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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	25th June 2018		Agenda Item	2.1
Report Title	Proposed Thoracic Surgery Review			
Report Author	Pam Wenger, Director of Corporate Governance			
Report Sponsor	Tracy Myhill, Chief Executive			
Presented by	Sian Harrop-Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	To seek approval to proceed to undertake a public consultation on the future provision of thoracic surgery in south Wales and to agree this should be undertaken following the attached consultation plan.			
Key Issues	Following the decision of the WHSSC Joint Committee to endorse the recommendation of the Independent Panel regarding the configuration of adult thoracic surgery services at a single centre at Morriston Hospital, Swansea, WHSSC has recommended to each of the six affected health boards that a formal public consultation be undertaken.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Support the recommendation to undertake a public consultation in line with the proposals outlined in the public consultation plan; • Approve the core public consultation document for use in the public consultation; and • Note the Equality Impact Assessment. 			

CONSULTATION INTO FUTURE PROVISION OF THORACIC SURGERY

1. INTRODUCTION

Following the decision of the WHSSC Joint Committee to support the recommendation regarding the configuration of thoracic surgery services at a single centre at Morriston Hospital, Swansea, it has been agreed with the Community Health Councils that a formal public consultation should be undertaken on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

Following the Joint Committee held on 14 June 2018, Chair's action was taken by the Chair of WHSSC to approve recommendation from WHSSC to the six affected health boards (1) to undertake a formal public consultation in line with the proposals outlined in the Draft Public Consultation Plan and Draft Core Consultation Document, (2) to approve those documents for use in the consultation exercise and (3) to note the Equality Impact Assessment.

2. BACKGROUND

Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in North Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in North Powys access the thoracic surgery service at Heartlands Hospital, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of south Wales.

A Project Board was established to form recommendations on the future provision of thoracic surgery in south Wales. The Project Board was informed by a review of the services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed for south Wales.

Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and accepted by the WHSSC Joint Committee, subject to further discussions with the Community Health Councils about the need for public consultation. Following these discussions, it was agreed that a formal public consultation should be undertaken on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

3. GOVERNANCE AND RISK ISSUES

Consultation Plan

The consultation plan (Appendix A) sets out the scope of the consultation, including the roles and responsibilities of Health Boards and WHSSC Officers. It is intended that the formal consultation period runs for an eight week period commences on the 2nd July, and closes on the 27th August 2018.

WHSSC officers are working closely with the Health Board engagement leads to agree the dates of the public events in each area. These will be included within the annex, and once completed will be issued to each Health Board, and published on the consultation website.

Consultation Document

The consultation document (Appendix B) has been informed through discussion with Health Boards and Community Health Councils within the regions. It details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy-to-read versions in both hard copy and electronic format. Versions will also be available in Audio and British Sign Language format on the website.

The consultation spans several organisations and regions across south Wales and is therefore complex in nature. There are a number of risks associated with delivering the planned range of activities within the identified time frame:

- Ensuring consistency in delivery of key messages across south Wales, where there are differing local priorities;
- Misunderstanding regarding key messages, principles or emerging recommendations
- Confusion with any other ongoing consultation processes within the Local Health Boards
- Availability of resources to manage and run a comprehensive consultation process at health board and from within WHSSC.

A risk register has been developed and will continue to be reviewed and updated throughout the course of the consultation.

Outcome of the Consultation

Following completion of the 8 week consultation period, responses will be analysed and further considered by the Welsh Health Specialised Services Committee, along with views of the relevant Community Health Councils', prior to the Committee making a recommendation to Health Boards' for consideration in October 2018.

4. FINANCIAL IMPLICATIONS

Further work to be undertaken on the resource implications, pending the outcome of the consultation exercise.

5. RECOMMENDATION

Members are asked to:

- **Support** the recommendation to undertake a public consultation in line with the proposals outlined in the public consultation plan;
- **Approve** the core public consultation document for use in the public consultation; and
- **Note** the Equality Impact Assessment.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓					
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
		✓	✓		✓	✓				
Quality, Safety and Patient Experience										
The aim of the thoracic surgery review was to make recommendations to ensure the future safety and quality of the service, providing a positive patient experience										
Financial Implications										
Further work to be undertaken on the resource implications, pending the outcome of the consultation exercise.										
Legal Implications (including equality and diversity assessment)										
The Equality Impact Assessment (Appendix C) has been developed in parallel with the consultation plan and document. The EIA provides a detailed assessment of the impact of the proposal to develop a single centre for thoracic surgery at Morriston Hospital, Swansea, on stakeholders with protected characteristics. The EIA is a living document and information gathered during consultation will be added to it. It has been circulated to health board equality leads for their input.										
Staffing Implications										
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
A single site thoracic surgery service model for South Wales will be in the best interests of patient care and will have an impact as this is the most sustainable option for thoracic surgery going forward.										
Report History		Joint Committee 14 June 2018								
Appendices		i.Thoracic Surgery Consultation Document ii.Thoracic Surgery Consultation Plan iii. Equality Impact Assessment (EIA)								



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Provision of Adult Thoracic Surgery in South Wales Consultation Document



WHSSC

*"On behalf of Health Boards,
to ensure equitable access to
safe, effective, and sustainable
specialised services for the
people of Wales."*

English version (Welsh version available)

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DRAFT

Public Consultation – Adult Thoracic Surgery in South Wales

We would like your views on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as “south Wales”). This would be one of the largest thoracic surgery centres in the UK and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the region.

In this document, we will share with you the work we have carried out so far to arrive at this proposal. We will also explain how we believe the changes will benefit the people of south Wales, how you can respond to the consultation and how a decision will be made on the future provision of thoracic surgery in south Wales.

We would like you to consider the two questions below when responding to the consultation. These questions are also included on the response form at the end of this document. This information will be used by health boards to decide whether to approve the proposal based on the Independent Panel recommendation.

1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal? Please give us reasons for your choice.
2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

What is WHSSC?

Welsh Health Specialised Services Committee (WHSSC) is a part of the NHS in Wales. Our board is a Joint Committee made up of the Chief Executives of all seven health boards in Wales, our officers, independent members and an independent Chair.

We work on behalf of the seven health boards to commission specialised services for the people of Wales. These are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK. We aim to provide access to safe, sustainable and effective services which offer the best experience for our patients. Thoracic surgery is one of the specialised services we commission for the people of Wales.

This consultation is being carried out by the six affected health boards with support from WHSSC.

What is thoracic surgery?

Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.

Where do adult patients from Wales have thoracic surgery now?

For patients living in north Wales, this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of

England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff.

Each centre in south Wales provides an adult thoracic surgery service for lung-cancer patients and patients with non-cancerous conditions for south west Wales and south east Wales respectively. It is important to remember that surgery is just one part of a patient's treatment (see page 22 for further information).

The population of south Wales is approximately 2.2 million. The total number of adult patients currently having thoracic surgery (for cancer and non-cancerous conditions) is about 420 per year at Morriston Hospital and 650 per year at the University Hospital of Wales.

Why do we think that these services need to change?

We were concerned that our current services are not keeping up with the needs of our patients. We know that:

- over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- patients in Wales with lung cancer have some of the lowest survival rates in Europe¹, although we know we have expert surgeons
- patients who need surgery but do not have lung cancer have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide

¹ "Lung Cancer in Wales: Lung cancer survival and survival by stage", Welsh Cancer Intelligence and Surveillance Unit, Public Health Wales, 2015

- thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres² (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past.

We want to make sure that we provide equitable access to a safe, effective, and sustainable thoracic surgery service which can cope with changes in the future.

We therefore established a Project Board to have oversight of a review of thoracic surgery services in south Wales. The Project Board was made up of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and voluntary organisations.

What options were considered?

We explored four possible arrangements for providing adult thoracic surgery in south Wales:

1. Two separate centres (as at present)
2. A single, larger centre (as recommended by the Royal College of Surgeons)
3. Two centres working together and sharing resources (for example, surgeons and other staff)
4. A hospital trust in England (and so no centre in Wales).

We decided not to pursue the option of sending patients to England because there are more than enough patients in south Wales to provide

² "High procedure volume is strongly associated with improved survival after lung cancer surgery". Lüchtenborg M, Riaz SP, Coupland VH, et al. J Clin Oncol 2013;31(25):3141-6

work for at least one major surgical centre and south Wales already has the expertise to provide high-quality care.

We also considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

We do not intend to change existing arrangements for patients in north Wales and north Powys, which are working well.

We also know that it is very difficult to make the option of sharing staff and resources work. We have tried this before and we were unable to recruit for these posts. This was because of the practical difficulties for staff working between two sites while trying to deliver such complicated treatment.

As a result, we considered two possible arrangements for future services – two centres, as at present, or a single centre.

It is important to remember that surgery is one part of a patient's treatment. Other parts, such as scans, biopsies and follow-up care, will happen, as currently, at their local hospital. We are only considering changing the place where surgery takes place.

