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

# Provision of Adult Thoracic Surgery in South Wales: Report on Public Consultation



**WHSSC**

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

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## 1. Executive Summary

Thoracic surgery is a specialised service providing complex surgical interventions for approximately 1,000 patients in south east Wales, west Wales and south Powys each year.

This service is currently provided from two centres – one based at Morriston Hospital in Swansea and the other at the University Hospital of Wales in Cardiff. Due to the skill and dedication of the clinical teams, both centres provide high quality services. However, changes to medical workforce and surgical training means that it is becoming increasingly difficult to sustain services on these two sites.

It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.

Following a public engagement exercise in 2017, it was agreed by the commissioning health boards that consideration should be given to bringing together the thoracic surgery service on one hospital site. This would mean that the unit would be one of the largest in the UK, therefore more sustainable and able to drive further improvements in outcomes for patients.

An Independent Panel was convened to make a recommendation on where the thoracic surgery unit should be located. They considered numerous factors including access times, facilities and workforce implications in making their recommendation that the service should be based at Morriston Hospital.

Whilst there is very strong support for the benefits of moving to a single-site for thoracic surgery services, the outcome of the public consultation on the location of that service has been much more divided. Unsurprisingly, the responses broadly reflected the geographical location of the respondents.

The key concerns raised through the consultation were physical accessibility to the service for patients and their relatives and the relationship between thoracic surgery and the Major Trauma Centre. Some respondents also raised concerns that co-location on the Morriston Hospital site could have the unintended consequence of the loss of experienced staff who might not be able to relocate from Cardiff.

Strong representation was also made through the consultation responses that irrespective of the location, any new single-site service must be properly resourced, have sufficient capacity to meet demand, have access to the best facilities and equipment, be highly efficient, enable waiting times to be

reduced and continue to drive better integrated care pathways so that the time spent at the surgical centre is as short as possible.

The consultation process allows the health boards to give full and conscientious consideration to all the responses to the consultation. While it is clear that the proposed location is a concern to many respondents, support remains for the opportunities for service improvement and sustainability that a larger single-site thoracic surgery service can offer.

Where concerns have been raised, mitigating actions contingent on acceptance of the proposal to locate the service in Morriston Hospital have been identified. These include:

- A commitment to the development of the skills of the trauma team to manage immediate thoracic trauma. This will be completed prior to the changes occurring;
- A commitment to the on-call thoracic surgery rota also providing cover to the Major Trauma Centre, and will be in the form of remote advice to the trauma team 24/7 plus attending the Major Trauma Centre in the rare event that their specialist surgical intervention skills are required to support the trauma team;
- A commitment to providing thoracic surgery presence on the University Hospital of Wales site 5 days a week for advice and support for major trauma and other clinical services as required. This will be in place prior to the changes occurring;
- A commitment to obtaining and acting upon advice from the Wales Cancer Network to improve the way our multi-disciplinary teams work, ensuring that wherever possible care is delivered closer to home.

WHSSC has considered the outcome of the 2017 public engagement exercise, the advice of the Independent Panel, the outcome of the public consultation and the mitigating actions presented.

On balance, it is concluded that:

- The benefits to patient outcomes and long-term workforce and service sustainability are best delivered through a single-site solution;
- Any change to the service model must strengthen the pathway with local chest medicine services to deliver the vast majority of thoracic care locally and further reduce the frequency and duration of patients having to attend the thoracic surgery centre;
- Any new service must be properly commissioned to ensure that the appropriate resources are available to meet the needs of patients. This will include robust demand and capacity planning to ensure delivery of target waiting times;
- Critical to success is the requirement to ensure that there is robust thoracic surgery support to the Major Trauma Centre and other interdependent services which can and must be in place at the same time as the proposed service change is implemented.

## 2. Introduction

Between the 3<sup>rd</sup> July and the 27<sup>th</sup> August 2018 the Welsh Health Specialised Services Committee (“WHSSC”) supported the six affected health boards with a public consultation on a proposal to locate a single adult thoracic surgery centre serving patients from south east Wales, west Wales and south Powys (“south Wales”) at Morriston Hospital, Swansea. This was the culmination of two years of work reviewing the adult thoracic surgery service, which led to a recommendation from a Project Board that the service should be provided from a single thoracic surgery centre and a recommendation from an Independent Panel that the single centre for thoracic surgery should be located at Morriston Hospital, Swansea.

The aim of the public consultation was to build on the previous engagement exercise and ongoing dialogue with the affected Community Health Councils (“CHCs”) to ensure transparency, accountability and responsiveness regarding the proposal for service change. This allowed the views of the public to be taken into account by the Joint Committee of WHSSC and individual affected health boards and to influence the final decision on the adult thoracic surgery service.

This report, which has been prepared by WHSSC as the commissioner of specialised services on behalf of the local health boards in Wales, describes the consultation process and findings, and includes a commentary from WHSSC describing any actions or mitigation which might be required to respond to issues arising out of the consultation. In addition it makes a recommendation on the future service model for adult thoracic surgery in south Wales. It has, in the first instance, been considered by the Joint Committee of WHSSC which will make a recommendation to each of the affected health boards. The final decision will rest with each of the affected health boards. Consequently, where a reference is made in this report to “we” or “our” it is made by reference to WHSSC unless the context dictates otherwise.

The purpose of this report is therefore to:

- Inform the Joint Committee and affected health boards of the conduct and key findings of the public consultation on the proposal to locate a single adult thoracic surgery centre for south Wales at Morriston Hospital, Swansea; and
- Make recommendations to the Joint Committee and affected health boards on the future service model and any mitigation which might be required as a result of the consultation findings.

This consultation has identified a wide range of matters for consideration, and we have ensured that all the options have been carefully explored. We have kept an open mind and taken all these matters conscientiously into account in preparing this report, bearing in mind the need to respect the views of all those who responded to the consultation, in order to provide services of the highest possible quality in the interests of patients and their carers. We are confident

that the affected health boards will adopt a similar approach when making their decisions.

### 3. Context

WHSSC is a Joint Committee of the seven local health boards in Wales. The seven health boards 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 surgery 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 University Hospitals of North Midlands NHS Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea ("Morriston Hospital") and the University Hospital of Wales, Cardiff ("UHW"). The service at Morriston Hospital has two consultant surgeons, whereas the service at UHW, has three consultant surgeons. There has been concern for a number of years that these two smaller units are not sustainable, and may not be able to meet fully the needs of the population of south Wales.

A Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the CHCs and charitable organisations, 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 adult thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed. During the engagement exercise, stakeholders were also asked for their feedback on the criteria which would be used to inform the recommendation on the location of the single surgical centre. The criteria were amended as a result of the feedback and were agreed by the Project Board.

Following the recommendation from the Project Board, an Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, a lay person, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, 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 adult thoracic surgery centre, its report can be found at Appendix A.

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

Following the discussions with the CHCs, it was agreed that the affected health boards, with support from WHSSC, should be asked to consider undertaking a 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 adult thoracic surgery centre at Morriston Hospital.

## 4. Consultation Plan and Consultation Document

A consultation plan was developed, in collaboration with health board engagement leads, to support the consultation process. This can be found at Appendix B.

The consultation document, response form and covering letter were prepared by WHSSC and formally approved by the six affected health boards at board meetings in June 2018. The English language version of this can be found at Appendix C. The consultation document was also available in the Welsh language, an Easy Read format and as a BSL signed video.

An Equality Impact Assessment ("EIA") was also completed and used to inform the consultation plan and the stakeholders that should be consulted. This can be found at Appendix D. In order to assess the demographic profiles of respondents, the hard copy and online versions of the consultation document included a series of survey questions in multiple choice format.

The consultation has been developed to meet the requirements of the framework for Welsh NHS bodies and Community Health Councils established in '*Guidance on Engagement and Consultation on Changes to Health Services*' issued by Welsh Government in March 2011 and the principles in 'National Principles for Public Engagement in Wales' developed by Participation Cymru and endorsed by Welsh Government in 2011. Our assessment against these can be found at Appendix E.

In addition, the consultation has been designed to satisfy the 'Sedley criteria' (often referred to as the 'Gunning principles') originally set out in 1985 and endorsed by the Supreme Court in *R (Moseley) v Haringey London Borough Council in 2014* and subsequent judicial developments in which guidance on the requirements of fair consultation was set out and which has also been taken into account.

## 4.1. Stakeholders

A number of stakeholders have been considered in the consultation and a variety of methods employed. The table below outlines the stakeholder groups together with a high level summary of the consultation actions and responsibilities being undertaken.

General public	Health boards were responsible for undertaking consultation with the general public in their area. This included public sessions held across each health board. Details of planned activity was available on the WHSSC consultation web page and also available on individual health board websites. Particular consideration was given to providing opportunities for the engagement of people with protected characteristics who the EIA had identified may be impacted by the proposal.
Patients, their families and carers	Health boards were responsible for undertaking consultation with patients, their families and carers within their area. The EIA 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 was given to patients, families and carers with protected characteristics including older people and those with low socioeconomic status.
NHS Wales	This included staff working across the NHS in south Wales.
Community Health Councils	Health boards undertook consultation with their local CHCs.
Third Sector Organisations	WHSSC engaged 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 was drawn up and a copy of the consultation pack sent to these organisations by WHSSC on behalf of health boards. The national bodies were offered the opportunity to attend any of the consultation events across south Wales.
Local authorities and elected representatives	Health boards sent a copy of the consultation pack to the Local Authorities, and leaders within their areas. Elected representatives were offered the opportunity to attend any of the consultation events across south Wales.
Assembly Members and Members of Parliament	WHSSC sent a copy of the consultation pack to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. Elected representatives were offered the opportunity to attend any of the consultation events across south Wales.
Other stakeholders	Health boards consulted with groups in line with the Guidance on Engagement and Consultation on Changes to Health Services. These groups included: <ul style="list-style-type: none"> <li>• Stakeholder Reference Groups</li> <li>• Healthcare Professional Forums</li> <li>• Partnership Forums</li> <li>• Public Services Boards</li> <li>• Other groups which are part of the Health Boards' processes for ongoing engagement.</li> </ul>

## 4.2. Scope of Consultation

To ensure that the consultation process was meaningful, consideration was 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 included:

- 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 are achieved by larger centres<sup>1</sup> (elsewhere in the UK and Europe, services are being reorganised into larger centres);
- 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, a lay person, 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 be seen;
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board ("ABMUHB"), Hywel Dda University Health Board ("H DUHB") or those areas of Powys Teaching Health Board ("PTHB") where patients receive their secondary care at either ABMUHB or H DUHB, 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 ("ABUHB"), Cardiff & Vale University Health Board ("CVUHB"), Cwm Taf University Health Board ("CTUHB") and parts of PTHB 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

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<sup>1</sup> "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](#)

treatment) and quicker recovery when treated in larger thoracic surgery centres; <sup>2</sup>

- 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 asked people to respond to three 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?
- 3 Are there any other comments you would like to make?

### 4.3. Methods of Engagement

The consultation document was made available in a variety of hard copy formats and on a dedicated web page on the WHSSC website. A number of public, stakeholder and staff events were held. Links to the WHSSC web page were published on the websites of the health boards and CHCs.

Public meetings were scheduled across the region; formal notes were provided from each consultation meeting, once agreed with the local CHCs. A series of additional meetings took place with other professional groups. Details of the public meetings can be found in Appendix B.

Social media (Facebook and Twitter) was used by health boards to promote the consultation and public meetings. ABMUHB also engaged in wider discussions via social media.

### 4.4. Responding to the Consultation

Individual and collective responses were captured using the following methods:

- Hard copy via a Freepost address
- Email via a generic email address
- Online
- Face to face events
- Additional activities undertaken by individual health boards

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<sup>2</sup> "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

## 4.5. Mid-Way Review

A review was held at the half way point of the consultation with representation from the affected health boards and CHCs to consider the processes and responses to date in light of the consultation plan and national guidance.

Actions arising from the mid-way review were:

- A mechanism was agreed for reporting by health boards of any exceptions to the published consultation plan;
- An agreement was reached for the provision of the verbatim responses, together with high level quantitative analysis, to health boards and CHCs on a weekly basis;
- The addition of a new FAQ relating to the requirements of the Major Trauma Centre for emergency support from consultant thoracic surgeons;
- The addition of a new FAQ relating to the lay membership of the Independent Panel;
- Steps were taken to ensure that work was undertaken to provide outline arrangements for delivering thoracic surgery support to the Major Trauma Centre (for the small number of cases where this may be required). This information will be included in the evidence pack that will be submitted to health boards with the consultation outcome.

## 5. Responses to the Consultation

804 responses have been received, with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards.

Where notes from staff or public events have been provided, these have also been captured and included within the analysis and consideration of implementation actions, but they have not been recorded as individual responses.

In response to the question

**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?**

339 or 42.16% agreed with the proposal.

428 or 53.23% disagreed with the proposal.

34 or 4.23% neither agreed nor disagree with the proposal.

3 or 0.37% did not answer the question.

**The Geographical Profile of Respondents** based on health board of residence together with their response to the recommendation of the Independent Panel is:

Health Board of Residence	Agree	Disagree	Neither agree nor disagree	Not Answered	Grand Total
Abertawe Bro Morgannwg UHB	185	10	3		198
Aneurin Bevan UHB	4	46	4		54
Cardiff & Vale UHB	22	299	14		335
Cwm Taf UHB	7	28	7		42
Hywel Dda UHB	96	7	2		105
Powys THB	6	3	2	1	12
Not indicated	19	35	2	2	58
<b>Grand Total</b>	<b>339</b>	<b>428</b>	<b>34</b>	<b>3</b>	<b>804</b>

**The response method used was:**

Health Board of Residence	Email	Hard Copy	Online form	Grand Total
Abertawe Bro Morgannwg UHB	8	13	177	198
Aneurin Bevan UHB	2	8	44	54
Cardiff & Vale UHB	12	32	291	335
Cwm Taf UHB	1	16	25	42
Hywel Dda UHB	1	38	66	105
Powys THB	2	4	6	12
Not indicated	12	9	37	58
<b>Grand Total</b>	<b>38</b>	<b>120</b>	<b>646</b>	<b>804</b>

## Respondent Type

In order to assess the public reach of the consultation, respondents were asked if they were an employee of the NHS. Respondents were also asked if they were replying on behalf of an organisation. Where respondents indicated that they were replying on behalf of a health board this has been discounted from the organisation's total number in recognition that any staff responding were doing so as an individual/group and not corporately.

Although not specifically asked, three respondents have indicated they are elected representatives.

Not specified	NHS Employee	Organisation	Elected Representative	Grand Total
416	369	16	3	804
51.74%	45.90%	1.99%	0.37%	100%

**The proportion and number of respondents reporting they were NHS staff\*** according to health board of residence and their response to the recommendation of the Independent Panel was:

Health Board of Residence	% of residents identifying as NHS staff.	Agree	Disagree	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	34.85%	62	5	2	69
Aneurin Bevan UHB	40.74%	2	19	1	22
Cardiff & Vale UHB	62.69%	9	195	6	210
Cwm Taf UHB	35.71%	4	9	2	15
Hywel Dda UHB	32.38%	31	3		34
Powys THB	16.67%	1	1		2
Not Answered	29.31%	3	14		17
<b>Grand Total</b>		<b>112</b>	<b>246</b>	<b>11</b>	<b>369</b>

\* NB the table is representative of health board of residence rather than employer.

**The proportion and number of respondents not identifying as NHS staff** according to health board of residence and their response to the recommendation of the Independent Panel was:

Health Board of Residence	% of residents <u>not</u> identifying as NHS staff.	Agree	Disagree	Not Answered	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	65.15%	123	5		1	129
Aneurin Bevan UHB	59.26%	2	27		3	32
Cardiff & Vale UHB	37.31%	13	104		8	125
Cwm Taf UHB	64.29%	3	19		5	27
Hywel Dda UHB	67.62%	65	4		2	71
Powys THB	83.33%	5	2	1	2	10
Not Answered	70.69%	16	21	2	2	41
<b>Grand Total</b>		<b>227</b>	<b>182</b>	<b>3</b>	<b>23</b>	<b>435</b>

## 5.1. Public Meetings

Public events were arranged throughout the consultation period and a schedule was published on the WHSSC website. It was agreed that a weekly exception report would be provided by each health board engagement lead to WHSSC, detailing any deviation from the published schedule. WHSSC has been assured that there was no deviation from the published schedule or the broader consultation plan. Attendees were asked to submit their individual responses and a record of themes identified has been provided. No themes were identified which have not been represented in the analysis of responses from the standard response methods.

## 5.2. Staff and Stakeholder Events

A number of staff and stakeholder events were held through the consultation period. Attendees were asked to submit their individual responses and a record of themes identified has been provided. There were no themes identified which have not been represented in the analysis of responses from the usual response methods.

## 5.3. High Level Summary of Key Themes Identified from Consultation Responses

A number of themes have been identified when analysing the responses. These “key” themes have been used as the basis of analysis of the responses.

Many of the 804 respondents expressed multiple views across their responses and therefore the total number of issues identified within the themes is 1,441.

The key themes are as follows:

- Implementation and Improvement
- Accessibility
- Major Trauma Centre
- Workforce
- Other

The key themes have then been broken down into a series of “sub” themes which have been used for more detailed consideration later in this document.

For each of the key themes the number of individual respondents were:

Key themes across all responses	n.
Implementation & Improvement	448
Accessibility	413
Major Trauma Centre	291
Workforce	122
Other	167
<b>Total*</b>	<b>1,441</b>

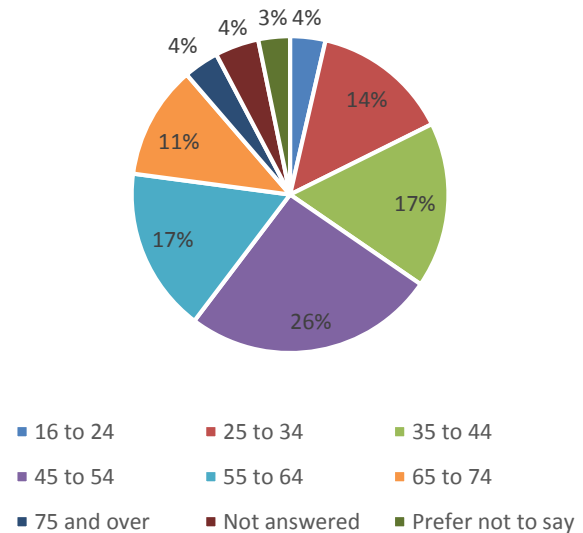
*\*Total exceeds the total number of responses due to many expressing views with more than one theme.*

## 5.4. Demographic Profile of Respondents

All versions of the consultation document contain a series of questions designed to review the reach of the consultation. The responses to each question are listed in the tables below:

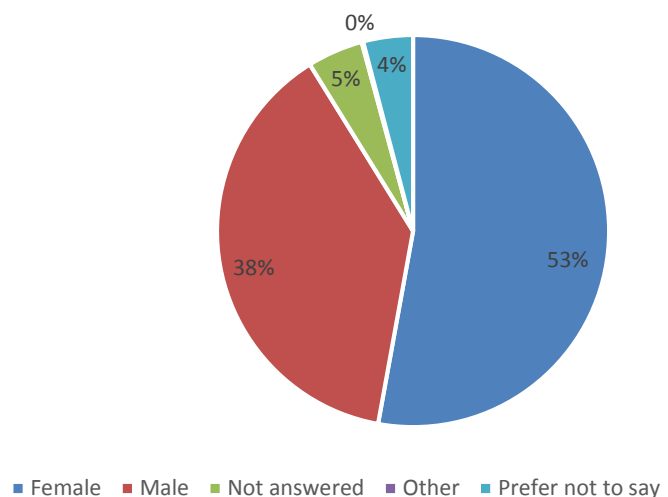
### Age

What was your age on your last birthday?	n.
16 to 24	29
25 to 34	113
35 to 44	136
45 to 54	207
55 to 64	135
65 to 74	93
75 and over	29
Not answered	36
Prefer not to say	26
<b>Grand Total</b>	<b>804</b>



### Sex

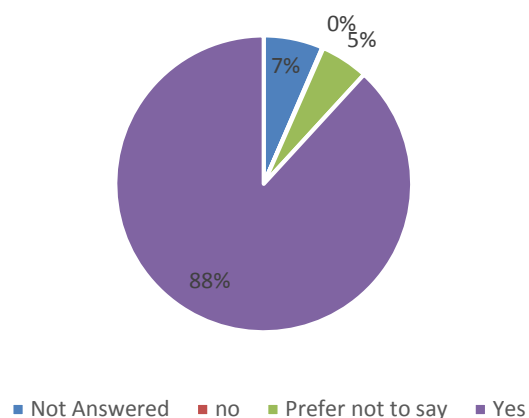
What sex are you?	n.
Female	425
Male	308
Not answered	37
Other	1
Prefer not to say	33
<b>Grand Total</b>	<b>804</b>





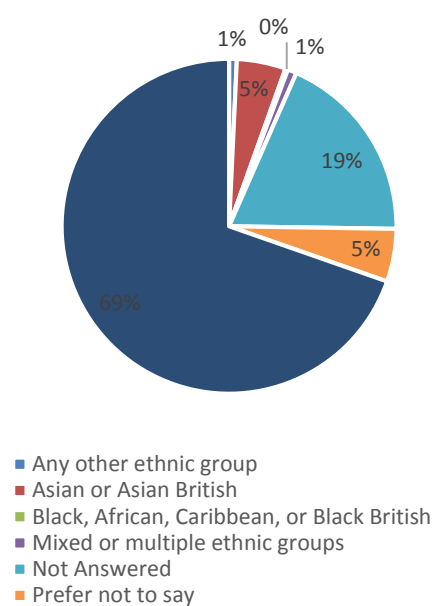
## Gender identity

Do you identify with the sex you were assigned at birth?	n.
Not Answered	52
No	1
Prefer not to say	42
Yes	709
<b>Grand Total</b>	<b>804</b>



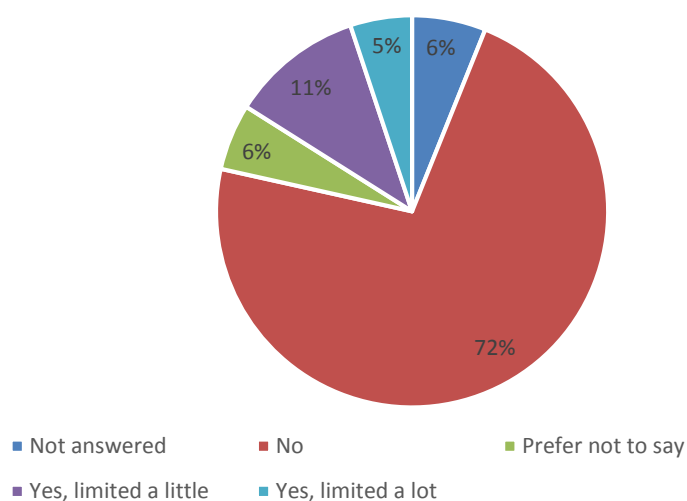
## Ethnicity

What is your ethnic group?	n.
Any other ethnic group	6
Asian or Asian British	38
Black, African, Caribbean, or Black British	2
Mixed or multiple ethnic groups	7
Not Answered	150
Prefer not to say	41
White	560
<b>Grand Total</b>	<b>804</b>



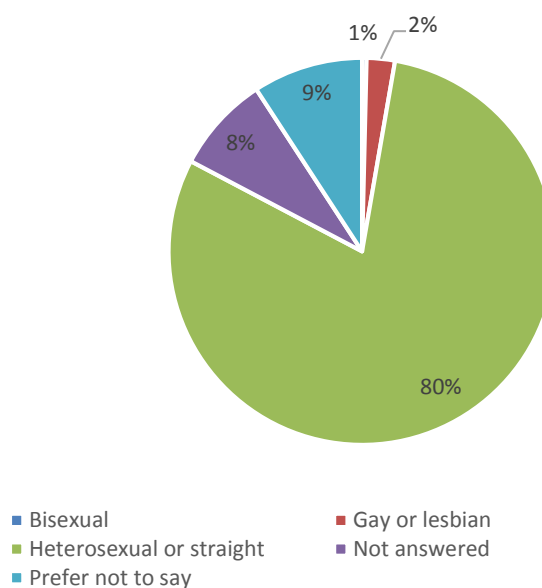
## Disability

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?	n.
Not answered	49
No	582
Prefer not to say	44
Yes, limited a little	88
Yes, limited a lot	41
<b>Grand Total</b>	<b>804</b>



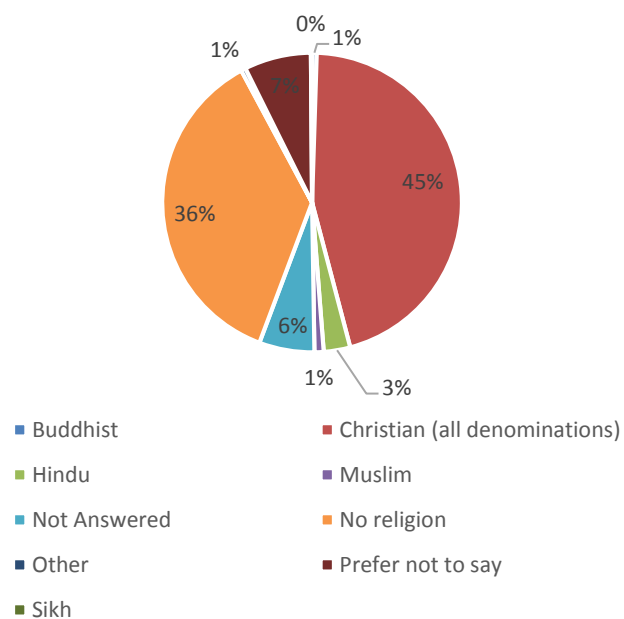
## Sexual Orientation

What is your sexuality?	n.
Bisexual	3
Gay or lesbian	19
Heterosexual or straight	643
Not answered	65
Prefer not to say	74
<b>Grand Total</b>	<b>804</b>



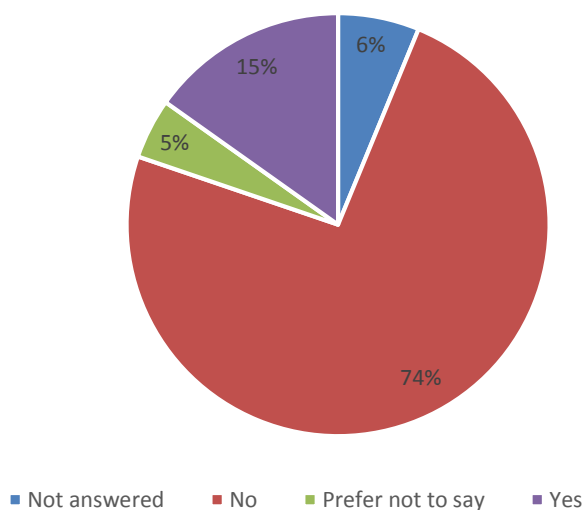
## Religion

What is your religion?	n.
Buddhist	4
Christian (all denominations)	365
Hindu	23
Muslim	8
Not Answered	48
No religion	293
Other	4
Prefer not to say	58
Sikh	1
<b>Grand Total</b>	<b>804</b>



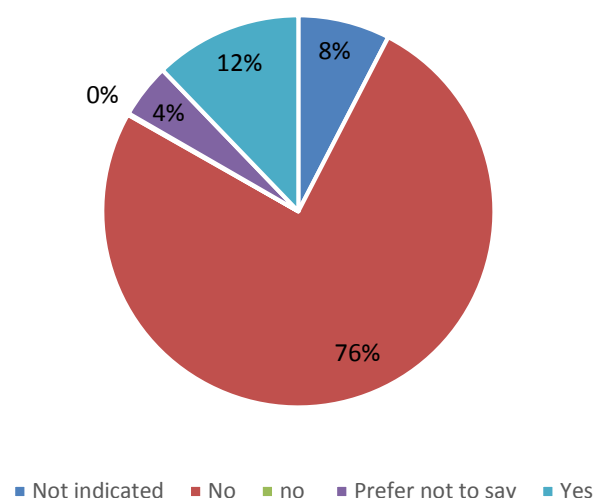
## Welsh language

Are you a Welsh speaker?	n.
Not answered	50
No	595
Prefer not to say	37
Yes	122
<b>Grand Total</b>	<b>804</b>



## Carers

Are you a carer?	n.
Not indicated	61
No	608
no	1
Prefer not to say	36
Yes	98
(blank)	
<b>Grand Total</b>	<b>804</b>



There is an analysis of the response profile at Appendix F. We concluded from this analysis that the consultation did have representative input from affected protected categories and from the relevant age distribution.

## 6. Consideration of consultation responses: WHSSC response, actions and mitigation.

We aim to provide assurance to stakeholders that the consultation meets the requirements of the 'Sedley criteria' (often referred to as the 'Gunning principles'), and those articulated in subsequent judicial guidance, as well as the guidance issued by Welsh Government, in particular that the product of the consultation must be conscientiously taken into account. We have therefore provided in this document an analysis of each of the sub themes identified in the five key themes, with a commentary regarding our response to the comments received and further action that will be taken. In addition we have provided a document (the "Individual Response Log") containing each issue identified by the 804 respondents categorised by sub theme, with WHSSC's response and action. This can be found at Appendix I. An Individual Response Log which only includes responses from residents for a specific health board area can be found at Appendix J (Each health board will be provided with its own version). These documents are intended to demonstrate that all the arguments and concerns have been considered in a fair, rational, proportionate and transparent way. In addition, they describe those areas where the consultation has identified issues that would require further action or mitigation to ensure the safe, effective and sustainable delivery of a new service.

## 6.1. Implementation and Improvement

Responses which highlighted areas for improvement, or issues which would relate to implementation of the Independent Panel's recommendation formed the single largest key theme. To understand further what was considered important within this key theme the table below quantifies the sub themes identified in the responses.

Implementation & Improvement cited by 448 respondents	Sub Theme Identified	n.
	Ensuring a high quality service	257
	Quality of the existing service at a particular site	68
	Impact on other services	51
	Physical capacity of a particular site	48
	Opportunities from a single centre	46
	Care closer to home	29

### 1 Ensuring a high quality service

This was the most common category of response. Respondents stressed the need that the new service should be better than that currently available. There were a huge range of different issues identified in this category, and examples include waiting times, sustainability of a unit, success at recruiting staff, reducing the length of stay, improving post-operative support and infection risk.

There was also a subgroup of responses which specifically identified the need for adequate resourcing or funding of the new service. Typical examples include:

That there are enough facilities - enough theatres and intensive care beds and the medical staff to service, so there are no patients having to wait an age for

The new service needs to be modern and fit for purpose to cover a large population.

Efficiency, principles of care to be high priority, short waiting times for appointments and surgery, proactive recovery multi-disciplinary team

Any service should be adequately resourced so the RCS recommendations can be implemented i.e. there is a safe on-call service that can support the Major Trauma Centre there is more capacity within the service with additional theatre time and ring fenced beds for Thoracic Surgery patients with equitable access for all MDTs for lung cancer Surgery but also ensuring non cancer Surgery is undertaken in a much more timely fashion than presently.

## **WHSSC response, actions and mitigation**

It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.

A number of respondents emphasised the issue of adequately resourcing the new unit or the need to ensure funding for any building work or new equipment. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Many respondents offered insights on what they considered important during the implementation of the proposed service change. This feedback will be used to help inform the implementation plan for the new service.

## **2 Quality of the existing service at a particular site**

There were strong representations for both Morriston Hospital and UHW citing the quality of the existing service and why this should influence the decision as to the best location of the new service. Typical examples include:

There is already an excellent unit at Morriston doing chest and lung surgery on which the centre could be based.

After having a pneumothorax, the level of care I received was outstanding and especially the aftercare following my surgery. All staff were friendly and gave me the best care possible to aid my recovery.

Cardiff has excellent surgeons and carry out the majority of thoracic surgery in Wales. They have one of the highest rates of minimally invasive thoracic surgery in the UK.

### **WHSSC response, actions and mitigation**

We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

### **3 Impact on other services**

There were 51 responses citing the interdependency of thoracic surgery with other specialties and the impact of removal of the service from a hospital. The majority of responses cited the negative impact on services at UHW, a smaller number cited the positive impact on services at Morriston Hospital. Responses varied as to which service was cited as having an important interdependency, as did the detail provided. We have further categorised these responses into two distinct classifications:

- i. Interdependency of adult thoracic surgery specifically with paediatric thoracic surgery.
- ii. Interdependency of adult thoracic surgery with other speciality areas.

#### **(i) Interdependency of adult thoracic surgery specifically with paediatric thoracic surgery**

Examples of interdependency of adult thoracic surgery specifically with paediatric thoracic surgery are:

...with no thoracic consultants in Cardiff, no joint paediatric / thoracic work would be able to take place and foreign bodies needing to be removed in paediatric patients who are under ENT will be unable to have an open thoracic procedure if the object can't be removed endoscopically. Without this option available in Swansea due to no PICU beds, all such cases will need to be transferred out of Wales - madness!"

In addition, although this consultation only talks about adult surgery, the thoracic surgeons have occasionally been involved in the management of paediatric patients, either independently or alongside the general paediatric surgeons. If we had a paediatric thoracic trauma admitted then a thoracic surgeon may very well be needed to help manage the case alongside the paediatric general surgeon

### **WHSSC response, actions and mitigation:**

Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change.

If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.



## (ii) Interdependency of adult thoracic surgery with other speciality areas

Examples of the type of responses are:

"Cardiff and Vale UHB and UHW host specialist services including major trauma and **other surgical specialities and interventional radiology**. The plan to move the cardiothoracic surgical services does not take in to account the integration of specialist services in one centre as it is imperative there will many patients who would need a collaborative approach of the Multi-disciplinary teams to provide effective clinical care"

"This will have a detrimental impact on the care of emergency and elective patients as C&V is the established unit and is also becoming the MTC. The skills of the **thoracic anaesthetists are required when supporting cases of one lung ventilation which occur in the centralised upper GI surgical cases** and in major thoracic trauma. This impact has not been fully considered"

"It's important that there is a thoracic unit on the Morriston site to help support the **ENT and Head and Neck** department in managing complex benign and malignant upper airway/tracheal cases especially those requiring laryngo-tracheal resection and reconstruction"

### WHSSC response, actions and mitigation

The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.

Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.

#### 4 Physical capacity of a particular site

A number of respondents cited the lack of physical space at UHW as making it unsuitable for the location on the new service. A smaller number commented there was inadequate space at Morriston Hospital. Typical examples include:

There is capacity on the Morriston site to expand with on-going builds.

Neither site has ability to expand easily but Morriston is certainly not superior in this regard and current capacity is much higher in Cardiff.

We need to consider the capacity at Morriston to make sure that they are able to take this extra responsibility

#### WHSSC response, actions and mitigation

This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.

#### 5 Opportunities from a single centre

Some respondents emphasised the opportunity to develop a high class service if a single large centre was developed. Typical examples are:

If all patients were all together then all the staff would be together rather than split up which can only be good surely?

Centralisation improves quality and use of resources.

I agree that Thoracic surgery would be better placed centrally at Morriston hospital to cover the south Wales area, and by doing so the level of expertise will be better by the concentration in the one area,

## WHSSC response, actions and mitigation

Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

### 6 Care Closer to Home

A number of respondents emphasised the importance of care closer to their home location with particular reference to the establishment of local pathways for the non-surgical aspect of treatment. Typical examples are:

Good links with local health services so that as much treatment as possible is delivered locally.

Have close links with all other hospitals in the catchment area and aim to work with them to get as much care delivered as locally as possible with only surgery being done in Morriston

The most important consideration for us in MID Wales would be the provision of adequate clinics being held at Bronglais in the lead up to any kind of treatment/surgery. Use telemedicine and don't require poorly patients to travel 1.5 hours for minimal consultations which could be carried out locally

## WHSSC response, actions and mitigation

It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.

We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.

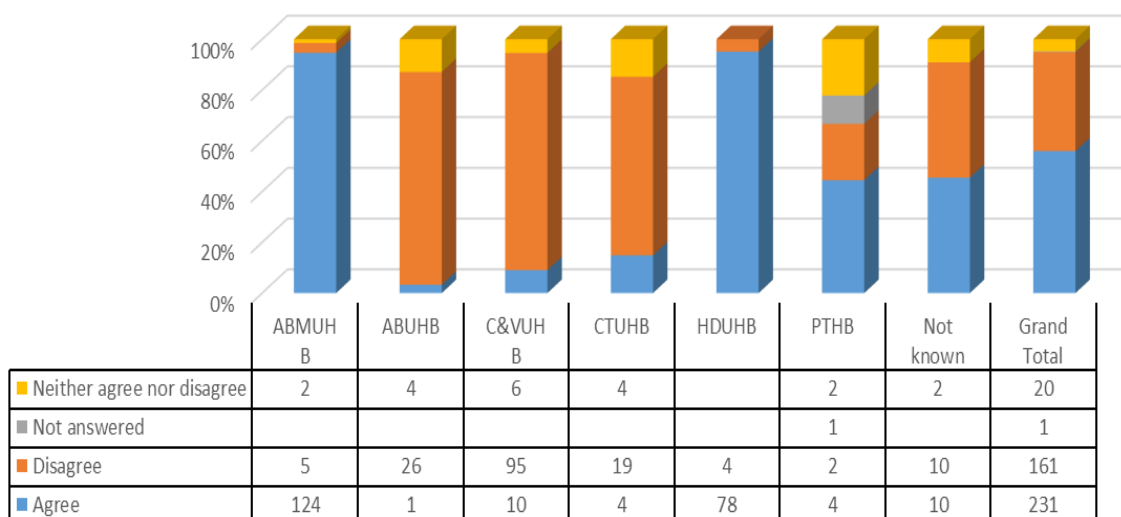
### 6.2. Accessibility

Accessibility was the second most commonly cited issue with 413 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-themes in the response. Accessibility was more commonly cited by those who agreed with the proposal (231) than those who did not (161)

<b>Accessibility: cited by 413 respondents</b>	<b>Sub Theme Identified</b>	<b>n.</b>
	General Accessibility	284
	Distance to travel	177
	Public transport (rail and road).	43
	Parking facilities	49
	Patient transport	10

In this group of respondents, in response to the question of whether they agreed or disagreed with the recommendation of the Independent Panel, there is a correlation with their geographical location. Respondents in south west Wales were more often supportive of the recommendation and respondents in south east Wales were more likely to disagree.

