **what really constitutes cancer expertise at VUHWT?** Surely not with the management, but with **all the cancer-related clinicians, including medical, nursing, physiotherapy staff etc.** But these true carriers of clinical expertise have **never been given the chance** to offer in complete, safe anonymity, their considered, confidential preference on the choice of clinical model.

3. In the same way, the statement that it 'is for the NHS in Wales to decide...' invites the question of who and what in **all Wales** is the chief player. Why should this be invested in one person, here the Chief Medical Officer? Why not the sum total of senior clinicians, or a distinguished selection of them from all-Wales, be regarded as the experts for all Wales? If not, a major swathe of Welsh cancer experts are to be automatically banished from the entire scrutiny and review process. All to satisfy a small cabal at Velindre, representing only South East Wales and lobbying from its location close to government.

4. The job of the external independent review, supported widely, is to give a clinical judgement not on various mitigations and risk management, but on **which of the clinical models (stand-alone or integrated) should be judged safest and most effective.**

5. Velindre, astonishingly, has still never had an independent, external evaluation of this central critical issue, despite the £20 million already spent on the project.

6. A slightly earlier statement from WG to an STNM member claimed the independent review, 'is not required as the business case is already subject to a formal and impartial review process.' Surely we can already see that what's proposed can't be presented to the world as 'impartial'. Mr [REDACTED]'s message from the Department includes the official privileging of Velindre from the start. But more than that, **the CMO initiated the Nuffield Project in close discussion with Velindre** (according to his statement to the Health Committee on September 30th) and therefore ceases to be independent and impartial. At the very least, let's say he could not safely be *presented to the public* as impartial. But a truly independent panel would be. We venture to suggest that in any other process of Senedd business, the Standards Committee wouldn't jump to declaring impartiality in someone who did all the setting up, however honourable the person.

6. It is both unfortunate and ironic that the department's message through Mr [REDACTED] to an STNM member states the end in view as: that '*...any risks and mitigations can form part of the final business case.*' The definition of mitigations is 'the action of reducing the severity, seriousness, or painfulness of something.' Mitigation is damage management. But in this case, at stake is a new era, **60 years of cancer treatment and the reputation of cancer care and health in Wales.** It **deserves fuller clinical involvement in the decision-making and more than mitigations.** For us, excellence lies in avoiding the damage not in praising its mitigations. Hence our plea again to keep the Petition in play. It only asks Senedd to see us safely through to the **highest and the best.**

With best wishes,

Save the Northern Meadows

NB The original documents can be provided to the committee with recipients' names blocked out, since STNM members, especially female, have been subject to vilification by a significant 'closed' but large Facebook group.