Who have we talked to and taken advice from about this proposed change to services?

i. The Royal College of Surgeons

To help us decide how to improve our adult thoracic surgery services, we asked the Royal College of Surgeons for their advice. The Royal College of Surgeons (RCS) is a professional membership organisation and registered charity, which enables surgeons to achieve and maintain the highest standards of surgical practice and patient care.

After reviewing the services, they recommended that, to make sure we continue to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the service. The specific recommendation is quoted below:

"It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future..."

The RCS report is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

ii. Engagement process

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should be taken into consideration in making a recommendation on the location of a potential single centre.

The most common themes of the feedback were

- Travel impact
- Co-location with other services and infrastructure
- Capacity in general with current services, and ability to deliver a future high class service.

Most of the feedback from this process related to the criteria that should be used to decide the location of a single centre. Therefore we changed the criteria to reflect the feedback. The following table shows how we changed the criteria:

Table 1: How the criteria changed following feedback

	We asked for feedback on the following criteria	How did the criteria change following feedback?
1.	How easy will it be for patients to access care at a centre?	The feedback told us that this was important and so it did not change.
2.	How easy will it be for the centre to meet the standards required of a high-quality centre, as described in the service specification?	This was removed because both centres would be equally capable of delivering a high quality service in line with the service specification.
3.	How sustainable is the centre? (By this we meant how likely it is for the centre to meet our needs in the future.)	This was considered so important that it was split into two criteria: <ul style="list-style-type: none"> • Will the centre be able to provide the space and equipment needed for a much larger unit? • Will the centre be able to recruit enough staff to run a much larger unit?
4.	Will the centre help improve the standards of care across South Wales?	This criterion did not change.
5.		One new criterion was added following feedback: What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?

iii. Project Board

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence (which are listed below) to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

What evidence did the Project Board consider?

Along with the feedback from the engagement process, the Project Board considered evidence which included:

- Patient Access: Travel Times Analysis
- Royal College of Surgeons Report
- Changes to Thoracic Surgery Practice
- An assessment of each of the two current thoracic surgery centres against the service specification
- Patient Experience
- Equality Impact Assessment

Further information can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What did the Project Board recommend?

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

Why did the Project Board recommend one site?

The main reason that the Project Board recommended one site was because of the changes to the way cardiac and thoracic surgeons work. As very few surgeons now carry out both cardiac and thoracic surgery it is becoming more and more difficult to provide out-of-hours thoracic surgery on-call rotas on two sites. The Project Board were also concerned about the need to increase the number of operations carried out so that lung cancer patients and those with conditions which are not cancer don't wait so long. They thought that one site would make this easier to achieve.

iv. Independent Panel

The Project Board agreed that the recommendation for the location of the single centre should be made by a group of people who could offer a variety of viewpoints. It was important that we considered patients and staff as well as listening to clinical experts. It was equally as important that the Panel was truly independent and should not include representatives from either UHW or Morriston Hospital.

We therefore established an Independent Panel to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel made an assessment of UHW in Cardiff and Morriston Hospital in Swansea against these criteria.

Who are the Independent Panel?

The Independent Panel was made up of:

- a consultant thoracic surgeon from the Society of Cardiothoracic Surgeons
- a respiratory consultant from north Wales
- a lung cancer nurse specialist from north Wales

- a cancer network manager from England
- a representative from the Roy Castle Foundation charity
- a patient representative
- a staff side representative from the Royal College of Nursing
- an expert on equalities
- a representative from the Community Health Councils
- a service commissioner from England
- an independent Chairperson

The Swansea Centre for Health Economics (SCHE), which is part of Swansea University, and has expertise in group decision-making, supported the Panel. All members of the Panel and the SCHE were asked to declare if they had any conflicts of interest; none were declared. The Terms of Reference for the Independent Panel can be found at

www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What evidence did the Independent Panel use to recommend the location for the single centre?

The Independent Panel ('the Panel') made an assessment of both UHW and Morriston Hospital proposals using the following evidence against the criteria to help them make a recommendation:

- *How easy will it be for patients to access care at the centre?*

The Panel was given an analysis of travel times to both Morriston Hospital and the University Hospital of Wales. It also considered the availability of public transport. The Panel agreed that it will be important to make sure that the non-surgical parts of treatment can take place closer to the patient's home.

- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*

The Panel was provided with a self-assessment from each of the units on their ability to increase capacity (physical infrastructure, e.g. theatres, High Dependency Units (HDUs) and ward bed capacity). The Panel also considered documents from the units regarding their development plans which included information on those services which might rely on thoracic surgeons (interdependent services).

- *Will the centre be able to recruit enough staff to run a much larger unit?*

The Panel considered information from the two units with respect to vacancy rates, recruitment and training.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*

The Panel considered reports on current partnership arrangements with universities and industry from each of the units together with information on their research and new ways of working.

- *What is the impact on other services at the hospital if thoracic surgery is no longer delivered there?*

Each of the units provided a report on both positive and negative impacts on other services if thoracic surgery was removed from a hospital. In particular, the Panel considered the pressures on intensive care and high dependency units if too many services were located in the same hospital.

What did the Independent Panel recommend?

The Independent Panel considered the evidence and applied scores to both Morriston Hospital and UHW against each criterion. The scoring process, facilitated by SCHE, produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital. The Panel unanimously supported this recommendation.

Why did the Panel recommend Morriston Hospital and not the University Hospital of Wales?

The Panel's recommendation was made using an anonymous scoring system. However, we do know the key points they discussed before they scored the centres.

- *How easy will it be for patients to access care at the centre?*

The panel discussed the fact that more people live in south east Wales than in south west and mid Wales which means that more people are affected by the proposed changes that would require them to access services further from home.

On balance the Panel concluded that if the single centre was located at Morriston Hospital, the number of people who have the longest travel times would not increase. If located at UHW, more people would have very long travel times.

Access by public transport was considered and it was recognised that travel by bus and train creates significant challenges to both UHW and Morriston Hospital. The Panel considered overall travel time, earliest possible arrival at site, the number of changes necessary and the degree of difference in travel time according to geographic location.

The Panel also agreed it is really important to make sure that the non-surgical parts of the service take place as close as possible to the patient's home and wanted this to be taken into account if the change is implemented.

- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*

The Panel felt the physical infrastructure was really important and discussed at length the pros and cons of the centres and noted it was probably more difficult for UHW to take on the increased numbers of patients compared with Morriston Hospital.

- *Will the centre be able to recruit enough staff to run a much larger unit?*

The Panel were told by the medical experts present that the size of the unit and the opportunities that it would create were likely to mean that recruitment of doctors would be equally successful on either site. Our nursing experts told us that nurse recruitment may be difficult but that it would be the same on both sites. They said a training and development programme would need to be put in place wherever the service was located.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*

There was a lot of discussion around this and it was noted that at the moment the University Hospital of Wales probably offered slightly more opportunities.

- *What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?*

This was considered a very important issue. The Panel discussed the advantages of the service being located on the same site as the proposed Major Trauma Centre (this has now been confirmed as being at UHW) as well as other surgical specialties which could be affected. Whilst they felt there were potentially some advantages for a very small number of patients, they also noted that there were disadvantages such as the pressures which locating all the services on one site would create on the Intensive Care and High Dependency Units (ITUs and HDUs). The Panel was advised by colleagues from NHS England that placing thoracic surgery on the same site as the other services was not considered essential and they had experienced difficulties related to the pressure on ITUs and HDUs. Proposals of how any impacts would be managed are to be included in implementation planning.

What happened next?