## Accessibility - by LHB and response to recommendation



## 1 Distance to travel

In general there was dissatisfaction from respondents in east Wales that they would have to travel further to access thoracic surgery. 51 respondents indicated that they disagreed with the recommendation of the Independent Panel because it would result in proportionately more patients and visitors travelling further due to the density of population in south east Wales. A small number (3) highlighted the environmental impact of increased travel.

29 respondents stressed the importance of ensuring that equity of access to the service for all regions was considered during implementation.

Typical examples of responses are:

Swansea serves W Wales and parts of mid and north Wales are not serviced adequately at present. Cardiff etc. close to Bristol

Overall, travelling times should reduce, but many people living in or close to Cardiff may feel disadvantaged

major impact in transport for patients & their relatives & friends from the valleys to Morriston

It's geographically the most sensible place. It allows access to the service from all corners of South Wales.

Having looked at your travel analysis the extended travel times, if moved to Swansea, would come from the largest population centre that is Cardiff and Newport.

## **WHSSC response, actions and mitigation:**

As commissioners we appreciate there is a need to balance the potential benefits of a single larger centre with any extra time and distance to travel.

Surgery is an important aspect of treatment but it is only a part of the overall care. Our intention when developing this service is that we can improve the ways our multi-disciplinary teams work. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. This means that we can reorganise the service so that even more of the care, such as out-patient appointments with the surgeon can take place locally.

Improving the way our teams work will also allow us to reduce the amount of time patients can expect to spend in hospital having their operations. New techniques, such as key-hole surgery, are currently being introduced which will mean patients will only expected to stay in hospital for a few days after thoracic surgery for lung cancer<sup>3</sup>.

The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.

We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

We considered if a solution for some patients in south east Wales was to have surgery in England, but were told by our doctors that the best treatment is provided by a full MDT. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. They told us that there are already excellent and long standing relationships within these teams across the hospitals in Wales and they felt that the best overall service for patients would be delivered from a new larger centre at Morriston Hospital.

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<sup>3</sup> Cancer Research UK: [www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery](http://www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery)

## 2 Public Transport

Public transport was cited by both those who agreed with the recommendation and those who did not. Typically those who disagreed cited the difficulties in accessing Morriston Hospital using public transport and those agreed cited the difficulties in accessing UHW by public transport.

Typical examples are:

I live in Merthyr Tydfil. There is no public transport from my home to Morristown hospital. I would not be able to get there and back. If I was an inpatient I would not have any visitors.

Consideration of Travel times and issues accessing public transport for patients living in rural communities

Accessibility by public transport especially in older non-driving visitors. Ensure repatriation at earliest possible time so as not to impede patient flow through

### **WHSSC response, actions and mitigation:**

Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.

We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.

As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.

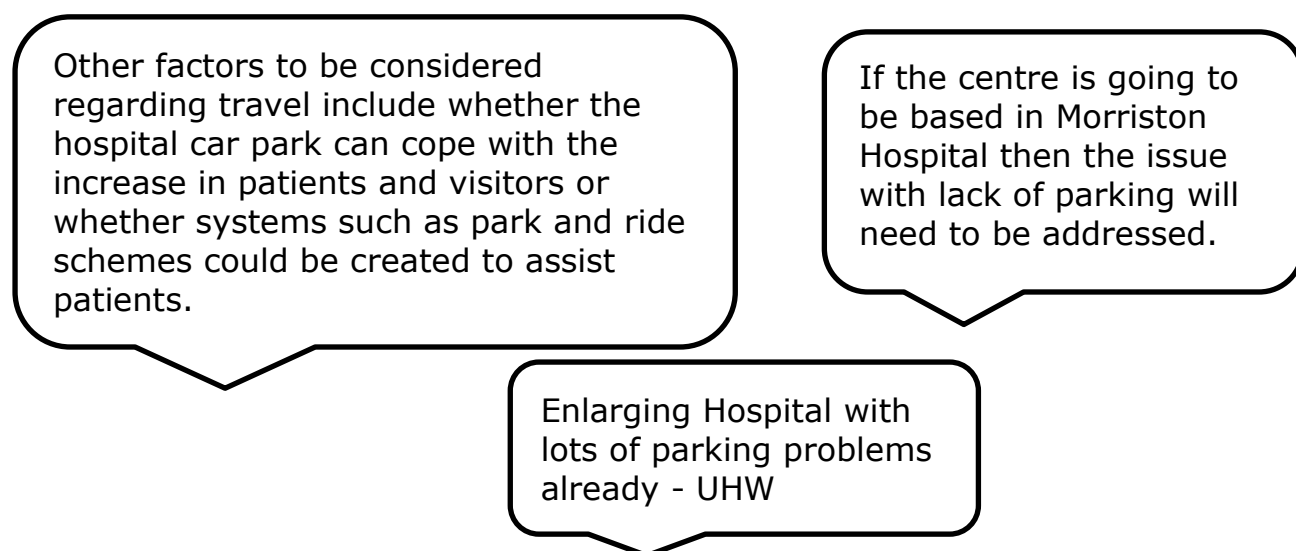
Improving the way our teams work will also allow us to reduce the amount of time patients can expect to spend in hospital having their operations. New techniques such as key-hole surgery are currently being introduced which will mean patients will only expected to stay in hospital for a few days after thoracic surgery for lung cancer<sup>4</sup>.

To help visitors Morriston Hospital already offers flexible visiting hours.

### 3 Parking facilities

Issues with parking facilities at Morriston Hospital were highlighted predominantly by those who agreed with the Independent Panel's recommendation as a consideration during implementation. A smaller number (4) highlighted concerns for parking at UHW as a reason for agreeing with the recommendation.

Typical examples are:



### WHSSC response, actions and mitigation:

We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

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<sup>4</sup> Cancer Research UK: [www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery](http://www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery)



## 4 Patient transport

Typical examples are:

Paid travel for Patients. Long distance travel costs a lot which people cannot afford. Not to mention the distance will put people off from attending. Resulting in wasting of time and wasted appointments.

Travel assistance for those unable to make their own way.

For patients who are unable to travel themselves, there will also need to be an effective transport service provided that allows patients to be collected and returned to Gwent

### WHSSC response, actions and mitigation:

The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.

NEPT is the type of hospital transport that patients would require for out-patient appointments or travelling to and from surgery. WAST is aware that patients from the south east of Wales will require longer journeys, although initial analysis suggests that the overall number requiring transport will not increase significantly. This is because patients already need to travel to UHW because the service is not delivered at any other local hospitals.

We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.

### 6.3. Lack of co-location with the Major Trauma Centre:

This was the most common issue raised by respondents (275) who disagreed with the recommendation. There were two main themes related to this lack of co-location, first the issue of quality and patient safety and second the issue of workforce.

Of the 275 responses 37 simply stated that co-location was the reason for disagreeing, with little or no further elaboration or qualification. Others specified issues of quality and patient safety, and we have categorised these into 3 sub-themes reflecting the emphasis within the response:

1. Quality and safety concerns which did not specify the issue. This group of concerns included a sub-group where there was particular reference to why comparison with NHS England was not relevant.
2. Quality and safety concerns relating to the time required for thoracic surgeons to travel to the Major Trauma Centre at UHW from Morrilton Hospital for the immediate care of a trauma patient.
3. Quality and safety concerns related to general availability of thoracic surgeons; and some respondents raised the potential need to transfer patients out of UHW to Morrilton Hospital.

The table below provides the breakdown of individual respondents who have cited the location of thoracic surgery and the proposed Major Trauma Centre ("MTC") at UHW.

Key Theme	Sub Theme Identified	n.
<b>Location of Major Trauma Centre: cited by 291 Respondents</b>	General statement regarding MTC co-location	275
	General quality and patient safety concerns	65
	Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morrilton Hospital for the immediate care of a trauma patient	52
	Quality and safety concerns related to non-elective availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morrilton Hospital	121

There were 31 responses which cited workforce issues specifically related to the MTC, and these have been considered under the general workforce section. Finally there were 11 responses which questioned the recommendation process and whether there had been due consideration of the location of the MTC. These responses are considered in detail in section 5.5.

The table below represents the geographical location of respondents who have cited the location of the MTC within their responses:

	Agree	Disagree	Not answered	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	1	4			5
Aneurin Bevan UHB		24			24
Cardiff & Vale UHB	2	215		5	222
Cwm Taf UHB		13		2	15
Hywel Dda UHB	3	1		1	5
Powys THB		2			2
Not Indicated	1	16	1		18
<b>Grand Total</b>	<b>7</b>	<b>275</b>	<b>1</b>	<b>8</b>	<b>291</b>

### 1 General quality and patient safety concerns.

Within the 275 responses which stated that the MTC and thoracic surgery services should be co-located 65 specified patient safety and quality concerns. Examples of typical responses were:

The new regional trauma centre of excellence at the University Hospital of Wales will be unable to provide the expected high quality standard of care without an experienced thoracic team who are experts in their field and are based in the trauma centre to provide acute thoracic care.

The Major Trauma Centre and thoracic surgery should be on the same site.

If we do not have thoracic services in Cardiff and Vale I feel this could significantly affect the survival rates of the major trauma patients we will be receiving.

There was also a sub-group of responses (4) which raised general quality and patient safety concerns but which specifically questioned the comparison in our FAQ document with standards in NHS England i.e. where we noted that quality standards were not met in England. This is an example response:

The fact that NHS England does not require co-location of MTC and emergency thoracic surgery is not relevant. English service provision is hindered by historical layout of services and the recommendations reflect what is achievable within these constraints rather than best practice. There is an opportunity to offer much better to the people of Wales with the new MTC.

### **WHSSC response, actions and mitigation:**

The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients<sup>5</sup> per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.

At the mid-point consultation review, it became apparent this was a key issue amongst respondents from the Cardiff and Vale University Health Board area. The Welsh Health Specialised Services Team therefore undertook two measures to investigate this further. First, we examined the experience in England, and secondly we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to investigate the needs of patients in the MTC and to consider whether there were different options for meeting those needs.

We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (*"Getting it right first time"*) who carried out this survey. They stated that 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW. A single centre would allow us to change this and deliver a real improvement in the service.

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<sup>5</sup> Estimate from The Cheshire and Mersey major trauma centre, based in Aintree Hospital, Liverpool- catchment population approximately 2.3 million.

When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input<sup>6</sup>. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes<sup>7</sup>. The exact detail of these arrangements will, however, require careful planning and discussion with clinical colleagues, and can be taken forward through the trauma network development. A commitment to delivering these options will be important for the successful delivery of a safe service at the MTC.

To reiterate one of the very important benefits of a single centre: it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.

### **General quality and patient safety concerns and why comparison with NHS England may not be appropriate:**

We used England as a comparator when considering the requirements for thoracic services in south Wales because the health care systems across the UK are very similar, and because the training and regulatory systems for clinical professionals are common across the UK. We also know the planning process for the MTC, led by the NHS Wales Health Collaborative, has been based on the NHS England service development.

Most importantly, however, the outcome for patients with major trauma attending centres in England has recently been published<sup>8</sup> in the Lancet medical journal. This has indicated much better outcomes for patients with an increase of almost one fifth (19%) in the chances of survival from serious injury since 2012 and with patients spending much less time in hospital.

Finally we already commission thoracic surgery and major trauma services for the patients of north Wales and north Powys from England.

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<sup>6</sup> Reported by the Welsh Trauma Network Clinical Lead from a survey of a range of NHS England MTCs

<sup>7</sup> Reported by internal audit from Morriston Hospital (Professor Ian Pallister)

<sup>8</sup> [https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370\(18\)30007-5.pdf](https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(18)30007-5.pdf)

## 2 Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morriston Hospital for the immediate care of a trauma patient.

This was the most common single issue response within the sub themes identified by those who disagreed with the proposal. Many of them quoted the 2013 NHS England service specification which states that:

*"Consultants available on site within 30 minutes when required; Neurosurgery; Spinal and spinal cord surgery; Vascular surgery; General surgery (adult or child); Trauma and Orthopaedic surgery; Cardiothoracic surgery; Plastic surgery; Maxillofacial surgery; Ear nose and throat surgery; Anaesthetics; Interventional radiology; Intensive care."*<sup>9</sup>

Others noted that the distance between the MTC and thoracic surgery centre were greater than distances in England. Typical examples are:

Insanity - too far for major trauma patients to survive by moving it to Swansea. No way to be able to implement standards - 30 minutes standard is a safety issue. How are you going to provide 24/7 onsite thoracic cover within 30 minutes to the MTC - impossible - patients will die because of this.

Major trauma centre - It will be difficult to provide a high quality trauma centre without thoracic surgery near or on-site. While major thoracic injuries are not common they are usually life threatening without emergent intervention from an experienced thoracic surgeon. It makes no sense to move thoracic surgery over 40 miles away from the Major Trauma Centre, I believe that trauma patients will suffer as a result. If a patient had a polytrauma with a thoracic injury they should have the timely care they deserve in a major trauma centre with thoracic surgery.

### WHSSC response, actions and mitigation:

At the mid-point consultation review it became apparent this was a key issue amongst respondents from the Cardiff and Vale University Health Board area. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic

teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.

<sup>9</sup> D15/S/a NHS STANDARD CONTRACT FOR MAJOR TRAUMA SERVICE (ALL AGES)  
Adult Thoracic Surgery Consultation Report 8 October 2018  
V 2.0

We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.

When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input <sup>10</sup>. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes<sup>11</sup>. The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.

One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.

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<sup>10</sup> Reported by the Welsh Trauma Network Clinical Lead from a survey of a range of NHS England MTCs

<sup>11</sup> Reported by internal audit from Morriston Hospital (Professor Ian Pallister)

### **3 Quality and safety concerns related to general availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston.**

Typical examples are:

Thoracic surgery provides care for chest injury associated with multiple trauma patients. Fixation of rib fractures and decompression of chest is known to be lifesaving! When the MTC is proposed to be in Cardiff, what is the logic of moving part of the trauma team to Swansea?

As an intensivist we are needing to involve thoracic surgeons increasingly on trauma patients' care. Early rib fixation, particularly in the elderly, is proven to improve mortality. If the surgeons are moved to Morriston this will result in worse outcomes for trauma patients and increased risk of these patients involved in transferring these patients

It would be very difficult to fully meet the needs of these critically ill patients if we are unable to fulfil this aspect of their care. I believe it would even compromise care as it would require Patients potentially in an unstable condition to be moved between centres

#### **WHSSC response, actions and mitigation:**

Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests. This was discussed when we met with the teams from UHW and Morriston Hospital to examine the needs of patients at the MTC. They identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained "resuscitative trauma surgeons" is available. These are surgeons trained to manage severe and life threatening bleeding, from anywhere in the body. For patients with later complications from their thoracic injury, we identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes <sup>12</sup>. The exact detail of these arrangements will require careful planning and

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<sup>12</sup> Reported by internal audit from Morriston Hospital (Professor Ian Pallister)



discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.

#### 4 Comments regarding the MTC from those who agreed with the recommendation

Six respondents cited the location of the MTC at UHW as their reason for agreeing with the recommendation. An example response is:

Much comment has been made about the need to have thoracic surgery collocated with a major trauma centre. It is important to remember that trauma is only a very small part of a thoracic surgical service and that cardiac surgery (rather than thoracic surgery) is already providing 24/7 cover for thoracic trauma in both UHW and Morriston Hospital.

#### WHSSC response, actions and mitigation:

The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account that there were approximately 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota, (currently this is provided by mixed practice cardiac-thoracic surgeons), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.

## 6.4. Workforce

Workforce issues formed the fifth most commonly cited theme. In order to further understand what was considered important within this category, the table below quantifies the key sub themes in the response.

Workforce cited by 122 respondents	Sub Theme Identified	n.
	Loss of experience at UHW	53
	Recruitment	38
	Personal impact	31
	Academic links & Research Opportunities	16
	Training	16

**1 Loss of experience** – 53 respondents expressing concern regarding the loss of expertise from UHW. Typical examples include:

Thoracic Surgery at UHW is the best in Wales with a top class team of doctors and nurses most of whom we would lose if this move takes place.

UHW already has an excellent team. My concerns are recruiting such a team in Swansea with so many years' experience

The current surgeons will be deskilled and not able to deal with thoracic trauma cases.

### **WHSSC response, actions and mitigation:**

We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.

We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.

If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

## 2 Academic Links

16 respondents emphasised the importance of academic links and research opportunities. Typical examples are:

should have the opportunity to develop research interests.

There are better research opportunities at UHW

There are excellent research opportunities in Swansea and links with Swansea University, new and existing, can be formed to participate in research. Swansea University is a forward moving, progressive university and I'm sure there will be opportunities there.

### WHSSC response, actions and mitigation:

The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.

## 3 Personal impact

31 respondents expressed concerns about the impact on staff or asked for assurance that it will be an important consideration during implementation planning. Typical examples include:

The serious disruption to the lives of staff, their families and patients.

Sustainability of the service will be a challenge as the staff of the bigger unit may not want to move for family and personal reasons.

It needs to be established that the current UHW team will be prepared to move - there is no indication that they have been asked, and no evidence is provided that suitably qualified surgeons are available and willing to work in Swansea

## **WHSSC response, actions and mitigation:**

We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.

## **4 Recruitment**

38 respondents thought that recruitment was an important consideration. Typical examples are:

There has been a gradual creep of services towards Cardiff and a growing difficulty in the ability to recruit to Swansea - leading to services struggling on, in what should be a highly performing centre. By retaining some specialist services, further professionals will be attracted to the area and bring with them skills and knowledge to enhance the medical services provided to the area.

Recruitment would be easier in a capital city as opposed to a secondary city.

it is already difficult to recruit to specialist positions in Wales, and to attempt to set up a relatively isolated service in a distant hospital, with a paucity of other relevant services, is surely setting the service up to fail.

## **WHSSC response, actions and mitigation:**

We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

## 5 Training

16 respondents highlighted consideration of training. Typical examples include:

What thoughts, if any, have been given to the teaching of medical students

Education: where will the appropriately trained workers be trained and how will they be trained.

For our ability to train anaesthetists in thoracic anaesthesia in Wales.

### WHSSC response, actions and mitigation:

We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.

A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

## 6.5. Other

For the purposes of analysis, we identified a range of issues which have been classified in the themes in the following table:

Other: 167 respondents	Theme identified	n.
	Decision Making Process	53
	Consultation Process	43
	Against merging of two centres	95
	Importance of tertiary services outside of Cardiff	52
	General comments regarding healthcare	7

## 1 Decision Making Process

Some respondents commented on the decision making process. Political influence was cited by 22, the composition or efficacy of the Independent Panel was questioned by six respondents, six respondents deferred to the expertise of the Independent Panel and there were six criticisms of the actual decision making process. Typical example responses are:

This looks like a political decision rather than one based on any proper medical considerations.

I do not think the panel had the expertise to understand the implications of this.

That is the finding of the independent panel. They are experts in this field and their decision should be upheld

### WHSSC response, actions and mitigation:

Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised<sup>13</sup> and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making)<sup>14</sup> Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.

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<sup>13</sup> "Evidence and Value: Impact on Decision Making – the EVIDEM framework and potential applications", Mireille M Goetghebeur, Monika Wagner, Hanane Khoury, Randy J Levitt, Lonny J Erickson, and Donna Rindress *BMC Health Serv Res* v.8; 2008 PMC2673218

Health Policy 2017 Sep; 121(9):978-985. doi: 10.1016/j.healthpol.2017.06.007. Epub 2017 Jun 24 "Prioritisation of specialist health care services not NICE, not easy but it can be done".

Anderson P, Webb P, Groves S

<sup>14</sup> [www.evidem.org](http://www.evidem.org)

We consider that steps were therefore taken to make the process as thorough and objective as possible.

## 2 Consultation Process and Material

Some respondents (22) felt that the consultation document and evidence cited was flawed. There were 16 concerns expressed regarding the scope and implementation of the consultation process and five respondents indicated approval for the consultation process and or documentation. Typical examples are:

The consultation documents of the review of thoracic surgery clearly demonstrate a thorough and inclusive consultation has been undertaken. This is reassuring, as a difficult decision needs to be made which not everyone will agree on. This wide and inclusive consultation will contribute to the most effective and acceptable decision being made. Thank you for the transparency.

I think there is a lot more consultation to be made especially with the public before a decision is made.

Not enough information to make reasoned decision

### WHSSC response, actions and mitigation:

To make our consultation meaningful, we developed our plan and documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the affected health boards. Finally, we have provided an Assessment against Guidance on Engagement and Consultation on Changes to Health Services and National Principles for Public Engagement in Wales which is available at Appendix E.

## 3 Against Merging of the two centres

Some respondents felt there were disadvantages to centralising into a single centre and that a better quality service could be delivered on two sites. Typical examples are:

All mergers in the UK of units ended up in one bigger unit with less effect

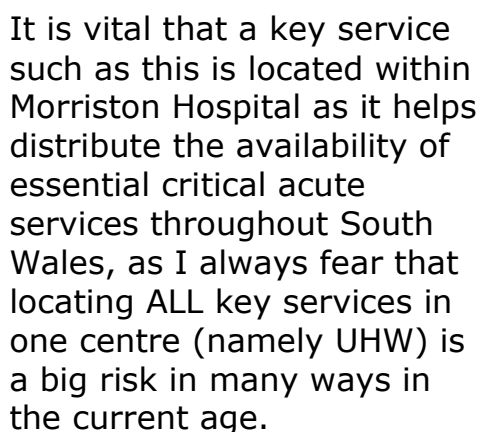
I believe strongly that WHSSC should improve and modernize both units instead of shutting down one in favour of the other

## **WHSSC response, actions and mitigation:**

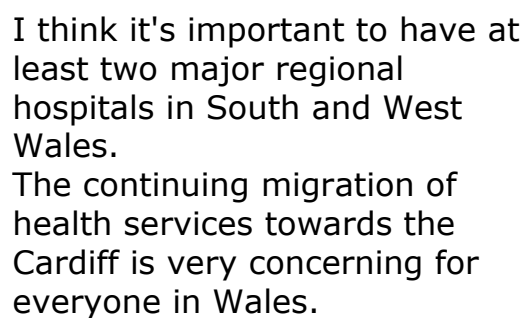
The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

## **4 Importance of tertiary services outside of Cardiff**

A number of respondents expressed the importance of continued specialised health care outside Cardiff. Typical examples are:



It is vital that a key service such as this is located within Morriston Hospital as it helps distribute the availability of essential critical acute services throughout South Wales, as I always fear that locating ALL key services in one centre (namely UHW) is a big risk in many ways in the current age.



I think it's important to have at least two major regional hospitals in South and West Wales. The continuing migration of health services towards the Cardiff is very concerning for everyone in Wales.

## **WHSSC response, actions and mitigation:**

This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.



## 5 General comments regarding healthcare

A small number of respondents took the opportunity to express concerns regarding healthcare in general. Examples are:

The NHS has had 70 years to sort out their training and staffing levels based on forward projections of hospital/service usage by the general public and funding difficulties not yet sorted.

I recently suffered a heart attack and had to wait 9 days before a bed and HAD to wait 9 days before a Bed and Lab were available in Swansea for me to have treatment (stent)..... this is totally unacceptable for us in Mid Wales

### WHSSC response, actions and mitigation:

It was felt that these comments related to issues which fall outside of the scope of the consultation.

## 7. Post Consultation Phase

On behalf of the six affected health boards, WHSSC has received, logged and analysed the responses to the consultation, the outcomes of which were reported to the Joint Committee of WHSSC at its meeting on 18<sup>th</sup> September 2018. The Joint Committee will now submit this paper to each of the affected health boards for consideration at public board meetings to be held during October 2018. The paper includes a report on the consultation and recommendations from the Joint Committee.

Both the report to the Joint Committee and the paper to be considered by the affected health boards will be shared with the affected CHCs for consideration as part of their role in reviewing and formulating an official response to the consultation.

The outcome report and any relevant decisions will be made available on the WHSSC website and widely distributed to enable stakeholders to see how their feedback has been taken into account, and the result of any relevant decisions.

## 8. Conclusion

Full and careful consideration has been given to all the evidence presented through this process, together with the responses to the public consultation. Where concerns have been identified, mitigating actions have been developed and discussed with key stakeholders as appropriate.

It is therefore concluded that:

- The benefits to patient outcomes and long-term workforce and service sustainability are best delivered through a single-site solution;
- Any change to the service model must strengthen the pathway with local chest medicine services to deliver the vast majority of thoracic care locally, and further reduce the frequency of patients having to attend, and the duration of stay at the thoracic surgery centre;
- Any new service must be properly commissioned to ensure that the appropriate resources are available to meet the needs of patients. This will include robust demand and capacity planning to ensure delivery of target waiting times;
- Critical to success is the requirement to ensure that there is robust thoracic surgery support to the MTC and other interdependent services which can and must be in place at the same time as the proposed implementation of service change

## 9. Recommendations

In line with the conclusions identified above it is recommended that each of the affected health boards:

- **APPROVE** the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- **APPROVE** the location of that single site as being Morriston Hospital **conditional upon** the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the MTC being completed and signed-off by WHSSC within 6 months;
- **APPROVE** the mitigating actions set out in this document to be delivered in line with the implementation of the service change.

## 10. Appendices

The following are attached as appendices to the report:

Appendix A	Report of the Independent Panel
Appendix B	Consultation Plan
Appendix C	Consultation Document
Appendix D	Equality Impact Assessment
Appendix E	Assessment against “Guidance on Engagement and Consultation on Changes to Health Services” and “National Principles for Public Engagement in Wales”
Appendix F	Consultation Equality Monitoring Report
Appendix G	List of supporting documents made available during the consultation
Appendix H	Frequently Asked Questions
Appendix I	Individual Response Log: All responses
Appendix J	Individual Response Log: Health board
Appendix K	Summary of Discussions at Public Events

# **South Wales Thoracic Surgery Review**

## **Report from the Chair of the Independent Panel**

### **Process**

The Independent Panel ('the Panel') met in Cardiff on 10 January 2018 to consider making a recommendation to the Welsh Health Specialised Services Committee ('the Joint Committee') for the identity of a single centre for future provision of thoracic surgery in south Wales.

The Panel comprised ten independent members from the eleven individuals invited (Appendix A). One invitee was ill and therefore unable to attend.

The Panel was supported by WHSSC officers and a representative from Swansea Centre for Health Economics ('SCHE').

A presentation was given on governance around the functioning of the Panel and the need for independence and an explanation of conflicts of interest was given to Panel members. There were no declarations of interest.

Minutes of the proceedings were taken.

The Panel received a presentation on the background to the Review and progress to date.

An extensive evidence pack covering each of the 5 criteria determined by the Joint Committee was made available in advance of the meeting, together with an Equality Impact Assessment.

The SCHE representative explained the EDEM process that was to be used and confirmed that the absence of one invited member due to ill health was not problematic. The criteria were weighted and each criterion considered and voted on in turn.

The evidence supplied by the provider organisations was generally considered to be poor, particularly in relation to Criterion 2 – regarding the provision of the necessary infrastructure and facilities, and Criterion 4 – demonstrating how standards would be improved through new ways of working. However, this did not impair the Panel from making a recommendation and observations.

A recommendation was agreed and a number of observations were made that were added as narrative to the recommendation.

Panel members were reminded that the recommendation and narrative were embargoed until the Joint Committee meeting on 29 January 2018.

I attended the Project Board meeting on 15 January 2018 to provide assurance that the Panel had followed due process and made a recommendation to the joint Committee.

## **Weighting and factors for consideration**

### **Access – 21%**

- Local delivery of services are essential for the non-surgical elements of the patient pathway (i.e. services should be delivered near to home, wherever possible)
- Adequate parking at the thoracic surgery centre should be considered
- The importance of MDTs conducting virtual meetings using technology, such as video conferencing, was important
- Consideration should be given to availability of technology, such as skype, for patient/relative contact ('virtual visits') should be explored for the thoracic surgery centre

### **Infrastructure – 31%**

- The centre must be properly resourced with interim and permanent solutions
- There must be a robust, credible implementation plan, failure will jeopardise the single centre concept

### **Staffing – 16%**

- New staff will need to be recruited and some staff may want to re-train to staff the thoracic surgery centre

### **Research and innovation – 20%**

### **Impact – 12%**

## **Outcome**

The discussion was thorough and detailed with all members of the Panel making valuable and active contributions. After full assessment, the recommendation was made that Morriston Hospital was judged to be the most appropriate centre based on both the unadjusted weighting and the adjusted weighting. The decision was unanimous but based on a relatively narrow margin. There were a number of factors, which are set out above, that the Panel thought the Joint Committee should take into account in establishing the single service.

Infrastructure was weighted as the most important criterion but the information supplied by both providers to assess this issue was poor. The panel assessed that, on the information supplied, Morriston Hospital is marginally better placed to deliver the centre.

Implementation is crucial and the panel recommends that the provider is asked to provide a definitive Implementation Plan which will need to be tested and approved by the Joint Committee.

If the Implementation Plan is not delivered within a specified timescale or not sufficiently robust, given the close outcome of the assessment, the Panel recommends that UHW then be invited to provide an Implementation Plan, which would be similarly assessed by the Joint Committee.

**John Hill-Tout**  
**Chair**  
**Independent Panel**  
**South Wales Thoracic Surgery Review**  
**24 January 2018**



**GIG**  
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."*

<b>Status</b>	Draft
<b>Version Number</b>	1.2
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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 (H DUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or H DUHB, 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	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: <ul style="list-style-type: none"> <li>• Stakeholder Reference Groups</li> <li>• Healthcare Professional Forums</li> <li>• Partnership Forums</li> <li>• Public Services Boards</li> </ul> And any other groups which are part of the Health Boards' processes for ongoing engagement

### **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 2<sup>nd</sup> July, and will run for an 8 week period, closing at midnight on the 27<sup>th</sup> 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	Subject to approval by the health boards, the consultation will launch on the 2 <sup>nd</sup> July.
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	<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 <a href="http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales">http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</a></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 <a href="http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales">http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</a></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 <a href="http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales">http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</a></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 documents to Local authorities and elected representatives	<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 representatives to attend any of the consultation events across south Wales.</p>
Distribution of consultation documents to Assembly Members	<p>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</p>



and Members of Parliament	elected representatives to attend any of the consultation events across south Wales.
Website	<p>A dedicated website will be established at <a href="http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales">http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</a> 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.

Health Board	Date	Time	Venue
Hywel Dda	05 July 2018	14:00 - 16:00	Pill Social Centre Milford Haven SA73 2QT
Hywel Dda	09 July 2018	14:00 - 16:00	Tumble Hall, Tumble SA14 6HR
Powys	13 July 2018	10:00 - 12:00	Ystradgynlais Community Hospital, Glanrhyd Road, Ystradgynlais SA9 1AY
Powys	18 July 2018	13:30 - 16:30	The Pavilion, Spa Road, Llandrindod Wells, LD1 5EY (information available as part of Powys Teaching Health Board Annual General Meeting)
Cardiff & Vale	23 July 2018	18:30 - 20:00	Castleland Community Centre, Belvedere Crescent, Barry, CF63 4JZ
Abertawe Bro Morgannwg	24 July 2018	18:00-20:00	Bridgend Life Centre, Angel Street, Bridgend, CF31 4AH
Aneurin Bevan	25 July 2018	16:00 - 18:00	United Reform Church, Van Road, Caerphilly
Cardiff & Vale	25 July 2018	18:15 - 19:45	Butetown Community Centre, Loudon Square, Butetown, Cardiff CF10 5UZ
Aneurin Bevan	26 July 2018	16:00 - 18:00	Caldicot Male Voice Choir Hall, 44 Mill Lane, Caldicot, NP26 5DD
Aneurin Bevan	27 July 2018	16:00 - 18:00	Learning Zone, Ebbw Vale Leisure Centre, Lime Avenue, Ebbw Vale, NP23 6GL
Cwm Taf	31 July 2018	09:30 - 12:00	The Theatr, Canolfan Soar, Merthyr Tydfil, CF47 8UB
Aneurin Bevan	07 August 2018	17:00 - 19:00	Newport Leisure Centre, (Castle Room) 1 Kingsway, Newport NP20 1UH
Cwm Taf	08 August 2018	09:30 - 12:00	Rhondda Valleys Public Forum, Studio 3, Rhondda Sports Centre, Ystrad, CF41 7SY
Aneurin Bevan	09 August 2018	16:00 - 18:00	Abergavenny Community Centre, Park Street, Abergavenny, NP7 5YB
Cwm Taf	13 August 2018	10:00 - 12:00	Cwm Taf CHC Training Room, Venture Wales
Cwm Taf	13 August 2018	13:30 - 16:00	Taff Ely Public Forum, Conference Hall, Llantrisant Leisure Centre, Llantrisant, CF72 8DJ
Cwm Taf	15 August 2018	13:30 - 16:00	Cynon Valley Public Forum, Exercise Room, Michael Sobell Leisure Centre, Aberdare, CF44 7RP

Health Board	Date	Time	Venue
Cardiff & Vale	15 August 2018	18:00 – 19:30	CHC Offices, Pro-Copy Business Centre, Parc Ty Glas, Llanishen, Cardiff, CF14 5DU
Aneurin Bevan	17 August 2018	16:00 – 18:00	Pontypool Active Living Centre, Trosnant Street, Pontypool, NP4 8AT
Powys	17 August 2018	13:00 – 15:00	Basil Webb Hall, Bronllys Hospital, Bronllys, Brecon, LD3 0LS
Powys	17 August 2018	16:00 – 17:30	Morrisons, Free Street, Brecon, LD3 7SE
Cardiff & Vale	20 August 2018	18:00 – 19:30	Castleland Community Centre, Belvedere Crescent, Barry, CF63 4JZ
Abertawe Bro Morgannwg	21 August 2018	18:00 – 20:00	Aberavon, Beach Hotel, Port Talbot, SA12 6QP



**GIG**  
CYMRU  
**NHS**  
WALES

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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## **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 enclosed with 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 Europe<sup>1</sup>, although we know we have expert surgeons who produce very good outcomes.

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

- 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<sup>2</sup> (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).

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<sup>2</sup> "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

We decided not to pursue the option of sending patients to England because there are more than enough patients in south Wales to provide 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](http://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**

	<b>We asked for feedback on the following criteria</b>	<b>How did the criteria change following feedback?</b>
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"><li>• Will the centre be able to provide the space and equipment needed for a much larger unit?</li><li>• Will the centre be able to recruit enough staff to run a much larger unit?</li></ul>
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](http://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](http://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.

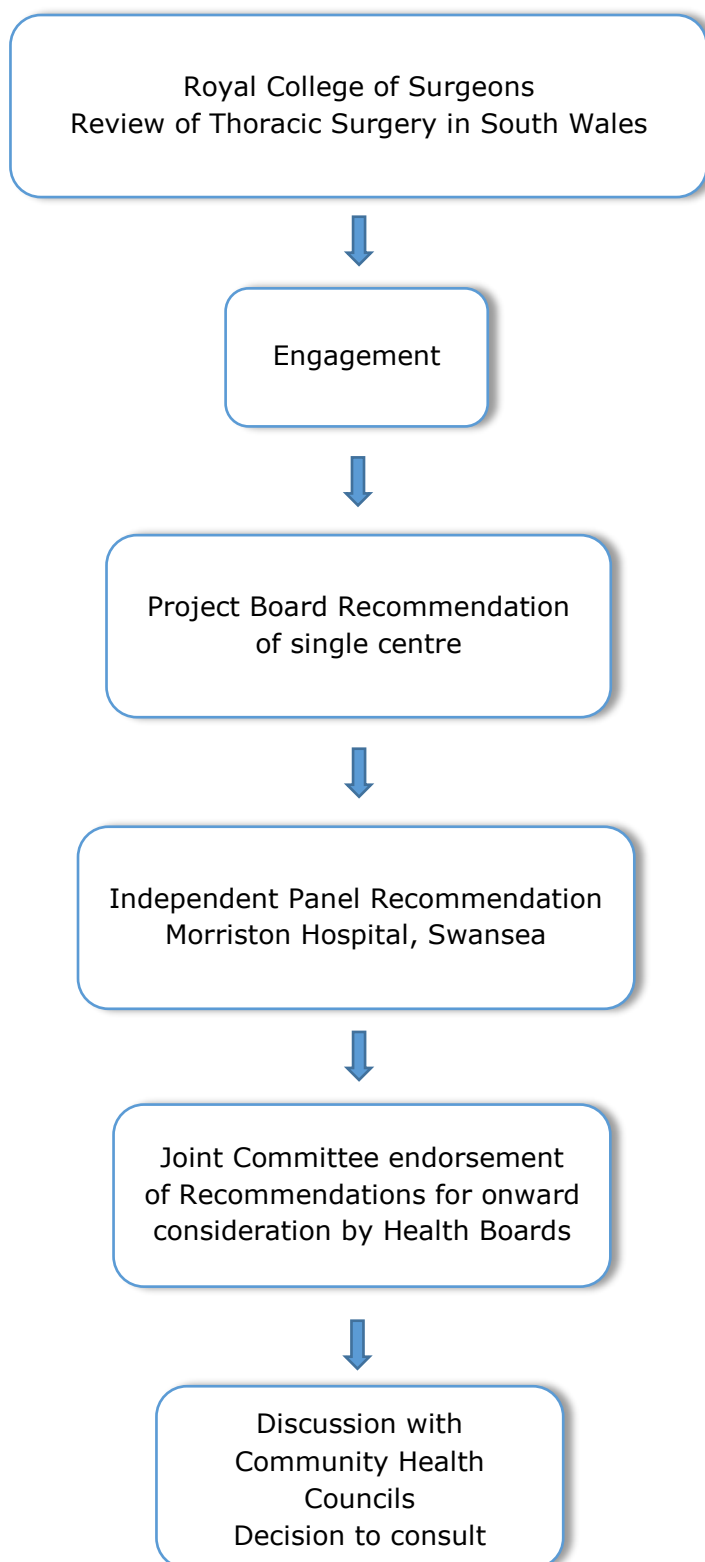
We then asked Abertawe Bro Morgannwg University Health Board (the Health Board responsible for Morriston Hospital) to work with Cardiff and Vale University Health Board (the Health Board responsible for the University Hospital of Wales) to develop more detail around the service, what it might look like, 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 care<sup>3</sup> 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.

