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Len Richards
Chief Executive

15 October 2010

Janet Finch-Saunders
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

P-05-1001 Hold an Independent Inquiry into the Choice of Site for the proposed new Velindre Cancer Centre
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for asking the Health Board to comment on the two petitions which, whilst both relating to the siting of the proposed new Velindre Cancer Centre (VCC), apparently hold conflicting views:

- 1 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
- 2 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

We acknowledge that the site of the new VCC is a matter for the Local Authority planners, Welsh Government, VCC itself and the local population. We also welcome the establishment of an independent process to advise on the clinical model for Cancer Services for the population of South East Wales which is being undertaken by the Nuffield Trust. We are pleased to have been able to contribute to the Terms of Reference for the advice process, and as a Commissioner of services from VCC, alongside Aneurin Bevan Health Board, Cwm Taf Morgannwg Health Board, and Powys Health Board, we look forward to further contributing to that process. We also look forward to working across the system, including with Velindre University NHS Trust, to ensure that the model of care is comprehensive and future-proofed.

In response to the specific request to comment on the clinical model, our comments are as follows:

At the time of the development of the TCS program it was necessary to make a number of clinical assumptions in designing the model of care for patients. Given the rapid transformation in cancer care, even in the past four years, and the increasing need to care for patients experiencing new and complex complications of their therapy, we believe that a further assessment of the clinical model would help to inform the final decision regarding the siting of the acute cancer component of the future service configuration. We are working with Health board partners in the region to plan a collective approach to address this clinical need.

We would though stress that there are likewise several services provided within Velindre Cancer Centre which could be safely delivered on an appropriate stand-alone site eg outpatient services, provision of planned radiotherapy, administration of systemic anti-cancer therapy and other supportive services, and we recognise the importance of the quality of the environment for these services.

However to deliver safe and effective acute cancer care, with access to multidisciplinary specialist clinical services, specialist interventional radiology services and immediate access to high dependency or intensive care, it is essential to consider the required clinical interdependencies and a model of care that supports those services being provided adjacent to an acute hospital facility. The recent rapid changes in cancer care and the development of new, advanced therapies (some with specific and complex toxicities) needs to be considered together with potential benefits.

Specific examples are:

- Immunotherapy – these patients can require critical care support both during the administration of therapy and as a result of its side effects. Many of these patients will have a good response to the anticancer treatment with improved long term survival.
- CAR-T and other advanced therapies. It is imperative this is delivered where ICU is on site
 - Interventional radiology – the increased ability to place vascular, biliary, renal and GI tract stents to prolong life and quality of life is one of the most common reasons for transfer of patients to acute sites at present and this is likely to increase.
- On-site specialist advice, including cardiology, immunology, Gastro-intestinal, and surgery.
- Support for comprehensive research program of new systemic anti-cancer therapies, including those requiring immediate access to level 2 and 3 care with immediate access to early phase studies.

- Training for future medical and clinical oncologists alongside other non-oncologist, cancer-treating clinicians.

In summary whilst we support the view that many aspects of elective specialist cancer care can be safely and effectively delivered on a stand-alone site, we also believe that there is reason to re-consider the best clinical model for the delivery of acute or highly complex cancer care which will be considered by the Nuffield Trust.

Yours sincerely



Len Richards
Chief Executive