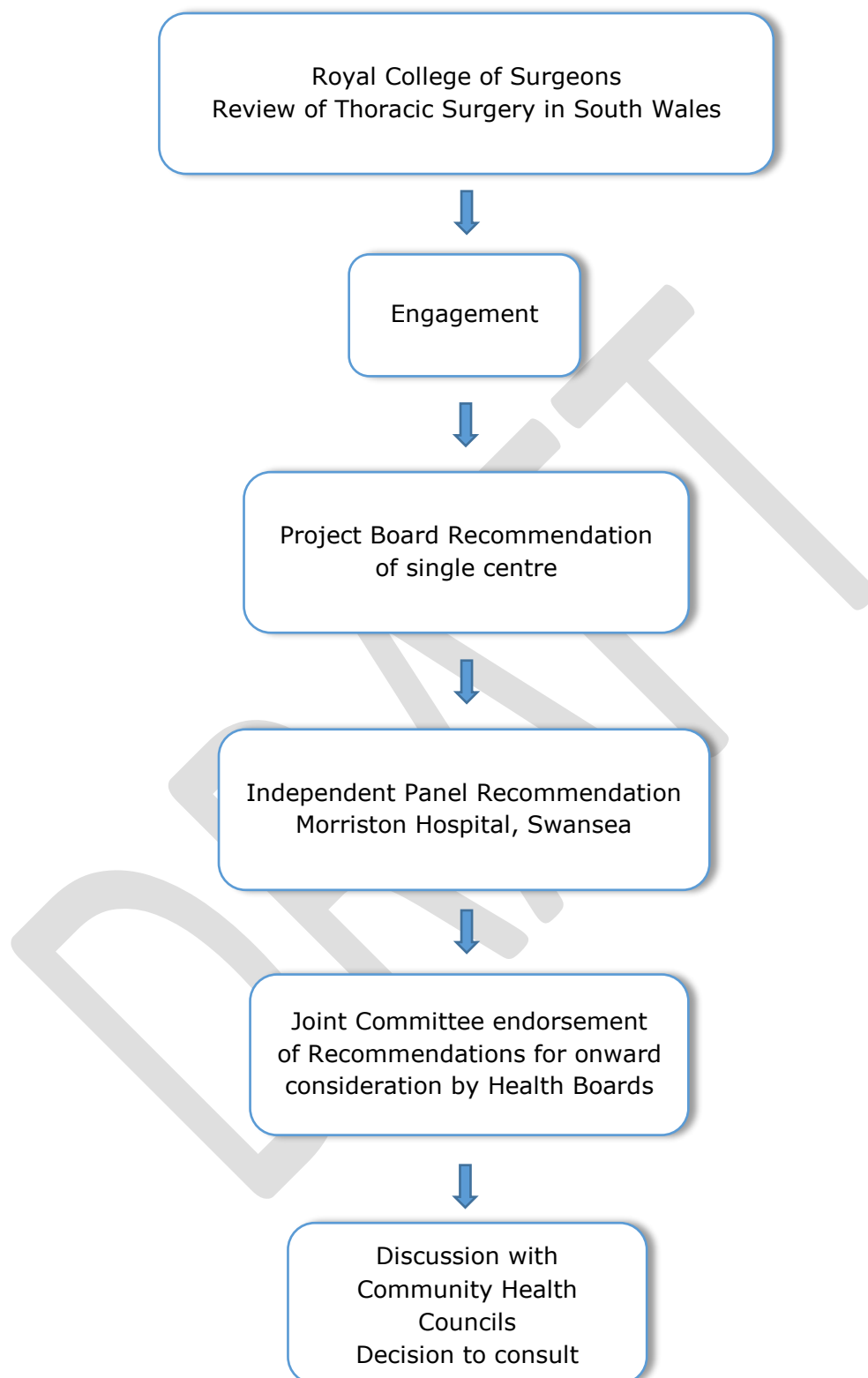
The recommendation from the Project Board and the recommendation from the Independent Panel were then considered by the WHSSC Joint Committee which endorsed these and made a recommendation to the six affected health boards that they proceed to public consultation subject to further discussions with the Community Health Councils.

We then asked Abertawe Bro Morgannwg University Health Board (the Health Board responsible for Morriston Hospital) to work with Cardiff and Vale University Health Board (the Health Board responsible for the University Hospital of Wales) to develop more detail around the service, what it might look like, how it might be put in place and what would be required to meet future patient need, both for lung cancer and non-cancerous conditions.

We asked them to assume a 20% increase in demand in order to make sure that the service can meet future requirements. This was based on our experience of commissioning the service.

We also provided individual Community Health Councils and the Board of the Community Health Councils with a report on the engagement feedback and how it had been used. In discussion with the Community Health Councils, it was agreed that affected health boards should be asked to proceed to formal public consultation on the proposed changes. This would involve asking the public, their staff and interested organisations for their views (a consultation) on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

The flow chart below sets out the whole process from the Royal College of Surgeons review through to the decision to carry out a full public consultation.

Figure 1: Background to the Public Consultation

What would the new service look like and how would the changes affect me?

With the proposed change, the hospital where a patient would have thoracic surgery would change for some people.

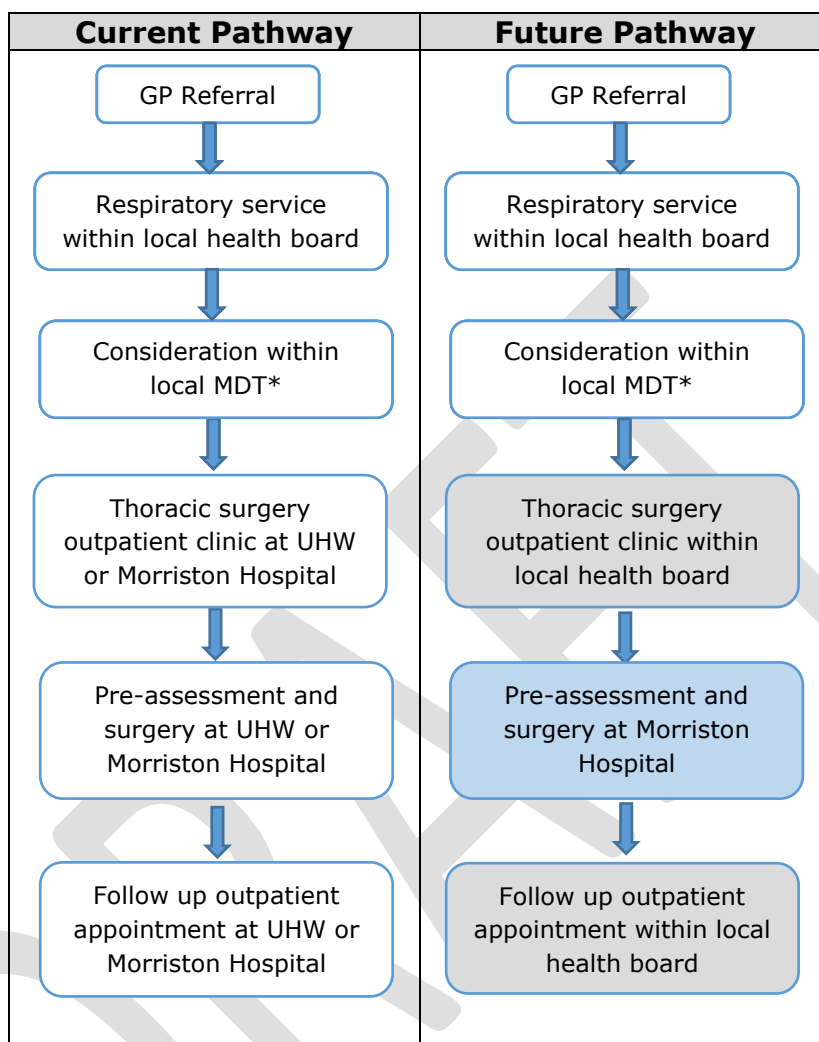
The creation of a single adult thoracic surgery centre for south Wales based at Morriston Hospital would not affect patients who live in areas that are already served by Morriston Hospital. This includes patients who live in the Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) areas and those areas of Powys Teaching Health Board where patients receive their secondary care³ at either ABMUHB or HDUHB. These patients would continue to have their thoracic surgery at Morriston Hospital, Swansea.

However, the changes would affect patients who now have their thoracic surgery in UHW, Cardiff, and who would in future have their surgery in Morriston Hospital, Swansea. These are patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.

However, it is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

³ Secondary care means being taken care of by someone who has particular expertise in whatever problem a patient is having. It's where most people go when they have a health problem which needs more specialised knowledge, skill or equipment than a GP has. It's often provided in a hospital. Respiratory medicine is an example of secondary care.

The following diagram shows what the current pathway (the stages from referral to surgery) looks like for the majority of adult thoracic surgery patients for both cancer and non-cancerous conditions. It also shows the pathway which we will make sure is provided in the future for these patients. As you can see, much of the pathway remains the same. The main difference is the journey for surgery which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

Figure 2: Comparison of current with future pathway

*MDT = multidisciplinary team (a team of health professionals with expert knowledge in a patient's condition. They discuss the results of tests and plan treatment for each patient).

So although patients may have to travel further for pre-operative assessment and surgery, many will receive their outpatient services closer to home.

Would it be better for patients from south east Wales to have their surgery in England?

We considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although

surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

How many people would it affect?

The change would affect patients who currently have their thoracic surgery at UHW, which is about 650 people per year. Some of these patients would have a longer journey time to the surgical centre if it were at Morriston Hospital.

An analysis of the impact on travel time formed part of the evidence which was given to the Independent Panel to help them make their recommendation. Further information on the travel time analysis can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How would this be better for me?

The proposed change is intended to provide a high quality, sustainable adult thoracic surgery service for all patients.

- Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer with fewer complications from their disease or

treatment) and quicker recovery when treated in larger thoracic surgery centres;

- A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

On behalf of the health boards, WHSSC is responsible for making sure thoracic surgery services are delivered in line with the service specification. As well as describing the details of what a service needs and the standards it should meet, the service specification also describes how the service is monitored. This includes measurement of outcomes, waiting times and resection rates which ensure that a high quality service is provided. Full details of performance monitoring are included in the service specification which can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How have equalities issues been considered?

The review of adult thoracic surgery services in south Wales has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment (known as an Equality Impact Assessment) of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

The assessment found that more men than women currently use the adult thoracic surgery service. However, it also found that the incidence of lung

cancer is increasing in women, due to changes in smoking behaviour, which may mean that rates of thoracic surgery in women may increase relative to men. The assessment also found that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group.

Whilst socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics as there is a strong correlation between the protected characteristics and low socioeconomic status. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. In addition, access to transport is more difficult for this group. We therefore carried out travel and public transport analyses which were considered as part of the process.