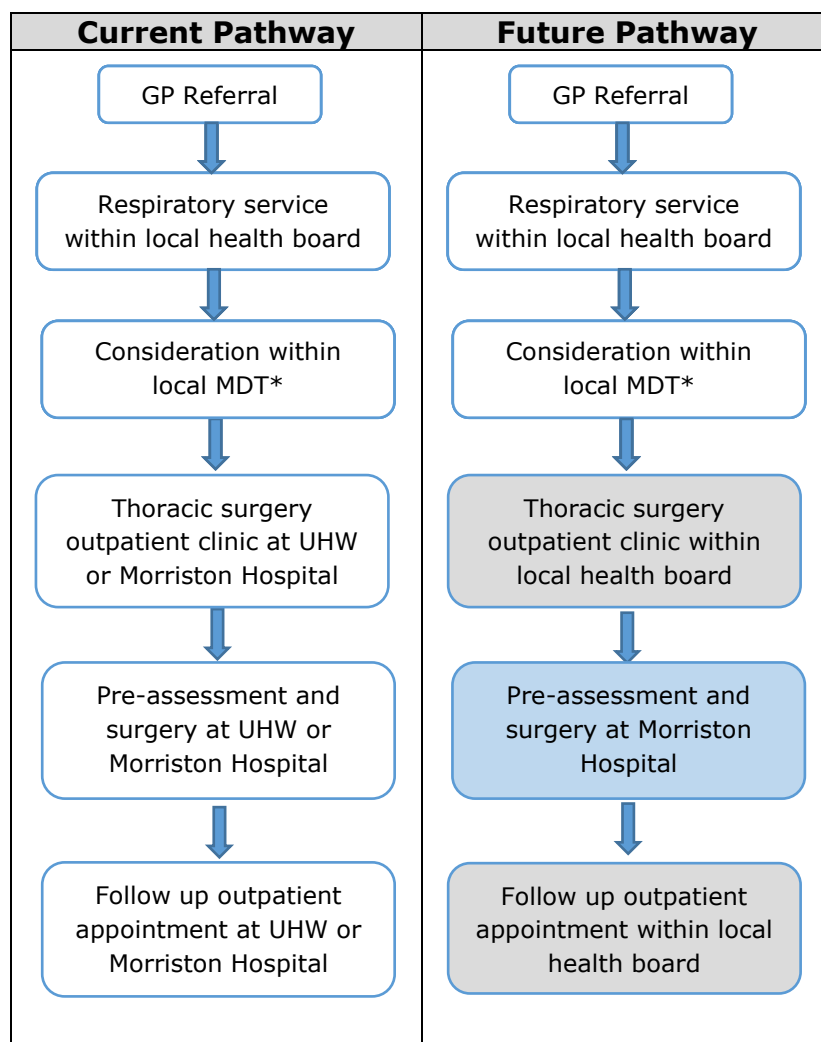
However, it is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same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

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<sup>3</sup> 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](http://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](http://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](http://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](http://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 currently 11 MTCs in England which are not collocated with thoracic surgery services. There is further detail in the frequently asked question.
- 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.

Further information and Frequently Asked Questions can be found on our website <http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales>

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 enclosed with this document. You can find further information, on our website:

<http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales>

**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.

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

<b>Abertawe Bro Morgannwg CHC</b>	First Floor Cimla Hospital Neath SA11 3SU <b>Phone:</b> 01639 683490 <b>Email:</b> <a href="mailto:office.abm@waleschc.org.uk">office.abm@waleschc.org.uk</a>
<b>Aneurin Bevan CHC</b>	Raglan House 6-8 William Brown Close Llantarnam Business Park Cwmbran NP44 3AB <b>Phone:</b> 01633 838516 <b>Email:</b> <a href="mailto:enquiries.aneurinbevanchc@waleschc.org.uk">enquiries.aneurinbevanchc@waleschc.org.uk</a>
<b>Cardiff and Vale CHC</b>	Pro-Copy Business Centre (Rear) Parc Tŷ Glas Llanishen Cardiff CF14 5DU <b>Phone:</b> 02920 750112 <b>Email:</b> <a href="mailto:Cavog.chiefofficer@waleschc.org.uk">Cavog.chiefofficer@waleschc.org.uk</a>
<b>Cwm Taf CHC</b>	Unit 10, Maritime Offices Woodland Terrace Maesycloed Pontypridd CF37 1DZ <b>Phone:</b> 01443 405830 <b>Email:</b> <a href="mailto:Enquiries.CwmTafCHC@waleschc.org.uk">Enquiries.CwmTafCHC@waleschc.org.uk</a>
<b>Hywel Dda CHC</b>	<b>Carmarthenshire Local Committee</b> Suite 5, First Floor, Ty Myrddin, Old Station Road, Carmarthen. SA31 1BT <b>Phone:</b> 01646 697610

**Ceredigion Local Committee**

Welsh Government Building,  
Rhodfa Padarn,  
Llanbadarn Fawr,  
Aberystwyth SY23 3UR  
Phone: 01646 697610

**Pembrokeshire Local Committee**

Suite 18, Cedar Court, Haven's Head,  
Milford Haven, Pembrokeshire SA73 3LS  
Phone: 01646 697610  
Email: [hyweldda@waleschc.org.uk](mailto:hyweldda@waleschc.org.uk)

**Powys CHC****Brecon Office**

1st Floor  
Neuadd Brycheiniog  
Cambrian Way Brecon  
LD3 7HR  
**Phone:** 01874 624206  
**Email:** [Katie.blackburn@waleschc.org.uk](mailto:Katie.blackburn@waleschc.org.uk)

**Newtown Office**

Room 204 Ladywell House  
Newtown  
SY16 1JB  
**Phone:** 01686 627632  
**Email:** [Jayne.thornhill@waleschc.org.uk](mailto:Jayne.thornhill@waleschc.org.uk)

## 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 <b>Project Board</b> 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 <b>Royal College of Surgeons</b> (abbreviated <b>RCS</b> and sometimes <b>RCSEng</b> ), 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 <b>service specification</b> 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	<b>Specialised services</b> 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	<b>Thoracic surgery</b> 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?

Are there any other comments you would like to make?

## 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          | <input type="checkbox"/> |
| 16 to 24          | <input type="checkbox"/> |
| 25 to 34          | <input type="checkbox"/> |
| 35 to 44          | <input type="checkbox"/> |
| 45 to 54          | <input type="checkbox"/> |
| 55 to 64          | <input type="checkbox"/> |
| 65 to 74          | <input type="checkbox"/> |
| 75 or over        | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

### What sex are you?

- |                   |                          |
|-------------------|--------------------------|
| Female            | <input type="checkbox"/> |
| Male              | <input type="checkbox"/> |
| Other             | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

**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

☐





**GIG**  
CYMRU  
**NHS**  
WALES

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

## **Provision of Adult Thoracic Surgery in South Wales Consultation Document**

### **Correction**

The reference on page 14 of the Consultation Document to one of the members of the Independent Panel being

“• a representative from Community Health Councils”

is incorrect and should read

“• a lay member”.



**WHSSC**

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



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# Provision of Adult Thoracic Surgery in South Wales Consultation

## Equality Impact Assessment



**WHSSC**

*"On behalf of Health Boards,  
to ensure equitable access to  
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Welsh Health Specialised  
Services Committee (WHSSC)

## **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.<sup>1</sup>"*

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

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<sup>1</sup> The Royal College of Surgeons "Report on the thoracic surgical service in Wales" 2016

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
- 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, which were subsequently changed to reflect the feedback. No specific equalities issues were identified during engagement.

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](http://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 operation<sup>2</sup>.

### 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 Wales<sup>3</sup>.

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 2012<sup>4</sup>. Over 2,380 people were diagnosed with lung cancer in 2014, with smoking causing nearly 9 out of 10 cases<sup>5</sup>.

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.

<sup>2</sup> Macmillan, "Understanding Lung Cancer"

<sup>3</sup> British Lung Foundation, "The Battle for Breath: The Impact of Lung Disease in the UK", 2016

<sup>4</sup> WCISU, "Lung Cancer in Wales: A detailed analysis of population trends of incidence and stage of diagnosis up to and including 2012", 2015

<sup>5</sup> Welsh Government, "Respiratory Delivery Plan: Annual Statement of Progress," February 2017

## 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”.

### 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
<b>Area affected*</b>	<b>49.0%</b>	<b>51.0%</b>	<b>100.0%</b>	<b>1,408,880</b>
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

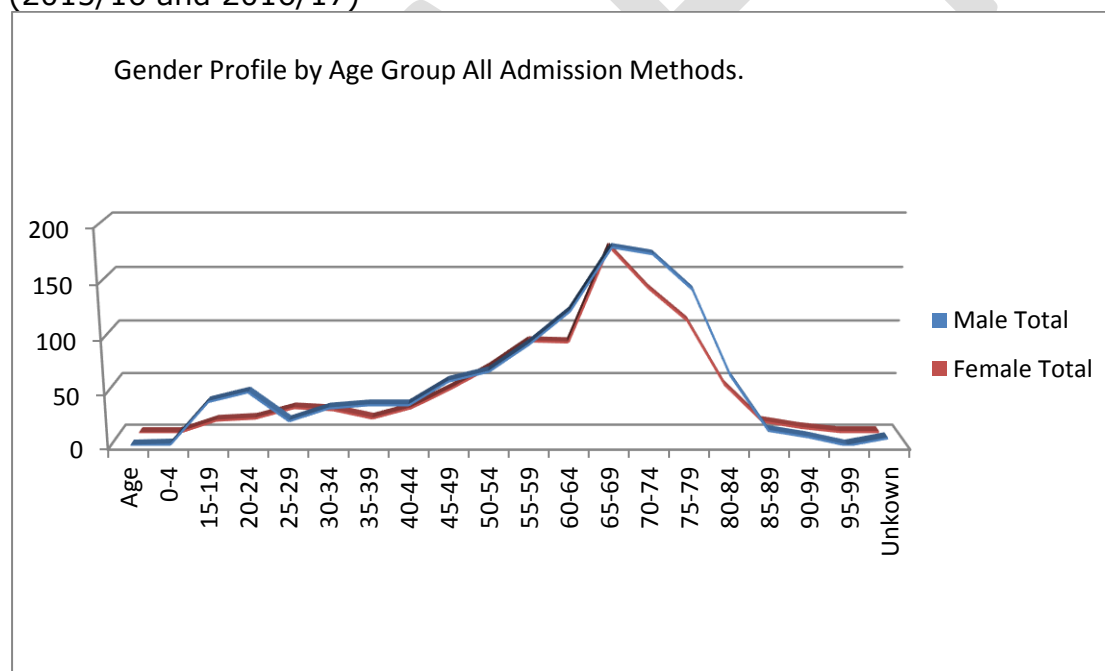
number of females rose by 8% during the same period<sup>6</sup>. This reflects historical changes in smoking rates between men and women: the number of female smokers went up in the 1960s and 70s.

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

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

<sup>6</sup> WCISU, *Op cit*



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).

<b>Region</b>	<b>0-4</b>	<b>5-15</b>	<b>16-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65-84</b>	<b>85 plus</b>	<b>Total (%)</b>	<b>Total</b>
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
<b>Area affected*</b>	<b>6.09%</b>	<b>12.64%</b>	<b>12.85%</b>	<b>25.95%</b>	<b>25.76%</b>	<b>14.45%</b>	<b>2.19%</b>	<b>100.00%</b>	<b>1,408,880</b>
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

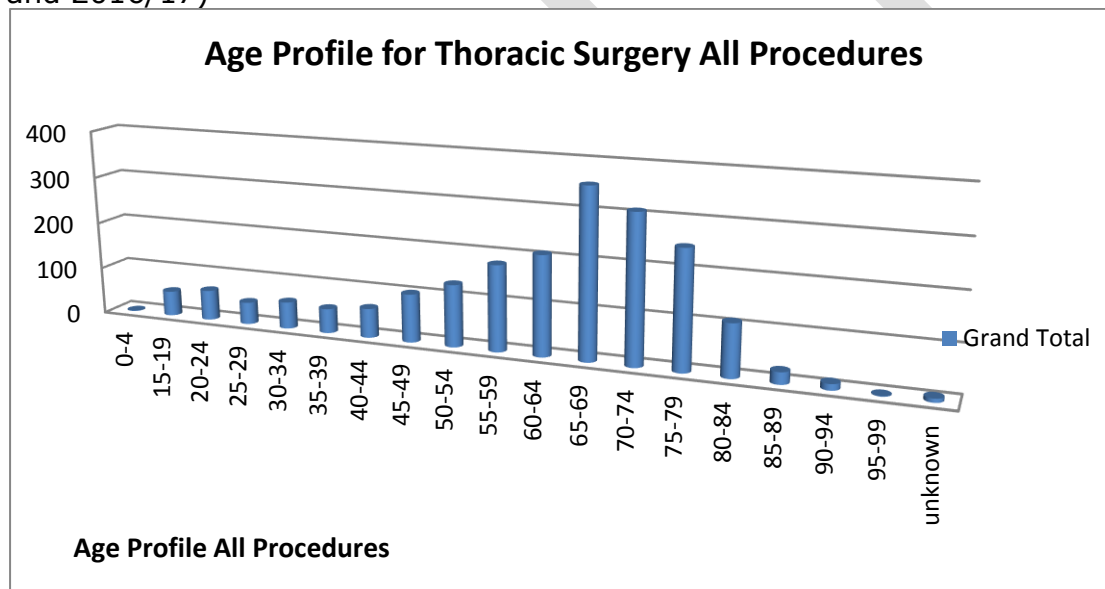
The majority of UK deaths from lung disease in 2012 were in people aged 65 and above (over 100,000).

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 disabled<sup>7</sup> 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.

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<sup>7</sup> 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
<b>Area affected*</b>	<b>11.8%</b>	<b>10.4%</b>	<b>77.7%</b>	<b>100.0%</b>	<b>1,408,880</b>
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).

Barriers to accessing healthcare for disabled people are not limited to transport issues. Inaccessible information and communication has created significant barriers to accessing healthcare services for people with sensory loss or learning disability.

#### 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.

The needs of people with a disability or sensory loss will need to be taken into account in planning the delivery of the service.

## **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)<sup>8</sup> 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 affected area, and the small BME populations in Wales outside these cities, the affected area contains 80.4% of the total Welsh BME population.

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<sup>8</sup> 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
<b>Area affected*</b>	<b>93.7%</b>	<b>1.4%</b>	<b>3.2%</b>	<b>0.9%</b>	<b>0.7%</b>	<b>100.0%</b>	<b>1,408,880</b>
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.<sup>9</sup>

<sup>9</sup> Ruth H Jack, Elizabeth A Davies, Henrik Möller, "Lung cancer incidence and survival in different ethnic groups in South East England." 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. It will be important that the delivery of any new service will respond appropriately to the language, cultural and religious needs of different ethnic groups.

#### **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. However the delivery of any new service will need to respond appropriately to religious requirements.

#### **4.8 Sexuality Orientation and Gender Reassignment**

LGB people are significantly more likely to smoke than heterosexuals<sup>10</sup>.

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 services<sup>11</sup>. 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 patient's needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

<sup>10</sup> 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

<sup>11</sup> <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. In fact it is anticipated that we can improve the system so that more can be done in the local hospital than is currently the case.

#### 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 status<sup>12</sup>.

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.

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<sup>12</sup> 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

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%).

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](http://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](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales). This means we will in some instances be able to provide more care closer to home than is currently the case. 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.

The NHS provides a non-emergency patient transport service delivered by the Welsh Ambulance Service. Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do currently.

If the proposed service change is implemented, the relevant requirements of the Equality 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.

DRAFT

## GUIDANCE FOR ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES<sup>1</sup>

### SECTION 5: SUBSTANTIAL CHANGE

<p>A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not.</p> <p>It is expected that staff who lead on citizen engagement will work closely with their counterparts in other LHBs and the Trusts to promote consistency in dealing with such cases. As part of this analysis, the CHC and other stakeholders, in assessing proposals and participating in discussions about consultation, should be conscious of the potential to compromise the LHB's ability to maintain a full service for the whole population it serves</p>	<p>Following discussion with Community Health Councils (CHCs) and approval by affected health boards, the proposal to locate a single thoracic surgery centre for south Wales at Morriston Hospital was subject to an 8 week period of consultation.</p>
<p>Where it appears likely that a formal consultation could take place, it is proposed in future that this should be conducted on a two stage basis. The first stage is for NHS organisations to undertake extensive discussion with all the key stakeholders, to include:</p> <ul style="list-style-type: none"> <li>• the Stakeholder Reference Group</li> <li>• the Professional Forum</li> <li>• the Partnership Forum</li> <li>• the Community Health Council</li> <li>• the Local Service Board</li> <li>• staff and their representative bodies</li> <li>• other key partners as appropriate.</li> </ul> <p>The purpose of these discussions will be to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation. Only when it is satisfied that this first stage has been properly conducted, should the NHS organisation proceed to formal consultation</p>	<p>A period of engagement took place during the autumn of 2017 where key stakeholders were asked the following questions:</p> <ul style="list-style-type: none"> <li>• Is there any other information you think we should consider to decide whether we need one or two thoracic surgery centres in south Wales?</li> <li>• Is there any other information you think we should include in the criteria that will be used by the Independent Panel?</li> <li>• Do you have comments on the process we are using to inform recommendations on future thoracic surgery services?</li> <li>• Do you have any other comments on the information presented in this document?</li> </ul> <p>The requirement to consult, the length of consultation and the questions to be posed during consultation were discussed and agreed with the Board of Community Health Councils. This was then agreed by each of the affected health boards. The consultation was then carried out by the affected health boards with support from WHSSC.</p>
<p>A formal consultation period of a minimum of 6 weeks should be sufficient in most cases if the issues have already been fully explored during the first stage and if the CHC agrees.</p>	<p>The thoracic surgery consultation period was for 8 weeks, 3<sup>rd</sup> July 2018 – 27<sup>th</sup> August 2018.</p>
<p>A number of issues should be considered right at the start, because they will impact on decisions to be taken at various stages throughout the formal consultation process. These include:</p>	<p>Most of these issues were described in the consultation document, the consultation plan or the Equality Impact Assessment.</p> <p>These documents were developed in conjunction with engagement leads from the affected health boards, and were viewed by the CHCs.</p>

<sup>1</sup> [Guidance for Engagement and Consultation on Changes to Health Services](#)

<ul style="list-style-type: none"> <li>• what is the respective responsibility of each of the local NHS organisations?</li> <li>• has there been any previous consultation carried out on the same or a previous related or similar issue, e.g. for local authority services?</li> <li>• who should be consulted, on what and how?</li> <li>• will these issues affect users of other NHS services in particular those with sensory loss and disabilities?</li> <li>• are there issues affecting other Welsh or English areas?</li> <li>• what resources are needed and available?</li> <li>• how will any conflict/complaints be dealt with?</li> <li>• how will the outcome feed into the decision making process?</li> <li>• when and how will decisions be made?</li> <li>• how will results be fed back to patients, staff and citizens who have been involved, either directly or indirectly? will they be published through the media to inform a wider public?</li> <li>• what evaluation of the consultation is going to be undertaken, and how?</li> <li>• when to complete a full equality impact assessment</li> <li>• what is the timetable for both the involvement and consultation process?</li> <li>• what is the impact on associated services?</li> </ul>	<p>WHSSC was responsible for ensuring the consultation document and supporting documentation was uploaded to the WHSSC website and distributed to national organisations. Health board engagement leads were responsible for ensuring the consultation was signposted on their health board websites and the documentation was made available across their area. Public sessions were held across each health board area.</p> <p>A stakeholder mapping exercise was undertaken and a detailed list of stakeholders produced.</p> <p>Processes were agreed for sharing responses to the consultation, media enquiries and information from public sessions.</p> <p>The thoracic surgery consultation period ended on 27<sup>th</sup> August 2018. During the consultation WHSSC received and logged responses and these were shared with health boards and the CHCs.</p> <p>Responses were analysed by WHSSC and themes identified. This information will be shared with CHCs to enable them to formulate and present their formal responses to their local health boards.</p> <p>A report will be produced which will include the findings of the consultation. This will be considered by the WHSSC Joint Committee on 18<sup>th</sup> September 2018 and by the six affected health boards in public board meetings during October 2018.</p>
<p>In managing the process, the Welsh Assembly Government will expect that:</p> <ul style="list-style-type: none"> <li>• senior clinicians will take a lead role in presenting and supporting the proposed change;</li> <li>• the NHS body leading the consultation will work in partnership with its counterparts in other local NHS bodies</li> <li>• NHS bodies will invest sufficient resources to manage the process from start to end effectively, openly and transparently; and</li> <li>• the Local Service Board partners will be fully involved to ensure that proposals are seen and addressed within the context of the "whole system" of public service provision.</li> </ul>	<p>WHSSC:</p> <ul style="list-style-type: none"> <li>• worked with health board engagement, communication and equality leads and with CHCs</li> <li>• public sessions were led by clinical and managerial representatives in each area supported by representatives from WHSSC</li> <li>• production and translation of the consultation document was arranged by WHSSC for use throughout the consultation.</li> </ul>
<p>Consultation documents should:</p>	<p>The consultation document outlined the case for change and recommendations of an Independent Panel.</p>

<ul style="list-style-type: none"> <li>• explain why change is necessary and provide clear evidence;</li> <li>• include a clear vision of the future service;</li> <li>• explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services</li> <li>• include information on outcomes for patients and service users;</li> <li>• in the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model;</li> <li>• set out clearly evidence for any proposal to concentrate services on a single site;</li> <li>• include the evidence of support from clinicians for any proposed change;</li> <li>• in the case of changes prompted by clinical governance issues, show how these have been tested through independent review;</li> <li>• show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli';</li> <li>• explain any risks and how they will be managed;</li> <li>• give a clear picture of the financial implications of the different proposals;</li> <li>• spell out who will be affected by the proposed changes and how their interests are being protected;</li> <li>• explain how any change and benefit will be evaluated after implementation;</li> <li>• be available in a range of formats, such as "Easy Read", large print, Braille and BSL or audio;</li> <li>• be signed off by the Board</li> <li>• set out how sustainable staffing levels are to be achieved.</li> </ul>	<p>It was approved by the Joint Committee and the boards of all affected health boards and was supported by a number of additional documents</p> <ul style="list-style-type: none"> <li>• Consultation plan</li> <li>• Equality Impact Assessment</li> <li>• Supporting documents available on the website <a href="http://whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales">whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</a> including FAQs which will be updated during the consultation.</li> </ul> <p>The recommendation for a single thoracic surgery centre for south Wales was made by a Project Board and supported by the WHSSC Joint Committee. An Independent Panel was appointed to make the recommendation for the location of this centre based on criteria which were developed during public engagement in autumn 2017.</p> <p>Once the location of the thoracic surgery centre has been agreed, further work will be required to identify the full costs of the thoracic surgery centre.</p> <p>A presentation was produced for use at public and other meetings.</p> <p>The consultation document was available in the English and Welsh languages and also available as</p> <ul style="list-style-type: none"> <li>• an Easy Read in English and Welsh and</li> <li>• a video with BSL</li> </ul> <p>Contact details were supplied should other formats be required.</p>
<p>The NHS body should develop media contacts and work with them to explain the changes and their impact in ways in which citizens will understand. The process of consultation should be genuine and transparent. There should be an open discussion with citizens, NHS staff, staff representative and professional bodies, stakeholders, third sector and partner organisations right through the process.</p>	<p>All media enquiries were managed centrally by Cwm Taf University Health Board (WHSSC is hosted by Cwm Taf UHB) in line with the agreed consultation plan.</p> <p>Prior to commencing the consultation, a press release was prepared and issued by Cwm Taf UHB.</p>



	<p>The consultation document was distributed electronically by WHSSC to national organisations. Health boards distributed the document to an agreed set of local organisations.</p> <p>Public sessions were held across each health board area. There was also communication with:</p> <ul style="list-style-type: none"> <li>• Stakeholder Reference Group</li> <li>• the Professional Forum</li> <li>• the Partnership Forum</li> <li>• Local Service Board</li> </ul>
The primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.	Advice was sought from the CHCs on the process, the consultation questions and length of a consultation. The consultation questions were amended based on guidance received from the CHCs.
At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.	WHSSC received and logged responses to the consultation. This information will be shared with health boards and the CHCs for consideration and response in time for the CHCs to consider and comment on it to their local health boards.
<p>If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required.</p> <p>The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.</p>	Not applicable at this stage
Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7 below.	Not applicable at this stage
NHS bodies should consider with CHCs how well the consultation process worked and whether it met the expectations of those who participated in it. They should assess this against the measures identified at the planning stage. They should also give feedback to stakeholders about the results of consultation.	Not applicable at this stage

## National Principles for Public Engagement in Wales<sup>2</sup>

<p><b>Engagement is effectively designed to make a difference</b> Engagement gives a real chance to influence policy, service design and delivery from an early stage.</p>	<p>The engagement exercise in autumn 2017 and the consultation questions were developed and agreed in conjunction with CHCs.</p> <p>The consultation feedback has been conscientiously considered and informed the consultation report.</p>
<p><b>Encourage and enable everyone affected to be involved, if they so choose</b> The people affected by an issue or change are included in opportunities to engage as an individual or as part of a group or community, with their views both respected and valued.</p>	<p>Prior to commencing the consultation, a press release was prepared and issued by Cwm Taf UHB (WHSSC's host organisation).</p> <p>The consultation document was distributed electronically by WHSSC to national organisations. Health boards have distributed the document to an agreed set of local organisations.</p> <p>Health boards utilised social media to inform interested parties of the consultation.</p> <p>Public sessions were held across each health board. There was also communication with:</p> <ul style="list-style-type: none"> <li>• Stakeholder Reference Group</li> <li>• the Professional Forum</li> <li>• the Partnership Forum</li> <li>• Local Service Board</li> </ul> <p>English and Welsh language web sites were developed.</p> <p>Public sessions, facilitated by the affected health boards, were held across the south Wales region.</p>
<p><b>Engagement is planned and delivered in a timely and appropriate way</b> The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable method/s for those involved is used.</p>	<p>The thoracic surgery consultation plan was developed in conjunction with health board engagement leads.</p> <p>The timescale for consultation was outlined in the consultation document, consultation plan and board papers.</p>
<p><b>Work with relevant partner organisations</b> Organisations should communicate with each other and work together wherever possible to ensure that people's time is used effectively and efficiently.</p>	<p>Work on the consultation document, consultation plan and supporting information has been developed in conjunction with health board engagement leads, and CHCs.</p>
<p><b>The information provided will be jargon free, appropriate and understandable</b></p>	<p>The consultation document was available in both English and Welsh languages and also available as</p> <ul style="list-style-type: none"> <li>• an Easy Read in English and Welsh and</li> </ul>

<sup>2</sup> [National Principles for Public Engagement \(endorsed by Welsh Government in 2011\)](#)

<p>People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs.</p>	<ul style="list-style-type: none"> <li>• a video with BSL</li> </ul> <p>Alternative formats were available on the website and on request.</p> <p>An Equality Impact Assessment was completed which was used to inform the consultation plan.</p>
<p><b>Make it easier for people to take part</b> People can engage easily because any barriers for different groups of people are identified and addressed.</p>	<p>Responses were welcomed via email, hard copy or through an on line form available on the website. A Freepost address was provided for hard copy responses.</p>
<p><b>Enable people to take part effectively</b> Engagement processes should try to develop the skills, knowledge and confidence of all participants.</p>	<p>As above.</p>
<p><b>Engagement is given the right resources and support to be effective</b> Appropriate training, guidance and support are provided to enable all participants to effectively engage, including both community participants and staff.</p>	<p>Engagement leads led the process through health boards. WHSSC provided support, facilitation, developed central consultation documents and collated responses.</p>
<p><b>People are told the impact of their contribution</b> Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences.</p>	<p>Following completion of the engagement process we produced a report with the findings. The report was provided as evidence to the Project Board to inform their recommendation on the service model. The report was also provided to the Independent Panel to inform their recommendation on the location. The criteria to be used by the Independent Panel were amended as a result of the feedback from the engagement.</p> <p>A report will be written with the response to the consultation and made available for the Joint Committee in September 2018 and public health board meetings in October 2018. These documents will be publicly available.</p>
<p><b>Learn and share lessons to improve the process of engagement</b> People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.</p>	<p>A mid-way review was undertaken to review response to the consultation and identify any changes or further work required in the second phase of the consultation.</p> <p>It is anticipated that a document outlining lessons learned will be produced on completion of the consultation.</p>



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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)

# **Provision of Adult thoracic Surgery in South Wales: Public Consultation Equality Monitoring Report**



**WHSSC**

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

<b>Status</b>	For Review
<b>Version Number</b>	0.4
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## **1. Background**

In line with the statutory duty placed on each health board under the Wales Public Sector Equality Duty 2011, an equality impact assessment (EIA) was undertaken on the proposals for a single adult thoracic surgery centre for south Wales. This was provided to the Project Board to inform their recommendation on the service model. The EIA was also provided to the Independent Panel to inform their recommendation on the location of the single thoracic surgery centre.

The Independent Panel recommended Morriston Hospital, Swansea, as the location for the single thoracic surgery centre. Morriston Hospital already provides thoracic surgery services for patients living in Abertawe Bro Morgannwg UHB and Hywel Dda UHB. The recommendation, therefore, tends to have greater implications for patients living in Aneurin Bevan UHB, Cardiff & Vale UHB, Cwm Taf UHB and parts of Powys tHB, who would currently attend UHW, Cardiff, for thoracic surgery. As a consequence, the EIA was revised in advance of the public consultation to ensure it reflected the impact on people living in these areas.

The revised EIA informed the content of the consultation plan and was published at the launch of the consultation. At the consultation mid-way review, held in July 2018, the opportunity was taken to review the characteristics of respondents to assess whether the consultation was reaching the relevant groups. No issues were identified at the mid-way review which required changes to the consultation plan process. The distribution of responses across the protected characteristics has not changed significantly from this point.

During the public consultation, the EIA was available on the consultation website as part of the supporting documentation. The consultation document was available in several formats, including Welsh, an Easy Read format and as a BSL signed video. Public meetings were held across the affected Health Boards in order to give equity of opportunity to people to put their views forward on the recommendation of the Independent Panel.

On conclusion of the consultation, the responses received and equality monitoring forms were collated and analysed. The responses to the consultation and analysis will be available on the thoracic surgery public consultation website at: [www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales)

## **2. Equality Monitoring Assessment**

### **2.1 Response rate to the equalities monitoring questions**

774 respondents (96%) answered some or all of the equality monitoring questions on the response form, with 722 respondents (90%) providing an answer to every question.

### **2.2 Characteristics of Respondents**

Of the protected characteristics, the EIA identified that there is likely to be no specific impact upon the following protected characteristics:

- Marriage and civil partnership
- Pregnancy and maternity
- Religion
- Gender identity

The EIA identified there may be an impact associated with the following protected characteristics:

- Age
- Sex
- Disability
- Ethnicity
- Sexual orientation

The EIA also identified responsibility to comply with the Welsh Language (Wales) Measure 2011 and the related health standards. These standards establish the right for Welsh language speakers to receive services in Welsh and for them to be offered communication in their preferred language choice.

We have compared the consultation respondents with the general population to assess the extent to which the consultation reached the relevant groups.

#### **2.2.1 Age**

The age of respondents ranged from the lowest age bracket 16-24 to 75 or over, with the majority of respondents identifying as being in the 45-54 age bracket (Fig 1).

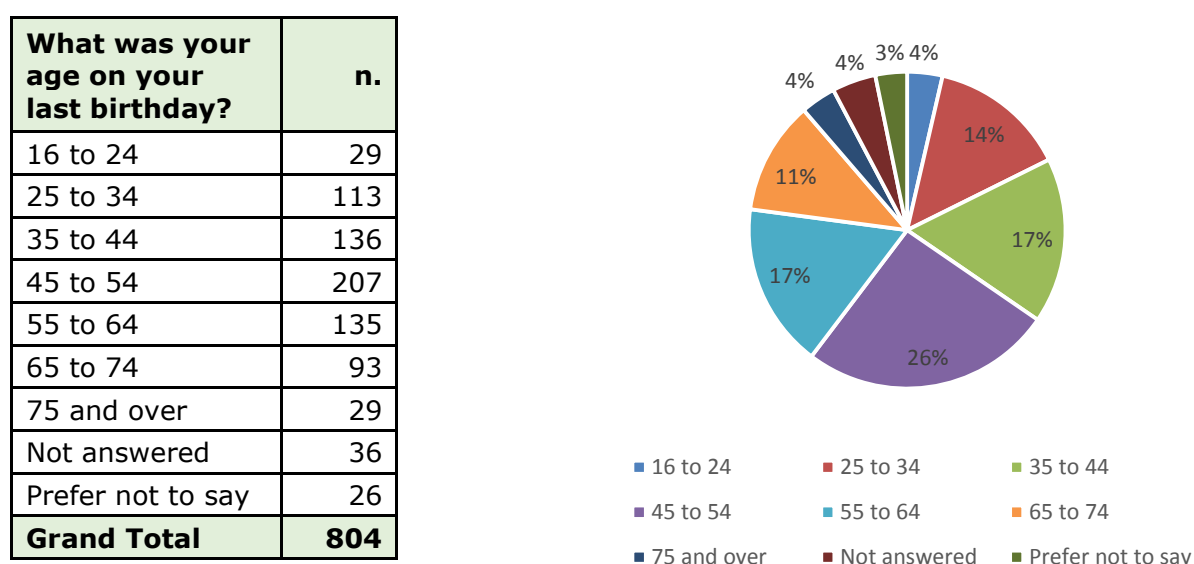
The EIA has highlighted that the number of cases of thoracic surgery increases with age, and is relatively high between 60 and 80 years, peaking in the 65-69 age group.

The total number of respondents who identified themselves as being in the age categories of 65-74 and 75 or over is 122 or 15.2% (Fig 1).

This is similar to the percentage of the south Wales population who are in the 65-84 and 85 and over age groups (16.64%) (ONS).

It is therefore reasonable to conclude that the age profile of the consultation respondents adequately reflects the demographic group where the likelihood of requiring thoracic surgery is highest.

Fig 1: Age distribution of consultation respondents



## 2.2.2 Sex and Gender Identity

The EIA presented data showing that more men than women receive thoracic surgery. Fig 2 below shows that the number of responses from individuals identifying as female (425 / 53%) was greater than the number of responses from individuals identifying as male (308 / 38%). This may reflect the high level of response from NHS employees where 80% of staff are female. While less than the population share, the response from males was reasonable.

Fig 3 shows the gender identity of respondents. One individual identified as not identifying with the sex they were assigned at birth. Population data is not currently recorded by the ONS.

Fig 2: Sex of consultation respondents

What sex are you?	n.
Female	425
Male	308
Not answered	37
Other	1
Prefer not to say	33
<b>Grand Total</b>	<b>804</b>

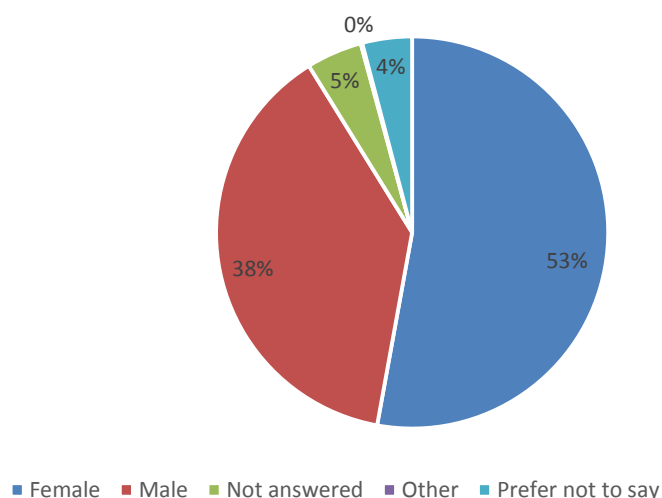
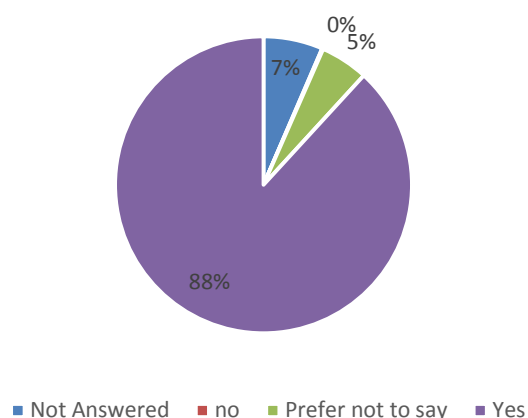


Fig 3: Gender identity of consultation respondents

Do you identify with the sex you were assigned at birth?	n.
Not Answered	52
No	1
Prefer not to say	42
Yes	709
<b>Grand Total</b>	<b>804</b>



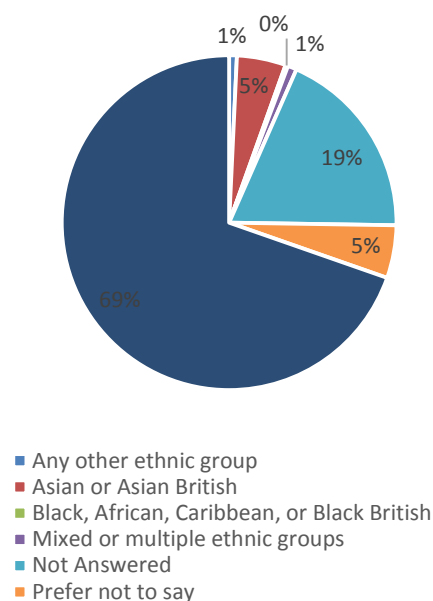
### 2.2.3 Ethnicity

Respondents identified as predominantly White (560) with a smaller number of respondents identifying as Asian or Asian British, Black, African, Caribbean or Black British, Mixed or multiple ethnic groups or another ethnic group. The percentage of respondents identifying as Asian or Asian British, mixed or multiple ethnic groups or any other group was 7%. This is likely to be representative of the population in Wales where BME communities make up approximately 4.7% (Stats Wales 2017), noting that the BME population within south east Wales (particularly Cardiff and Newport) is higher.