The new service model for surgery aims to minimise the impact on travel by delivering, wherever feasible, the outpatient clinics and post-surgical follow-up, through outreach clinics delivered in each health board. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area). This would mean that patients should only need to visit the single surgical centre for their surgery. The provision of out-reach clinics is a requirement of the thoracic surgery service specification.

The equality impact assessment can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

Does it matter if adult thoracic surgery is in a different hospital to the major trauma centre?

We know that there is concern about placing adult thoracic surgery in a different hospital to the Major Trauma Centre (MTC). The Independent

Panel discussed this issue and concluded that it was not necessary for them to be based in the same place.

The following factors were taken into account:

- It is not a requirement in the thoracic surgery service specification. This document underwent consultation in Wales and the same issue was consulted upon widely in England.
- There are 11 examples of thoracic surgery centres being in different hospitals to major trauma in England.
- The Cheshire and Mersey Major Trauma Centre, based in Aintree Hospital, Liverpool, serves a catchment population of approximately 2.3 million (which corresponds closely to the south Wales population). The Aintree MTC does not have on-site cardiothoracic surgery. We have been advised that a cardiothoracic surgeon has been called by the Aintree MTC between 3 and 6 times per year. On at least half of these occasions, there was no requirement for the cardiothoracic surgeon to operate.
- There are planned changes to surgical training to include the requirement that surgeons trained in trauma will allow them to practice independently for injuries to the thorax.

The close working arrangements already in place between Morriston Hospital and UHW will be built on further. WHSSC is committed to commissioning a thoracic surgery service that will meet the relevant standards for the Major Trauma Centre, ensuring that thoracic surgeons will be available for relevant cases.

What would the new centre cost?

It is important to note that the reason for considering change is NOT about saving money; it is about getting the best care for our patients. In 2015/16 financial year we spent £4.8million on thoracic surgery in South Wales. In

2016/17 we increased this investment by £1.7million. We did this because we knew we weren't treating all the patients we should be and patients were waiting a long time for treatment. We planned that this money should be used to recruit the consultants, additional staff to support the service and commission more cases of thoracic surgery. However we have struggled to recruit into all these posts and have had to use some of the money to fund our existing teams to do extra operating at weekends for example. We therefore think there is enough money to pay for all the staff we need. The aim is for the new centre to neither save money nor cost more money to run (i.e. be revenue neutral).

However extra money will be required to make changes to existing hospital buildings to provide sufficient physical capacity (e.g. theatres and beds). Business cases for any additional capital funding will need to be made to the Welsh Government through existing processes.

How would staff be affected?

A thoracic surgery team consists of surgeons, anaesthetists, physiotherapists and specialised nursing staff. We hope that staff currently working in the thoracic service in UHW will transfer to Morriston Hospital as part of these changes. However, we also recognise that for some staff, personal and family commitments may mean that this is not possible. If this is the case, we will work with those staff to ensure that they secure suitable alternative roles locally that supports their career choices and enables them to continue to use their skills to the benefit of patients.

This process will be managed through the TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) which ensures that staff employment terms and conditions are protected. Recruitment and staff training will be part of the implementation plan. We have received feedback from specialists which suggested that recruitment would be made easier by having a larger centre. We will also need to work closely with the Wales

Deanery (they are responsible for training doctors) to ensure that the unit can continue to provide high quality training opportunities.

How would services at UHW be affected by moving thoracic surgery to Morriston?

The Panel looked at the impact of moving adult thoracic surgery from both Morriston and UHW. They looked at negative and positive impacts. They were concerned about the ability of UHW to absorb the increased number of adult thoracic surgery patients at the same time as taking increased numbers of patients with major trauma.

We recognise that there may be an impact on other services by removing adult thoracic surgery from UHW. For example, adult thoracic surgery at UHW is delivered as part of a combined service with cardiac surgery. The impacts of moving adult thoracic surgery to Morriston Hospital will be managed collectively through the commissioning process and will be addressed during implementation.

What do I need to do now?

Once you have read this document, we would welcome your views on the proposals and would invite you to complete the form provided at the back.

Then what will happen?

Following the consultation, the WHSSC team will analyse the feedback received, add proposed responses and produce a report. The report will be shared with the health boards and Community Health Councils and considered by the health boards at public board meetings that will be held no later than the end of October 2018, which will also receive a recommendation on the proposal from WHSSC. The Joint Committee of WHSSC will then agree the model of the future commissioned services

based on the health board decisions. The report and decisions will be made publicly available.

DRAFT

You can contact your local Community Health Council for more information:

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Morgannwg CHC

First Floor Cimla Hospital

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Phone: 01639 683490

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Glossary

Abertawe Bro
Morgannwg UHB

Abertawe Bro Morgannwg University Health Board provides health care services mainly for the 600,000 residents of Bridgend, Neath Port Talbot and Swansea. The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend, and is responsible for providing a number of specialist regional services including cardiac, burns and plastic surgery and neonatal.

Aneurin Bevan UHB

Aneurin Bevan University Health Board provides health care services mainly for the approximately 600,000 residents of Gwent, Blaenau Gwent, Caerphilly, Newport, Torfaen and Monmouthshire. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of primary-care practices, community clinics, health centres, one learning disability hospital, a number of community hospitals, mental health facilities, one local general hospital and three district general hospitals – Royal Gwent, Nevill Hall and Ysbyty Ystrad Fawr.

Cardiff and Vale UHB

Cardiff & Vale University Health Board provides health care services for the 475,000

residents of Cardiff and the Vale of Glamorgan. The Health Board has two acute hospitals providing a range of services, these are University Hospital of Wales and University Hospital Llandough. It oversees seventeen health centres, public health and community care services and also has a range of specialist services used by the whole of Wales, including renal, paediatric, neurology and bone marrow transplantation.

Community Health Council

Community Health Councils (CHCs) are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board, Trust or Welsh Government.

Cwm Taf UHB

Cwm Taf University Health Board provides primary, community, hospital and mental health services to almost 300,000 people living in Merthyr Tydfil and Rhondda Cynon Taf. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of

primary-care practices, community clinics, health centres, a number of community hospitals, mental health facilities, and two district general hospitals, Prince Charles Hospital and the Royal Glamorgan Hospital.

Equality Impact Assessment

An **equality impact assessment (EqIA)** is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.

Hywel Dda UHB

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000 throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites. There are four district general hospitals: Bronglais, Withybush, Prince Philip and Glangwili.

Independent Panel

The **Independent Panel** consists of people with expertise in these services; they are not employees of or have direct links to the adult thoracic surgery units in south Wales.

Joint Committee

The **Joint Committee** is established as a Statutory Sub Committee of each of the local

health boards in Wales. It is led by an independent Chair and membership is made up of three independent members, one of whom is the Vice Chair, the Chief Executives of the local health boards, associate members and a number of officers. See also “WHSSC”.

MDT

Multidisciplinary team (MDT) is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.

Pathway

The **patient pathway** is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves.

Powys THB

Powys Teaching Health Board is responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that is a quarter of Wales, this is mainly through GPs and other primary care services, community hospitals and community services. There are no District General Hospitals within the Health Board.

Project Board	The Thoracic Surgery Project Board consists of people with expertise in these services, representatives from all the Health Boards in South Wales and lay members. The Project Board was responsible for the recommendation on how many adult thoracic surgery centres there should be in South Wales
Royal College of Surgeons	The Royal College of Surgeons (abbreviated RCS and sometimes RCSEng), is an independent professional body and registered charity promoting and advancing standards of surgical care for patients, regulating surgery, including dentistry, in England and Wales.
Service specification	A service specification is a document which gives a description of the service which is to be provided. It sets out the standards and targets which are expected and how the service will be monitored.
Specialised services	Specialised services are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK.
Thoracic surgery	Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients

with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.

WHSSC

WHSSC is a joint committee of each LHB in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). **The Joint Committee** brings Local Health Boards in Wales together to plan specialised services for the population of Wales. See also Joint Committee

Adult Thoracic surgery services in south Wales



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Your response

Comments on the consultation are welcomed by 27/08/18 and can be sent by email to ThoracicSurgeryReview@wales.nhs.uk or by post to: **Freepost THORACIC SURGERY**

Your name		
Your postcode		
Are you replying on behalf of an organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the name of the organisation?		

Guidance on how to respond

- Please answer the questions on the next page.
- All responses will be made public, so please underline and highlight any confidential information or other material that you do not want to be made public. WHSSC will hold any personal information provided until any outcomes of the consultation are implemented, or for a maximum of 7 years. Your information will then be securely deleted by WHSSC.
- Do not include medical information about yourself or another person that could identify you or that person.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

Declaration: If you have any financial or other interests in relation to any specialised services directly relevant to this process, please declare them in the box below.

Interests to be declared:

We would like your views on the proposal to locate a single thoracic surgery centre at Morriston Hospital in Swansea serving patients from south and west Wales and south Powys.

1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?

Agree

☐

Disagree

☐

Neither agree nor disagree

☐

Please give us reasons for your choice

2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

Equality Monitoring

We are committed to making sure that we treat the people who use our services fairly and with dignity and respect. We can achieve this if we know more about you. Please support our aim by providing the information below. We will keep this information anonymous and use it only to analyse people's responses. We will keep it confidential and not share your identity with anyone.

Please tick only one box for each question.

What was your age on your last birthday?

- Under 16 ☐
- 16 to 24 ☐
- 25 to 34 ☐
- 35 to 44 ☐
- 45 to 54 ☐
- 55 to 64 ☐
- 65 to 74 ☐
- 75 or over ☐
- Prefer not to say ☐

What sex are you?

- Female ☐
- Male ☐
- Other ☐
- Prefer not to say ☐

Do you identify as the sex you were assigned at birth?

- Yes ☐
- No ☐
- Prefer not to say ☐

What is your ethnic group?

- White ☐
- Mixed or multiple ethnic groups ☐
- Asian or Asian British ☐
- Black, African, Caribbean, or Black British ☐
- Any other ethnic group ☐
- Prefer not to say ☐

Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?

- Yes, limited a lot ☐
- Yes, limited a little ☐
- No ☐
- Prefer not to say ☐

What is your sexuality?

- Heterosexual or straight ☐
- Gay or lesbian ☐
- Bisexual ☐
- Other ☐
- Prefer not to say ☐

What is your religion?

- No religion ☐
- Christian (all denominations) ☐
- Buddhist ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- Any other religion (please describe)..... ☐
- Prefer not to say ☐

Are you a Welsh speaker?

- Yes ☐
- No ☐
- Prefer not to say ☐

Are you a carer?

Yes

☐

No

☐

Prefer not to say

☐

Are you employed by the NHS?

Yes

☐

No

☐

Prefer not to say

☐



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CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)

Welsh Health Specialised
Services Committee (WHSSC)

Provision of Adult Thoracic Surgery in South Wales Consultation Plan



WHSSC

*"On behalf of Health Boards,
to ensure equitable access to
safe, effective, and sustainable
specialised services for the
people of Wales."*

Status	Draft
Version Number	1.2
Publication Date	18 th June 2018

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1. Introduction

This paper sets out the framework to support a consultation exercise on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as "south Wales").

The proposed centre would be one of the largest in the UK, and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the south Wales.

The proposals for the proposed centre have been developed in collaboration with the health boards in south Wales, and have also involved input from the third sector and Community Health Councils.

2. Context

WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.

Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of south Wales.

A Project Board was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other

stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed for south Wales.

Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.

Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

3. Purpose of this Consultation Plan

WHSSC is recommending that affected health boards formally consult with the general public and NHS staff, including people using or working within the adult thoracic surgery services provided within south Wales on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south Wales

4. Scope of Consultation

To ensure the consultation process is meaningful, consideration needs to be given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from south Wales.

The key messages include:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past

- The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – “It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future...”
- An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre.
- The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or HDUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea.
- Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres;
- A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

In light of the key messages, the consultation will ask people to respond to two questions:

- 1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?
- 2 If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

5. Consultation Plan

This section of the document outlines the objectives of the proposed consultation, the stakeholders, proposed method of consultation and the proposed consultation and post consultation phase. A detailed table outlining the proposed programme of local consultation activity in each health board area is included as annex 1.

5.1 Objectives of Consultation

The consultation plan outlines the methods and proposed process for the consultation that will support delivery of the following objectives:

- To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in south Wales.
- To describe and explain the proposed model for delivering adult thoracic surgery services in south Wales.
- Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise
- To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.

5.2 Stakeholders

There are a number of stakeholders that will need to be considered in this consultation and a variety of methods which will be employed. It will be necessary to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups.

Key Stakeholders will include the following:

General public	Health boards will be responsible for undertaking consultation with the general public in their area. This will include public sessions held across each health board. Details of planned activity will be available on the consultation web page and also available on individual health board websites. Particular consideration will be given to providing opportunities for the engagement of people with protected characteristics who the Equality Impact Assessment has identified may be impacted by the proposal.
Patients, their families and carers	Health boards will be responsible for undertaking consultation with patients, their families and carers within their area. The Equality Impact Assessment has highlighted that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group. It

	also highlighted that someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Therefore, particular consideration will be given to patients, families and carers with protected characteristics including older people and those with low socioeconomic status people.
NHS Wales	This will include staff working across the NHS in south, west and mid Wales.
Community Health Councils	Health boards will undertake consultation with their local Community Health Council.
Third Sector Organisations	WHSSC will engage with Third Sector organisations through the 'Wales Council for Voluntary Action' on behalf of health boards, and health boards with Third Sector organisations through local County Voluntary Councils.
National bodies/organisations including Professional Societies and Royal Colleges concerned with the delivery of Thoracic Surgery	A list of national bodies/organisations will be developed and a copy of the consultation pack sent to these organisations by WHSSC on behalf of health boards. It is proposed that the national bodies will have an open invitation to attend any of the consultation events across south Wales.
Local authorities and elected representatives	Health boards will send a copy of the consultation pack to the Local Authorities, and leaders within the area. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Assembly Members and Members of Parliament	WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Other stakeholders	<p>Health boards will consult with groups in line with the Guidance on Engagement and Consultation on Changes to Health Services. As a minimum this will include:</p> <ul style="list-style-type: none"> • Stakeholder Reference Groups • Healthcare Professional Forums • Partnership Forums • Public Services Boards <p>And any other groups which are part of the Health Boards' processes for ongoing engagement</p>

5.3 Development of consultation materials

Advice on the documentation has been sought from the health boards and Community Health Councils within the regions, in order to ensure that it is fit for purpose.

WHSSC will be responsible for printing and distributing hard copies of the consultation document, which will be available in Welsh and Easy Read formats.

The consultation document details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy read versions in both hard copy and electronic format. Versions will also be available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document will include details of how people can respond online, by email, by phone or by freepost. Other formats will be produced as appropriate on request.

A full range of supporting and technical documents will be available online, providing background information to support and inform the public consultation. These will include:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which will be updated as queries arise during the consultation

In addition to these documents, a standard presentation will be compiled and made available for health boards to use at public and stakeholder events.

5.4 Consultation Phase

The consultation will commence on the 2nd July, and will run for an 8 week period, closing at midnight on the 27th August. Any forms received after this date will not be included within the analysis of consultation responses.

A formal review meeting will be scheduled approximately half way into the consultation to consider responses to the consultation and address any issues of concern. This will be coordinated by WHSSC, and will include the engagement leads from each of the health boards, as well as representatives from the Community Health Councils. A report will be produced following the meeting, summarising the key themes from the responses received to date, and this will be shared with the health boards and Community Health Councils.

5.5 Consultation Methods

A range of engagement methods will be used to support the consultation process. These will include:

Launch of consultation	<p>Subject to approval by the health boards, the consultation will launch on the 2nd July.</p> <p>The consultation will be launched with an email to each of the Health boards, Welsh Ambulance Service Trust, Welsh Government, and the Community Health Councils. The email will include a bilingual briefing on the consultation process, and will confirm the start and closing dates, and process for submitting responses.</p> <p>All documentation will be made available via WHSSC website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p> <p>A press release will be compiled and issued by the Head of Communications of Cwm Taf University Health Board and will be issued in advance for information to Welsh Government, Health boards, and Community Health Councils.</p>
Distribution to NHS Wales staff working in Thoracic Surgery service	<p>Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p> <p>Specific events will be organised for staff working in thoracic surgery services by the Health Board, which will include the opportunity to discuss with a WHSSC representative.</p>
Distribution to all other NHS Wales staff	<p>Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p>
Distribution of consultation document to National organisations	<p>The consultation document will be shared by WHSSC, on behalf of health boards, with national organisations via email and hard copies provided where requested.</p> <p>Groups will be signposted to local public meetings to be held by health boards across south Wales.</p>
Distribution of consultation	<p>As referenced in the previous section, a copy of the consultation pack will be sent to all Local Authorities by the relevant health boards, and an open invitation will be extended to elected</p>

documents to Local authorities and elected representatives	representatives to attend any of the consultation events across south Wales.
Distribution of consultation documents to Assembly Members and Members of Parliament	As referenced in the previous section, WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Website	<p>A dedicated website will be established at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales for the consultation, which will include all of the consultation materials, and will include the ability to submit a response to the consultation questions via an online form.</p> <p>A full pack of consultation documents will be issued to the Health Boards, in order that they can be uploaded onto their own website and intranet in order to provide a further opportunity to access the documents for their own residents and staff.</p>
Public Events	<p>There will be at least one public event per unitary authority across south Wales. Further details of these meetings is included in annex 1.</p> <p>The public events will be organised and administered by the health board, and a WHSSC Officer will be in attendance to support health board staff.</p> <p>Administrative support to public sessions will be supported by health boards. Feedback from each event will be captured on a standardised meeting record sheet to ensure consistency across health boards. Notes will be shared and agreed between the health boards and local Community Health Councils prior to being sent to WHSSC to log. Notes from other local meetings will be sent directly to WHSSC to log.</p>
Presentation	A PowerPoint presentation will be compiled and made available for health boards to show at public and stakeholder events
Frequently Asked Questions	An initial list of frequently asked questions will be drafted and made available as a technical document on the website. This list will be updated by WHSSC pending further frequently asked questions identified during the consultation

5.6 Responding to the Consultation

Respondents will be able to reply to the consultation via the online form on the website, or they can download a copy of the form and submit via email. Respondents can also send hard copies of the downloaded form (which is also available on request by telephoning WHSSC on 01443 443 443 extension 8100) via Freepost to the following address: FREEPOST Thoracic Surgery

5.7 Media Relations

All media relations during the consultation exercise will be planned and co-ordinated by the Head of Communications of Cwm Taf University Health Board as the host of WHSSC.