Fig 4: Ethnicity of consultation respondents

What is your ethnic group?	n.
Any other ethnic group	6
Asian or Asian British	38
Black, African, Caribbean, or Black British	2
Mixed or multiple ethnic groups	7
Not Answered	150
Prefer not to say	41
White	560
<b>Grand Total</b>	<b>804</b>

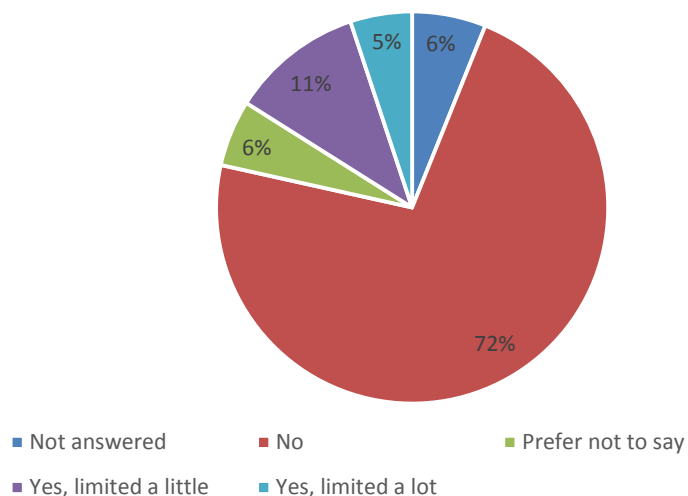


#### 2.2.4 Disability

The majority of respondents identified as not having their day to day activities limited (582 individuals / 72%). A number of individuals did identify as having day to day activities limited a little (88 individuals / 11%) or limited a lot (41 individuals / 5%). The Wales population rates are 10.8% limited a little and 11.9% limited a lot (ONS). This indicates a degree of underrepresentation among respondents reporting disability that limits day to day activities a lot when compared to the general population of Wales.

Fig 5: Disability status of consultation respondents

<b>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?</b>	<b>n.</b>
Not answered	49
No	582
Prefer not to say	44
Yes, limited a little	88
Yes, limited a lot	41
<b>Grand Total</b>	<b>804</b>



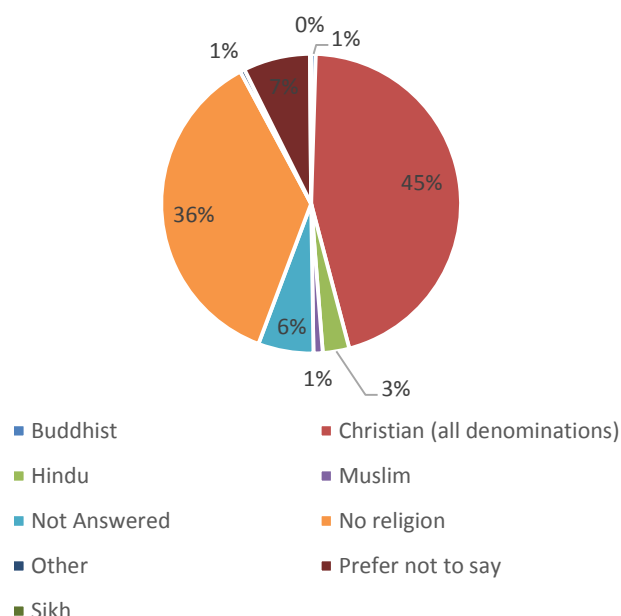
#### 2.2.5 Religion

The majority of respondents identified as Christian (365 / 45%). A small number identified as Buddhist, Hindu, Muslim, Sikh or other religion (40 individuals / 5%). This compares with 3% for Wales overall. 45% identified as Christian compared with 58% for Wales overall (source: Stats Wales). 36% identified as of no religion compared with 32% for Wales overall. (Source: Stats Wales)

This indicates that the religious identities of consultation respondents are broadly representative of those in Wales overall.

Fig 6: Religion of consultation respondents

What is your religion?	n.
Buddhist	4
Christian (all denominations)	365
Hindu	23
Muslim	8
Not Answered	48
No religion	293
Other	4
Prefer not to say	58
Sikh	1
<b>Grand Total</b>	<b>804</b>

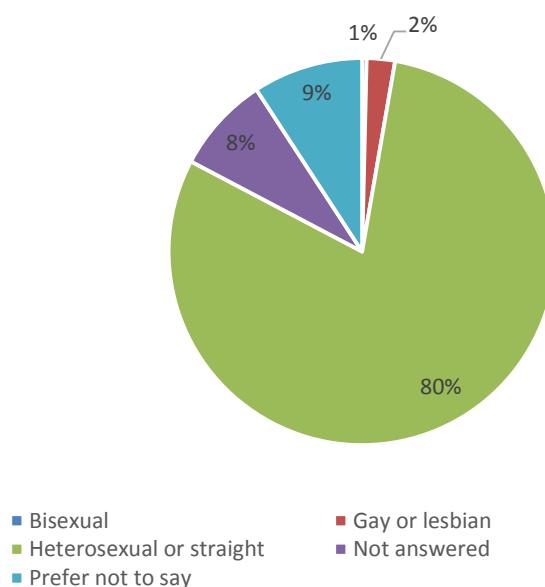


## 2.2.6 Sexual Orientation

The EIA reported that rates of smoking tend to be higher in LGB people than in heterosexuals. Respondents predominantly identified as heterosexual or straight (643/80%) with a small number identifying as gay, lesbian or bisexual (22). This indicates a response rate from gay, lesbian or bisexual people of 3.0% which is higher than the reported rate of 2% for Wales (Stats Wales 2017). This indicates that the sexual orientation of respondents is broadly reflective of the overall population.

Fig 7: Sexual orientation of consultation respondents

What is your sexuality?	n.
Bisexual	3
Gay or lesbian	19
Heterosexual or straight	643
Not answered	65
Prefer not to say	74
<b>Grand Total</b>	<b>804</b>

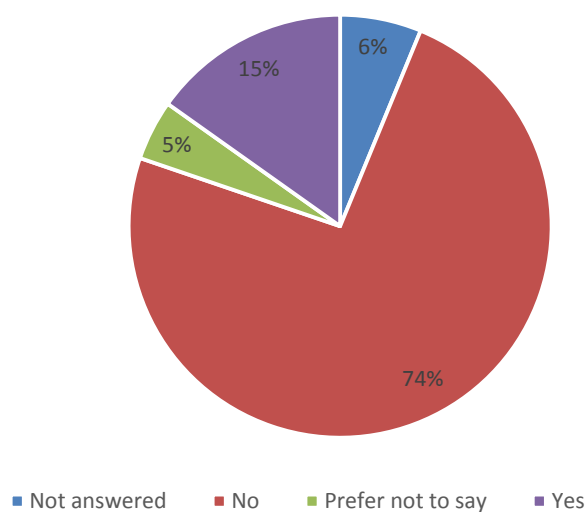


### 2.2.7 Welsh Language

The majority of respondent identified as non-Welsh speaking (595 / 74%) and (122 / 15%) identified as Welsh speaking. This is below the overall population rate of 21% (Stats Wales). Welsh speakers were therefore slightly underrepresented among respondents when compared to the general population.

Fig 8: Welsh speakers among consultation respondents

Are you a Welsh speaker?	n.
Not answered	50
No	595
Prefer not to say	37
Yes	122
<b>Grand Total</b>	<b>804</b>



### **3. Conclusion**

The equality monitoring process indicates that overall the consultation did have broadly representative input from affected protected categories and from the relevant age distribution.

[Consultation Plan](#)

[Equality Impact Assessment](#)

[Independent Panel Terms of Reference](#)

[Report from the Chair of the Independent Panel](#)

[Engagement Responses](#)

[RCS Invited Review](#)

[Travel Analysis](#)

[Public Transport Analysis](#)

[Cancer Patient Experience Survey 2016](#)

[Changes to Practice Report](#)

[Relationship with Major Trauma](#)

[Service Specification](#)

[RAG Self-Assessment against Service Specification](#)

[Mid-Point Review](#)



GIG  
CYMRU  
NHS  
WALES

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

# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**



**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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- **What is thoracic surgery?**

Thoracic surgery is an operation or series of operations on any part of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). Most thoracic surgery is performed on patients with lung cancer although thoracic surgeons also operate on people with 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.

- **What is a thoracic surgery centre?**

A thoracic surgery centre is a department of the hospital which deals with the surgical management of chest disease. It will consist of a ward, operating theatres, clinics and the staff who provide the service (although they can be in different places in the hospital).

- **What is a service specification?**

When we (WHSSC) pay for services from a Trust or a Health Board we describe the quality of the service we expect to receive. These are the quality standards and usually we get these from experts in the field and from professional organisations. We then put these together in a document called the service specification. For thoracic surgery this includes the minimum number of operations needed for the staff in the unit to remain experts, the numbers of qualified staff in the different jobs and access to certain facilities such as high dependency units.

- **What are the benefits of these proposals?**

A single larger thoracic surgery centre we think will be more resilient and flexible. By this we mean:

- Cope with more patients if we need it to. We know that currently we are struggling to treat cancer patients as quickly as we should. We also

know that some patients who don't have cancer but require surgery are waiting extremely long times for operations

- Cope with unexpected problems such as staff vacancies or sickness
- Be able to provide a high quality safe service including 24/7 specialist consultant cover.

#### • **How many patients will these changes affect?**

The total number of patients likely to need surgery (for cancer and non-cancer reasons) across south and west Wales is approximately 1,000 each year. This estimate is based on the numbers from 2016/17, which saw 420 patients treated at Morriston Hospital in Swansea and 650 patients treated at University Hospital of Wales in Cardiff.

#### • **Will I have to travel further for treatment?**

If you live in south east Wales the answer is potentially, yes, but only for the surgical part of your treatment. The rest of your tests and treatment will not change. Tests like scans and biopsies as well as follow-up care will happen where they do now- in a hospital that is more local to you.

#### • **What happens now if I am referred for thoracic surgery?**

You would receive your thoracic surgery at one of the two existing centres in south Wales, either University Hospital of Wales in Cardiff or Morriston Hospital in Swansea.

#### • **Why do thoracic surgery services need to be changed?**

We want to make sure we provide the best care possible for people needing thoracic surgery services in south and west Wales.

We know that:

- over the past 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 very good outcomes;
- patients who need surgery but do not have lung cancer often 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 the evidence shows that patients have better outcomes if they receive their treatment at larger specialist 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.

- **How does Wales compare to other countries in the treatment of lung cancer?**

A report produced by the Welsh Cancer Intelligence and Surveillance Unit in 2015 called "Lung Cancer in Wales: Lung Cancer Survival and Survival by Stage" reported that out of 29 European countries, Wales was second from bottom when they looked at how many patients were alive at 1 year and 5 years after the diagnosis had been made, in both men and women.

The main cause for this is not however the quality of the surgeon or the surgical unit it is how far a lung cancer has spread (the stage) at the time the diagnosis is made. In fact the evidence is that our surgeons are highly expert and the patients who get to them early enough have excellent results. Unfortunately, many people with lung cancer in Wales go to the doctor when the cancer is at an advanced state (it has already spread). There is now a publicity campaign to encourage patients to go to their doctor earlier if they have symptoms which could be due to lung cancer.

The good news is that the latest data, published in September 2017 by the Welsh Cancer Intelligence and Surveillance Unit, showed both men and women were surviving longer (based on data for the period 2010-2014).

- **How does thoracic surgery work elsewhere in Wales?**

Patients from north Wales travel to Liverpool for thoracic surgery, whereas patients who live in Powys are referred to a number of different thoracic surgery centres depending on where they live, including Birmingham, Stoke on Trent, Swansea and Cardiff.

- **Why can't every hospital have a thoracic surgery unit?**

We know that when units only treat small numbers of patients, the cure rates are lower and the complications of surgery higher. The research suggests that bigger units give better results. Also there are not enough trained doctors and nurses to run services in every hospital and this would be very expensive.

- **When will the changes take place?**

The final decision about the future of thoracic surgery services in south and west Wales will be made by the end of October 2018. Depending on the outcome of this decision, a plan will then be agreed for implementation. It is likely to take 1-2 years to fully implement.

- **Do our doctors support these changes?**

As part of the process leading up to the consultation we have been talking to staff to understand their views and receive their input. People who work on the frontline of our existing thoracic services tell us that they support having the service in a single centre however there are different views on the best location. We will continue to talk to NHS staff across south and west Wales throughout the process of consultation and implementation.

- **Why is it important that a unit does at least 150 lung cancer operations?**

One hundred and fifty is the minimum number of first time lung cancer operations a thoracic surgery centre should carry out each year. This number is based on research evidence showing that patients survive longer in centres carrying out at least 150 lung cancer operations a year. This minimum number has been agreed in NHS England and also agreed within the NHS Wales- this number is used in our service specification document which sets out the standards we will expect.

- **How much will it cost and where will the money come from?**

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. We planned that this money should be used to recruit the new consultants, additional staff to support the service and commission more cases of thoracic surgery. However we have struggled to recruit into these posts and have had to use 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.

However extra money will be required to make changes to existing hospital buildings. Requests for funding will need to be made by individual hospitals (via their health boards) to the Welsh Government through existing processes.

- **What are the arrangements for relatives/friends visiting and will there be any impact on patients/families?**

Morriston Hospital, Swansea already offers services for the whole of the South Wales population so they already have arrangements in place for patients travelling long distances. Also one of the important factors that was considered when the recommendations were made was the impact on travel time. An analysis of travel impact can be found [www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales).

- **Why do you think you can get more operations carried out in a single centre than you can in two separate centres?**

We have already tried to increase the numbers of operations in our 2 units, but because of difficulties recruiting staff, space and the availability of operating theatres we haven't been able to do this. This is despite us giving more money to the units. This is one of the important reasons we think a new larger centre will improve the care we can offer to patients.

- **Does it matter if thoracic surgery is in a different hospital to major trauma?**

We know that a small number of patients admitted to a major trauma centre will need the expertise of a thoracic surgeon i.e. someone who spends most of their time operating on the chest and lungs and not by someone who specialises in heart operations. We estimate around 3 patients a year will need this expertise. This is based on the experience of surgeons in Liverpool who cover a similar population to that in south Wales.

Because of this the Independent Panel discussed whether the major trauma centre and the thoracic surgery centre should be in the same hospital and they decided it was not necessary because:

- it is not a requirement in either the Welsh or English thoracic surgery service specifications (documents which give the details of what a service needs and the standards it should meet). These documents are based on expert guidance both went to consultation.
- there are 9 examples of adult major trauma centres and 2 examples of children's major trauma centres being in different hospitals to thoracic surgery in England.

However, it is important that there should be a rota of thoracic surgeons available to cover the major trauma centre and attend when needed. Providing 24 hour cover will require a rota of five thoracic surgeons which would be an important advantage of a single centre.

This is also a strong recommendation of the NHS Getting It Right First Time (GIRFT) programme, who found that there are a number of centres in England:

- which do not have a thoracic surgery rota covering the major trauma centre or
- where emergency thoracic cover is provided by full-time cardiac surgeons

They said “Providers should end the practice of using full-time, cardiac-dedicated surgeons to provide emergency thoracic surgery cover”. A copy of the review can be downloaded from

<http://gettingitrightfirsttime.co.uk/cardiothoracic-surgery-report/>.

The Getting It Right First Time (GIRFT) Programme is a partnership in NHS England between the NHS Royal National Orthopaedic Hospital Trust (RNOH), and the Operational Productivity Directorate of NHS Improvement. The programme looks at differences in the way that services are delivered across the NHS in England, and by sharing examples of good practice, it identifies changes to improve patient care and outcomes, as well as the efficiency of the service.

**• Does it matter that a thoracic surgery centre in Morriston would be 43 miles away from the Major Trauma Centre?**

The table below sets out the distances between Major Trauma Centres which do not have thoracic surgery and the closest thoracic surgery centre.

MTC w/o Thoracic Surgery Service	Thoracic Surgery Centre	Distance*	Time*
Addenbrookes Hospital, Cambridge	Papworth Hospital, Papworth Everard	16.4 miles	26 mins
Southmead Hospital, Bristol	Bristol Royal Infirmary, Bristol	3.8 miles	18 mins
Royal London Hospital, London	St Bartholomew's Hospital, London	2.3 miles	14 mins
St Marys Hospital, London	University College London Hospital, London	2.3 miles	16 mins
Royal Preston Hospital, Preston	Blackpool Victoria Hospital, Blackpool	15.8 miles	28 mins
Salford Royal Hospital, Salford	Wythenshawe Hospital, Manchester	11.5 miles	25 mins
Aintree University Hospital, Liverpool	Liverpool Heart and Chest Hospital, Liverpool	5.9 miles	21 mins
Walton Centre, Liverpool	Liverpool Heart and Chest Hospital, Liverpool	5.6 miles	19 mins
Royal Liverpool, University Hospital	Liverpool Heart and Chest Hospital, Liverpool	3.8 miles	17 mins
<b>University Hospital of Wales, Cardiff**</b>	<b>Morriston Hospital, Swansea***</b>	<b>43.1 miles</b>	<b>53 mins</b>

\* Calculated using AA Routemaster

\*\* UHW has been chosen as the base for the Major Trauma Centre for south, mid and west Wales

\*\*\*Morrison Hospital has been proposed as the base for the Thoracic Surgery service for south, mid and west Wales

As you can see from the table above, if the thoracic surgery centre is based in Morrison it will be further away from the major trauma centre than for centres in England. However it's important to realise that it's the travel time for the surgeon which really matters and travel times will vary depending on the amount of traffic and where the surgeon is at the time of the emergency. Consultant surgeons will not always be based in the hospital when they are on call.

It's also important to realise that we now have an Emergency Medical Retrieval Transport Service (EMRTS). This service introduced in 2015 provides emergency care at the site of the incident and can give warning to the major trauma centre about the types of injuries patients may have.

The independent panel did not think the distance was as important as having access to a 24 hour rota of expert surgeons.

- Can you tell me more about the decision making methodology which was used by the Swansea Centre of Health Economics?**

The Independent Panel used a method based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration (1) principles. EVIDEM is an independent non-profit organisation which develops decision making tools. These tools were originally designed to help people who run health services decide which new treatments to fund. The Swansea Centre for Health Economics has considerable experience of these tools and has helped the WHSSC team use them over a number of years. WHSSC has used them to prioritise new treatments for funding, to prioritise where existing services should receive funding and even where trainee doctors should be allocated.

To summarise the process, it involves setting criteria, which was done via the engagement process, then asking the panel to score each hospital site against the criteria. Before they do this the panel are presented with an



evidence pack. Also the members of the panel are chosen because they bring a particular expertise to the group. After discussion of the evidence each member of the panel scores anonymously. The scores are then added up for each hospital site. The final decision then depends on the total scores. Scoring is done electronically so the panel can see the spread of scores and the total score. They can revisit scores and rescore if they want to. The chairman of the panel also provides a report on important points from the discussion. If you would like more detail you should access the EVIDEM website: [www.evidem.org](http://www.evidem.org)

- **Why are the changes in the way cardiac and thoracic surgeons practise important?**

It used to be the case that heart and chest operations were done by the same people: cardio-thoracic surgeons. However as techniques have become more complex what we call “dual practice” is being phased out. Cardiothoracic surgeons who undertake both cardiac and thoracic surgery are being replaced by full time cardiac or thoracic surgeons. This means that if we are to provide 24/7 emergency cover we cannot do it with units which only have 2 or 3 thoracic surgeons.

This change is happening across the UK and in 2015 a report was produced by the Society of Cardiothoracic Surgery in Great Britain and Ireland (SCTS) and the specialist advisory committee (SAC) for cardiothoracic surgery which said:

“The commissioning of cardiothoracic surgical services is in the process of changing. These changes may have an effect on both the provision and delivery of adult cardiac surgery and adult thoracic surgery such that mixed practice consultant cardiothoracic surgical posts may be difficult to sustain.”<sup>1</sup>

A report on these changes formed part of the evidence provided to the Project Board, which can be found at [www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales)

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<sup>1</sup> Page 5: SAC and SCTS Cardiothoracic Surgery: UK Workforce Report 2015

- **What happens next?**

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. The Joint Committee is made up of the Chief Executives of all seven health boards in Wales, WHSSC officers, independent members and an independent Chair.

- **How can I get involved?**

If you are interested in finding out more about the proposals for thoracic surgery or want to provide your feedback on the consultation please visit the WHSSC website [www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales), email: [ThoracicSurgeryReview@wales.nhs.uk](mailto:ThoracicSurgeryReview@wales.nhs.uk) or get in touch with your local Community Health Council or local health board, whose details can be found on the above site.

**These questions and answers will be updated on a regular basis, for the most up to date please visit the WHSSC website**  
[www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales)



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**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)

# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**

### **Addition 2**



**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)**

- **Is it true that consultant thoracic surgeons have to be based within 30 minutes of the Major Trauma Centre and how will that be possible if the surgeons are based in Morriston Hospital?**

This FAQ has been updated and replaced by [Addition 5](#).

**These questions and answers will be updated on a regular basis, for the most up to date please visit the WHSSC website**  
[www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales)



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)

# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**

### **Addition 3**



**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)**

- **In the Consultation Document you say one of the members of the Independent Panel was a representative from the Community Health Councils, is that correct?**

No, the member in question was a 'lay member' who we sourced via the North Wales Community Health Council.

**These questions and answers will be updated on a regular basis, for the most up to date please visit the WHSSC website**  
[www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales](http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales)



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WALES

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

# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**

### **Addition 4**



**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)**

- **What part does the Welsh Health Specialised Services Committee (WHSSC) play in this and is it publicly accountable?**

WHSSC is part of the NHS in Wales. Its board is a Joint Committee made up of the Chief Executives of the seven health boards in Wales, its own officers, independent members and an independent Chair. It employs around 50 officers and staff who are collectively known as the Welsh Health Specialised Services Team.

WHSSC commissions, or arranges, specialised services for the people of Wales. These services include thoracic surgery.

WHSSC is supporting the affected health boards with this consultation exercise and will go on to commission the thoracic surgery service that is eventually decided on through this process.

WHSSC generally holds its Joint Committee meetings in public and publishes the agendas and papers of those meetings on its website at:

<http://www.whssc.wales.nhs.uk/the-joint-committee>

WHSSC is accountable through the seven health boards in Wales and, through its Chair, to Welsh Government.

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# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**

### **Addition 5**



**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)**

- **Is it true that consultant thoracic surgeons have to be based within 30 minutes of the Major Trauma Centre and how will that be possible if the surgeons are based in Morriston Hospital?**

This FAQ has been updated and replaced by Addition 6

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# **Provision of Adult Thoracic Surgery in South Wales**

## **Frequently asked questions**

### **Addition 6**



**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)**

- **Is it true that consultant thoracic surgeons have to be based within 30 minutes of the Major Trauma Centre and how will that be possible if the surgeons are based in Morriston Hospital?**

In 2013 NHS England published their service specification (this is a document describing what a good service should look like) for a major trauma centre (MTC) and said that cardio-thoracic surgeons should be able to access an MTC in 30 minutes. This document was written before most surgeons had started to “sub-specialise”. By this we mean that surgeons stopped being cardio-thoracic surgeons and now only work as either cardiac or thoracic surgeons.

The more recent recommendation promoted by the NHS England Getting it Right First Time Review (GIRFT 2018) is that an MTC should be covered by thoracic surgeons - they did not comment on travel times. In England we know a number of MTCs do not have a thoracic surgery rota, and 3 major teaching hospitals state that thoracic surgery is covered by cardiac surgeons (GIRFT Review 2018). This means that several MTCs in the UK do not meet this standard. The GIRFT Review says providers should ensure that major trauma centres are covered by published rotas for both thoracic and cardiac trauma and the practice of using full-time, cardiac-dedicated surgeons to provide emergency thoracic surgery cover should end.

We are also aware that in the next few years this requirement will change again. This is because trauma surgeons are being trained to look after thoracic emergencies. The Joint Committee on Surgical Training has included this in the new syllabus for the Fellowship in Trauma Surgery (2018). Trauma surgeons in an MTC will be expected to have undergone this training. This means that there would be immediate care for thoracic injuries as part of immediate response by the trauma team. We know some of the existing trauma surgeons in UHW already have this expertise in preparation for the opening of the MTC.

Finally we know that the travel times for surgeons in south Wales may be longer than in England if thoracic surgery is located at Morriston Hospital rather than UHW but the exact impact is difficult to assess because it depends on the location of the consultant surgeon at the time of the incident. We have made a commitment that, if it is agreed that the service will be based in Morriston Hospital, we will work with the consultant thoracic surgeons to organise the service to deliver an emergency 24 hour rota of thoracic surgeons to the MTC consistent with

National standards. This is a key advantage of a single centre and is not something we can currently provide.

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# Appendix I: Thoracic Surgery Consultation Individual Response Log

**WHSSC**

*"On behalf of Health Boards,  
to ensure equitable access to  
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people of Wales."*



To provide assurance to stakeholders that the consultation meets the requirements of the 'Sedley criteria' (often referred to as the 'Gunning principles'), in particular that the product of the consultation must be conscientiously taken into account, we have provided in this document our response to each of the comments received and further action that will be taken.

These documents are intended to demonstrate that all of the arguments and concerns have been considered in a fair, rational, proportionate and transparent way. In order to present the Responses by key themes where a respondent has raised a number of issues across several key themes we have answered according to the theme identified and therefore verbatim responses may appear in more than one section or have been edited to highlight the specific point made with the relevant WHSSC response.

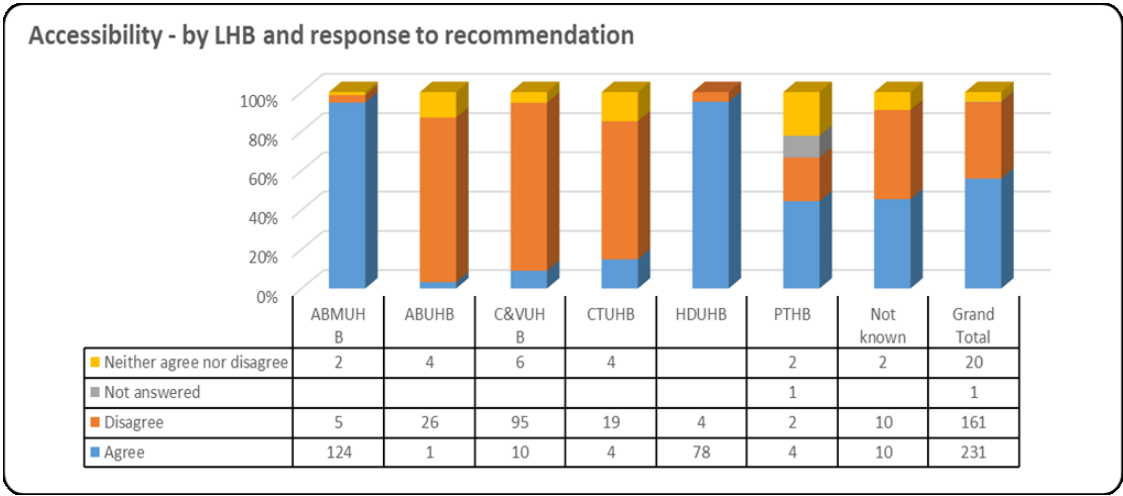
Section one:	Accessibility
Section two:	Implementation & Improvement
Section three:	Major Trauma Co-location
Section four:	Workforce
Section five:	Other

Key Theme : Accessibility

Accessibility was the second most commonly cited issue with 413 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-theme in the response. Accessibility was more commonly cited by those who agreed with the proposal (231) than those who did not (161)

Accessibility: cited by 413 respondents	Sub Theme Identified	n.
	General Accessibility– general response	284
	General Accessibility: Distance to travel	177
	Transport infrastructure: public transport (rail and road).	43
	Parking facilities requiring improvement	49
	Patient Transport	10
	Grand Total	563

In response to the recommendation of the independent panel there is a correlation between the distance of Morriston Hospital and the geographical location of the respondents. With respondents in South West Wales supportive of the recommendation with a direct and opposite view expressed by respondents in South East Wales.





Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC's Response
Agree	ABM	better geographical location for the areas it serves.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	.The hospital Serves as a central South Wales location and given the slower access routes from the west and north of the hospital becomes a more accessible location for much of its hinterland .Faster transport links from the east balance the more western location of Morriston .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<ul style="list-style-type: none"><li>• Morriston is centrally based in South Wales and whilst I appreciate that the population is considerably more in East Wales the distance to Morriston Hospital from the extremes of both areas would be roughly the same mileage whilst it would be twice the distance to travel to Cardiff from areas in West Wales.</li><li>• It is very important that the travelling distances are considered because it is not convenient particularly for the elderly patients who may not be able to drive themselves and the closer the hospital is the better</li></ul>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	aBM	. Its location being on the M4 corridor makes a strong case	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	1, This is the best location for patients and their families from West Wales. 2, There is good access from the M4 3,There is room for expansion and parking at Morriston for the new Thoracic Centre to be built .	One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..
Agree	ABM	A more S Wales based must make more sense to the population of the area rather than to see it established to the furthestest point of the Principality	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	A more central service for the area it will cover.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Cardiff is too far to travel for rural patients in West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	Central access, for all South Wales, near motorway room for expansion	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Centrally located, excellent team already in place	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	due to the area covered Morriston makes more sense as it is situated beside the M4 Motorway with good road and bus services	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	I am live close to Morriston Hospital and this is the ideal place as the hospital is so close to M4 , easy accessible for everyone	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I had thoracic surgery at Morriston in 1999 which saved my life. If I had to travel to Cardiff I might not have made it.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	<p>It's location in Swansea within reasonable distance of good transport links puts it in an ideal position to service the needs of the people of South Wales. Whilst not of primary importance to this debate, car parking facilities and visitor facilities have been greatly improved, giving both the right impression of good quality care as you enter the building (providing reassurance) and also cater for patient visitors whose own wellbeing is very important in supporting patient recovery.</p> <p>In Summary, with the quality of staff I have encountered at Morriston and the excellent facilities, Morriston is ideally and strategically placed to deliver this important service.</p>	One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..
Agree	NA	more central to the whole of wales and will provide better services for the west wales region	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Morriston is nearer to my home. Morriston has more space for development. Morriston is nearer to .... West Wales i.e Pembrokeshire	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston is the right location as it as the most central geographically.	One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..

Agree	ABM	morriton is more central for patients from west wales. where I live.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Most central hospital to the region that the centre would be covering	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	People in west wales should have facilities nearer to home.	<p>One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..</p>
Agree	HD	The hospital is convenient for the East and West patients if it was placed in Cardiff this would pose problems for patients from W Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	This is vitally important so that patients within the Swansea and surrounding areas do not have to have the inconvenience of having to travel long distances for treatment, to other facilities in south Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	<p>No attempt is made to connect the impact statement material to travelling issues .i.e. The proportion of pensioners and those with disabilities lacking access to a car when this is precisely the demographic most likely to be having thoracic surgery. Similarly the levels of poverty and BME population are relevant particularly in Cardiff, Newport, and eastern valley towns of Tredegar, Caerphilly and Merthyr..</p> <p>Since a new co-located service would be expected to continue for 10-20 years why were no population projections provided for the Morriston and Cardiff catchment areas ? The UHW catchment area already provides 60 % of patients and development of the Cardiff city region might reasonably be expected to increase this proportion. Even at present te overall impact on travel for UHW catchment patients is 30% (170 out of 600 patients).With UHW as the thoracic centre the impact on Morriston catchment area patients is 12% (50 out of 400 patients); about 30 of these patients already had longer journeys to Morriston. Since the majority of patients are for lung cancer patients these are planned admissions so that the role of the ambulance service for the relatively small number of patients with very long journeys (50 -5%) is crucial.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours. Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p>
Disagree	C&V	<p>We do not believe that the analysis of travel times has taken into account the population that is most likely to require this surgery – i.e. people from areas of higher socio-economic deprivation – and therefore the travel times for those who are less likely to have access to their own motor vehicle. This will disadvantage those already impacted negatively by health inequality, including people from different ethnic communities.</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>For people without cars almost impossible to travel to Morriston especially for visiting</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	CT	. Travel to these places from the valleys you expect all to have a car-public transport easily in place	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important. We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.
Disagree	C&V	. Transport links for patients and visitors are way better from Powys,the valleys and surrounding areas to Cardiff than to Morristown and surgery involves a lot it trips to the hospital.	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	Accessibility - transport issues	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	NA	Centralisation of the service between the west and the east of south and mid Wales. Morriston has got good transportation links	One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..
agree	HD	For non drivers transport is a problem from West Wales	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.
Disagree	NA	I feel transport links into Cardiff are more robust, and with the hospital recently introducing free parking this would alleviate a lot of people's concerns re transport	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.

Disagree	CT	I live in Merthyr Tydfil. There is no public transport from my home to Morristown hospital. I would not be able to get there and back. If I was an inpatient I would not have any visitors	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important. We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.
Neither agree nor disagree	AB	i would feel that it would be more difficult for transport issues with patients from Blaenau gwent and surrounding areas I appreciate the person involved could get hospital transport but what about their families etc who would like to visit the patients and from our area would be more difficult to get to visit. Cardiff on the other hand would be easier as we have good transport links via trains buses etc.	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	CT	lack of adequate transport eg. From Merthyr you would have to catch at least 3 buses 1 into town 1 to swansea and a connecting bus to Morriston hospital. This is not good if you are ill or for visitors. Also you may not be able to get a bus from Merthyr bus station on return to villages/estates with Merthyr after 6pm	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	Patients need to go where they feel most comfortable if that is possible. As it was said at one meeting they need a bus pass or transport that allows this.	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important. We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.