Where there is interest from the media, WHSSC will co-ordinate formal responses as appropriate, engaging with health board communications leads. Queries relating to local context and issues will be addressed through individual health board communication leads.

5.8 Post Consultation phase

On behalf of the six affected health boards, WHSSC will receive and log responses to the consultation, the outcomes of which will be reported to the WHSSC Joint Committee in September, prior to submission to each of the health boards, together with a recommendation on the proposal, for consideration at public board meetings to be held before the end of October 2018. WHSSC officers will work closely with the health board engagement leads, and will provide them with the responses specific to their health board area and region. WHSSC officers will review, collate and analyse the responses and outcome with regards to any national, regional or crosscutting themes, in order to enable the Joint Committee and affected health boards to have an informed discussion on the outcome of the consultation. Analysis of the responses on social media will be included and considered as part of this qualitative and quantitative analysis process. Key themes identified from the social media conversations will be considered on an equal footing with other responses in line with the methodology used in recent similar consultations.

WHSSC officers will share all of the responses with the Community Health Councils and health board engagement leads, and review and collate the responses and outcome for each health board area. Further analysis will be undertaken with the support of the health board engagement leads in order that each health board is able to make an informed consideration of the proposal to develop a single adult thoracic surgery service at Morriston Hospital. This information will also be shared with the Community Health Councils for consideration as part of their role in reviewing and formulating an official response to the consultation.

The outcome report and decision will be made available and widely distributed to enable stakeholders to see how their feedback has been taken into account and how the final decision was made.

The WHSSC website will be kept up to date with the relevant information and documentation.

6 Legal duties and requirements

This plan has been developed in order to ensure compliance with Section 183 of the National Health Services (Wales) Act 2006 which requires local health boards, with regard to services that they provide or procure, to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided; and
- Making decisions that affect how those services operate.

Health boards in Wales are required in line with Regulation 27 of 'the Community Health Councils Constitution, Membership and Procedures Wales' to work with their local Community Health Councils to engage and consult with the local population on matters of substantial service change. Any consultation process will be expected to explain how the proposed changes to the delivery of services will work to the benefit of patients and at the same time help the NHS to best shape pathways to meet patient need.

The consultation will comply with the General Data Protection Regulation, outlining in the consultation documentation who the responses sent in will be seen by, how they will be used and how the responses will be published. The documentation will also set out how long the consultation responses will be held before they are destroyed.

7 Risks

The consultation spans several organisations and regions across south Wales and is therefore complex in nature. There are a number of risks associated with delivering the planned range of activities within the identified time frame:

- Ensuring consistency in delivery of key messages across south Wales, where there are differing local priorities
- Misunderstanding regarding key messages, principles or emerging recommendations
- Confusion with any other ongoing consultation processes within the Local Health Boards
- Availability of resources to manage and run a comprehensive consultation process at health board and from within WHSSC.

A risk register has been developed and will continue to be reviewed and updated throughout the course of the consultation.



THORACIC SURGERY REVIEW EQUALITY IMPACT ASSESSMENT (EIA)

1. INTRODUCTION

The Review of Thoracic Surgery Services in south Wales (The Review) has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

2. BACKGROUND TO THE THORACIC SURGERY REVIEW

Thoracic surgery involves operations on all parts of the chest including the chest wall, the contents of the chest and the lungs, but not the heart (this is cardiac surgery). A main part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non- cancerous conditions such as complications from pneumonia or those who have punctured lungs. In addition, they carry out biopsies on people with certain types of lung disease to help obtain a diagnosis.

Thoracic surgery is currently delivered from two centres in south Wales; Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. Each centre has two consultant thoracic surgeons delivering a service for both lung cancer patients and patients with non-cancer indications that require thoracic surgery.

Improving thoracic surgery services in Wales will ensure they deliver the best care possible. There are a number of reasons for improvement:

- Over the last year patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe
- Patients who require surgery but do not have lung cancer often have very long waiting times, which is affecting the quality of care that can be provided
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres. Elsewhere in the UK and Europe, services are restructuring into larger centres
- Because thoracic surgery is now so specialised, surgeons are no longer being trained to carry out both cardiac and thoracic operations. This has implications for the way in which our small units are staffed.

A Project Board was established to have oversight of the Thoracic Surgery Review and was made up of people with expertise in thoracic surgery services, representatives from the affected health boards, representatives from community health councils and third sector organisations.

The Royal College of Surgeons was invited to carry out a review of thoracic surgery services in south Wales to advise how they can be improved. The Royal College of Surgeons recommended that to ensure the future sustainability and quality of thoracic surgery in south Wales, there should only be one hospital delivering the service:

“It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for south Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward.”¹

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should

¹ The Royal College of Surgeons “Report on the thoracic surgical service in Wales” 2016

be taken into consideration in making a recommendation on the location of a potential single centre.

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

An Independent Panel was established to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel was made up of a range of clinical experts from either north Wales or England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson.

The Independent Panel made an assessment of both the University Hospital of Wales and Morriston Hospital using a range of evidence against the criteria developed during the engagement process to help them make a recommendation.

The Independent Panel considered the evidence and applied scores against each criterion. The outcome of the scoring produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital.

Further information on the process to arrive at this recommendation can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

In this document we will consider the impact of the potential change to a single thoracic surgery service centre located at Morriston Hospital, Swansea, on patients with protected characteristics. It is important to note that whilst the service change under consideration is the location of a single thoracic surgery service centre for south Wales at Morriston Hospital, much of the pre- and post-operative care will be carried out locally, as set out in the Thoracic Surgery Service Specification. Most people will be ready to go home between 3 and 7 days after their operation².

² Macmillan, "Understanding Lung Cancer"

3. LUNG DISEASE

Lung disease refers to a wide range of conditions that affect the lungs, the organs through which we breathe. There are a number of causes of lung disease. Smoking is the main cause for the two biggest killers, lung cancer and chronic obstructive pulmonary disease (COPD).

Lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is two-and-a-half times more likely to have COPD, and nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Some of the highest lung disease mortality rates in the UK are found in parts of south Wales³.

Lung cancer is one of the four most common cancers in Wales in terms of the annual numbers of cases – it was the third most common cancer in men and the second most common in women in 2012⁴. Over 2,380 people were diagnosed with lung cancer in 2014, with smoking causing nearly 9 out of 10 cases⁵.

The treatment of lung cancer is a key component of thoracic surgery activity and an important driver for this potential service change. The main focus of this EIA is on the implications of the potential service change for lung cancer patients who require access to thoracic surgery.

4. UNDERSTANDING THE IMPACT ON PROTECTED CHARACTERISTICS

The Review covers patients living in the local health board regions of Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf, Hywel Dda and parts of Powys. Morriston Hospital already provides thoracic surgery services for patients living in the health board regions of Abertawe Bro Morgannwg, and Hywel Dda. The proposal to locate a single thoracic surgery centre in Morriston Hospital will therefore affect patients living in the local health board regions of Aneurin Bevan, Cardiff and Vale, Cwm Taf and parts of Powys. This is referred to below as the “area affected”.

³ British Lung Foundation, *“The Battle for Breath: The Impact of Lung Disease in the UK”*, 2016

⁴ WCISU, *“Lung Cancer in Wales: A detailed analysis of population trends of incidence and stage of diagnosis up to and including 2012”*, 2015

⁵ Welsh Government, *“Respiratory Delivery Plan: Annual Statement of Progress,”* February 2017

4.1 Gender

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Table 1: Sex by local authorities in Wales (Source: Table QS104EW 2011 Census, ONS)

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
<i>Caerphilly</i>	49.0%	51.0%	100.0%	178,806
<i>Blaenau Gwent</i>	49.2%	50.8%	100.0%	69,814
<i>Torfaen</i>	48.7%	51.3%	100.0%	91,075
<i>Monmouthshire</i>	49.2%	50.8%	100.0%	91,323
<i>Newport</i>	49.0%	51.0%	100.0%	145,736
Cardiff and Vale UHB	49.0%	51.0%	100.0%	472,426
<i>Vale of Glamorgan</i>	48.7%	51.3%	100.0%	126,336
<i>Cardiff</i>	49.1%	50.9%	100.0%	346,090
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
<i>Rhondda Cynon Taf</i>	48.9%	51.1%	100.0%	234,410
<i>Merthyr Tydfil</i>	49.0%	51.0%	100.0%	58,802
Powys THB	49.4%	50.6%	100.0%	132,976
<i>South Powys*</i>	49.4%	50.6%	100.0%	66,488
Area affected*	49.0%	51.0%	100.0%	1,408,880
Wales	49.1%	50.9%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

The latest Welsh statistics for lung cancer show that the number of males being diagnosed between 2005 and 2014 fell by 11% and the number of females rose by 8% during the same period⁶. This reflects historical changes in smoking rates between men and women: the number of female smokers went up in the 1960s and 70s.

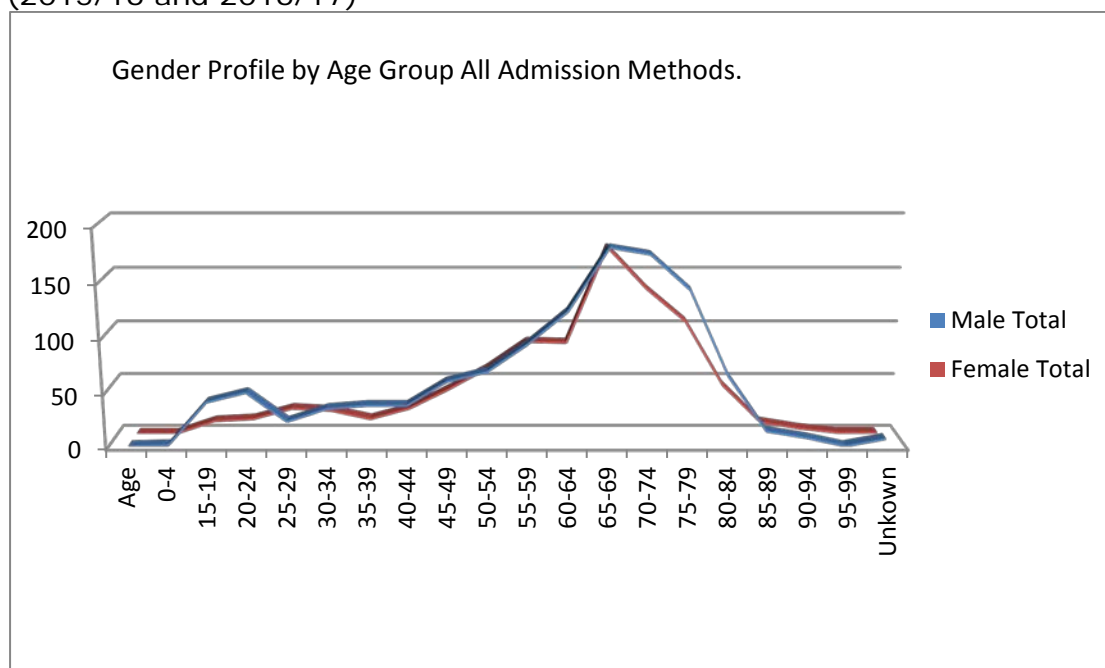
However, lung cancer is still more common in men than in women. As well as differing smoking rates, this may also reflect men's greater exposure to harmful dust and fumes in the workplace.

Rates of thoracic surgery

⁶ WCISU, *Op cit*

Fig 1 indicates that more men than women receive thoracic surgery, particularly between the ages of 65 years and 85 years. The data also shows that young men (in their teens and early twenties) have higher rates of surgery than young women.

Fig 1: Gender and age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Women are less likely to own a car and more likely to be primary users of bus services than men (Joseph Rowntree Foundation). This may mean they are more likely to be affected by any change which has implications for travel to a service.

Implications for potential service change

Currently, more men than women use the thoracic surgery service. However, future changes in the incidence of lung cancer, due to changes in smoking behaviour in men and women, imply that rates of thoracic surgery in women may increase relative to men.

The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.2 Age

In terms of age profile, there are some slight variations in the area affected compared to Wales as a whole.

Overall for the area affected, the younger age bands (0- 4 years, 5-16 years, 16-24 years, and 25-44 years) as a proportion of the area affected population are slightly higher than the proportions for Wales as a whole. Conversely the older age band proportions (45-64 years, 65-84 years, and 85 years plus) are smaller than in Wales as a whole.

Powys is the exception among the area affected. Powys has a lower proportion of its populations aged 0-44 years, and a higher proportion in the older age bands (45-64 years, 65-84 years, and 85 years plus) than Wales as a whole.

Table 2: Age structure by local authorities in Wales (Source: Table KS102EW 2011 Census, ONS).

Region	0-4	5-15	16-24	25-44	45-64	65-84	85 plus	Total (%)	Total
Aneurin Bevan UHB	6.00%	13.10%	11.40%	25.10%	26.80%	15.30%	2.20%	100.00%	576,754
Caerphilly	6.30%	13.20%	11.10%	26.20%	26.60%	14.60%	1.90%	100.00%	178,806
Blaenau Gwent	5.80%	12.10%	12.10%	25.60%	26.60%	15.70%	2.10%	100.00%	69,814
Torfaen	5.90%	13.00%	11.50%	24.50%	27.10%	15.60%	2.40%	100.00%	91,075
Monmouthshire	5.10%	12.70%	9.70%	21.70%	30.00%	18.00%	2.80%	100.00%	91,323
Newport	6.50%	13.60%	12.40%	26.20%	24.90%	14.10%	2.20%	100.00%	145,736
Cardiff and Vale UHB	6.30%	12.10%	15.60%	27.80%	23.60%	12.40%	2.10%	100.00%	472,426
Vale of Glamorgan	5.80%	13.10%	10.50%	24.60%	27.70%	15.80%	2.50%	100.00%	126,336
Cardiff	6.50%	11.70%	17.50%	29.00%	22.10%	11.20%	2.00%	100.00%	346,090
Cwm Taf UHB	6.20%	12.70%	12.00%	25.80%	26.30%	14.90%	2.10%	100.00%	293,212
Rhondda Cynon Taf	6.20%	12.70%	12.00%	25.80%	26.20%	14.90%	2.20%	100.00%	234,410
Merthyr Tydfil	6.20%	12.50%	12.00%	26.00%	26.70%	14.60%	2.00%	100.00%	58,802
Powys THB	4.90%	12.30%	9.60%	20.80%	29.70%	19.70%	3.10%	100.00%	132,976
South Powys*	4.90%	12.30%	9.60%	20.80%	29.70%	19.70%	3.10%	100.00%	66,488
Area affected*	6.09%	12.64%	12.85%	25.95%	25.76%	14.45%	2.19%	100.00%	1,408,880
Wales	5.80%	12.30%	12.20%	24.70%	26.60%	15.90%	2.40%	100.00%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

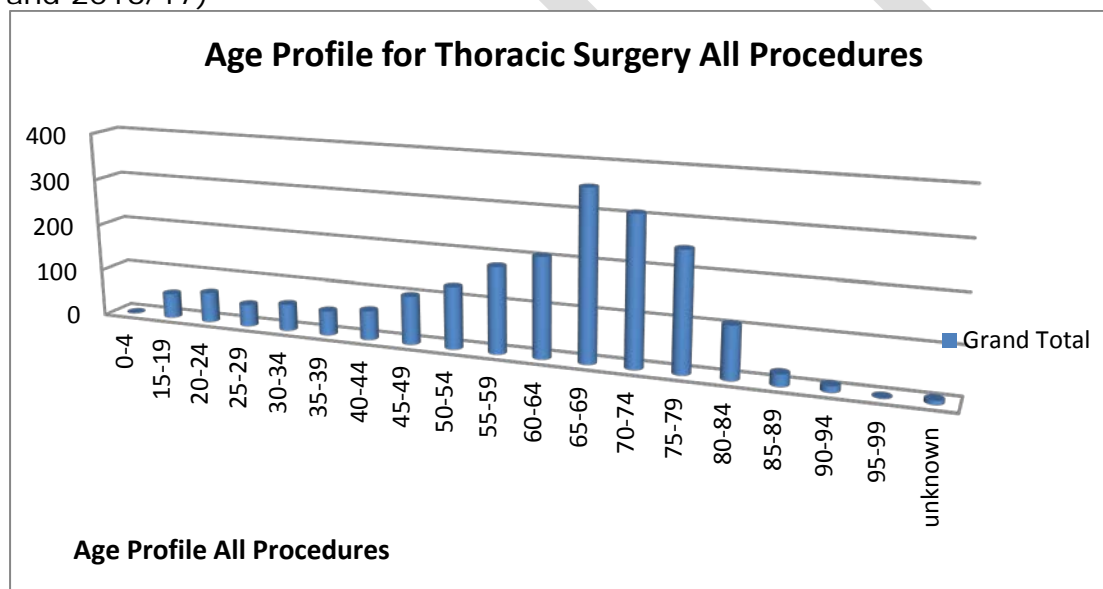
The majority of UK deaths from lung disease in 2012 were in people aged 65 and above (over 100,000).

In Wales, around two-thirds of lung cancer cases occurred in ages 60 to 79 years, just over ten per cent were in under 60s, but a quarter occurred in ages 80+ years.