Disagree	CT	Poor transport links, length of travel time	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p>
Disagree	HD	Too far away with the transport infrastructure we have in West & Mid Wales. It is over 2 hours awayfrom Aberystwyth (by car)and I would have to go to Fishguard first by train.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p>
Disagree	C&V	<p>TRANSPORT</p> <p>Morriston hospital is really difficult to reach without a car. Public transports in Swansea are not efficient and the hospital is not well connected to the centre of the town (where the train station is located).</p> <p>After a long journey on a train (whose time table is often changed during summer or holidays), you will need to wait for a bus that will take 45 minutes (when there is not traffic) to reach the hospital and, if my memories aren't wrong, this bus doesn't run after 6:30 pm. A lot of times in the past, when I was leaving the hospital around 8 pm, I had to book a taxi from the hospital to the train station.</p> <p>If you intend to reach Morriston hospital by car, it can be easier (Morriston Hospital is just out of the M4). Despite that, it's worth it to mention that the M4 East bound is often closed between Port Talbot and Bridgend after 9:30 pm. That obligates you to go back home using ?secondary, darks roads?.</p> <p>Finding a free parking space is also really difficult between 10 am and 4 pm.</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p>
Agree	HD	<p>Travel and transport</p> <p>Visit family</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Disagree	PT	The logistics of the move for patients and families travelling to Morriston hospital! Public transportation in Powys is limited and it would have huge implications on families and friends visiting, and on patients Well-Being when they have limited visiting!	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	And the impact of family potentially having to travel so far to visit relatives means they may visit less causes isolation for the patients .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	I cannot see due to geographical distances how relocating can be nothing but detrimental to the South East Wales population	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	It would be a nightmare to travel to Swansea for patients in the south east wales area - especially during rush hour.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	. Has anyone actually tried getting from, say, Caerphilly to Morriston in Swansea on public Transport or during rush hour? This will be a four-hour round trip and no amount of talking to clinical experts and health care managers nor any of the evidence presented can change that reality and legitimise a fundamentally flawed idea.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	major impact in transport for patients & their relatives & friends from the valleys to morriston	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Travelling to Swansea for any patient in the south east wales area would be a nightmare especially during rush hour and with parking.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	What about travelling inconvenience for patients? Why a patient from Cardiff has to travel to Swansea rather than Cardiff. Think about the impact on the environment, air pollution and economic situation of the public. Not all the people drive, specially the elderly.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	CARDIFF IS CENTRAL AND ACCESSABLE.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	Cardiff is closer to me	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	Cardiff would be more accessible for patients in south and central Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Centralising thoracic surgery at Swansea would entail patients from South Wales and Mid Wales travelling greater distances for operations and followup appointments. Accessibility is key for successful treatment and recovery especially for the elderly F	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Difficulty in travelling to Swansea for our patients who live in the Welsh valleys	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Neither agree nor disagree	C&V	Agree to support the experts disagee for the personal inconvenience to those families living in Cardiff and District	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Having experienced chest surgery with my daughter and recveived excellent care locally. Also having to travel to receive further surgery in England, the stress and costs of any travel arrangements is not necesssary and the Barry area is becoming more and more isolated.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	CT	Having one location wil make it difficult for those who have to trvel further, for families & friends to visit.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Having previously worked in South Powys I fail to see why patients in Builth, Llandrindod Wells, Knighton and Prestigne cannot go to England - Hereford. Travel distances to Swansea - unacceptable. I believe this to be unacceptable and should be re-visited.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	Heath Hospital provides this service and is easy to access.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	I am a resident in Cardiff and the thoracic unit moving to Swansea would cause me major problems.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	I believe it would not benefit the people of the south Wales area, due to the distance they would have to travel if an emergency occurred, i.e. car crash, fall involving a chest injury.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	I feel it will be difficult for patients living in Gwent to access advice and surgery	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	I have been able to visit my husband in the Heath it's ok but to go to Morriston would not have been good as to M4 is bad. T	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	I think Swansea is too far for people to travel from the more Easterly parts of the geographical area. People with lung & chest problems are likely to suffer fatigue & a journey of this distance may put them off having surgery and could therefore impact on their future wellbeing	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	Impact on travel times for more remote locations (which have fewer transport links)	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	In my opinion a centre for thoracic surgery should be centrally situated and easily accessible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	C&V	It is not an unreasonable suggestion but we feel it would disadvantage residents to the east of Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	it is too far away, if I have a relative needing this surgery I will be needing to travel to Swansea instead of cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	It's ridiculous that seriously ill patients would be expected to travel to West Wales for treatment when we have a university teaching hospital in Cardiff !	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	It's too far to travel and difficult to get to. Cardiff is much more central	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	More effort to maintain both sites essential. Decision has been made by bureaucrats on head of population without practical understanding of geography of Wales. - distances, travel time, difficulty and expense of travel to single location. Surgery maybe only one element of treatment but it is the element which causes most stress and anxiety for patients without added pressure of travel and isolation from family.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	morrison hospital will be too far for the majority of the population	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Disagree	AB	My nearest hospital is in Cardiff some 20-30 mins away if part of it moves to Swansea it will be plus another hour - more than enough time to determine whether a patient lives or dies.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	<u>My</u> travel time	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Over an hours drive from Cardiff, please don't move this out of Cardiff. Unfair for Cardiff residents.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	Reasonable travelling distance for all of south Wales	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Disagree	AB	Should be more local	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Swansea is not an ideal location for anyone living in south east wales. It is not easy to drive to or park. The thoracic centre in Cardiff is much more convenient.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Swansea is too far for patients needing surgery for cancer for example.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Swansea is too far away	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The current unit in Cardiff is ideally located and moving it to Swansea is of no benefit to patients located in South and East Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Disagree	C&V	The distance from a lot of patients is ridiculously too far. A lot of people will struggle to travel and I think this will put a lot of people off from getting seen by a doctor / nurse and being referred further. I think this is a very bad decision.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	The geography of it, Morriston Hospital is too far for patients to travel	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The move of these services will have significant impact on the population of the South East of Wales. Travel costs and inequality in those attending follow up would be a major concern.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The service in UHW is better for patients in SE wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	This removes vital services for people in SE Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	Too far away for south east Wales. Not just for the patients attending outpatient clinic but also on their families wh take them or visit when patient is there n hospital.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	NA	Too far away, especially if no transport. Wouldn't be able to visit	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Too far for some to travel.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Too far from me, family and friends	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Travel involved for family members as well as patient including costs	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	Travel problems	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	UHW is the best place for the unit. Morriston is too far away.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	With the major trauma centre being agreed for Cardiff thoracic surgery should stay in Cardiff. From speaking with people from surrounding Cardiff and the south east the majority feel that for patients with cancer should not have to travel all they way to Swansea to recieve surgery.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Would be a very long way for people to travel	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Geographical location,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	More ops/surgery doen in UHW & Cardiff is a bigger centre of population, which on average would mean people would have less distance to travel*	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Morrison site farier as regards travel times etc.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Road access better and a more central location.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>The other reas on for Morriston being chosen is the fact that it is ideally situated for patients from both west and mid Wales and south Powys. (Sometimes the distance some of the patients from West Wales have to travel is forgotten). an to bring the unit to the area.</p> <p>I am sure that there those with far more knowledge and expertise that myself but, as an ordinary member of the community and as someone who has been a volunteer at the hospital for the past 18 years I can only hope that Morriston will be successful and that the unit will add to all the wonderful work that is already done there.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Morriston is well located at the centre of S Wales and very close to a major road (M4) for convenient transport	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Potential direct motorway access to the entire M4 corridor and major routes connecting West and Mid-Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>-Morriston is centrally based in South Wales and whilst I appreciate that the population is considerably more in East Wales the distance to Morriston Hospital from the extremes of both areas would be roughly the same mileage whilst it would be twice the distance to travel to Cardiff from areas in West Wales,</p> <p>It is very important that travelling distances are considered because it is not convenient particularly for the elderly patients who may not be able to drive themselves and the closer the Hospital is the better the outcome ,</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Fairer access for S.Wales population as a whole - Cardiff to Bristol 1hr, W.Wales to Cardiff 2.5 hrs. People of West Wales should get fair level of access.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	live in Swansea so it would be easier for me if I needed any kind of surgery in the future.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Moving services to Cardiff will put undue pressure on patients and carers,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	n.  Further it is easily accessible for patients travelling from further afield, being served by 2 motorway junctions and its location away from a large population centre making travelling times shorter.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	On a personal basis, as someone with asthma, and who has trouble travelling distances due to severe phobias and anxiety, a journey to Cardiff would be little short of impossible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Ease of access being just off the M4 make Morriston a more accessible site for a centralised service	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	1 Travel	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	A central location needed. Morriston Hospital provides due to huge surrounding population and road links adequate for emergency and family support.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Access for the whole of S Wales is best placed in Swansea Has other tertiary services already Has land for development	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Agree. Morriston is better sited to serve South & West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Anywhere else would be too far away	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Because it will give better access to people in South Wales who live much further west than Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	Because it's near enough bang at the middle of the parts of Wales stated above as it is easier for patients to travel.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Better access for people living in West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Better geographical location	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Better position for whole of South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Both my parents are thoracic patients, Morriston is centrally located for all patients South/west/East Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Cardiff is a long distance for patients and family to travel from North Ceredigion.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Agree	HD	Cardiff is becoming so built up and it is situated on the outskirts of Wales. Everything is based in Cardiff, it should be spread out distributed better to ensure health care is spread throughout Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Central for the wide geographical area of mid and west Wales- growing expertise and skills for an expansive area	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	central location for all south wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Central location for more areas of Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	Clearly Morriston has the best motorway access of the 2 major South Wales hospitals. This obviously will have a positive impact on patients and relatives when travelling here. Morriston also has significant excess of land around the main site which is perfect for further hospital expansion, including parking facilities. Uhw has no such ability to expand its already dire parking facilities.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Convenience of Morriston Hospital for access to all patients across the said area.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Conveniently located next to M4 with good links to West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Ease of access for patients	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Easier access off the motorway to the hospital, less congestion of traffic, better parking facilities with no parking fees	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Easily accessible for more people	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Easy access	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Easy access for mid and west wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Easy access for patients in West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Easy access for people living in west wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Equal distance across south Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Excellent hospital, close to M4 good bus links - every 12 mins form city centre and train station into hospital	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Far more convenient location.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Geographically Morriston Hospital serves a greater percentage of population of South Wales with more equitable access to some of the more deprived communities.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Geographically speaking it would centralise services for those living down a west Wales. East of Wales could access services just across the border.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Given the catchment area it seems prudent to place it here	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	HD	Glangwilli Hospital is much nearer to me and has always suited my needs and others in this area. Also I'm not able to drive on motorways that causes more stress.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Good access from/to M4 for patients and visitors alike. Central to the areas listed. Good facilities for visitors to inpatients.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	CT	Good location for the majority of South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I believe that having thoracic surgery based in Morriston Hospital will be of benefit to the patients of Neath and Port Talbot and the wider population along the M4 corridor. It will mean that thoracic surgery is in a more central location geographically	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I believe that locating this service in Morriston Hospital will provide the most accessible service for the residents of South and West Wales and South Powys	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	I believe that Morriston Hospital has a superior geographic location to cater for the patients of South, Mid and West Wales. It is centrally located in South Wales with excellent access just off the M4 and A465 ? a marked contrast to the access to the University Hospital of Wales, Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I think Morriston Hospital serves Swansea and South West Wales far better than anywhere else. To have to travel to Cardiff adds on at least another hour via motorway and is too far to be safe for people in Swansea and South West Wales, especially when there is an excellent hospital at Morriston.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I think that Morriston is a more widely reachable location for all. With great links to the M4 it?s location is brilliant.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	I thoroughly approve the Morriston site, to be fairer for access from West And East Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	I want the centre in an area that is close to my family.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	I would like to have this service near to where my family & friends live	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	If coming from west Wales it's easier to get too	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	If the service went to Cardiff, the people in South West and west Wales would have difficulties getting to Cardiff for elective surgery. Emergency surgery it could be more life threatening due to the distance.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is an important arm of surgery that will service the large number of people in the area	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is central to the area it covers and is just off the motorway and other routes .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	It is easier for to get to than Cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is geographically the best place. And also is a state of the art facility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	It is important that services be accessible to those of us in the west as well as those with motorway access from the east. Too often 'critical mass' is used to disenfranchise us from even the most basic health care and this is creating deep inequality across Wales. - we are suffering hugely from the removal of services from Withybush because the distances involved, appalling infrastructure notwithstanding, make accessing these supposed centres of excellence problematic. Swansea is more than far enough and proper consideration has to be taken of all parts of Wales, not just the Cardiff power base.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	<p>It is more central for people of West Wales</p> <p>According to Google -</p> <p>Haverfordwest to Morriston is approx 1hr 13mins, Haverfordwest to Cardiff hospital is 2hr 1min Cardiff to Morriston is approx 1hr 2min.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	It is nearer my home than Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Agree	ABM	It makes geographical sense	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	it serves the smaller wider communities of wales that are unable to travel to cardiff. cardiff residents have the benefit of being able to go to Swansea or England	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	it will be easier for patients to reach from further west, and Morriston has the capacity to expand its ground space, if it is required.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	It will provide better access to the population of south west wales to thoracic surgery. UHW is constrained for physical space, has poor road access especially during the daytime and will struggle to meet its remit to become a major trauma centre.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It would be in an ideal location very close to a motorway junction and will service the communities of south east Wales, west Wales, and south Powys. Travelling time for each of those communities would be more comfortable than if the unit was established in a less central place.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	It's easy access on the motorway to everyone. Morriston have the potential to expand for the new unit	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It's geographically the most sensible place. It allows access to the service from all corners of south Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Locality of morriston hospital serves SW Wales adequately . The locality is an essential factor to consider ..thorasic services must be available to patients in sw wales Cardiff is located in SE wales and is a long journey for patients and families living west of swansea .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Locality to Pembrokeshire/Carmarthenshire	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Locating a specialist service in a centrally located area along the M4 corridor serving South Wales is a good use of public money and will enable equal access to provision for all patients requiring thoracic surgery.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Location - best location for the majority of patients. Access - M4 proximity.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	CT	location, more central than Cardiff for S Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Mae ysbyty Treforys Abertawe wedi ei sefydlu os blynnyddoedd a hanes aredderchog iddi. Haws hyfed cael mynediad ar draffordd.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	PT	Mae'n fwycyfleus ae yn wed o rawen na glhaendyydd I n; hgheredigiau - translated - it is more convenient and much closer than Cardiff to me in Ceredigion	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	more accessible for West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	More central	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	More central location. Cardiff too far from West Wales catchment area.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	More central to west wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	More scope for expansion, easier travel, potential for easier parking,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston acts as a central location for the population of the whole of South Wales, including populations in the far West; i.e. Pembrokeshire	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison hospital is a central location for both patients coming from the East and West	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is a very central hospital serving the SE, South and SW of Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is easily accessible to all of the areas listed	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	Morrison hospital is forward thinking and would provide a better location to service most areas	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is ideally located. It has excellent access off the M4, and will brilliantly serve all of south Wales. UHW is in the middle of the city, with awful access.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison Hospital is ideally positioned to provide this service across the whole of South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	Morrison hospital is in an ideal location to provide this service.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is more central when taking the area of Wales to be covered. 2 Better facilities for both patients and visitors 3 There is space for expansion	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is perfectly placed to serve the South West and mid Wales areas	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	Morrison Hospital seems to be central and more accessible to patients living in West Wales. It is also well positioned off the M4 and easy to find. Living near Newcastle Emlyn and having to travel to Cardiff would have made it much harder and stressful for myself and family.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison hospital services must not be down graded for the sake of people living in the south west wales area	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is a central location for patients living in south and west Wales and south Powys	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is a central location of the whole of South Wales. This is the best location for the largest thoracic surgery centre to be placed for Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is better situated and easily accessible in comparison to the Heath.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is central to main population areas.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison is ideal as a major hospital serving South and West Wales, It's position and very close proximity to the M4 make it the obvious choice, this is a no brainer.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is ideally situated to serve all the above areas, with easy access via the M4.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is in the best geographical position to serve the population of South Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	HD	Morrison is more accessible to any patients in West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is more central for people as far away as Haverfordwest.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>



Agree	ABM	Morrison is perfectly situated off the M4 and is central in South Wales for the South Wales population to get to.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is situated in the better location, and can serve the population of south wales and west wales. Cardiff is a busy area, Morrison is more central	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	CT	Morrison is well placed to provide access to this service for all patients across South Wales. A centre in Cardiff would isolate the many patients in South West Wales. Morrison is well located, close to the M4, and can be easily accessed by all in South Wales. The burns and plastics department exemplifies how a regional specialist service can be delivered from Morrison.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Most suitable geographic location for the patients of South West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Much better parking and lots of investment has gone into updating Morrison hospital.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	HD	Much closer than current and therefore a lot safer	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Not everything can be centralised in Cardiff. Morriston is more accessible from the motorway than UHW.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	One centre of excellence would provide the highest standard of care more economically than two. Swansea is in a more central position along the south Wales than Cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	OTHER ALTERNATIVES ARE TOO FAR TO PROVIDE AN ADEQUATE SERVICE	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Patients from West Wales shouldn't be disadvantaged by having essential services moved East. It costs more money, more travelling time and makes it harder for visitors to see them.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	People living further West need access to services a locally fornwffective care - they and their families should not have to travel to Cardiff to receive this.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	People need a centralised hospital where it is not too far to travel . There is a already factilies like a heliport a	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Perfect location to provide the facility for the whole of southern Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Personally it's convenient and the lcoation is central for east and west patients	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Placed centrally for west wales patients as Well as east wales patients.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Primary reason is accessibility for regions west and north of Swansea, esp with further centralising of Services in Hywel Dda.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Neither agree nor disagree	PT	Since I live in Mid Wales, then on balance Morriston Hospital for surgery is marginally closer to home	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	AB	Speciality health care should be shared across South Wales. Access to Morriston is better than to Cardiff especially from mid and west Wales. Excellent access to Morriston Hospital via public transport and road.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Strategic place of hospital	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea (i.e. Morriston Hospital is situated geographically midway between the western reaches of Pembroke and to the east of Newport it makes sense that both populations would they have equal access to this facility rather than the rival decision to center major facilities in Cardiff. Bristol is within easy reach of Cardiff area also	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Swansea has good transport connections to mid and west Wales. It is an excellent, modernised hospital and focusing thoracic surgery here would enhance the existing facilities	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is a central location geographically and as such is the perfect location with great transport links in all directions.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is central for travel for West and South Wales patients and is straight off the motorway.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	AB	Swansea is more central South Wales, Cardiff is a lot busier to get to	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is more geographically appropriate for the needs of most patients, especially those from west Wales who would need to travel further to access life saving operations	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Swansea serves a more central and convenient hub, which will more easily and safely allow patients to be treated while remaining closer to home.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Swansea serves W Wales and parts of mid and north Wales are not serviced adequately at present. Cardiff etc close to Bristol	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The area has a significant population & catchment area & requires these services	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The central location across South Wales and the thoracic prehabilitaion service run by the physuotherapy team which offers the option for patients to become fitter for their upcoming journeys	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The central location of Morriston makes this site the most geographically desirable location serving South and West Wales and South Powys.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	The fact that Morriston is easily accessible from the M4 is of great advantage as it provides easier travelling from most parts of Wales being more centrally located than the University Hospital of Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The location at morriston Hospital makes it preferable to serve the whole of South Wales rather than basing the centre further east. There is probably more opportunites for physical site expansion in Morriston	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	The location was convenient	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	The obvious difficulties for people living in Mid & West Wales is travel. By putting the centre in Swansea it is a fairer outcome	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	The thoracic services would benefit and be accessable to south and west wales and south powys as Morriston is more central within the area than Cardiff. Morriston is easily accessible from the M4. It allows patients who live in around north ceredigion to access services such as thoacic surgery for lung cancer more easily than having to travel 1-2 hours more each way if the services were centralised in East Wales. Not being able to access services as easily could have a detremental effect on patients wanting to persue surgery options, and perhaps reduce the number of people in west wales persuing the possibility of surgery for some types of cancers	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Travelling from West Wales to Swansea is far enough when your faced with the traumatic news of Cancer but to travel that extra 1hr (on a good day) down the M4 to Cardiff is beyond thinking.. Keep services in Morriston	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Vicinity to home	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	We agree with the analysis as set out in the consultation about the benefits of developing a larger single centre in South Wales compared to the current two centres in Swansea and Cardiff. We hope that this proposal will make the service more sustainable for the future. We note that, as far as patients from West Wales are concerned, surgery will continue to be provided in Morriston, as presently.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	PT	We need this service in morriston to cover South and West Wales appropriately	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	We support the proposal that Morriston Hospital is the most appropriate location for the thoracic surgery centre as it can be easily and quickly accessed by the majority of residents in the region.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Agree	ABM	Will only be able to staff one centre and Morriston has better access	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Neither agree nor disagree	C&V	I am old age pensioner of 82, I would not object to the operation in Morriston hospital, but transport for me would be a big problem because of health problems, I live on my own so it would be a problem attending clinic appointments	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>NEPT is the type of hospital transport that patients would require for out-patient appointments or travelling to and from surgery. WAST is aware that patients from the south east of Wales will require longer journeys, although initial analysis suggests that the overall number requiring transport will not increase significantly. This is because patients already need to travel to UHW because the service is not delivered at any other local hospitals. We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.</p>
Disagree	C&V	<p>A higher number of people currently undergo thoracic surgery at UHW than at Morriston Hospital. This will mean that more patients from the South East of Wales will have to travel further to access thoracic pre-op and surgery and will impact on more people such as family members who wish to visit or be with them. If the thoracic surgery centre is based in Swansea, limited numbers travelling from West Wales will have shorter journeys. However, there will be an increase in the numbers of people travelling further from the South East, which will increase the levels of vehicle travel and levels of pollution.</p> <p>We do not believe that the analysis of travel times has taken into account the population that is most likely to require this surgery – i.e. people from areas of higher socio-economic deprivation – and therefore the travel times for those who are less likely to have access to their own motor vehicle. This will disadvantage those already impacted negatively by health inequality, including people from different ethnic communities.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>Were the people voting familiar with the areas involved and in particular the geography?</p> <p>I also understand that the deciding factors appear to be space (is there really more room in Morriston) and the fact that fewer people will have to travel a long distance. However was any consideration given to population numbers and in particular that the population of Cardiff is likely to explode in the next few years, which is likely to result in greater numbers having to travel.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The travel analysis projections do not consider the exponential population growth in Cardiff for the next 10 years which will have an impact on the number of patients needing to travel further to Swansea. Based on the statistics available in the travel analysis document it is difficult to understand why the travel discussions lead to a favoured decision for Swansea.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	<p>Travel distances appear to have been an important consideration by the Independent panel who recommended Morriston. Most patients would not be concerned about travel for an elective procedure if the service is high quality and a centre of excellence. However travel for emergency Surgery eg major trauma is different as the distance is crucial. If travel was an issue, the travel analysis suggests that Cardiff would be the better location for most patients.</p> <p>This is even more important since the population in S E Wales and in Cardiff in particular is increasing and Cardiff is projected to increase the most up to 26% by 2039 ( Welsh Government data) - faster than any other UK city incl London. The population of Powys is projected to reduce by 8%.</p> <p>1.6 million people ( half the population of Wales) is able to drive to the city in 45 mins or less.</p> <p>If this unit is to be ' future proof' Cardiff would be the better location for both emergency and elective work.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	<p>Overall, travelling times should reduce, but many people living in or close to Cardiff may feel disadvantaged</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	<p>Traveling for staff, patients, visitors will be on an easier route.</p> <p>Traveling for ambulances etc will also be easier.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	NA	<p>. I disagree with the Panel's view that it is better to disadvantage a larger number (170 people) who would have a longer travel time if it was at Morriston, than it is to disadvantage a smaller number (70 people) who would have to travel a much longer travel time if it was at UHW. More than double the number of people will have a journey time of more than 60 minutes if the centre is at Morriston than if it is at UHW. Furthermore, Cardiff has one of the fastest growing populations in Europe, so going forward, if the centre is at Morriston, there will be even greater numbers of people who will have to travel further for thoracic surgery.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>Cardiff is more centrally located in South Wales in terms of population distribution. Morriston is too distant to this population to provide an integrated service.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	NA	<p>it is inaapopraite to compare the impact for a few, probably less than 10 per year, patients from higher social groups in Cardiganshire with the greater numbers in SE Wales.</p> <p>... Due to higher population density and prevalence of respiratory disease the number of patients requiring urgent inpatient transfer for inpatient thoracic surgery will be greater than if the service was located in cardiff. This additional hurdle will adversely affect outcomes for conditions such as pneumothorax and thoracic sepsis, such as empyema. It will be harder to get timely surgical intervention. There will also be a pressure to repatriate patients which means that surgical complications are left for non-surgical centres to manage. The effect of this will be greater in SE Wales due to the higher population density.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	<p>more people and more operations performed on these people in this area therefore more people and families travelling many miles up and down a congested m4.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>Population served in terms of concentration in South east Wales</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	<p>travel to morriston from south east wales is horrific.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	<p>We regularly treat patients from West Wales who have been deemed too high risk for Swansea, and these patients do not have any concerns about travel.</p> <p>The socioeconomic issues in Gwent make travel much mor difficult. there are direct buses to UHW from Newport, park and ride etc.</p> <p>So travel for a significant number of patients and their relatives will be unmanageable and stressful.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	As far as travel times go: if Cardiff operates on more patients than Swansea, then more patients will have to travel further - that seems self-evident.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	I appreciate the need to form a single centre unit of expertise, but the location should be reconsidered to best meet the needs of S Wales residents.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The access and travel time for patients is also problematic, the travel time analysis favours a centre at UHW.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	. More people in the Cardiff catchment area will be unfairly disadvantaged by the extra travelling and stress as this is a more densely populated area and performs far more operations at present clearly showing the need to remain at the Cardiff site.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	. More people will have to travel if unit moves to Swansea	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	CT	.As a more densely populated area and currently doing far more thoracic operations than Swansea,patients and families in south east Wales will certainly be at a much greater disadvantage than people in west Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	1/ More people currently access UHW and the increase in house building in and around Cardiff will add many thousands of people to the population of Cardiff & Vale. 2. Access to Morriston via M4 can take well over an hour and by bus or rail can be difficult for relatives visiting from Cardiff who do not know where Morriston is situated. Very difficult for older non drivers.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	. Patients from Aneurin Bevan UHB and Cardiff & Vale UHB will be affected by longer travel times.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	A higher number of people currently undergo thoracic surgery at UHW than at Morriston Hospital. This will mean that more patients from the South East of Wales will have to travel further to access thoracic pre-op and surgery and will impact on more people such as family members who wish to visit or be with them. If the thoracic surgery centre is based in Swansea, limited numbers travelling from West Wales will have shorter journeys. However, there will be an increase in the numbers of people travelling further from the South East, which will increase the levels of vehicle travel and levels of pollution.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	BIGGER POPULATION IN SOUTH EAST WALES, MORE PATIENTS AND RELATIVES AFFECTED BY LONGER TRAVEL TIME.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	Cardiff has a larger population of patients requiring thoracic surgery. Therefore more people would require to travel further distances, including both patients and visitors	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Cardiff is easily accessible via motorway/ dual carriageway from all areas. It has the largest population and transient population, including British and overseas visitors. An additional 50 mins travel time could mean the difference between life and death for patients.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Cardiff is the capital city, it has a higher population and it's easy to get to via any transport link.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Distance for patients from southeast Wales would be a great issue. It would be very inconvenient to travel.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	For majority of patients and their families long travelling time.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	NA	greater travel disruption of a larger population	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Having looked at your travel analysis the extended travel times, if moved to Swansea, would come from the largest population centre, that is Cardiff and Newport. The thoracic surgery centred in Cardiff would be the most convenient focus for the main population of South Wales, that is Swansea, the valleys, Cardiff and Newport.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	I believe that the UHW Cardiff would be a more central location	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree		I feel that the densely populated south east wales region including Cardiff, Newport, the Vale of Glamorgan and Gwent Valleys need a thoracic surgery centre in their own area rather than have to travel to Swansea.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Large population in cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	CT	Logistically it will be a nightmare for patients, staff and visitors alike. The majority of potential patients will be from South East Wales because of the demographics.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Majority of population is in the SE of Wales. If there is centralisation it should be where the majority of the population is that is in the Cardiff centre. Also this centre currently has greater expertise and a bigger department.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	more operations are carried out in Cardiff and as it is a more densely populated area more people and their families in south east Wales will be adversely affected.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Necessity of having thoracic surgical service attached to a major trauma service in the <b>most populous catchment area in Wales.</b>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Patient travel, patient choice and convenience will be negatively affected	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Disagree	C&V	Swansea is too far to provide care to big population in Cardiff,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	The Centre of Excellence should be in the Capital City of Wales, in the City of Cardiff where the cultural life of Wales can attract clinical professionals and from where transport links radiate out by road, rail and air.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	The population served is also centred around cardidff so the vast majority of patients who require the service will have to travel if the centre is in Morriston.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	The University Hospital of Wales is much closer to the greater centre of the South Wales population. It is easier to park and drive to from a wider variety of places - the time and travelling to Swansea would be ridiculous especially in times of traffic.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	There needs to one centre for the region and clearly it needs to be located in Cardiff for both geographical as well as quality reasons	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	This is a highly specialised service which needs to be based within a major trauma centre <b>and a large population base.</b>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Too far away	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Travel times	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Travel to Morrisdton for the majority of people in S Wales will NOT be easy (10% of Wales' population lives in Cardiff area) due to the frequent closure of sections of the M4due to accidents	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	A new centre for excellence at Bridgend would be geographically more central to the catchment area.	The panel were asked to consider which of the two current Thoracic Surgery Centres they felt was more suitable.
Agree	ABM	<ul style="list-style-type: none"> <li>- Easier to get to and from</li> <li>- Suitable parking arrangements for visitors and family</li> </ul>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	I am from Llanelli and Moriston is best hospital the traveling time that it would take to get to Cardiff is much to long it takes about one hour to get to Cardiff and that when there is not must traffic..and the parking spaces or very limited you can be there for an hour before you appointment and still miss your time appointment because you cant park. now at Moriston the parking is not much better but you will park a lot quicker than at Cardiff.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

Neither agree nor disagree	ABM	Morriston: Logistically nearer to East and south west Wales. Enlarging Hospital with lots of parking problems already. UHW; Area more populated. Huge Parking problems.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p> <p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	HD	Recommendation accepted other than parking facilities essential	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	Swansea is more central it would make it easier for the many patients in other parts of Wales to travel to. Parking is not a problem in Morriston compared to Cardiff.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	C&V	travel time to Cardiff much too long, and access to parking is dreadful at Cardiff site (from sad experiences)	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	C&V	UHW is too full parking is dreadful. As long as transport links are improved and local pro	<p>We acknowledge that many of our respondents were critical of current parking capacity at</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC's Response
Disagree	C&V	accessibility to the centre.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	CT	- Access to Morriston Hospital (road and public transport) needs to develop	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Ensure plenty of parking space for patient , hospital staff and visitors.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Disagree	CT	Free parking	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Disagree	CT	Ease of access	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	Easy transport routes and parking for patient who will have to travel and extended distance to clinics, outpatient appts and family visiting during surgery.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	good access.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Sufficient car parking - already a problem on this site, patient transport services to allow patients to attend appointments	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Disagree	NB	transport of patients & their relatives,	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Parking	WHSSC will ask the relevant Health Board to carefully consider the provision of adequate parking and whether it is necessary to provide additional parking spaces when planning the implementation of the service change.
Agree	HD	Parking availability	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Disagree	C&V	. Easy access to people living in south east Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	C&V	A less miles to travel for those who needs this service. Closer to home must be good for the patient also for visiting families.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Accesibility for the people of west wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Access to the hospital and we need a good service there	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Access to the service,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Accessability of the service for all people served by the unit.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Accessability, parking and relatives accomodation	<p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	NA	Accessibility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	accessibility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Accessibility by public transport especially in older non'drivng visitors.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	NA	Accessibility, duration of travel time	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Accessible access - in a timely manner - by experts able to provide this care	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Accessible services	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Accessible to everyone and deprived communities don’t have to travel to get quality services	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Accessible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Alternative travel links and improving public transport links from both east and west	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Although care of patients is paramount I include the importance of parking facilities and access as at present parking is of great concern for those attending Morriston Hospital. The lack of parking puts a great deal of stress on patients and family/carers/staff. At present parking is NOT acceptable and without this provision it is difficult to see how this unit can be located at Morriston. The use of more multi-storey parking or a free bus service from outside parking could be explored.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>



Disagree	C&V	As above, less people have longer to travel but if Cardiff was chosen there would be less people travelling in total.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	Being easily accessible to people from all over South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Being located just 30 minutes from my home gives me assurance and support that myself and family will have an excellent service nearby.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Better infra-structure around access for Morriston, as with all hospitals it becomes clogged up with urbanisation around it and roads become blocked as strategists didn't consider long term access. Which ever site the access for roads up through Wales should be improved.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Car parking allocation,	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

Agree	HD	Communication with infrastructure such as buses etc	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Ease and equity of access for patients from West Wales Ease of car parking/ transport access	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	Ease of access to the whole of South Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	ease of getting to use the service	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Ease of reach - not having to travel long distances for treatment.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	PT	Ease to access the service	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	Easily accessible	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Easy access by car and parking or direct train service to hospital	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Easy access for all.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Easy access for the public i.e transport facilities.	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	CT	Easy access for those who do not have their own transport.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Easy access,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CV	Easy patient access with improved road links and parking.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Equality for all areas.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Equality of provision of services to those in the south east of wales. To ensure those who are unable/put off by travelling more than one hour from their home, for work or personal reasons, when they currently do not need to, will effect the most vulnerable and high risk patients who use this service.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Geographical location	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	Getting there	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Having the thoracic surgery available locally	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	How can the service be provided locally if it's base is so far away?.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	How people from Mid Wales would get there ..... We have no motorways or trains to Swansea.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	how would you address the issue of distance to be travelled to avail the service	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I have no doubt it will be superbly run where ever it is located, but Morriston is ideally situated to serve these counties.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Impact on patients already experiencing stress to add travel and costs involved	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CV	Increased travel time of highy numbers of patients will hinder accessibility of services to the majority of the population.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	<p>It is critical to consider transport, both in terms of how patients access the centre for treatment and transport for families and loved ones who may wish to visit patients in hospital or accompany them to appointments. We would note that Morriston Hospital is well served by local bus services, which link well to Swansea train station. However, we are aware that many passengers on our community transport services avoid travelling by train due to the cost (particularly compared to bus services, which are free for those with a bus pass). Travel from Pembrokeshire to Morriston by bus alone, while possible, is much more difficult and time consuming. Community transport services in Pembrokeshire, such as the RVS Country Cars service, do not have the capacity or funding to provide transport as far as Morriston, but can help with connections to onward public transport.</p> <p>As part of the pre-surgery planning process, it might be helpful to identify patients and families who may struggle with transport (e.g. because they do not drive, do not have a car, are on low incomes etc.), and ensure that they are given information about hospital transport, public transport links and the hospital travel costs scheme.</p> <p>We agree with the proposals to provide pre- and post- op outpatients clinics as locally as possible, minimising patients' need to travel to Morriston.</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>it is largely inaccessible to the majority of the S Wales population so will not work without making lots of peoples lives far more difficult than they need to be.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>It needs to be easily accessible to patients from Cardiff with outreach clinics in Cardiff as well to avoid patients travelling long distances.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	<p>It needs to have easier access and parking available.</p>	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	<p>It will be more accessible to west wales.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	It's accessible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	its easy accessibility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Journey times would be far less	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	Morriston Hospital is terrible for parking. My friend visited her husband lately and it took her over an hour to find a parking spot (Stress)	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	MOVING SERVICES, AS IS LIKELY TO CARDIFF AS IS ALL ELSE MOVES THERE, MAKES IT TOO AWKWARD FOR PEOPLE BEING TREATED AND BEING CLOSE TO LOVED ONES.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Much less accessible for the larger amount of inhabitation in the Cardiff area.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Disagree	C&V	Paid travel for Patients. Long distance travel costs a lot which people can not afford. Not to mention the distance will put people off from attending. Resulting in wasting of time and wasted appointments.	The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present. We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.
Agree	ABM	Parking facilities,	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	HD	Parking is already a massive issue at Morriston and whilst I agree with the proposal a real solution is required to this issue which will be exacerbated by additional numbers of patients being treated.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	C&V	Presumably really adequate parking and facilities will be provided??!	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	HD	Proper infrastructure (we don't all have the benefit of dual carriageways, let alone motorways.) Adequate parking is a must too.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.  We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	Provide adequate parking	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	abm	provision of public transport and adequate parking.	Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important. We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause. As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

Disagree	C&V	Proximity of travel for patients living in SE Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Public transport Parking	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p> <p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	HD	Should I need the service, how I can find suitable transport from this area of Ceredigion, which has only a bus service.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	That it can provide effective health care for all of S Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	That it covers all of SW, SE and south Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it is a good service and will be accessible to all communities in the regions	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it is accessible	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	PT	That it is delivered out of our area!	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it is easily accessible and of high quality.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	That it's near by to me and my family.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it's well-funded and easy-to-access, which Morriston is.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	That the service is easily accessible to the people that live in the area. Morriston is central and would allow the majority of the population it covers to access the service with ease	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	That there be more parking to cater to the new service.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	The convenience of travelling to my local hospital, were i to require treatment at the new facility.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	AB	The most important thing for me is the distance away from where I live as well as the type of service offered.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	<p>The parking position at Morriston currently can be difficult and that needs to be considered</p> <p>Transportation needs to be considered it can be difficult from the valleys to attend appointments and also applies to visitors who are very important to the patient.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p> <p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Disagree	C&V	Those without their own transport would have to be forced to rely on relatives and friends and reliable public transport is not available. Taxis - far too expensive.	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.</p>
Agree	HD	time traveling to and from	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	To increase the parking facilities if not doen so already.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	C&V	To provide better access to treatment	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	To provide thoracic care for patients living in these areas who might otherwise have to travel much further distances for the medical care/treatment required and which could also have dire consequences in a life threatening situation if having to travel to Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	C&V	Transport	<p>The NHS provides a Non-Emergency Patient Transport (“NEPT”) service delivered by the Welsh Ambulance Service Trust (“WAST”). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.</p>
Disagree	CT	Transport - connecting hospital bus would have to pick up and return patients and their relatives this is going to cost more than if the service was within PCH or Cardiff as transport links are better and also the time/traffci is a problem as Swansea is further and traffci is a problem	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	<p>Transport costs - by public transport and the actual travel time including the number of bus and train change overs required - particularly for those travelling from deprived communities.</p> <p>The impact on pollution levels of more people travelling further, which would appear to be at odds with the goals set out in the Wellbeing of Future Generations (Wales) Act 2015.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Transport links are more than adequate to enable a fair service for all who may need it	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	Transport there. Distance to travel to and from treatment	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	C&V	Transport would be an issue - too far to drive	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	HD	Transport Cost Equity	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	Transportation and communications	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.</p>
Agree	ABM	Transportation needs to be considered ,It can be difficult from the valleys to attend appointments and also applies to visitors who are very important to the patient ,	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	CT	Transportation to & from hospital. Free parking -	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Disagree	CT	Transportation to the venue	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.</p>
Disagree	C&V	Travel arrangements/parking	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Disagree	ABM	Travel services - transporting patients/carers to/from hospital. People without their own transport would have to catch several buses/trains. Too long to travel.	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	AB	We live in Chepstow, getting there and back would be impossible	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Well or In a centre that can be reached easily and equitably.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	PT	Rapid access	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	PT	Consideration of Travel times and issues accessing public transport for patients living in rural communities – Waiting times to see consultant / specialists from referral and treatment provision	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Neither Agree or Disagree	PT	How long before specialist treatment is only available in London?	It is felt that this question was outside of the scope for this consultation
Not Answered	PT	The location of the future facilities should be readily accessible to patients from across the health community – there should be good links to public transport and the road network; further there must be adequate car parking for patients and visitors.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC's Response
Agree	HD	Morrison is more central to the majority of South Wales for planned surgery.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	This investment is much-needed and, for once, actually demonstrates a decision being made on the health and wellbeing of the people of south wales, giving them an easily accessible hospital, over the economic wellbeing of Cardiff, where decisions are made to try and centralise well-paid jobs in one location. Well done for picking the best option for health.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Because of the mining history of the geographical areas in South Wales, and health demographics e.g. smoking and areas of deprivation, so many patients will find it easier to access this service in Morrison rather than travelling to Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Neither agree nor disagree	C&V	Cardiff has a much larger population, and the areas surrounding Cardiff statistically require the needs of a thoracic unit more, requiring more travelling.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Cardiff would not be central enough for the catchment area population. Relocating services there for reasons other than quality of patient care would compromise safety and put residents of the wider West Wales area at a disadvantage.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Disagree	AB	For young patients with dependent children, travelling further is difficult to organise. Having needed chest surgery in Cardiff in the recent past it was possible for me to be transported to & from Llandough by my husband because the travel times were short & he could be home in time to collect the children from school.I don't know how we would have managed this if the surgery had taken place in Swansea as we have no support with childcare.I don't think this would have been a good use of hospital transport & as I don't have mobility problems don't think I would have met criteria for transport.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	From family experience, I know how important it is to get the absolute best treatment and if it means travelling a bit further etc, then so be it.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.  We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	Gwelliad ir meysydd parcio - mwy o le i barcio ceir	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	HD	I had luing surgery last Decemebr and was very well looked after.Becoming a patient in hospital whatever your illness you tend to lose your id. Regardless of the care you receive.Having and keeping in close contact with family and friends is really helpul and also healing.If my surgery had been doen in Cardiff I would not have had such daily visits due to the distance involved (i.e. 2 hours away) and therefore would have felt quite isolated.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	I think Morriston should host this as everything seems to get centralised to Cardiff. Just getting access to the Heath and battling traffic is a nightmare. Morriston is set in a perfect position and easily accessible.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	I understand the need to consolidate areas however I think this should be in an area easily accessible- ie cardiff.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

Disagree	HD	If the centre is going to be based in Morriston Hospital then the issue with lack of parking will need to be addressed.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	ABM	If the centre were in Cardiff I would have had very few visitors. The extra hours travelling would be too much for family to give support.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	NA	Morriston has acres of land available for putting such a centre, Swansea hospital is easier to get to too  if you do put it in Swansea, build a dedicated 1000 capacity car park please.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	ABM	Morriston is central to all of southern Wales.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	ABM	Morriston is on the doorstep of the M4, which makes it easier for access, also it has an Heli pad.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Parking is also an issue in both hospitals, having had close family attend both hospitals for treatment. Getting in and out of Cardiff was a nightmare as was trying to park at Morriston at peak times.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

Agree	AB	Please take note that UHW hospital doesn't only serve Cardiff but Caerphilly and the Rhymney Valley so when taking account of distance for services please remember those of us who don't live in or near Cardiff.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Neither agree nor disagree	ABM	Road links and helicopter access are all excellent for selecting Morriston.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Neither agree nor disagree	C&V	South Wales infrastructure is centred on Cardiff (not Swansea). There are 1.1m people living in the Cardiff and South Wales Metropolitan Area so the logic of locating this facility 50 miles away from the largest urban conurbation in Wales is utter lunacy. It is akin to siting a major Bristol health facility in the suburbs of Bath - which of course, would never happen.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	AB	Swansea is a long distance for patients to travel especially if they require extensive treatment	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	The centralisation of services in Cardiff is detrimental to patients that have a need for cardio thoracic support anywhere west of Swansea. This covers a large contingency of patients that would be served by locating the department in Morriston, where fairer access would be available for all concerned and could potentially save many lives in the process. Also, patients requiring cardio thoracic treatment in Cardiff and Newport have the option of using Bristol, where as West Wales has no one at present.	We considered if a solution for some patients in south east Wales was to have surgery in England, but were told by our doctors that the best treatment is provided by a full MDT. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. They told us that there are already excellent and long standing relationships within these teams across the hospitals in Wales and they felt that the best overall service for patients would be delivered from Wales.
Agree	ABM	The infrastructure regarding parking is a problem at the moment this should be addressed accordingly.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

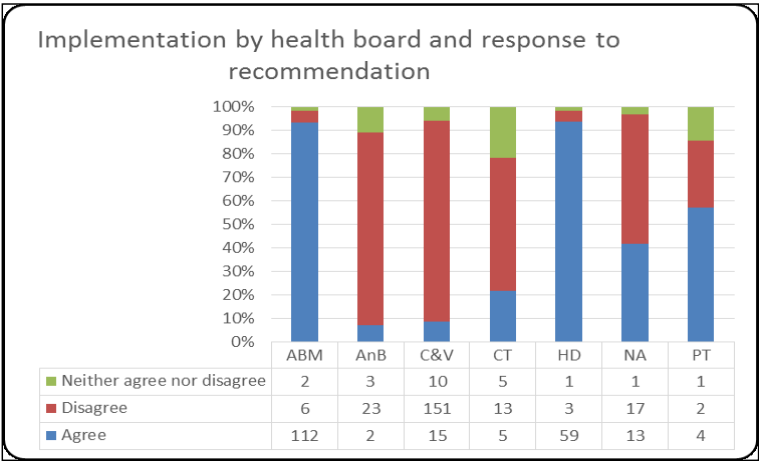
Agree	ABM	The number of parking spaces should be increased to accommodatethe larger number of visitors who will go to Morriston.Larger multi-storey car parks are needed & some sort of system introduced to help find a parking space.Although she arrived over half an hour before an appointment last year, the only space a friend could find was reserved for disabled visitors.As she had waited for 6 months for her appointment she risked parking in that bay. Knowing of this, when I attended for an appointment last week, I arrived by 8.30am for a 10.30am appointment (which ran an hour late).It was a good job I got there so early as by 9.45am I could not see any empty spaces left in the car park I was in.It was impracticable for me to travel by bus.	We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Disagree	ABM	THESE SERVICES SHOULD BE DONE LOCALLY SO PEOPLE DO NOT HAVE TO KEEP TRAVELLING LONG DISTANCES FOR TREATMENT WHILST BEING ILL AND FAMILY MEMBERS CANNOT ALWAYS VISIT, WHICH I TURN WILL NOT HELP THE PATIENTS.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	This proposal will inevitably put patients under financial stress e.g. Cost of transport, taking time off work.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Though Cardiff is the capital city with all the amenities that go with that, Swansea is probably more centrally located between west and east of South Wales.Also there is motorway access from the east but only motorway part of the way from the west.	The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	C&V	transport	The NHS provides a Non-Emergency Patient Transport service delivered by the Welsh Ambulance Service Trust. Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they currently do. We have already met with WAST to discuss this and have arranged to meet with them again, if the decision is to locate a single centre at Morriston. We will then carry out more detailed planning and ensure that we can meet the increased needs this service change will cause.  While the distance to the thoracic surgery centre will increase for some people, it is important to stress that only the location of the surgery and the assessment before the operation will change. The rest of the service will remain unchanged. For example, patients will still see their local chest specialist and have their diagnostic tests at the same hospital where they would currently.  Again, as commissioners it is our intention that in developing this new service we can improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally. We have included this in our Service Specification (a document which describes exactly what we expect from a service).

Disagree	C&V	Travel in south Wales is getting worse. This will add to it.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	Travel times and cost should be re-evaluated with full consideration of the numbers of the population expected to travel and how far; this should include reference to public transport timetables.The estimates given are based on travel time only and not on the real practicalities which people using Public Transport will have to face.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	C&V	UHW is 8 miles form CF63, Morrisdton is 50 miles away.The majority of Cardiff residentd live even further away form Morriston	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	NA	Will need improved parking facilities	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>

Key Theme: Implementation & Improvement

Responses which highlighted areas for improvement or issues which would relate to implementation of the Independent Panel’s recommendation was the single largest key theme. To further understand what was considered important within this key theme the table below quantifies the sub themes identified in the responses.

Implementation & Improvement cited by 448 respondents	Sub Theme Identified	n.
	Ensuring a high quality service	257
	Quality of the existing service at a particular site	68
	Impact on other services	51
	Physical capacity of a particular site	48
	Opportunities from a single centre	46
	Care closer to home	29



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Agree	HD	best placed in Swansea Has other tertiary services already Has land for development	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	Morriston has the capacity to expand its ground space	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	HD	UHW is constrained for physical space, has poor road access especially during the daytime and will struggle to meet its remit to become a major trauma centre.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	Neither site has ability to expand easily but Morriston is certainly not superior in this regard and current capacity is much higher in cardiff , taking patients from and more patients are cancelled and referred to Cardiff from Morriston regularly. Cardiff already has a PET scanner which is necessary for staging and far better organised and larger capacity pre - op assessment unit with availability of CPEX.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	HD	Opportunities on the Morriston site to expand and develop new services.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	AB	cardiff has an excellent record in treating thoracic surgical cases both in terms of number & result.why change?	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Neither agree nor disagree	C&V	I do agree that if its moved to one central place then the expertise of consultants and surgeons would be under one roof.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	NA	if all patients were all together then all the staff would be together rather than split up which can only be good surely?	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.



Agree	ABM	Morrison Hospital has an excellent reputation.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	NA	Reduce impact on ICU/HDU at UHW	the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	ABM	! The decision itself defies logic as the Cardiff unit has better outcomes a	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	. Another thing in Morrissions favour is the fact that it has the scope needed for expansion, where as UHW is terribly confined and has no room left to expand. U	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	. There is probably more opportunitis for physical site expansion in Morrison	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	HD	. Cardiff all ready has the brain// and heart department and at times look over worked..	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	. UHW service in this area is excellent and all the other services are already available on site it	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	C&V	As long as transport links are improved and local pre and post care is localised a centre of excellence seems appropriate.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	HD	Morrison has more space for development.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.

Agree	NA	Reduce impact on ICU/HDU at UHW	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	There is a already factilies like a heliport and Morriston have some of the best surgical and medical staff available in this field .	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	ABM	y and will mean that a larger group of surgeons can work together providing a more robust, safer and more efficient service.	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.</p>
Disagree	C&V	, it is not just the availability of a competent thoracic surgeon that is important, but specialist anaesthetists and theatre staff	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	C&V	. Why are you moving a Surgical centre instead of improving the pathway by improving access?	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>

Disagree	C&V	<p>.....</p> <p>3) Would the waiting list not increase by having just one centre.</p> <p>4) Would a new unit have to be built at Morriston, if so how long would this take and would the capacity be that of both the current sites and not reduced</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.</p>
Disagree	C&V	<p>..... In addition the only PICU is in Cardiff and these children would therefore need treating in Cardiff</p>	<p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Disagree	C&V	<p>.....fragmentation of the care of acute and elective patients from trauma, cardiac and all other services</p>	<p>The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.</p>
Agree	ABM	<p>• I agree that Thoracic surgery would be better placed at Morriston hospital to cover the South Wales area and by doing so the level of expertise will be better by concentration in the one area.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Disagree	C&V	<p>1. Major trauma centre</p> <p>2. Complex surgery with head and neck/endocrine surgery</p>	<p>The Independent Panel discussed the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery.</p> <p>They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon and that the pathways developed through the implementation process would be critically important in ensuring that access to thoracic surgical expertise was available for all hospitals in south Wales.</p> <p>Not only did the Independent Panel look at clinical services but they also considered academic links and opportunities within the 2 sites.</p> <p>The consultation, however, has highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites and therefore, if the recommendation of a single site at Morriston Hospital is accepted, it is proposed that a thoracic surgeon should be routinely available on-site. Also the feedback from this consultation process should be used to help inform the implementation plan for the new service.</p>
Agree	C&V	<p>1.It will be far more successful to fill Thoracic Surgeon posts at one main centre near a city, than to fill numerous vacancies in many 'out of the way' hospitals.</p> <p>2. It will be easier to achieve a Centre of Excellence situation with more full time Surgeons/Consultants in one hospital.</p> <p>3. More specialist equipment can be situated in one venue, rather than many/less pieces of equipment in many different hospitals.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>

Disagree	AB	<p>9. Loss of thoracic surgical services from CVUHB that delivers a quality of care that is amongst the best in the UK. Innovative treatment delivered include a number of Lung Resections that are performed by way of ?key hole surgery? are amongst the highest in the UK. In addition novel methods of chest wall deformity and less invasive methods of lung volume reduction surgery for severe, disabling emphysematous lung disease have been developed in CVUHB offering patients state of the art treatment of several lung conditions..</p> <p>CVUHB as outlined in a recent national audit presented at a recent meeting of The Association for Cardiothoracic Anaesthesia has the lowest rate of post operative respiratory failure among the 17 contributing centres.</p> <p>We should be building on our past success and continue to develop the state of the art thoracic surgical services within CVUHB</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	C&V	<p>A specialist unit should eventually provide a higher quality service. It may be difficult to set up to encourage staff to move and provide the necessary facilities. In the long run a centre of excellence has more chance of attracting the best staff in that specialism.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	ABM	<p>After seeing first hand the amazing work these people do it should definitely remain in morriston</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Disagree	C&V	<p>All joint tertiary centre operations requiring thoracic input would not be able to be done at the major hospital of South Wales. Also, with no thoracic consultants in Cardiff, no joint paediatric / thoracic work would be able to take place and foreign bodies needing to be removed in paediatric patients who are under ENT will be unable to have an open thoracic procedure if the object can't be removed endoscopically. Without this option available in Swansea due to no PICU beds, all such cases will need to be transferred out of Wales - madness!</p>	<p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	abm	<p>Already an established service with excellent communication links</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	ABM	<p>Already has an excellent record. I agree it could become a UK centre of excellence. This would enhance research &amp; development as well as patient safety.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>

Disagree	NA	<p>An additional area of concern centres around maintaining and developing specialist skills of the general anaesthetists so they are able to support the airway of a complex trauma patient if they have had limited exposure to Thoracic surgery cases on a regular basis. This is a recognised clinical issue and has resulted in difficulties in other centres with a similar two sites arrangement, for example Bristol. How can you guarantee provision of prompt surgical treatment for patients with benign acute thoracic pathology for example: empyemas, pneumothoraces and haemothoraces?</p> <p>Currently CAVUHB Thoracic Surgery performs 650 operations/year/1.2 million population whilst ABMU Thoracic Surgery 400operations/year/800.000 population. Having understood that there will NOT be a new building to accommodate additional bed space, ITU/HDU support and theatre session availability, you will not be able to guarantee a continuing quality service that will handle over a 1000 operations a year with an expected 20% increase in workload.</p> <p>Considering surgical bed spaces are already at premium for all the health boards it is unlikely that Morriston hospital will be able to overcome this and go on to provide nearly 3 times the current activity.</p> <p>Thoracic surgeons are frequently involved in the management of complicated pathology which require collaboration with other surgical teams, for example upper gastrointestinal surgery, ENT, spinal surgery and cardiac surgery. How will you ensure that patients are safely managed in a timely fashion when the thoracic team will not be on site to partake in joint surgical procedures?</p> <p>Without substantial investment in creating a robust coordinating team who will guarantee rapid and efficient patient movement between sites, you will fail Cardiff and Vale patients who need dual surgical input which includes Thoracic surgical skills.</p> <p>4) The Welsh Cystic Fibrosis Unit, which cares for adult cystic fibrosis patients from Wales and the South West of England, is based within Cardiff and Vale UHB. This is a well established unit with very specialist skills and very close life-long patient-clinician relationships. The CF Unit requires regular thoracic surgery input and moving this to Morriston will compromise the high level cystic fibrosis specialist care patients will receive.</p> <p>7) Improving supporting services: Having attended the Consultation at UHW, and realised that the concerns on the current provision of care for cancer patients is driving this move; it is clear that the focus is wrong. From the consultation, I understand that patients within South West Wales are waiting longer for diagnostic and definitive procedures however, the delay has been shown to be as a result in the capacity of respiratory care services in this region who are the team that refer cancer patients on to thoracic services. Investment into improving access to and increasing capacity within respiratory services should be the focus if you really are trying to improve access to thoracic surgical services within cancer patients.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
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Agree	abm	As a former patient on the thoracic ward myself, I cannot speak highly enough of the care and the way I was looked after.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	AB	As the bigger, more successful unit, upsizing would be more straightforward, and we have a larger group of senior staff to train new staff. Recruitment is also less of an issue in UHW.  Swansea does not have a building to move into, so building Extra accommodation is an issue for both. The current suggestion for Thoracics to move into Plastics and for Plastics to have a purpose built unit is insulting.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	Be the centre of excellence	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	abm	Being a thoracic patient I understand how a centre of excellence based in Morriston would benefit the patients, region and hosptial staff	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	HD	Better for all of S Wales	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	HD	Better to have one centre - will facilitate good quality recruitment and retention.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	C&V	Bring waiting list hopefully right down	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	Cardiff and Vale UHB and UHW host specialist services including major trauma and other surgical specialities and interventional radiology. The plan to move the cardiothoracic surgical services does not take in to account the integration of specialist services in one centre as it is imperative there will many patients who would need a an collaborative approach of the Multi-disciplinary teams to provide effective clinical care.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	centralisation improves quality and use of resources. UHW has no capacity to expand	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	NA	Centralisation of the service between the west and the east of south and mid Wales.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	C&V	Centralize service and it reduces problems	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.

Agree	PT	Centre of excellence is right in my view for patients with these conditions – a centre would give them the best care and best chances of recovery	The thoracic surgery Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the CHCs and charitable organisations considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations.
Agree	HD	Centre of excellence. High concentration of skills in one place. Recommended bu Independnet Panel	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Disagree	C&V	Co-location with the MTC is important. Most trauma is vehicle related and chest and head trauma often co-exist. It would be difficult to provide good care for both without the 2 services being on site together (neurosurgery and cardiothoracic). From a paediatric perspective this site also houses paed critical care where trauma patients will be managed. Paediatric cardiothoracic surgery is regularly managed jointly by paed surgeons with cardiothoracic surgeons, their skills complementing each other. This is at risk with loss of local cardiothoracic services, so children would inevitably receive a lower standard of care. From a training perspective, CT surgeons would not be part of the multi-disciplinary approach to major trauma and will miss out on the interactions whereby different treatments are carried out simultaneously or consecutively.	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
	C&V	Complex ENT and major GI surgery requires thoracic surgery backup. In fact any complex surgery (including pediatrics and obstetrics) will occasionally require thoracic surgery-how will these patients be safely transferred? Anaesthesia is the largest specialty-there has been no discussion as to how services will be provided if thoracic moves to Swansea. Cardiff is supposed to be a tertiary referral unit -how would this be possible without thoracic surgery?	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Dangerous Illogical	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.



Disagree	C&V	Doesn't make sense to have a major trauma centre without thoracics available. Doesn't make sense to move thoracics away from a unit where it is clearly working extremely effectively to a smaller hospital. Almost all staff at uhw believe this is a shockingly poor idea and I feel like the plans are being made by people who do not truly understand how often patients need thoracic interventions after major trauma and also need multiple follow up procedures of multiple specialities such as neuro and thoracics which wouldn't be possible to have the patients best interest if we lack the ability to perform thoracics surgery.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Geographical location, specialist department with appropriate surgeons and MDT already in place. Helipad for air ambulance access. Excellent teaching for health care students.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Good service already being provided	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	HD	Having just spent 2 weeks plus on the burns unit ward at Morriston I have no doubt in my mind that they would bwelcome like the burns unit a Thoracic centre of excellence.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	C&V	Having this special surgery centred in one hospital giving speedy service to those in need.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.

	NA	<p>Having worked as a Thoracic Surgical Registrar in both units during my training, I feel a deep affection for both.</p> <p>However, I would argue that Cardiff is the busier Thoracic unit and by virtue of its ties to units in Bristol and Birmingham, has better connections and does more complex procedures. It is also well placed for being the major trauma centre and I know that trauma work is very much a part of the workload in Cardiff.</p> <p>The Cardiff Enhanced Recovery Programme is established and the team work hard to achieve this.</p> <p>With the right investment, Cardiff could expand and facilitate a ?super-unit?.</p> <p>Swansea, despite being accessible to the west Wales, a HEMS trauma transfer to Cardiff would take less time than by road.</p> <p>OPD clinics could still be held in Swansea as well as MDTs there.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Disagree	NA	<p>Having worked as a Thoracic Surgical Registrar in both units during my training, I feel a deep affection for both. However, I would argue that Cardiff is the busier Thoracic unit and by virtue of its ties to units in Bristol and Birmingham, has better connections and does more complex procedures. It is also well placed for being the major trauma centre and I know that trauma work is very much a part of the workload in Cardiff.</p> <p>The Cardiff Enhanced Recovery Programme is established and the team work hard to achieve this.</p> <p>With the right investment, Cardiff could expand and facilitate a ?super-unit?.</p> <p>Swansea, despite being accessible to the west Wales, a HEMS trauma transfer to Cardiff would take less time than by road.</p> <p>OPD clinics could still be held in Swansea as well as MDTs there.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	ABM	<p>I agree that Thoracic surgery would be better placed centrally at Morriston hospital to cover the south Wales area, and by doing so the level of expertise will be better by the concentration in the one area,</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Disagree	NA	<p>I agree with the rationale for a single site Thoracic Surgery Centre but disagree with choice of Morriston Hospital for the following reasons:</p> <p>1. The greatest number of people affected are from SE Wales. This also has the greatest density of social deprivation and so the highest incidence of cancer and within communities that are most likley to be affected by increased travel times. Consequently, it is inaapropraite to compare the impact for a few, probably less than 10 per year, patients from higher social groups in Cardiganshire with the greater numbers in SE Wales. In a country that has one of the lowest survival rates in Europe for cancer, this is likley to make it harder to improve this due to disregard of human factors.</p> <p>2. The only Paediatric ICU in Wales is at UHW. Any paediatric throacic surgery in Wales will be compromised as a consequence of the move.</p> <p>3. Due to higher population density and prevalence of respiratory disease the number of patients requiring urgent inpatient transfer for inpatient thoracic surgery will be greater than if the service was located in cardiff. This additional hurdle will adversely affect outcomes for conditions such as pneumothorax and thoracic sepsis, such as empyema. It will be harder to get timely surgical intervention. There will also be a pressure to repatriate patients which means that surgical complications are left for non-surgical centres to manage. The effect of this will be greater in SE Wales due to the higher population density.</p> <p>4. It is acknowledged in the consultation document that investment will be required to ensure Morriston has sufficient capacity, whilst the main constraint identified against UHW was lack of capacity currently. All other markers relating to the quality of the service would favour UHW. Therefore it is my view that the investment required over and above that needed for Morriston should be made explicit and public.</p>	<p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	ABM	<p>I agree with the specialist advice of the independent panel. There is a financial saving along with boosting services currently offered a MH.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p>

Agree	HD	I agree with your statement on South and West Wales and South Powy's need. Also with the new building at Morriston Hospital it should hold better technical and advanced equipment in helping patients	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Agree	NA	<p>I am responding on behalf of my constituents to the public consultation on centralising thoracic surgery at Morriston Hospital.</p> <p>I warmly welcome the recommendation that a single Adult Thoracic Surgery Centre should be located at Morriston Hospital in Swansea, serving patients from South East Wales, West Wales and South Powys.</p> <p>This is an exciting recommendation. If it gets the go-ahead, Morriston would be one of the largest thoracic surgery centres in the UK, offering the best support and care for patients, and putting Swansea on the map for this kind of expertise.</p> <p>This centralising of thoracic surgery at Morriston Hospital will assist in providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term.</p> <p>The quality of the workforce and the site at Morriston is second to none. This transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.</p> <p>I am responding on behalf of my constituents to the public consultation on centralising thoracic surgery at Morriston Hospital.</p> <p>I warmly welcome the recommendation that a single Adult Thoracic Surgery Centre should be located at Morriston Hospital in Swansea, serving patients from South East Wales, West Wales and South Powys.</p> <p>This is an exciting recommendation. If it gets the go-ahead, Morriston would be one of the largest thoracic surgery centres in the UK, offering the best support and care for patients, and putting Swansea on the map for this kind of expertise.</p> <p>This centralising of thoracic surgery at Morriston Hospital will assist in providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term.</p> <p>The quality of the workforce and the site at Morriston is second to none. This transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	C&V	<p>I currently work at UHW providing care for Thoracic patients however I am about to relocate my employment to Morriston hospital.</p> <p>I live on the M4 corridor and I have found the accessibility to both hospitals the same therefore travelling is not a problem.</p> <p>I also have concerns, as highlighted in the original documents about the new Major trauma centre which is to be placed at UHW and the lack of capacity that this hospital has currently. If we are to centralise Thoracic surgery here as well we would be over loading an already stretched service in terms of infrastructure available - space, staffing, theatre resources.</p>	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	<p>I disagree on both clinical grounds and for our ability to train anaesthetists in thoracic anaesthesia in Wales.</p> <p>Clinical reasons: the thoracic workload generated within Cardiff from major trauma and paediatrics will not be managed effectively unless thoracic surgery is co-located with these two specialist services. The examples given of sites across the UK where thoracics, paediatrics and major trauma are not co-located, are still remarkably close and nowhere near the 53 miles which separate Cardiff &amp; Swansea hospitals. The inter-hospital transfers that will be required impacts on an already over-stretched emergency retrieval &amp; anaesthesia service in Cardiff.</p> <p>The anaesthetic service has a significant workload from rib fracture trauma; in the last 12 months (Aug 2017-2018) 23 thoracic epidurals &amp; 2 paravertebral infusions have been performed to provide analgesia &amp; avoid critical care admission, with daily input of hours &amp; hours of care from the acute pain nurse specialist team - has this been factored into the service design in Swansea? These patients are admitted &amp; cared for under thoracic surgical Consultants - all these patients will need to be transferred to Swansea for care to match the current model, with an additional inter-hospital transfer workload.</p> <p>Training reasons: The anaesthetic curriculum required competencies to be developed in thoracic anaesthesia at ST3/4 &amp; repeated at ST5/6/7 level. Cardiff currently provided &gt;80% of thoracic anaesthesia training. There will need to be a complete training programme re-design, which is not straightforward at all, if the services are restructured to meet their curricular needs. This will lead to delayed CCTs &amp; additional training costs.</p>	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	I do not know cost of place of excellence _____ building or theatres, waiting areas an office etc for existing hospital is teaching? Surgeons leaving country after qualifying has to stop. Just for starters.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.

Disagree	C&V	I do not think that the main teaching hospital in the CAPITAL of Wales will be without ab adult thoracic surgery centre	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	HD	I feel it would be better to have everything under the same roof	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Neither agree nor disagree	C&V	I fully agree that the service should be provided at one site. Patients have to travel anyway, so it's a matter of where to. It seems from the service spec that the service provided in Cardiff is more advanced in terms of pre-operative clinic and post-op follow-up. Would patients and where would they have a pre-op assessment if the service is being delivered from Swansea? who has the greatest waiting list for cardiothoracic surgery and which center is currently more effective at managing the lists? will Swansea have the capacity to continue with safe delivery of cardiac surgery?? On the surface it seems that the decision to award thoracic surgery to Swansea was to soften the blow for the major trauma centre coming to Cardiff, although however, I appreciate from the consultation brief that Swansea have more capacity to build and develop their infrastructure to support the delivery of thoracic surgery	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	I gather that it has been suggested that the Cardiothoracic Unit be moved from Cardiff to Swansea. I believe that this would be a retrograde step as the present unit is functioning very well, delivering a first class service. Furthermore the PET scanner is located in Cardiff which is important in the investigation of certain cardiac patients. It would be impractical to ferry patients between the two cities for scanning before surgery and it is quite impractical to duplicate the equipment in Swansea in view of the financial constraints under which the whole NHS is now working.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	C&V	I have been working in UHW since 2004. It has always been a building site. I feel this site does not have any capacity to expand. Infrastructure (for example- lifts, Car parks, congestion in the approach roads during peak hours, lack of train connection) maintenance is poor. Our rotas (so called middle grade rotas or even consultant rotas) are rarely full. There is always a lag of several, several, months in filling up a post after a doctor leaves with due notice and rota constantly maintained with internal and external locums and posts are left vacant. We are unable to find beds for patients to get admitted with confidence. Cancellations of operations for those admitted is also a constant happening.  Unless these issues are addressed and work culture changes in human resources and line managers responsible for maintaining rotas and in retaining staff it is not wise to expect extra workload will somehow be delivered by the same persons and systems and a ? world class? facility will be established. Extra work should not come because it is capital and it is Cardiff.	This was considered by the Independent Panel and they took the view there were more physical constraints at UHW.

Agree	ABM	<p>I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston site would be excellent for the population of South Wales and would allow improved cover arrangements for each of the lung cancer MDTs, an expansion of the non-cancer workload and subspecialisation (including joint endo-bronchial therapies with the Respiratory Physicians)</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	<p>I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston site would be excellent for the population of South Wales and would allow improved cover arrangements for each of the lung cancer MDTs, an expansion of the non-cancer workload and subspecialisation (including joint endo-bronchial therapies with the Respiratory Physicians)</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us</p>
Agree	ABM	<p>I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston site would be excellent for the population of South Wales and would allow improved cover arrangements for each of the lung cancer MDTs, an expansion of the non-cancer workload and subspecialisation (including joint endo-bronchial therapies with the Respiratory Physicians)</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	<p>I now from recent experience that Morriston ABMU has made huge strides in thoracic care service underpinned with sound research.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>

Agree	ABM	I think Morriston Hospital serves Swansea and South West Wales far better than anywhere else. .... there is an excellent hospital at Morriston.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	AB	I think Swansea is too far for people to travel from the more Easterly parts of the geographical area. People with lung & chest problems are likely to suffer fatigue & a journey of this distance may put them off having surgery and could therefore impact on their future wellbeing	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Disagree	C&V	I think the practical and financial burden on moving the service far outweighs the theoretical benefit to be achieved by merging two centres into one.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	C&V	Improved outcomes for patients	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	Insane decision to close a highly successful unit! 1. Better outcomes than Swansea 2. Treats more patients than Swansea	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	C&V	Is funding readily available?	A number of respondents emphasised the issue of adequately resourcing the new unit or the need to ensure funding for any building work or new equipment. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	PT	It has professional nurses to care for patients at their sickest following thoracic surgery carried out by the best surgeons.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	ABM	It is A major NHS trust covering the highest demographic in need of this kindof service	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Neither agree nor disagree	AB	It is agreed in principle that there should be one centre as this keeps the specialty in one area and allows for the development of a Centre of Excellence. Research suggests that this produces better outcomes and as an organisation, we would support the development of safe, high quality services for patients. However, it should be noted that many of the drivers towards a single centre are based on the current situational difficulties and the unsustainability of the two centres, rather than be being entirely focused on what is best for patients. The proposal to centralise the service appears to go against the notion of 'care closer to home' as many patients will be required to travel further to the centre. However, if the model referred to within the consultation document is implemented; allowing for pre-surgery and post-surgery outpatient appointments to be attended within a clinic in the patients' resident health board, then patients will receive the majority of their care closer to home. With this care being co-ordinated by the single centre, there should also be a more equitable service provided to patients across south Wales and south Powys.	If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Agree	HD	It is better for staff and patients to have a specialist unit.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	HD	It is leading the way in terms of striving to improve and is giving the best care on offer in wales. the WORK OVER THE LAST 10 YEARS THAT MEMBERS OIF STAFF HAVE PUT IN TO GET IT TO THIS LEVEL SHOULD NOT be wasted, the thoracic prehab has been fantastic	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	It should be in one specialised hospital	The thoracic surgery Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the CHCs and charitable organisations considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations.

Agree	HD	<p>It's central to everyone in south Wales and having one centre for excellence will be better than spreading out the specialists</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	ABM	<p>It's important that there is a thoracic unit on the Morriston site to help support the ENT and Head and Neck department in managing complex benign and malignant upper airway/tracheal cases especially those requiring laryngo-tracheal resection and reconstruction.</p> <p>The thoracic surgeons also help and advise in the management of thoracic complications arising from resection of head and neck malignancies .</p> <p>They have been called upon at very short notice and urgently to assist in the removal of trachea bronchial foreign bodies that can't be removed via endoscopy and need an open approach.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	C&V	<p>Joint neuro /spinal thoracic work ? wont take place in Cardiff</p> <p>Joint vascular /spinal thoracic work ? wont take place in Cardiff</p> <p>Joint complex upper GI/spinal thoracic work ? wont have thoracic anaesthetic expertise available</p> <p>Joint Paediatric / thoracic work ? wont take place in Cardiff</p> <p>Paeds Foreign bodies under ENT wont be able to have an open thoracic procedure if the object cant be removed endoscopically</p> <p>All the chest drains bleeding complications and complications of pneumonia in ITU etc would need to be transferred to Swansea ? somebody would have to do the transfers</p> <p>Fracture rib repairs to Swansea</p> <p>Cardiac Anaesthetists in the future would not do Thoracics in Cardiff ? may cause recruitment problems</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	<p>Larger units provide better for better standards and choosing morriston makes sense since major trauma will be in cardiff, both such specialities place stress on Icu</p>	<p>the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>



Agree	ABM	Major investment of money and time has already established this service on this site, with recent service development to support prehabilitation for this cohort of patients. I believe it would irresponsible use of public money to re-route this well functioning service to Cardiff.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Many thanks for the consultation document. Sounds like a good idea to centralise services in Morriston. Best Wishes Hugh.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	Morriston already has high quality surgical expertise.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	Morriston has much more scope for expansion than UHW.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	Morriston has provided Thoracic surgery for this area for many years and the staff have a great deal of knowledge and expertise	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	HD	<p>Morriston Hospital has been built up over recent years to be a modern and efficiently operating site. It's location in Swansea within reasonable distance of good transport links puts it in an ideal position to service the needs of the people of South Wales. Whilst not of primary importance to this debate, car parking facilities and visitor facilities have been greatly improved, giving both the right impression of good quality care as you enter the building (providing reassurance) and also cater for patient visitors whose own wellbeing is very important in supporting patient recovery.</p> <p>In Summary, with the quality of staff I have encountered at Morriston and the excellent facilities, Morriston is ideally and strategically placed to deliver this important service.</p>	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Disagree	NA	Morrison is not equipped and doesn't have the right post op care- this move will also leave other centres without the correct facilities e.g. consultants. It is a disgrace.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	MOVING FROM A LARGER UNIT TO A SMALLER ON. 650 CASES CARRIED OUT IN UHW, 420 IN MORRISTON. ALREADY DIFFICULTIES IN MORRISTON HOSPITALS WITH STAFFING AND SPACE. MOVING FROM A COHESIVE UNIT WHERE ALL STAFF FEEL SUPPORTED TO A UNIT WHERE STAFF RELATIONS ARE POOR. WILL IMPACT ON PATIENT OUTCOMES. STATED IN THE RCS REVIEW. ST GEORGES IN THE NEWS, FEUDING SURGEONS AFFECTING PATIENT OUTCOMES NOT COST EFFECTIVE. RCS REPORT.UHW WAS CONSIDERED THE SITE THAT WOULD REQUIRE THE LEAST WORK TO ESTABLISH THIS SERVICE. LESS COST, MORE FACILITIES. RCS REPORT STATESTHAT SCANS ARE BETTER PLACED IN UHW.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Much better parking and lots of investment has gone into updating Morrison hospital.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
agree	NA	My husband has just had Thoracic Surgery at Morrison Hospital, Swansea. This was a very positive experience from the start with consultations in Singleton Hospital and Morrison both in Swansea. The scan in Heath Hospital, Cardiff being the most traumatic. We both found it too big, very difficult to find, parking and then the trek to the actual hospital and then the unit was a nightmare. I was exhausted and I didn't have lung cancer like my husband. If it becomes even bigger and more important it will become even less human.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	In addition,although this consultation only talks about adult surgery, the thoracic surgeons have occasionally been involved in the management of paediatric patients,either independantly or alongside the general paediatric surgeons. If we had a paediatric thoracic trauma admitted then a thoracic surgeon may very well be needed to help manage the case alongside the paediatric general surgeon.	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Agree	C&V	One big centre means a better service for people	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.  In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.

Agree	abm	One centre of excellence would provide the highest standard of care more economically than two.	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Disagree	C&V	Other subspecialties in the UHB will not be supported by thoracic expertise. Main concern is if the MTC is at UHW and we cannot manage thoracic injuries. Also concerned about losing support for complex upper GI, spinal and vascular cases.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p> <p>A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	Patient needs	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	ABM	<p>Please tell us why.</p> <p>The main reasons are to support and stabilise thoracic surgery services in South West Wales. Indirectly it also supports the current cardiac services in Morriston which in turn support cardiology services at Morriston.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>

Agree	abm	Protection from major trauma centre activity. Ability to deliver expanded service (site expansion)	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	SKILL MIX, Population served in terms of concentration in South east Wales, needs of trauma also more in SE wales, presence of the rest of the tertiary services, neuro surgery etc	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us
Agree	ABM	So that the expertise can be provided in one large unit .this will help develop good practice and excellence and I can only see a benefit in having all main experts in this field in one area .	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Agree	CT	Strongly agree. The Morriston thoracic team is cohesive and well functioning with excellent outcomes and good working relationships with colleagues.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	C&V	Surgery currently taking place at Cardiff is less invasive with shorter length of hospital stays. Surely a better financial position for the welsh nhs	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. A number of respondents emphasised the issue of adequately resourcing the new unit or the need to ensure funding for any building work or new equipment. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	That is the finding of the independent panel. They are experts in this field and their decision should be upheld	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	The central location across South Wales and the thoracic prehabilitaion service run by the physiotherapy team which offers the option for patients to become fitter for their upcoming journeys	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	CT	The main pressure on services will be on critical care, rather than the need from major trauma (very few trauma patients will require thoracic surgery). Morriston critical care department appears to be in better position to deliver this increased demand - I struggle to see how UHW would cope with the extra workload.	the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	<p>The process of decison has not included the effects on a number of different services and did not have the individuals on the panel who would have been aware of those differing interdependencies</p> <p>For example - thoracic surgical and Anaesthetic expertise is required at Cardiff to perform joint cases in neurosuregy - spinal thoracic tumours - this also includes Orthopaedic thoracic tumours.</p> <p>Another specialty affected will be Thoracic vascular patients - aneurysmal repairs</p> <p>Plus Foreign body removal with ENT procedures with no option to proceed to open thoracic removal</p> <p>Plus the children operatied on Cariff as joint procedures with paeds and thoracics</p> <p>Then - specifically about Anaesthetic services being affected in a tertiary unit -what was the Anaesthetic input into the committee - Anaesthetic Thoracic input is required in the Upper GI surgery cases which are too difficult to proceed under conventional double lumen anaesthesia - Swansea are not the regional centre for upper GI workload and some patients will require thoracic Anaesthetic techniques which only cardiothoracic Anaesthetists perform enough to maintain their skills - these techniques are required within minutes -it can not be palnned electively.</p> <p>if these other specialty considerations have not been taken into account then I think any conclusions are unsafe.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p> <p>A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change.</p> <p>If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre.</p> <p>Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>

Agree	ABM	<p>The proposal to centralise thoracic surgery services to a single site addresses the issues which arise from the inability of separate sites to develop capacity to properly serve the population needing thoracic surgery. I a single site, all funding for this service will allow for expansion of existing capacity, reduction in duplicated facilities and improvement in clinical care in a centre of excellence which has critical mass, in a way in which a small unit cannot. Centralisation also means that a robust system for out of hours cover for urgent and emergency cases can be run by a larger body of staff, which is currently inadequately provided by small numbers of staff on separate sites.</p> <p>Morrison Hospital is best placed for the developments as outlined above because it has:</p> <ol style="list-style-type: none"> <li>1. Extensive space on the hospital site for facilities development, which is not the case at the University Hospital of Wales</li> <li>2. Potential direct motorway access to the entire M4 corridor and major routes connecting West and Mid-Wales.</li> <li>3. Existing ward, operating theatre and critical care bed facilities already identified by ABMU LHB to allow for expansion of the service.</li> <li>4. An existing compliment of medical and nursing staff with expertise in thoracic surgery, working alongside cardiac surgery, trauma surgery, respiratory medicine, oncology and diagnostic imaging services, already providing a service to patients comparable in size, case-mix and throughput to the service at the University Hospital of Wales.</li> </ol>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	ABM	<p>The provision of a centre of excellence in this region would benefit the whole of South Wales and Powys. Locally this service would provide an opportunity to further educate healthcare professionals to deliver high quality care and focus patients on the need to adopt healthier lifestyles.</p> <p>This is a fantastic opportunity for the nhs trust and local health board.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	HD	<p>The service which is currently provided at morrison is excellent and would bring desoerately needed investment and expansion of the service</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. A number of respondents emphasised the issue of adequately resourcing the new unit or the need to ensure funding for any building work or new equipment. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.</p>
Disagree	C&V	<p>The statement 'Wales has the poorest survival in Europe for lung cancer' may be correct but it is important to mention that England and Scotland have exactly the same survival and are in exactly the same position when compared with other European countries.</p> <p>Cardiff Vale has a lower post surgical mortality rate compared to the English national average. 80% of procedures are done using the VATS procedure making UHW one of the top UK centres for this procedure.</p> <p>The excellence of the team at UHW has taken many years to achieve and with the current issues of recruiting the specialist nurses and Doctors it is unlikely that Morrison can recreate the same level of excellence.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Disagree	C&V	<p>The statement; Wales has the poorest survival in Europe may be correct however it is important to mentioned that England and Scotland have exactly the same survival and are in exactly the same position comparing to Europe (Lung cancer UK)</p> <p>UHW has higher resection rate and lower mortality compering to English average</p> <p>With 80% minimal invasive proceduresUHW Thotacic is one of the top UK centre</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>

Disagree	AB	The thoracic centre in Cardiff is already up and running with completing minimally invasive - early recovery after surgery protocols. The staff are already up to scratch with caring for these patients. I feel that it is much more realistic and appropriate to choose Cardiff as the most suitable location - it will easily allow for a safe and smooth transfer of patient care.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	HD	The thoracic service In Morriston is first class	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	The University Hospital of Wales, in Cardiff, already has a fantastic thoracic surgery unit with top surgeons who are able to perform complex procedures, some of which are not performed at Morriston.  I believe that overall, the University Hospital of Wales Cardiff is better set up and equipped to have the Welsh thoracic surgical centre to provide the best possible care to patients within Wales.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	C&V	There are more support services in UHW than in Swansea	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	There are multiple reasons why this will not assist the health the nation. Quality of care: not having thoracic surgery in Cardiff will mean that the aim of having a major trauma unit in Cardiff will be pointless Rib fractures-will all rib fracture patients go to Swansea? Cardiac surgery will continue in Cardiff -the two physiological systems are connected Complex ENT and major GI surgery requires thoracic surgery backup. In fact any complex surgery (including pediatrics and obstetrics) will occasionally require thoracic surgery-how will these patients be safely transferred? Recruitment surgical anaesthetic and nursing: Thoracic surgery without cardiac surgery is undoubtedly a recruitment problem and will only increase Education: where will the appropriately trained workers be trained and how will they be trained. Anaesthesia is the largest specialty-there has been no discussion as to how services will be provided if thoracic moves to Swansea Cardiff is supposed to be a tertiary referral unit -how would this be possible without thoracic surgery?	The Independent Panel discussed the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery.  They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon and that the pathways developed through the implementation process would be critically important in ensuring that access to thoracic surgical expertise was available for all hospitals in south Wales.  Not only did the Independent Panel look at clinical services but they also considered academic links and opportunities within the 2 sites.  The consultation, however, has highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites and therefore, if the recommendation of a single site at Morriston Hospital is accepted, it is proposed that a thoracic surgeon should be routinely available on-site. Also the feedback from this consultation process should be used to help inform the implementation plan for the new service.