Rates of thoracic surgery

The number of cases of thoracic surgery increases with age (Fig 2). Surgery rates are highest between the ages of 50 and 80 years, peaking in people aged between 65 and 69 years (fig 2).

Fig 2: Age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Two thirds of single pensioners, the majority of whom are women, lack a car (Joseph Rowntree Foundation). In the area affected, 16.7% of the population are in the 65+ age category.

Implications for potential service change

Need for thoracic surgery to treat lung cancer increases with age. The age profile of thoracic surgery patients increases with age.

Access to transport for older people is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.3 Disability

The proportion of people identifying themselves as disabled⁷ in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the health boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability.

At a local authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

⁷ Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	14.0%	11.4%	74.6%	100.0%	178,806
Blaenau Gwent	15.7%	11.5%	72.8%	100.0%	69,814
Torfaen	13.1%	11.0%	75.9%	100.0%	91,075
Monmouthshire	9.7%	10.5%	79.9%	100.0%	91,323
Newport	10.6%	10.2%	79.2%	100.0%	145,736
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	9.9%	10.4%	79.7%	100.0%	126,336
Cardiff	9.2%	8.8%	82.0%	100.0%	346,090
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	14.5%	11.4%	74.2%	100.0%	234,410
Merthyr Tydfil	15.8%	11.1%	73.1%	100.0%	58,802
Powys	10.2%	11.2%	78.6%	100.0%	132,976
South Powys*	10.2%	11.2%	78.6%	100.0%	66,488
Area affected*	11.8%	10.4%	77.7%	100.0%	1,408,880
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Some people undergoing thoracic surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

People who have a disability are less likely than those without a disability to have access to a car (Office for Disability Issues, 2009) and report their health as a reason for not using public transport because of physical access issues and negative staff attitudes (Framework for Action on Independent Living, 2012).

Implications for potential service change

Access to transport for people with disabilities is a relevant consideration in relation to this service change since a single centre would mean some patients (and families) travelling further than they would otherwise need to.

4.4 Ethnicity

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)⁸ population compared to 4.4% BME population nationally.

The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Due to the presence of Cardiff and Newport within the South Wales Programme area, and the small BME populations in Wales outside these cities, the South Wales Programme area contains 80.4% of the total Welsh BME population.

⁸ Black and minority population is classed here as any ethnicity not included under the white categories

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	98.3%	0.7%	0.8%	0.1%	0.1%	100.0%	178,806
Blaenau Gwent	98.5%	0.6%	0.7%	0.1%	0.1%	100.0%	69,814
Torfaen	98.0%	0.7%	1.1%	0.2%	0.1%	100.0%	91,075
Monmouthshire	98.0%	0.7%	1.0%	0.2%	0.1%	100.0%	91,323
Newport	89.9%	1.9%	5.5%	1.7%	1.0%	100.0%	145,736
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	96.4%	1.3%	1.6%	0.4%	0.3%	100.0%	126,336
Cardiff	84.7%	2.9%	8.1%	2.4%	2.0%	100.0%	346,090
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	97.4%	0.6%	1.3%	0.6%	0.1%	100.0%	234,410
Merthyr Tydfil	97.6%	0.8%	1.2%	0.2%	0.2%	100.0%	58,802
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
South Powys*	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	66,488
Area affected*	93.7%	1.4%	3.2%	0.9%	0.7%	100.0%	1,408,880
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Differences between ethnic groups in the incidence of lung cancer have been shown in England for the broad White, Black, Asian, Chinese and Mixed categories. Lung cancer is most common in White and Bangladeshi men. Compared with women from other ethnic groups, lung cancer is more common in White women.⁹

⁹ Ruth H Jack, Elizabeth A Davies, Henrik Möller, "Lung cancer incidence and survival in different ethnic groups in South East Englan." British Journal of Cancer 2011

2011 census data show that 95.6% of the Welsh population classified themselves as White.

Implications for potential service change

Some ethnic groups may have a greater requirement for thoracic surgery. However, no particular ethnicity specific impacts are expected from this service change.

4.5 Marriage and Civil Partnership

No impacts upon this protected characteristic are anticipated.

4.6 Pregnancy and Maternity

No impacts upon this protected characteristic are anticipated.

4.7 Religion

No impacts upon this protected characteristic are anticipated.

4.8 Sexuality Orientation and Gender Reassignment

LGB people are significantly more likely to smoke than heterosexuals¹⁰.

Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian, Gay, Bisexual and Trans (LGBT) patients in Wales report significant barriers to health and social care services¹¹. Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that patients' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

¹⁰ Tang, H, Greenwood, GL, Cowling, DW, Lloyd, JC, Roeseler, AG and Bal, DG (2004) Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?, *Cancer Causes and Control*, 15(8): 797–803

¹¹ <http://www.stonewallcymru.org.uk/our-work/research/have-your-say>

Implications for potential service change

Due to the strong link between smoking and lung disease, it is reasonable to assume that the impact of any service change will be proportionally greater in this group.

4.9 Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh.

Service users who prefer to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. However, it is important to remember that thoracic surgery is one very small part of a patient's treatment and all other elements, such as scans, biopsies and follow up care, will take place in their local hospital. Only the place where surgery takes place is being considered for change.

Implications for potential service change

There are no identified impacts on the Welsh Language Measure of the potential change to a single thoracic surgery centre.

4.10 Socioeconomic status

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status¹².

As previously stated in this document, lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society.

Approximately a quarter of households (25.2%) in the area affected has no access to a car, which is slightly higher than the proportion across the whole of Wales (22.9%).

¹² National Equality Panel. (2010). *An anatomy of economic inequality in the UK*. London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van.

Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3%	42.4%	25.3%	6.0%	2.0%	100.0%	242,824
Caerphilly	24.4%	43.2%	25.0%	5.7%	1.8%	100.0%	74,479
Blaenau Gwent	29.0%	43.8%	20.9%	4.9%	1.5%	100.0%	30,416
Torfaen	23.6%	43.5%	24.9%	6.0%	2.1%	100.0%	38,524
Monmouthshire	15.2%	40.2%	32.5%	8.7%	3.4%	100.0%	38,233
Newport	27.9%	41.4%	23.7%	5.2%	1.7%	100.0%	61,172
Cardiff and Vale UHB	26.4%	42.9%	24.1%	5.0%	1.6%	100.0%	196,062
Vale of Glamorgan	19.4%	43.0%	28.8%	6.7%	2.2%	100.0%	53,505
Cardiff	29.0%	42.9%	22.3%	4.4%	1.4%	100.0%	142,557
Cwm Taf UHB	27.6%	42.7%	22.9%	5.2%	1.6%	100.0%	123,927
Rhondda Cynon Taf	27.1%	42.6%	23.4%	5.3%	1.6%	100.0%	99,663
Merthyr Tydfil	29.7%	43.2%	21.0%	4.6%	1.5%	100.0%	24,264
Powys THB	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	58,345
South Powys*	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	29,173
Area affected*	25.2%	42.6%	24.6%	5.6%	1.9%	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

*Figures for Powys have been halved to calculate a South Powys figure

Implications for potential service change

The evidence cited above indicates that people with lower socioeconomic status will be at higher risk of requiring thoracic surgery. The impact on access to transport for these groups is a relevant consideration for this potential service change.

4.12 Travel Analysis

The implications of the proposed service change for protected characteristics are mediated through the correlation with socioeconomic status and its impacts on access to transport. While not a protected characteristic in itself, socioeconomic factors may be more important in determining access to transport and how people travel. While there is evidence of differential access to transport across protected characteristics (including disability, gender and age), in practice it is access to transport through social networks (family, carers, friends) that will determine how people travel.

Due to the potential impact of the proposed service change on travel, a specific travel analysis has been conducted, assessing the impact on travel times by car. In addition, an analysis of travel via public transport to these sites has also been undertaken. These analyses will be taken into account through the decision making processes of the Thoracic Surgery Review.

5. CONSULTATION

The consultation process has been informed by Health Boards, legal advice and the Board of Community Health Councils (CHCs). Important to ensure that protected groups are picked up and their needs are met (for e.g. accessible information and communication).

Various stakeholder groups have been identified for the period of engagement which will run from 2 July to the 27 August 2018. These include Community Health Councils, the public, relevant third sector organisations and staff. Further information can be found in the consultation plan at www.wales.whssc.nhs.uk/thoracic-surgery-services-in-south-wales.

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

Positive:

- The proposed service change is intended to address the issues in section 2 above and provide a high quality, sustainable thoracic surgery service for all patients.
 - Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
 - Evidence shows that thoracic surgery patients are likely to have better outcomes and quicker recovery when treated in larger thoracic surgery centres that meet the quality standards;
 - A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes or risks such as episodes of staff sickness, vacancies and changes to national policy.

Negative:

- Some patients may have further to travel for their thoracic surgery.

7. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

It is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

The main difference is the journey for surgery, which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within Powys Teaching Health Board). An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

If the proposed service change is implemented, the relevant requirements of the Equalities Act will be taken into account in the establishment of the new service to ensure that it is delivered in a way that is responsive to the recognised needs of all patient groups.