Neither agree nor disagree	ABM	<p>There are pros and cons to placing the service in Swansea. Unfortunately indications for thoracic surgery are not always independent of other factors. Patients might need surgery for infection, post trauma etc etc. As such it is important that the service is co-located with other relevant services. Currently some of these are in Morriston and others (infectious diseases, trauma) in Cardiff. I think Health care is becoming more complicated and that rather than having some services in Swansea and some in Cardiff all specialist services should be co-located in a super hospital that serves the whole of the South Wales. This would allow for all appropriate resource to be available in the same place and allows for cost savings as well as improved service provision over the long term. In my experience having services in either Swansea or Cardiff means that one service loses out as it is not possible to provide the same level of service when the two services are so far apart. Burns and neurosurgery are good examples of this.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us</p>
Disagree	C&V	<p>There are several reasons -mostly recommended by the RCS team who were asked to provide specialist advice .They stated</p> <p>' It is the view of the team that it makes sense to locate thoracic surgery on the same site as cardiac, trauma and respiratory services.The review team felt that the thoracic surgery service would be best placed at the same site as a major trauma centre.Co-location with the oesophago-gastric cancer surgical team would be appropriate, since complications of such surgery often require the input of the thoracic surgical team.' Since the MTC and GO Surgery are based in Cardiff it would appear to make sense to the RCS advisory group to locate the unit in Cardiff. Thoracic Surgeons should be within 30 mins of the major Trauma centre as recommended by the RCS. Morriston is at least 1 hr away from Cardiff and would mean S Wales patients have the longest wait for an emergency Thoracic Surgical procedure in the UK as no other unit is located at such a distance. Deskillling of staff in Cardiff following removal of Thoracic Surgery service would further risk the safety of Emergency Thoracic trauma procedures .</p> <p>It appears to make no sense to establish the newest MTC in the UK over an hour away from Thoracic Surgery. The RCS review also stated 'It would be appropriate for any site performing thoracic surgery to have appropriate access to equipment such as a PET scanner and EBUS' The PET scanner is in Cardiff. In addition there are no specialist Thoracic Radiologists in Morriston whereas there are in Cardiff The RCS review also noted'University Hospital was considered the site that would require the least work to establish the service,'Furthermore, several aspects of innovative care eg case managers and Surgical techniques already established in Cardiff were highlighted positively by the RCS advisory group. It would take less resource and would therefore be more prudent to have the service in Cardiff .</p> <p>The travel analysis actually indicates that more patients would travel less overall if the service is based in Cardiff. For these reasons it appears Cardiff would be the clear choice for the service and it's difficult to see how the ' Independent Panel' didn't acknowledge this.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	<p>There is a clear need for change to a single thoracic centre, the choice between Cardiff and Swansea was made by an independant board this recommendation shouldbe respected.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p>



Disagree	C&V	<p>There is a close working relationship between thoracic radiological and surgical services in the Cardiff and Vale University Health Board. Good and easily accessible communication between the radiological and surgical services is integral to effective patient management. There is no guarantee that this level of service can be maintained for Cardiff and Vale patients should thoracic surgical services be transferred to Swansea, Liaison between thoracic radiologists and thoracic surgeons forms an important part of an effective multidisciplinary team work. Communication via a video link is a poor substitute for a properly structured local team meeting and this will almost certainly render the dynamics of the Cardiff and Vale lung cancer MDT less effective.</p> <p>The sub-regional interstitial lung disease multidisciplinary team is based in Cardiff &amp; Vale University Health Board. A number of more difficult cases require surgical lung biopsy and liaison between the MDT and thoracic surgeons is an important part of patient workup. This will be more problematic in the absence of a thoracic surgical service in Cardiff and Vale.</p> <p>Thoracic radiologists in the Cardiff and Vale University Health Board perform approximately 150 thoracic biopsies per annum. These include a number of complex and potentially hazardous procedures needing a trained thoracic radiologist. The absence of an on-site thoracic surgical service, providing the necessarily backup in the event of complications, will render the biopsy service even more hazardous and may lead to a reduction or a curtailment of activity.</p> <p>In addition to thoracic biopsies the Cardiff &amp; Vale radiology department provides sub-specialised support with thoracic US, thoracic CT, and dedicated thoracic MRI for the most difficult patients. A careful assessment will need to be made to ensure that this level of care can be guaranteed to patients transferred outside our centre.</p> <p>As Cardiff is the location for the intended South Wales major trauma centre it seems incongruous that there will be no associated thoracic surgical service. Patients suffering multiple trauma often have significant chest injuries and the capacity to deal with these on site should be part of any major trauma service.</p> <p>Serious consideration needs to be given to any potential impact the loss of thoracic surgical services will have on the recruitment and retention of the thoracic radiologists to Cardiff &amp; Vale University Health Board. Compared with similar sized organisations elsewhere in the United Kingdom we are significantly under-resourced in terms of consultant thoracic radiologist sessions. One of only two thoracic radiologists is already semi-retired and careful succession planning will be necessary to ensure the viability of thoracic services in Cardiff. The lack of a thoracic surgery service will make employment in Cardiff &amp; Vale University Health Board less attractive to any aspiring thoracic radiologist.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery.</p> <p>They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	C&V	There is a lack of capacity in Morriston Hopsital to deliver this move.	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>
Agree	ABM	<p>There is already a very well-established therapy service at Morriston, providing 7 day, 24 hour care to patients. This service is evidence-based, having completed research that supports its work. This work includes a very well established prehabilitation and optimisation service of lung cancer patients. Rib fixation of chest trauma patients is also routinely carried out and supported by a therapy team that is very well established and leads the field in chest trauma patient management research.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	HD	There is already an excellent cardiothoracic department located within morriston hospital.	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	HD	There is already an excellent unit at Morriston doing chest and lung surgery on which the centree could be based.	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>

Disagree	CT	There is no childrens hospital/wards at Morriston Hospital	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover.
Agree	HD	There is room for expansion and parking at Morriston for the new Thoracic Centre to be built .	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	There is space for expansion	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Neither agree nor disagree	C&V	There must be one centre of excellence meaning extreme difficulty for patients. Bringing together of of both services on one site will require leadership and management especially in the organisation of assessments, treatment follow up plus whay if there are problems with intensive care beds required? As there are problems at Swansea sccordign to Royal College Experts Report with no cohesion as far As I read in the service are they now capable of having twice the patients and the organisation needed for this? Plus having to work with staff from UHW. New building does not make it fit forpurpose, it is willingness of all staff to change and comply in putting faults right, but they have to recognise those first. Not very professional so far in use of public money in operating delays	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	This is about providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term. The quality of the workforce and the site at Morriston is second to none. The current transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Disagree	C&V	This will have a detrimental impact on the care of emergency and elective patients as C&V is the establised unit and is also becoming the MTC. The skills of the thoracic anaesthetists are required when supporting cases of one lung ventilation which occur in the centralised upper GI surgical cases and in major thoracic trauma. This impact has not been fully considered.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	AB	This will provide a more efficient higher quality service recruitment would be improved.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	HD	This would boost, expand the capacity of specialist services and create a bespoke hub in a hospital that is becoming more of a beacon for excellence for the whole of South Wales. This allows for further development and a chance to market this service as a whole rather than a spilt one . In terms of recruitment and sustainability there is a chance for this new centralized model to be showcased across all health professionals as a developing exciting new opportunity to be part of.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Disagree	C&V	This would mean that thoracic surgery would be distant from both the major trauma centre and tertiary paediatric surgery as well as PICU + tertiary neonatal services	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Agree	NA	Thoracic surgeon in abmu at morriston would be more beneficial to patients	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
	C&V	<p>Thoracic surgery in Cardiff already provides some of the best care in the UK, due in part to the lead thoracic surgeon developing a very modern service. For instance, the majority of lung cancer surgery is carried out using 'keyhole' techniques, so patients recover faster and leave hospital earlier. Compared to the rest of the UK, Cardiff has one of the highest rates of this minimally invasive 'keyhole' surgery.</p> <p>As mentioned by my colleague, Cardiff also has the lowest rate of post-operative respiratory failure following surgery. This is an important outcome measure as respiratory failure after lung resection is associated with a 30% mortality rate. These excellent results are only achieved due to the collaboration and co-operation of the first class thoracic team working at UHW. This team includes the theatre scrub staff, ICU staff, ward nurses, physiotherapists and many more. Such a team will not all move to Swansea, and thus the benefit that has taken many years to achieve will be lost. I therefore strongly believe that it does not make any sense to dismantle such an excellent thoracic service which already provides great</p>	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Disagree	C&V	Thoracic surgery in Cardiff has been able to accommodate requests from the children's hospital in the past. This has been important for cases with thoracic tumours that have needed to be biopsied or other issues (eg VATS for other reasons). Morriston simply cannot take older children/teenagers for this. We will have to send the children out of Wales	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Agree	HD	To provide one centre of excellence and reduce waiting times . Morriston site further as regards travel times etc. Cancellations less likely if better access to ITU beds etc. Also more appointments provided in patients local area is a good idea - pre & post op.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Disagree	C&V	UHW is a tertiary centre. If thoracic surgery is shifted to Morriston it cannot pride itself on excellence or indeed a national for trauma/ oncology or paediatrics. I appreciate that centralizing some services can promote excellence but I cannot see due to geographical distances how relocating can be nothing but detrimental to the South East Wales population	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us
Disagree	C&V	UHW is better equipped	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	C&V	UHW is soon to become a MTC, thoracic surgery services are required for these complex trauma patients on site. Patients with thoracic injury are high risk to transfer and require a full anaesthetist-led transfer service, we are not staffed for this. Many elective and emergency general surgical procedures require support from thoracic anaesthetists with up to date skill sets that the general anaesthetists do not have, with one-lung ventilation and insertion of double lumen tubes or bronchial blockers. It is unacceptable to not have this available on site. The nursing skills required to look after chest injuries, chest drains, pain relieving methods (epidurals and local anaesthetic infusions) are best kept in one place.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Disagree	C&V	UHW is the larger centre with more specialist services which support each other. A major trauma centre and a specialist paediatric hospital needs thoracic surgery support. The Cardiff University and clinical research including cancer research will be weakened if specialist surgery is removed from UHW.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	C&V	UHW may not have the physical capacity on site.	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>
Agree	C&V	We agree with the proposal (on the basis of improving outcomes for patients ) however it should be noted that maintaining contact and support networks with family , friends and local community has a significant postive impact on patient outcomes to actively support .....	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p>
Agree	ABM	<p>We have developed our in-patient and out-patient physiotherapy services for Thoracics over the past 8 years that would now lend readily to the requirements of a centralised unit being at Morriston. Our initiative to deliver preoperative physiotherapy via Prehabilitation and Optimisation has been tested through various studies and we have determined the most efficient delivery service model including a hub and spoke model to peripheral sites across the region during this time. This service is now fully established and well supported by all the Chest Physicians and Thoracic Surgeons across ABM and HDHB that spans across the whole lung cancer pathway.</p> <p>We have also made established links with third sector organisations and work in collaboration with Tenovus Cancer care, utilising their mobile unit to deliver Prehabilitation to patients in their local community. Additionally there is now a seamless referral pathway of patients to Macmillan for further support during oncological treatment.</p> <p>With this well-established ?Hub and Spoke? service model already in place at Morriston, we feel strongly that this can be easily implemented and made available for all patients across the whole of south wales.</p> <p>There is capacity on the Morriston site to expandwith on-going builds.</p> <p>We have our Physiotherapy Consultant Practitioner in Critical Care leading the on-going Chest trauma research and management with her STUMBL trial. She is also a valuable resource for training and assisting with research for physiotherapists within ABMU HB</p> <p>8) We have an already established dedicated team committed to develop the thoracic service and look towards improved management and closer links with acute respiratory teams and GP's.</p>	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>
Neither agree nor disagree	CT	Wherever it was to be based would impact one location more	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p> <p>A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	C&V	Ensure repatriation at earliest possible time so as not to impede patient flow through	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	accommodation for relatives	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Accommodation for families caring for a loved one. Good communication systems so patients experience seamless care. Capacity for the centre to grow in the event that lung surgery demand grows,	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	Non urgent parts of treatment nearer to patients homes.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	<p>We need to consider the capacity at Morriston to make sure that they are able to take this extra responsibility</p> <p>-As proposed it will be essential that the patient will still attend their local respiratory consultant and have their diagnostic tests at the same hospital where they currently go,</p>	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	NA	Also a forward thinking unit who embraces enhanced recovery and does not use HDU for all post-op lung resections (common in Swansea). Organisation of services- having worked in both units, Cardiff does this better.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	NA	As a large regional specialist unit it is also important to consider the implications on continuity of services as a result of possible outbreaks of infection, particularly multi-resistant gram-negative bacteria. There is evidence emerging regarding the vulnerability and risks of regional specialist centres in the spread of infection and also dissemination on discharge to community settings and other health providers. Lessons should be learned from international examples of this having already occurred and what measures have been put in place to minimise this risk. It is advisable that risks around infection or endemic antibiotic resistance are fully considered, with plans in place to ensure the continuity of service if single or multiple areas of the thoracic centre are affected.	This feedback will be used to help inform the implementation plan for the new service.
Agree	NA	Cost	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	HD	<p>Good communication</p> <p>Dedicated management team to lead and supported with clinical experts to shape and future proof the service</p>	The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.

Agree	HD	waiting time to be seen quicker waiting time to have operation	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	CT	Ability to access critical care beds	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	na	Care for older people. Wellbeing of patients - eg can families get to visit them?	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	C&V	communications	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Agree	HD	Facilities for families - even a relatives room with tea & coffee and information would help. You cannot assume that support networks are there - my husband did not have cancer and we were on our own.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	It's unfair to expect patients from West Wales to travel across the country for treatment in an already crammed hospital.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	C&V	less invasive more advanced surgeries	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	HD	reasonable wait for appointments. Excellent care.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
na	PT	there must be the capacity for further development of facilities and expansion of services to meet future patient demand.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	well developed MDTs  Treatment rooms  Physiotherapy rooms  Team work!	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	HD	<p>1 Trained Staff</p> <p>2 Better high dependency care impvoed</p> <p>3 Toilet/washing areas in new wards</p> <p>4 Rehab ward/light meals/exercise routine to take home</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	ABM	<p>1) Patient centred care</p> <p>2) Dedicated team of Specialists with thoracic skills</p> <p>3) Multidisciplinary (MDT) approach to patient care and service development</p> <p>4)Good communication channels and engagement with all stakeholders</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	<p>1. The centre becomes renowned for its standard of care and is able to the attract the most talented surgeons.</p> <p>2. The centre is able to deliver better patients outcomes by utilising state of the art technology.</p> <p>3. Morriston is able to train and develop the next generation of surgeons that deliver high quality care throughout wales and the uk.</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	<p>1. The most important aspect of service delivery is that the centralisation onto a single site must maintain and improve access to surgical services for the people who need it. This means that all people across the whole referral area should have local access to chest physicians and multidisciplinary teams to facilitate rapid diagnosis and preparation for surgery if needed. Patients in areas distant from a single site should not wait longer or have to clear a higher threshold to access services, and if urgent or emergency care is needed, patients should not be disadvantaged by variations within the patient transport infrastructure. After surgery, they should have equal access to follow up, rehabilitation and counselling services close to where they live.</p> <p>2. Centralisation of services must also deliver improvement of services, rather than simply continuing with an 'bare minimum' approach which characterises the separate services at present. This means dedicated facilities for the care of people having thoracic surgery, better staff education and development and the encouragement of the type of research and development typical of a large service.</p>	<p>Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	<p>1. This will complicate the management of trauma patients who has thoracic trauma.</p> <p>2. Anaesthetists and surgeons in Swansea do not have high level of expertise in managing thoracic cases similar to those in Cardiff.</p> <p>3. Moving services to Swansea will interfere with joint neuro /spinal thoracic work.</p> <p>4. Moving services to Swansea will interfere with joint vascular /spinal thoracic work.</p> <p>5. Moving services to Swansea will interfere with joint complex upper GI/spinal thoracic work.</p> <p>6. Moving services to Swansea will interfere with joint Paediatric / Thoracic work.</p> <p>7. Paeds Foreign bodies that can not be removed endoscopically will require open thoracic procedure. These children could die as result if delayed.</p> <p>8. All the chest drains bleeding complications and complications of pneumonia in ITU would need to be transferred to Swansea.</p> <p>9. There is not enough man power to deal with transfers of patients between Cardiff to Swansea.</p> <p>In summary, moving the services to Swansea will negatively impact on patients management and safety.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>



Disagree	NA	<p>1. This will complicate the management of trauma patients who has thoracic trauma.</p> <p>2. Anaesthetists and surgeons in Swansea do not have high level of expertise in managing thoracic cases similar to those in Cardiff.</p> <p>3. Moving services to Swansea will interfere with joint neuro /spinal thoracic work.</p> <p>4. Moving services to Swansea will interfere with joint vascular /spinal thoracic work.</p> <p>5. Moving services to Swansea will interfere with joint complex upper GI/spinal thoracic work.</p> <p>6. Moving services to Swansea will interfere with joint Paediatric / Thoracic work.</p> <p>7. Paeds Foreign bodies that can not be removed endoscopically will require open thoracic procedure. These children could die as result if delayed.</p> <p>8. All the chest drains bleeding complications and complications of pneumonia in ITU would need to be transferred to Swansea.</p> <p>9. There is not enough man power to deal with transfers of patients between Cardiff to Swansea.</p> <p>In summary, moving the services to Swansea will negatively impact on patients management and safety.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p> <p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	ABM	A centre of excellence providing speedy access to expert medical intervention.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	a/ Provide adequate parking b/ Provide ptient/visitor accomodation (extra) for people to stay in. c/ Ensure extra intensive care beds - during winter time exisitng beds are full to capacity.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	C&V	Abilty to admit patients quickly and give a high quality treatment.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Access support & effective care pathways.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Access to good quality specialist services	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	HD	Access to the service, creating the right atmosphere of reassurance and quality delivery. Timeliness and turnaround in assessment to surgery is also very important to patients.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	C&V	Minimum time for patients in specialist unit with rehab if necessary in a local unit. Capital to develop a centre of excellence. Comitted staffing at the necessary level.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible. We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	accessability of beds functional team of doctors and good results	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	accessability to those who need it, simple referral process	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Accessability, parking and relatives accomodation	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Accessability in the event of emergency.	Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	CT	Accomodation fo r patients and families	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Neither agree nor disagree	CT	Accomodation for family/relatives who may need to travel long distances to be with loved ones.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Adequate resources including staffing,	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Adequate resourcing	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	C&V	Adequate staffign levels, referral to be within 24 hours, adequate beds , a quick support mechanisms for patients/relatives	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	Although this is primariliy an adult transfer of services, many complex thoracic surgery procedures involve adult and paediatric surgeons wrking together, how is this to be achieved.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p> <p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Disagree	C&V	Although this is primariliy an adult transfer of services, many complex thoracic surgery procedures involve adult and paediatric surgeons wrking together, how is this to be achieved.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p> <p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Disagree	AB	Any service should be adequately resourced so the RCS recommendations can be implemented ie there is a safe oncall service that can support the Major Trauma Centre, there is more capacity within the service with additional theatre time and ring fenced beds for Thoracic Surgery patients with equitable access for all MDTs for lung cancer Surgery but also ensuring non cancer Surgery is undertaken in a much more timely fashion than presently. The department should have the opportunity to develop research interests.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	na	appointment lead in times should improve,	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	As mentioned above the thoracic surgery centre should be based at UHW.  The UHW thoracic surgery service has good basic infrastructure and intergration with the associated service ie mainly the acute service and hence the further development should be to enahnce a well run service at UHW.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Neither agree nor disagree	C&V	As much as possible to be delivered locally 2 travel arrangements	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	HD	As well as designing centre large enough to cope with current demand and future increases.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Neither agree nor disagree	AB	As with all services that are at a distance from Family I would like to know what Morriston does to mitigate the travel requirements for patients and families visiting from distant locations. This might include flexible visiting hours, information for relatives on facilities and places to stay and use of skype as a method of staying in touch with relatives. I can't see any of this referenced, and should be part of the service specifications please.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	Availability and accessible through shorter waiting.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	PT	bad yr adwodden yn lligorwel - dion a treatiaue a gewlyan gorfal dwyl ac staff maeddygol I'w gwertwaedu fel un fyod cleifiau yn gorfod onod am liu am laedrimiactio. Translated: That there are enough facilities - enough theatres and intensive care beds and the medical staff to service, so there are no patients having to wait an age for surgery.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Being able to access experts as they will all be based in one area	Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Benign and malignant cases  24/7 service/access  High quality care  Parity of pathways	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Best service & care for majority of patients	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	HD	Better use of resource	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Building operating theatres releases other existng theatres for other types of op's. Communications between two places of excellence achievable in seconds?	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Captures a larger patient population in the West of Wales - Improved throughput times for patients - Faster recovery rates and obvious lower costs - Build upon an already established service to lead the research.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Car parking allocation, an excelent team provision, consider the needs of patients	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Carrying on it?s already great care and great reputation	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	Children get thoracic masses/tumours biopsied	Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input. If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Disagree	C&V	Close working relationships with the related specialties such as cardiac surgery and trauma	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Disagree	C&V	Communication of clinical information with LHBs Availability of beds	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	HD	Concentrate on providing and excellent service to all!	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Neither agree nor disagree	AB	<p>Connectivity When designing the service to be delivered it is essential that there are no barriers with regards to connectivity or technology. Patient records will need to be available to both the patients' own health board and the centre where the surgery is to be carried out to ensure continuity of care without delays.</p> <p>Communication The Centre of Excellence should be responsible for producing a common message and disseminating the same information so that all patients, regardless of area of residence will receive the same information. There should be consistency of communication and travelling out of area for treatment should not mean that patients have to repeat themselves. The Centre of Excellence and the health boards should have effective communication in place to ensure that the patient does is not required to relay information between health professionals.</p> <p>Management and Co-ordination It is felt that it would be beneficial to patients for there to be a clearly defined structure of delivery for all aspects of the thoracic surgery pathway, regardless of whether they are delivered within the thoracic surgery centre or the local health boards. This would promote consistency of the service being delivered and would allow for patients to have a single point of contact, rather than being confused about who they should contact at various points during their pathway. The co-ordination of the pre-op and follow up appointments should come from the centre so that local health boards are providing the same level of service regardless of where the patient resides.</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>Ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.</p>
Disagree	C&V	Consultants should live near the hospital	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>Ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.</p>
Disagree	AB	Consultation, planning around travel appointments. Areas patients living in looked at for speed of appointments. Why not outreach in Nevill Hall Abergavenny - can this be considered.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	HD	Continue thoracic prehab and good happy MDTs	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Agree	PT	Continuing to expand the service. Morryston have a proven experience record.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morryston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morryston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	Convenience and ease of access for my patients; reliability of access for my patients; timeliness of transfer of my patients; knowledge that if there is a post operative complication my patients will be safe i.e. this would necessitate patients staying on the site of the surgery until discharge (i.e. not 'treat and repatriate') as otherwise a post operative bleed (always a potential complication) would be life-threatening whereas if still on site could be addressed; that the transfer is acceptable to the patient; skill of the surgeons operating and experience of the multidisciplinary team (anaesthetist, physiotherapist etc).	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Agree	ABM	Cost effective and good access.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Cost efficiency and quick waiting time.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	na	Currently there is inadequate space at Morryston beds and theatre access	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morryston Hospital. The management team at Morryston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Neither agree nor disagree	C&V	dedicated theatre and beds for the patient to minimise the risk of cancellation . well trained clinical staff. local pre assessment and follow up.Pre assessment is key . Patients already have to travel to a center to have their surgery so its a matter of where..	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	Digfon o ofal ar Ol y drinaiaeth yn yr ysbyty hwn neu ysbytaith nes at garterfi'r deifion I siorhau bo cleifion bregus ddim yn cael eitreyddhua o'r ysbyty in rhy gynner	Ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Disagree	C&V	Disagree with developing it there. However safe, professional and all other support services resourced. Transport needs improving.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	Don't do it or you will create the same problems that we face daily after Plastic Surgery was sent to Morryston.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morryston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morryston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Disagree	C&V	Ease of access and availability of associated specialist services.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	Ease of access to services for all those that need them . Short , preferably no waiting time to be seen .	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Easy access for the public i.e transport facilities. - Involvement of the public following decision. - Team of staff of all disciplines that have the expertise in the field. - Minimal waiting times for diagnosis/treatment	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	Easy patient access with improved road links and parking. A brand new ward with nurses and physiotherapists that are highly trained in early recovery after surgery techniques. To reduce the use of thoracotomies and reduced the length of stay. Cardiff and vale use minimally invasive surgical care!	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Efficiency	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Efficiency and cost effectiveness.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	CT	Efficiency, principles of care to be high priority, short waiting times for appointments and surgery, proactive recovery multidisciplinary team	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Enough space to provide for the ever increasing population. Plan for the future	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.



Agree	HD	Ensuring it is sufficiently funded to provide a service large enough, not expecting existing services to stretch to cover the extra work.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	PT	Ensuring the best clinical outcomes for patients	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Equal access for all Evidenced based service provision Clear pathways for admission and discharge including repatriation and follow up care	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Excellence in one area	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	AB	Excellence. Continuing staff and surgical excellence. Thoracics is very staff dependent, and spotting issues early and making sound clinical judgements.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Excellent care, timely change to services, adequate information for patients and relatives and also staff in the current area	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	HD	Excellent clinical service delivery that is sustainable for both elective and emergency work	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	Excellent patient care and ease of transfer from the major trauma centre.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	Excellent quality consultants delivering cutting edge treatment	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	AB	Expense	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Expert care locally and all on one site.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Expertise and accessibility	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Expertise in surgery and nursing concentrated to form a centre of excellence.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Following appropriate sharing of implementation between services and centres following surgery to ensure follow up is timely .....	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	For me personally it would suit me if I needed medical help overall swansea deserves to be recognised for areas of excellence. Morriston hospital is a recognised hospital for areas of expertise and this would enhance their profile whilst bringing jobs to specialists preferring not to live in or close to the capital. The Gower offers fantastic areas for families of patients to see areas of beauty and be able to take comfort from in troubled times	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	na	Full staffing.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	Fully staffed, sufficient intensive care facilities, short waiting times for patients.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>

Agree	ABM	Further development of high quality surgical facilities in the best placed geographical site.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	Geographical location & quality of service	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	CT	Give earlier appointments to those living nearer, later appointments to those needing to travel	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	good inter hospital communication!	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Good links with local health services so that as much treatment as possible is delivered locally.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Neither agree nor disagree	CT	<p>Good local integration within cancer MDTs and an easy referral pathway for non-cancer surgery. It would, for example, be helpful to have a co-ordinator (perhaps ANP) for non-cancer surgical referrals coming outside of the cancer MDT.</p> <p>It would be very nice to have a consistent service for non-cancer surgical patients. Having worked in several health boards in South Wales, there is occasionally significant variation in which patients with non-cancer thoracic surgical problems are accepted for transfer to a cardiothoracic centre, and a degree of standardisation of care would be helpful from a referrer's point of view. I am not sure how this would be best achieved in practice, but perhaps there could be some form of review MDT for complicated referrals so we could get the benefit of the opinion of a few thoracic surgeons on the more complex cases?</p> <p>As I'm sure you are aware, Wales is developing a lung cancer optimal pathway. As part of this, the suggestion is that from referral the treating specialist (i.e. in this case surgeon) sees the patient within three days, and that they have their surgery within 21 days. Whether this is possible varies a lot, depending especially on bed capacity. A service commissioned to provide a cardiothoracic/lung cancer surgical service should ideally be commissioned to be able to provide the service suggested according to the optimal cancer pathway.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>

Agree	ABM	Good quality service and prompt treatment	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Have close links with all other hospitals in the catchment area and aim to work with them to get as much care delivered as locally as possible with only surgery being done in Morriston	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	High quality specialist service	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Highly experienced clinicians offering minimally invasive surgery and ERAS principles. Free parking and great communication and transport options between the thoracic surgeons and the major trauma centre.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	How can the new major trauma centre in cardiff can have thoracic surgery 1 hour away and still save lives? what will happen to children who need thoracic surgery and PICU intensive care as this remains at UHW cardiff.	Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input. If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Disagree	C&V	how you make patient care seamless between cardiac surgery unit, major trauma unit and thoracic surgery units	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	CT	I am unable to see how a service can be delivered from Morriston Hospital	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	AB	I can not see any advantage of moving the thoracic sugery unit to swansea. as I mentioned before- transport of patients & their relatives, likely impact on waiting time for all thoracic surgical cases including urgent cases, & finally impact on removing the centre from cardiff which is our main specialised trauma unit.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	I don't think it is appropriate for Thoracics to leave Cardiff and Vale.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	C&V	I note that not any any point in the consultation document has there been any mention of diagnostic cellular pathology services. A fully staffed functional diagnostic cellular pathology service is crucial if any model of surgical centralisation is to be successful. I find this oversight extremely disappointing . A cellular pathology department will also require an in house genetics laboratory to allow the essential genetic tests to be performed on most lung cancer to improve turnaround times which in turn will facilitate adjuvant standard treatments for patients with lung cancer. Pathologists produce the integrated reports which take into account the histology of the tumours. Subtype and genetic tests. The current arrangement of sending adjuvant yet essential genetic tests to UHW ( as is the current arrangement ) with 3 to 4 week delays will not be acceptable . Many patients will already have missed the opportunity for potentially life saving neo adjuvant drugs after surgery. This is a very real and serious threat to the sustainability of the service and the prognosis of patients. In house genetic testing will rapidly improve turnaround times, alliwubg patients much faster access to life saving drugs .This laboratory needs to be exclusively run by the ABMU CELLULAR pathology dept as they are committed to providing a patient focussed service .	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	C&V	I think it is important to be able to deliver the whole care pathway for patients, especially the parts that Morriston do not currently meet such as pre assessment and pre operative education and the care team being made up of the appropriate multi disciplinary individuals and the numbe of Thoracic surgeons enabling the number of resections to be carried out in a timely manner.	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Disagree	NA	I think it is most important to be able to continue to provide a high standard of care, with room to improve this further. If the new centre is likely to be underfunded and overstretched in terms of staffing and development, I think it would be better to keep the old site.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	NA	I would ask that it be considered, that provision be made for convalescing. That is, as soon as able the patient be returned to their local area, to be cared for in a convalescent provision, promoting reablement, which will aid their physical recovery, and allow easier access and facilities for family and friends to visit, helping their mental recovery. This provision should be in place and fully functioning when the centre is operational.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	If it develops there....no one can help NHS Wales. You have not published how the pathway to surgery is going to improve and what more, there is no increase in theatre time. Instead of analysing the problem and addressing it , you have embarked on a journey that has been an incredible waste of resources for a nonsensical decision.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	If the thoracic centre was established at Swansea, how would paediatric cases requiring joint thoracic & ENT or Paediatric Surgery be carried out in Wales as there are no PICU beds in Swansea and the Children's Hospital for Wales is in Cardiff?	<p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	HD	Improve access to the service, on call facilities and available beds for the cardiothoracic patients	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>

Agree	ABM	improve/maintain standards currently in place in current services.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Improves on the efficiency & effectiveness of the existing service.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Increasing capacity of existng facility in terms of theatre equipemt, surgeons, doctors and specialist nurses wards and high dependency units. Supporting staff and facilities eg to cater for PREHAB - REHAB - car parking etc,	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Neither agree nor disagree	ABM	International Standards Organisation (ISO) standards are needed in management and service delivery for all organisations involved in order that any changes implemented after this consultation are effective	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Disagree	C&V	Irrespective of its site, the quality of the clinical service is more important than anything else.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	It being a sustainable service, and one where there is a longer term viability, rather than a short-term approach to providing a service to Swansea that will compensate to their not being the Welsh major trauma centre	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	It has to deliver the wider clinical interdependencies - not just pure thoracic surgery	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Disagree	C&V	It is carefully set up as part of a node within a complex interconnecting network. MTC is a dominant feature of this network. Cancer surgery may not necessarily be viewed the same as 24/7 emergency thoracic cover.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>

Agree	ABM	It is clearly important that we not just maintain, but improve standards with the new service. We need to build on the centre's scale to attract top medical students and researchers to the area.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	it is extended and have a full incl the wider mdt	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	It is important that sufficient resource and planning go into the support services essential to deliver this. Adequate theatre space, anaesthetic / ITU beds, radiology and pathology will all need resource. The new service must not be to the detriment of existing services	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	It is important that the centre receives the correct funding to support the excellent consultants and staff that work in the centre. This will ensure we attract the best doctors and associate staff to provide the service	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	HD	It is multidisciplinary led	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	It makes sense to be near other major surgical specialties , like cardiac, spine and vascular	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	HD	It must be equal ro better than Cardiff	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	ABM	It must be large enough and well staffed to provide the care patients need	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	it must have sufficient capacity and resources to provide a world class lung cancer service but also to provide thoracic surgery for other non-cancer conditions. Currently we refer very little non-cancer work due the the pressures and waits faced by cancer patients. This in turn means that patients are not getting gold standard treatment. Severe infection eg empyema or persistent pneumothorax is not given a priority and not operated on CPOD lists. Therefore patients end up with a very prolonged IP stay which is detrimental to their health	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	C&V	It must have the best possible clinical outcomes. Liaison with local teams is vital.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	It must match the current quality service that is delivered in both sites, with particular reference to the management of thoracic trauma & rib fracture management as previously described by the acute pain service in Cardiff.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	It needs to be easily accessible to patients from Cardiff with outreach clinics in Cardiff as well to avoid patients travelling long distances.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	HD	It needs to provide the best outcomes for patients and ease of access for family and carers.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	It needs to provide the best possible standard of care from every aspect of service from the surgical expertise to the post surgical nursing care. It also needs to be able to deal with major thoracic trauma at the highest level.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	ABM	It receives the appropriate funding and backing to succeed and become a regional centre of excellence	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	HD	It should aim for excellence, average isn't good enough. Consideration needs to be given to patients travel requirements. It should be a service willing to travel to satellite clinics or consider video clinics	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.  We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.



Disagree	C&V	It should guarantee the best care to all the patients. That doesn't seem feasible with the current resources	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	It should have sufficient resources including theatre time to support it for both cancer and non cancer work. There should be better provision for cross covering arrangements and reduce waiting times.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	It will be important that the needs of family members and carers are considered. For those travelling from further afield or who are unable to travel frequently due to health issues etc., accommodation should be available to enable them to visit loved ones and provide support.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	It will be in the wrong place	Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSC team use them over a number of years.
Disagree	CT	It would prob never be able to cope with all these areas in one unit x x	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	It's important that it is run efficiently, meaning that it is a less stressful time for all. Good communication and running in a timely manner.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	its easy accessibility the need to locate services away from an already struggling Heath hospital Morriston's excellent reputation for surgery and as a teaching hospital the retention of important surgical expertise in this area	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	keeping the service in an established unit with the assurance of the necessary funds to progress the service. Development of satellite units	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
agree	HD	Large and clear signs to show the patient (as well as the visitors) the correct destination they wish to arrive at. Adequate toilet facilities for the visitor near to the ward/clinic where the patient is situated	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

Disagree	AB	Listening to patients and staff	This feedback will be used to help inform the implementation plan for the new service.
Agree	ABM	Local, easy to access, good communication, transport links, shorter waiting times	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Make certain of adequate staffing and support services	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Make life easy and lower waiting time for patients	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	Make sure that there is adequate room at the site for a new 'State of the art ' Thoracic Centre , with room for further expansion if necessary . Ensure plenty of parking space for patient , hospital staff and visitors.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Disagree	AB	Making sure our patients still have Thoracic Surgery Outpatients appointments within Gwent at a sufficient frequency that it is possible to get a Surgcial opinion quickly and easily for them.	We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	AB	Minimally invasive surgery, and early recovery after surgery protocols.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	HD	Modd i recriwtio digon o staff a gwella ymchwil feddygol a ffyrdd o weithio newydd. Effaith ar wasanaethau eraill yn yr ysbyty (Impact on other services in the hospital)	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	ABM	Modernising and cleaning Morriston and more specialist nurses.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	More capacity	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	HD	Most efficient use of resources Facilities for relatives	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.  We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	C&V	My main concern regards the delivery of care to patients at the University Hospital of Wales with the loss of thoracic services at this site, particularly with the proposed siting of the major trauma centre at this site. The report has not addressed the problem of a loss of thoracic anaesthetic expertise on the management of patients undergoing thoracic vascular, thoracic spinal and upper GI surgery and optimum care of patients in the large tertiary general intensive care who require thoracic input for the management of rib fixation, empyema etc.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Disagree	NA	My patients can be transferred to the surgeons on the same day they are referred as an inpatient if required. That the decision is about timing is made by the attending clinician not a person in a remote site who has not seen the patient and is making decisions based on capacity constraints. 2. That repatriation of patients does not occur unless the clinician accepting the patient is completely satisfied that no ongoing surgical care is required. 3. There is high quality accomodation available, free of charge, for family members from patients in SE Wales to visit patients undergoing cancer surgery. 4. Face to face contact with the surgical team.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.  Ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Neither agree nor disagree	C&V	Needs to be excellent cohesion at both sites from assessment, treatment and passing back for follow up to keep patients safe. Is there capacity for extra intensive care beds. Multi disciplinary team meetings must ake place with consultants there or do you not have capacity to run adequate and safe service. When considering the service care must be taken to not let patients fall by the wayside or other lists kepts. Diagnosis is everything for triaging treatment so timely assessments will be extremely important along with pre op assessments to avoid wasting operating time. Where and when will they they be done? How at either site are you to manage daily thoracic assessments or wards when it must be difficult enough now. Where are you getting extra staff from? Where will they be based? What distance from the working place as there are limits. I believe or how far you should be away from your base of work for emergency situations	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Disagree	AB	Needs to be part of major trauma centre, also needs to go hand in hand with cardiac surgery and have the appropriate anaesthetic support	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.

Disagree	C&V	New service must be located in completely new block or building which meets all the requirements.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	Offer the best possible care. Easy access to people living in south east Wales. The unit must be well practised in the new types of surgery before it becomes the only unit in South Wales to practise them. The unit must be able to deal with complex needs of multi trauma patients.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	NA	Outreach services - how will various local health boards provide non-surgical aspects of treatment Coordinate plans/joined up approach with wider health service changes, e.g. major changes for Hywel Dda Put systems in place to ensure sharing of records/referrals are seamless between surgical/local non-surgical services	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	AB	Patient and relative travel, follow up treatment closer to home reduction of waiting list times.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Patient centred care	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	CT	Patient experience and outcomes are of crucial importance.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Patient safety	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Disagree	C&V	Patients are at the forefront of the discussion. Can patients recieve better care by moving the thoracic unit to Swansea. Patients must be able to travel there without stress, surgeons must be available to all patients, both those who need elective surgery and those who need thoracic input at the major trauma centre, waiting times need to be reduced but the level of care that patients recieve need to remain of a high quality.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Patients being dealt with quicker but I don?t understand how this could happen.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Patients stance (feelings) are the most important component to be considered when possible	This feedback will be used to help inform the implementation plan for the new service.
Disagree	CT	Please adequately staff it.. If we need to work with partners and university listen ot your patients and staff	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	AB	Prompt safe oncology surgery.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Prompt transfer of patients to dedicated beds in Morriston to allow rapid access to treatment.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Provision of adequate outpatients and inpatient facilities (more theatres/HDU/ITU beds	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	AB	Putting it back in UHW	Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.

Agree	ABM	Quality	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Quality and accessibility	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Quality and timeliness of service	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Quality of care and experienced clinicians with exceptional communication skills	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Quality of care.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Quality of care. Adequate resources and staff to run unit safely.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSFC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	CT	Quality of service, reduction of waiting times for treatment	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	C&V	Quality of Service. Integration with pre- and post-services to be delivered to local centres (seemingly contradicting your argument against sending patients to England where you defend single multi-disciplinary teams in one place for pre and post care). Safe, rapid and efficient transfer of patients to and from local hospitals - with Welsh Ambulance Service under-performing, how will that be achieved? Flexible visiting times to accommodate people with distance to travel and perhaps limited transport options.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	HD	Quality should be the overriding determinant of any selection process	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	Quality. Ability to meet patient needs quickly with minimal waiting. Ease of access for relatives to visit so reducing distances travelled	<p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	HD	Quick access . Not longer as all patients in one place don't want double waiting time. Don't take away a and e to put this instead either!!	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	Quick assessment and treatment. Expert team to early manage thoracic cancer, pre and post operatively.	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	PT	Rapid access Diagnostic resources Dedicated specialist nurses Specialised thoracic ward	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	NA	Reduced waiting times USC patients treated within 62 days NUSC treated within 32 days	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Agree	ABM	Reduced waiting times. Expert & first class surgical team & care.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Right patient, right place - with the right team of doctors and allied health professionals with the linked services they need. Remember that patients cannot be separated into separate systems and spread around the country. The best holistic care should be the outcome	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Robust commissioning of enough activity to deliver enhanced resection rate and non cancer care	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	AB	Robust service fit for purpose providing safe effective delivering state of the art care to our trauma and thoracic patients, a service that would be world renowned with sharing of different specialities in the care of these patients, which would attract medical and allied medical staff. The service should be efficient cost effective and a source of national pride for the Welsh principality.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	C&V	Safe	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	service will be all under one roof, specialised team all together, pulling limited resources together	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Short waiting lists.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.



Agree	ABM	Shorter waiting lists, speedier telemedicine approach to remote diagnostics/second opinions and, importantly, for outpatient follow up. Travel distances are crazy as it is so outpatient follow up at other DGHs, supported by digital comms, is part of the ask	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Shorter waiting times, easier and quicker service, counselling for cancer patients a new thoracic outpatients department	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Neither agree nor disagree	C&V	should be better than existing service	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	C&V	Special though updated technology and experience by specialists in this field. Shorter waiting number lists and improvement in after surgery treatment	<p>In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	Specialist care, well trained staff, modern equipment and surroundings and quick response times.	<p>In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	Specific treatments for lung cancer should be made available if the centre is located at Morriston. Currently certain treatments are only available to people living in England and Health Boards in Wales are refusing to fund treatments. The shameful debacle of post code lottery may be solved to some extent.	<p>In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	Speed of access when required. After care.	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Agree	HD	Sufficient theatre time and bed capacity Family support facilities	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Neither agree nor disagree	C&V	Swift processing of referral, good waiting list management. Satellite outpatient clinic	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	That current patients are asked where they want to be treated!	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	That family and friends visiting is accommodated as I feel this helps recovery.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	NA	That first class facilities would be provided within the department for the patients and adequately staffed.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	That is not a good idea, otherwise there should also be proviion of cardiothoracic services 24/7 in Heath as the tertiary hospital in Wales.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	ABM	That it creates a service which improves survival rates, and ideally that it is a multi-disciplinary service with a range of expertise as this model is known to be successful in other areas.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	That it delivers a first class service and that it will attract first class physicians/surgeons. That Morriston will have a unit that any hospital in the country would be proud of and offer a standard of service and aftercare that is unrivalled anywhere.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Disagree	NA	That it doesn't cost the NHS an unnecessary amount of money creating a department that already exist somewhere else.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it has a large enough catchment area and gets the correct funding	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is a sustainable and supported service, with adequate resources allocated to it and it is not starved and stolen to cardiff in a few years due to 'underperformance'.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is adequately funded from the WAG. If necessary money should be transferred from the seemingly bottomless pot that is used for the doomed to failure bilingual project. I'm referring to the money for bilingualism that's hidden away in every one of the WAG budgets.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	HD	That it is appropriate for the conditions medical/surgical with up to date equipment	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	NA	That it is comprehensive - ie not just surgeons & operating. The support services need to be ready to go from day one.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it is easily accessible and of high quality.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it is effective	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it is fit for purpose and easily accessed by the patients that require the service.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>

Agree	ABM	That it is not a second rate service just because it isn't based in Cardiff, and that for once perhaps we can have some sort of service from the nhs here	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	HD	That it is properly funded and effective	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is safe and appropriate for patients needs, that it adequately supplies those rural geographical areas go the West with a service close enough to be of benefit and that it is appropriately staffed and supplied as needed.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is top of the range and installed promptly	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	That it not be situated in Morriston hospital but in the University hospital of wales as it is the only logical choice for it to be situated.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p>
Disagree	C&V	That it provides excellent care for patients at the MTC in Cardiff as well as for others.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it provides the best care available	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	na	that it recives appropriate funding to be delivered successfully to service users	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	That it sees patients in a reasonable time scale.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	That it will be properly staffed	<p>Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.</p>
Agree	HD	That it will have a specialised team that ensures the best health care for patients that need thoracic surgery.	<p>In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	ABM	That it's fit for purpose and not squashed into an area that's inappropriate	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	That it's efficient and well run	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	That it's well-funded	<p>Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.</p>
Agree	HD	That patients can still access early tests etc near to their homes. I hope that the aim is a centre of excellence as the Plastics & Burns unit in Morriston most definitely is.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	That patients get the right treatment at the right time with no delay.	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Agree	na	that that lung cancer patients will be seen sooner more staff all together therefore shorter waiting times	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	That the larger geographical area not result in increased patient loads that compromise quality and timing of service..	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	That the service and outcomes are demonstrably improved lest the entire exercise be a waste of time and resources.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That the service is of excellent quality which Morriston Hospital provides	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That the support for ENT continues at its current level	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	HD	That the transition is thoroughly worked out, so there aren't glitches, and the team brought together well, so that there are not issues re different practices or bad rivalries. That it does actually result in a better service than there would be with two sites - if not, why do it?	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	that there are adequate staff and the service is of high quality. Evidence that either centre could do this has been excluded from the review; convenient for the committee but it means that the major anticipated problems are not even being addressed. Also, no money is being provided for capital development, which will mean a new service will fail, as its very unlikely that a timely business case will be funded by WG	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That there are sufficient beds, equipment & staff to serve the people in the region being served.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Disagree	C&V	That there is enough funding to ensure the service is met appropriate	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	That they also specialise in every speciality including neuro	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	That they maintain the standards that they have been to each patient that is on the ward	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	HD	That this service will be well informed to the public so that the public know it is there for the public.	This feedback will be used to help inform the implementation plan for the new service.
Disagree	C&V	That you can also deliver ECMO and specialist lung treatment as in England	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	HD	That you develop it as encompassing all boundaries of thoracic care.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	That they also specialise in every speciality including neuro	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Disagree	C&V	The best treatment that would be available but reading the interviewees comments on Morriston this cannot be delivered due to the unit not being cohesive whereas the unit in UHW is a cohesive unit and all staff are supported.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	The centre wherever it is based, needs to be fully resourced to Royal College guidelines and standards in relation to equipment, supporting services/facilities and staff (not just Drs and nurses).	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	The convenience of travelling to my local hospital, were i to require treatment at the new facility.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	The impact it will have on the services based in Cardiff, how will they operate? Eg spinal surgery/scoliosis correction, complex multi system trauma	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Neither agree nor disagree	AB	the importance to me is that any patient get the best possible treatment available to them as the NHS does fantastic work mainly all for free which in todays society the public does not appreciate what they have	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	The information and support provided throughout any medical process.	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Neither agree nor disagree	PT	The most important consideration for us in MIDWales would be the provision of adequate clinics being held at Bronglais in the lead up to any kind of treatment/surgery. Use tlemedicine and don't require poorly patients to travel 1.5 hours for minimal consultations which could be carried out locally.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	The most important is a quality of service provided .To deliver high standard the department will need to have adequate infrastructure, equipemant,instrumentation as well as highly qualified and dedicated medical staff Proposed by ABM plans for future Thoracic Center at Morriston are not adequate in relation to space, number of beds and Theatre access, we are concerned that thoracic service can be in worse position that is now	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	the need for therapy input is cinsidered as well as nursing and medical staff	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>



Agree	ABM	The new service needs to bit modern and fit for purpose to cover a large population.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The option to have outreach services to ensure that patients do not feel like they are affected by a postcode lottery. Central run ore assessment clinics should be able to outreach to the prehab classes and keeping close links with locally based CNS?s ensuring the excellent communication already being achieved across the health boards	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	The service needs to be professionally run, well presented and safe.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	AB	The service should have adequate resource to increase capacity for Thoracic Surgery eg have more Surgeons with time for more theatre list sand protected beds. Keeping the same capacity as 2 units have currently but placing it on one site will not resolve the issues about low resection rates and long waits for non cancer surgery.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The service will continue to deliver their developed expertise that has been developed through the years and its the people in South Wales especially the M4 corridor that will benefit from it.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	The service would be not complete as they will be missing other disciplines that are already set in UHW. It would be a waste of time and resources.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	ABM	The specialist high quality care	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The staffing levels and investment and a commitment from the funding bodies to make it succeed . It must transcend the rivalry between the two hospital and put the patients first .	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Disagree	C&V	The unit at Morriston is a smaller unit, it performs less procedures than UHW. The unit would need to be increased in size in order to provide care for all the patients in South Wales that required thoracic surgery. Would this mean that another service would be reduced or even cut to enable the thoracic service at morriston hospital.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Disagree	C&V	The unit at Morriston is a smaller unit, it performs less procedures than UHW. The unit would need to be increased in size in order to provide care for all the patients in South Wales that required thoracic surgery. Would this mean that another service would be reduced or even cut to enable the thoracic service at morriston hospital.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	The waiting time for surgery should be better than England There should not be any compromise of care to the in-patients in UHW who needs thoracic surgeons referral.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Disagree	C&V	There has to be a full 24hr service with consultant availability. Enough beds and surgical theatre space available. Also room for expansion with state of the art facilities.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	C&V	They improve their efficiency at Morriston As they are currently a poor performing department	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.

Agree	HD	This service has its own physical centre on the premises. An accessible and open location where the whole service can be accessed. The multi disciplinary approach visible and follow up care is robustly organised and that the centre does have satellite after care locations so there is no need to be at MH unless specifically required	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Thoracic surgery involves operations on all parts of the chest, including the lungs. A large part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other noncancerous 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.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	Tight pathways for patients to go to local hospitals for rehabilitation if required to enable more patients to be admitted into beds for surgery	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	timely and equitable access for all who need it, suitable facilities and infrastructure, and the appropriate level (skills and numbers) of staff of all professions. Aftercare (community) arrangements need to be established, resourced, and effective.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	To carry on with your excellent team work that you have built over many years	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	To ensure that the patient's surgery is able to be done as quickly and as promptly as possible.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	To ensure the other services in the hospital that will be directly affected by this new centre have funding to meet the increased demand such as pathology and radiology services.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	To ensure the other services in the hospital that will be directly affected by this new centre have funding to meet the increased demand such as pathology and radiology services.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	HD	To have the Best surgical , medical staff and supporting team. Good Communication so that access can be readily available	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	To have the capacity to deliver care safely to the population it may serve	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	C&V	total care package without fragmented care	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	CT	Transportation to & from hospital. Free parking - can the hospital accommodate all operations in one place - will number of staff increase? Cost, how much will be saved? Nad by when? Costly to close 1 area down and reopen another.	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Disagree	C&V	Travel, visiting for family members. Staff yo be able to provide a better service than at present	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	UHW should have be the Thoracic surgery centre.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Disagree	na	university hospital should be the thoracic centre	Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision-making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.
Agree	ABM	Waiting times are the priority. A new facility will inevitably lower these times.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Neither agree nor disagree	CT	Waiting times reduced and improved expertise	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	NA	Well funded, Centre of excellence, with World class services & infrastructure	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	HD	Well organised MDTs located close to the patient's address. Rapid access to diagnostic facilities. Good outcomes following surgery.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	AB	Were this relocation to proceed, it would be imperative that patient transport infrastructure be improved so as to minimise the adverse impact of patient mortality due to the extended travel. Also, these vehicles should have an appropriate range of equipment with a corresponding higher level of training in technicians/Paramedics staffing these as there will frequently be (and currently are) delays due to daily serious congestion on the route from South East Wales to the new centre. The new facility should also at least parallel the current service and facility.	The vast majority of patients requiring a thoracic surgeon require care which is planned over days and weeks. Urgent transport is not an issue for these patients except for the very small number of trauma patients. The transportation of trauma patients is being managed through the implementation of the Major Trauma Network
Disagree	CT	What is going to happen in Child Thoracic Surgery? Is this going to be based at UHW or both sites? S Wales cannot be treated with same criteria as Liverpool? Geography and needs totally different. Major trauma centre at UHW must have thoracic surgical capability. It is a nonsense to compare S Wales with Aintree Hospital - population maybe similar but thoracic surgical experts much more readily available in areas like Liverpool - not if unit based at Morriston 41 miles away (54 minutes on M4 on a good day).	Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input. If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.

Disagree	AB	<p>Wherever possible services are provided near to patients homes. Why can't pre-surgical assessments be carried out locally.</p> <p>Surgeons should operate between sites rather than moving patients around.</p> <p>Clear links need to be made between surgical sites &amp; services involved in planning discharges.</p> <p>We cannot have situations where patients are discharged home without appropriate support &amp; equipment in place.</p> <p>Agreement needs to be in place how equipment can be provided by OT staff out of area &amp; how OT staff will assess the suitability of patients homes prior to discharge.</p> <p>In reality, often discharges from Swansea are poorly planned with patients discharged without the equipment or services they require with local services then having to deal with patients as emergencies because they are not coping at home.</p>	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	C&V	<p>Whether the waiting list time for surgery would increase.</p> <p>Would there be sufficient medical staff, including theatre staff employed to provide the new service.</p> <p>Would there be any prospect of new techniques in surgery being put in place</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	CT	<p>Will patients be seen from Cardiff in a timely fashion, will there be issues with capacity</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	HD	<p>Within easy access and travel. Provided by specialist team. Dedicated centre specialising in thoracic surgery.</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response:
Disagree	C&V	The report from the RCS only states that 1 center should exist.. they did not state it should be Morriston and didn't they also say that it should lay alongside the MTC? Is it not a consolation prize as they did not get the MTC?	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Disagree	AB	With the Llanfrechfa site Cwmbran outreach for Torfaen, Monmouth, Blaenau Gwent and Caerphilly. Why cannot Chepstow patients have some alignment with Bristol & Avon.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Plenty of room for expansion within the grounds of Morriston. Having visited Morriston on many occasions over the past two years, for a hospital, it is reasonably relaxing and pleasant atmosphere. I have found staff helpful and proficient and very professional.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Neither agree nor disagree	C&V	There are too many services crammed in UHW Cardiff.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	I would like thoracic surgery to be based at UHW because they have got well trained and dedicated staff running for a period of long time, very well experienced staff.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	There seems to be an ill thought ditribution of services between Swansea and Cardiff. It looks as if we share services to please everybody. As there is a plan for Major Trauma Centre in Cardiff Thoracic services should also be based in Cardiff. The public wants better results. This can easier be achieved in the largest Wesh Hospital	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	I would like to see Morriston developed as a Centre of Excellence in this field as many years ago Mr Cyril Evans started thoracic and cardiac surgery on this site and saved many lives.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	HD	I believe allowing this service to be centralized in Morrison would be a great stepping stone to organically grow and enchanche thoracic surgery in Wales. Giving much needed reassurance this service is here to stay and develop under a new one stop centre of excellence.  At the end of the day both patients and staff would have a clear outline and foot print of what is available at any one time now there is one surgery centre	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.

Disagree	C&V	All of these services should be in one specialised hospital	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	HD	No, I fully approve of concentrating the limited number of specialist cardiac health professionals in one centre.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Agree	HD	Centres of high quality specialist care are the way forward.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	I am all for distributing services across South Wales, but I think we should look at specialties like ENT with Max Facs and Ophthalmology / Urology first. We can have world class units if we combined them on sites like the Royal Glamorgan or Princess of Wales. All Cardiac and Thoracics can also be pooled together, but we will then have to have access to both a Cardiac and Thoracic surgeon to attend for tertiary work and trauma. In short medics should become more mobile and work across sites.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	NA	Not opposed to the creation of a single expert centre within Wales. It appears the primary challenge will be to ensure all aspects of the service have good, efficient communication channels to coordinate surgical and non-surgical services	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	It was tragic that the Specialist head injuries cente at Morriston ( one of the finest in the UK) was transferred to Cardiff several years ago and more recently, the Trauma centre also awarded to Cardiff despite the recommendations of several health boards, experts, consultants and the general public. Please do not let the same happen with the Thoracic centre.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	HD	Don't take stuff away from Morrisons. Make it better bit don't replace/take things away . Why spend fortune man in super centre..keep 2 running..lower waiting times don't add to ques	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Disagree	CT	Relocation will cost more	If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Neither agree nor disagree	CT	Please consider all potential problems and solve them in advance not when the decision has been taken.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.



Neither agree nor disagree	ABM	ISO standards are needed in management and service delivery throughout the NHS	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Disagree	AB	I am not medically qualified & am not aware of how the current service operates for emergency thoracic surgery. I suspect medical staff who work in this area would be best placed to determine & influence the most appropriate location.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	ABM	Morriston is an excellent hospital in Swansea. It has facilities for the Air Ambulance. As far as I am concerned, it is already a centre of excellence. The addition of Adult Thoracic surgery services would enhance and supplement the existing skills of the various other Departments in the Hospital.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	HD	Relatives to stay over	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Disagree	C&V	As patients would mostly be coming from far and wide provision should be made facilitate visitors. Like car parking and catering and rooms to rest in	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Disagree	CT	Until this condition affects you, you are unaware of the importance of this department. I believe these linked conditions are on the increase from the employment etc years ago.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Neither agree nor disagree	AB	I would just like to add I work in the health sector in a GP Practice a medical administrator and there is more and more increased work load for primary care and secondary care so any better way of working and developing must surly be a positive thing	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	HD	Communication about operation/after and how you can help yourself etc. If you have blood box and tubes you need a talley to put it in. A new department, of course, can be designed just for thoracic surgery and not shared with heart as needs are very different.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.

Agree	C&V	How long and having moved to Morriston Hospital will service be operational. What would waiting lists be reduced to,	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Don't forget to enhance the infrastructure too.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	HD	I thought the proposed all singing all dancing 'new build' mentioned in the transformation of services information would have everything contained within that new build?	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	Should be located in UHW because of its proximity to other specialised services eg trauma and cardiology. Sice thoracic surgery is closely linked to lung cancerwhy not site the centre at the new Velindre cancer care centre? It can be purpose built in a new hospital and patients can recieve follow up care in the same venue ensuring continuity of care.L128	The Independent Panel discussed the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery.  They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon and that the pathways developed through the implementation process would be critically important in ensuring that access to thoracic surgical expertise was available for all hospitals in south Wales.  Not only did the Independent Panel look at clinical services but they also considered academic links and opportunities within the two sites.  The consultation, however, has highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites and therefore, if the recommendation of a single site at Morriston Hospital is accepted, it is proposed that a thoracic surgeon should be routinely available on-site. Also the feedback from this consultation process should be used to help inform the implementation plan for the new service.
Agree	abM	What about children who need surgery?	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover.
Neither agree nor disagree	HD	Where is the paediatric thoracic unit? It seems like you are seeking to be fair and share out specialist units expect this does not make sense. The Heath site is too small and a new modern unit MTC including thoracic, neuro , paeds etc should be built seconds from a motorway exit	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover.

Agree	ABM	I believe that this is the third review of Thoracic Surgery services that I have endured during my time in Morriston Hospital. It is time for the correct investment to be made in this service for the population of South Wales	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSCC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	C&V	the unit should stay in Cardiff.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	Develop good "outreach" services for both East & West Wales	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	C&V	The residents of cardiff and adjoining areas need a cardiothoracic centre and this is even more relevant as government proposals and patients need care closer to home .	<p>the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.</p>
Neither agree nor disagree	PT	All services that Bronglais once provided which have needlessly been centralised at least 1.5 hours drive away in Glangwilli/Llanelli/Swansea could easily be provided again with local meaningful clinics. Why make many many poorly people trvel such large, uncomfortable distances. Surely consultant led clinics could be provided on a regular basis at Bronglais?? Telemedicine is tried and tested and not adequaetly used. Please, please consider our geography all ye who live on the M4 corrisor.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Disagree	AB	staff at UHW are already highly trained and it's the main teaching hospital with an excellent reputation	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre.

Disagree	AB	Taking all things into consideration, I am very concerned about the prospect of losing such a highly regarded thoracic surgery team from my local area. It does not make sense to me to have to move it away from a centre that already works to such a high level - to a place that will need training in all aspects of minimally invasive thoracic surgery. I feel that you should reconsider this proposal to relocate this service to a single centre in Swansea.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	C&V	Do current specialists provide any thoracic service in the children's unit.	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change.
Agree	HD	Morristown has a dedicated thoracic team and new expansive citu, ITU, and hdu facilities	If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Agree	ABM	The cardio-thoracic service in Morriston is co-located with the cardiac centre and is closely linked into the lung cancer pathway for patients. The service is well delivered and patients generally appreciate the care that they are offered in this service.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	CT	As a professional engaging with the Morriston thoracic team regularly I am impressed with their work ethic, MDT working, drive to improve services and outcomes, and excellent results. I would be reluctant to send my patients elsewhere.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	HD	I have just had a operation to remove my lower lob right side and I now what it feels like to be in a hospital that knows what's going on and the staff that knows what your going though the staff at Moriston are the top of there field doing thoracic surgery .. so why are you trying to mend something that's not broken leave it in Moriston and let the staff do what they do best	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	I know from personal experience that Morriston treated a friends mother and fortunately had a positive outcome , The treatment and before and after surgery was first class.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	After having a pneumothorax, the level of care I received was outstanding and especially the after care following my surgery. All staff were friendly and gave me the best care possibly to aid my recovery.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	We have a well established thoracic physiotherapy service including Pre-habilitation and optimisation prior to surgery. This has been recognised as a model of good practice by the Royal College of Thoracic surgeons (via presentation at several Conferences) and our pilot programmes have now been funded substantively by WHSSC in recognition of this and the data showing improved patient outcomes and increase in lung resection rates for those patients who may previously have been considered high risk or inoperable	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	abm	the cardiac centre is already centre of excellence at Morriston the development of tbis service would be excellent addition to Morriston	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	HD	Morriston already does an amazing job with thoracic services	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.

Agree	abm	As a clinical coder at Morriston hospital, we love working at such a busy and important hospital and feel very proud at having a good range of services for patients. Please make Morriston the centre for thoracic surgery.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Disagree	AB	I believe the proposal to a folly with additional serious cost to the NHS at a time it can least afford it. I also believe there will be significant disruption to the current services which will likely impact on the mortality rate in this patient group.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. As we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	HD	Efficiency and cost effectiveness are fine concerns but patients needs and those of their families should be kept at the forefront of the minds of those making decisions.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	abm	I think it will be a shame to respite it to Morristown as it will increase costs and prolong vital treatment and care.the care will be disjointed and not in the patients best interest .	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	CT	I am very concerned that locating services in Morriston will have a detrimental imoact on patient outcomes. Cardiff performs more thoracic surgery than Morriston and by following this logic far more patents will be disrupted by moving this service to Morriston. This cannot be a sensible or good move.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Agree	HD	From family experience, I know how important it is to get the absolute best treatment and if it means travelling a bit further etc, then so be it.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Disagree	C&V	. Very good unit being moved, other services that are needed, pharmacy, portering etc	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.
Agree	na	the existing service would benefit from realigning the full range of all services particularly with Palliative Care Team in the case of terminal diagnosis	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.

Agree	HD	Morriston hospitals history in deliverign cardio-thoracic surgery is long standing. There is benchmarking evidence to support excellent outcomes in this field. Further investment is required to deal with an increase in demand provide earlier diagnosis and treatment. There are many clinical services in Morriston to complement this speciality.	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	AB	Please consider that the thoracic centre would be much more suited to being located within Cardiff and vale. It would fit hand in hand with the major trauma centre status. We are already completing minimally invasive surgery and early recovery after thoracic surgery protocols- it would be a safer and easy transition as the staff are already highly trained in this area.	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.
Disagree	AB	Perhaps overnight accommodation needs to be considered for patients that is not medically staffed so that those attending for day surgery can stay overnight before or after if required due to similar issues.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Agree	ABM	there must be sufficient staff and resource to allow this to succeed. The current demand is far less than it should be because referrals are not being made into an overstretched service. Provision must be made for this. Also if we are successful in our attempt to stage shift the diagnosis of lung cancer then there must be provision for the increase in demand which will follow	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Neither agree nor disagree	CT	Please consider all potential problems and solve them in advance not when the decision has been taken.	The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Neither agree nor disagree	HD	Where is the paediatric thoracic unit? It seems like you are seeking to be fair and share out specialist units expect this does not make sense. The Heath site is too small and a new modern unit MTC including thoracic, neuro , paedes etc should be built seconds from a motorway exit	The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Disagree	C&V	I think Thoracics needs to remain in Cardiff as a matter of patients safety, not only as C&V will be a MTC, but also there input is needed in Paedistrics.	Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input. If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover.
Disagree	C&V	Should be located in UHW because of its proximity to other specialisied services eg trauma and cardiology. Since thoracic surgery is closely linked to lung cancerwhy not site the centre at the new Velindre cancer care centre? It can be purpose built in a new hospital and patients can recieve follow up care in the same venue ensuring continuity of care.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Key Theme: Major Trauma Co-location

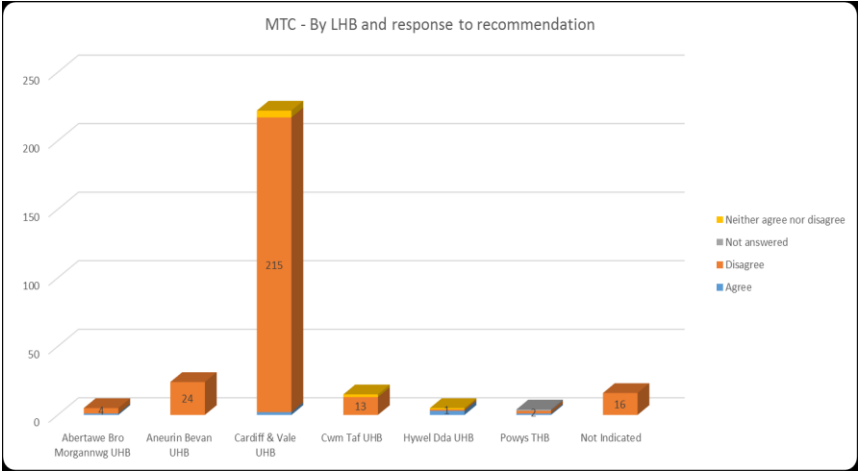
This was the most common issue raised by respondents (275) who disagreed with the recommendation. There were two main themes related to this lack of co-location, first the issue of quality and patient safety and second the issue of workforce.

Of the 275 responses many simply stated that co-location was the reason for disagreeing and there was no further qualification. Others however specified issues of quality and patient safety and we have categorised these into 3 sub themes reflecting the emphasis within the response:

- 1. Quality and safety concerns which did not specify the issue. This group of concerns included a subgroup where there was particular reference to why comparison with NHS England was not relevant.
- 2. Quality and safety concerns related to the time for thoracic surgeons to travel to Major Trauma Centre at UHW from Morriston Hospital for the immediate care of a trauma patient.
- 3. Quality and safety concerns related to general availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital.

Key Theme	Sub Theme Identified	n.
Location of Major Trauma Centre: cited by 291 Respondents	General statement regarding MTC co-location	275
	General quality and patient safety concerns	65
	Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morriston Hospital for the immediate care of a trauma patient	52
	Quality and safety concerns related to non-elective availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital	121

The Graph Below represents the geographical location of respondents together with their response to the proposal of the independent panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	AB	Considering Cardiff is to become the new trauma center of Wales it seems ridiculous moving thoracic surgery to a hospital that?s 30-40 minutes away. Most traumas like car accidents usually have thoracic injuries included, this would mean in delay in care and possible bad outcomes for patients if they are too unstable to transfer.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	. It would be a shame to see it leave from a hospital or great teaching opportunity and from the new major trauma centre in UHW. I?m very concerned about how far away the thoracic surgeons would be if a very unwell patient were to present to the University Hospital of Wales. This is over 40 miles - we should learn from the mistakes of other English cities which have been through similar circumstances.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	AB	Too far for some to travel. Also endangers lives of polytrauma patients directed to uhw.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If a person is involved in a major trauma and taken to Cardiff, they should have all the necessary people and equipment there to deliver the safest, most effective care. Not at a hospital that is potentially a hour away.... on a good day.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I would like to object to a single thoracic centre being based in Morriston Hospital.</p> <p>1. It makes no sense to place the thoracic centre 42 miles from the new major trauma centre, when a considerable portion of patients with major trauma require thoracic surgery.</p> <p>2. Transferring patients always comes with an element of risk to the patient as facilities and equipment in the back of either an ambulance or a helicopter are never as good as in a hospital.</p> <p>3. Has the Welsh government factored in the cost of medically escorted transfers for these time-critical operations, and where do they expect to find both the transport and the qualified medical staff to do so?</p>	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>1. As a senior Theatres Practitioner working at UHW Cardiothoracic unit, I have experinced in many major trauma cases and stab wounds during day and night. The injuries were involved in head, chest and both legs. Cheast injuries including ruptured heart valves, lacerated atruims and ventricles and lung injuries due to rib fractures ect. I have experinced 3 groups of speciality surgeons working on the same time on the same patient. Having the Major Trauma Centre at the UHW and Thoracic Unit in Swansea, we would not be able to provide the excellent services for the patients needed. If a patient been tranfered to the UHW with polytrauma, involved with lung injuries (major bleeding, ect) what type of care we can provide to that patient? The poor patient in trouble without a thoracic involvement.</p> <p>2. If a patient been tranferred with stab wounds and bleeding from lungs, and arrests on the way to the hospital, patient may loose his life without such unit.</p> <p>3. Where are the nurses for the new unit? Both UHW and Morriston Hospital struggle with satff shortages. We cancell surgeries without adiquet staff and to train a nurse to the current standard, will take more than 3 years. Most of us are more than 5 years experience with thoraic surgeries. we need more nurses and surgeons and more equipment, NOT a new unit.</p> <p>4. What about travelling inconvenience for patients? Why a patient from Cardiff has to travell to Swansea rather than Cardiff. Think about the impact on the enviornment, air polution and economic situation of the public. Not all the people drive, specially the alderly.</p> <p>5. Why spending millions of pounds on a new unit, insted of improving the present 2 units. The cost will be less and can spend on the other units where needed.</p>	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>With other subspecialties within C&amp;V and it being a level 1 trauma centre it would only make sense to have a thoracic surgery service on board locally.</p> <p>I would not wish to be transferred with complex injuries else where.</p>	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Cardiff is being geared up to be the Regional Trauma Centre.</p> <p>Not sure why and how patients who will need urgent cardiothoracic input should be crisscrossing the country for treatment.</p>	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	1) Length of time it would take for a patient to get to Morritson (from Newport) if faced with an emergency situation - for example if problems occur post procedure.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is the capital city, it has a higher population and it?s easy to get to via any transport link. Having the main emergency care team there but moving thoracic to Morriston would have a detrimental impact on those in need of the service as they would need to be transferred wasting valuable time and resources in order to facilitate this	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	C&v cardiac unit struggle to recruit and retain staff. Getting rid of this combined unit will add to this problem. Also I have witnessed major trauma that require thoracic urgently and I know that those patients wouldn't have made the journey to Swansea.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	In cases where road accidents or other traumatic incidents occur requiring thoracic surgery in the MTC at UHW, will additional journey time to Swansea affect patient survival?	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	The main argument cited for this decision is time to travel for elective care across Wales. The problem is that the MTC will be in UHW which will lead to a deskilling of medical and nursing teams that would normally care for trauma patients with thoracic injuries. Patients who need thoracic input will need to either travel to Swansea in a critical state or have a team come to UHW who are not familiar with the local set up. It seems to me that patients are safer if the time to treatment in major trauma cases is as low as possible and that the teams looking after such patients are used to working together and familiar with the MTC site (UHW not Swansea). I expect that patients would be happy to travel a little further for elective treatment knowing that should an emergency arise that their care will not be delayed by the need to draw a thoracic team into UHW or transfer the patient out	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If any bleeding to the chest for those suffered an accident in Cardiff and Vale, even though stabilised, they will never make the journey to Swansea.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	nowhere in the uk has thoracic surgery 40 miles away from its attached MTC	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	The UHW has been put forward as the major trauma centre for wales. It is completely inappropriate for the thoracic centre to be moved to another hospital. It is not appropriate for a patient in a critical condition to be moved 42miles to receive such care and then be transferred back for further care at UHW	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	This would be disastrous for acutely unwell patients around Cardiff / Newport. The plan is to keep acute trauma services in the Heath, but if admitted with multiple injuries from a car crash for example, there would be nobody on site to mange chest injuries. it really is farcical. In theory patients would be stabilised and transferred to Swansea - but if there is bleeding into your chest or trauma to your heart it is doubtful you would survive the trip.	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree		<p>Neuro/cardiac/trauma centers are in UHW, cardiothorastics are normally close to those. Why put a patient at risk transferring so far for cardiothoracic care and miss on other issues that might become an issue because morriston can not treat them?</p> <p>Example; Road traficc accident involving neuro, trauma and thorasics</p>	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>Swansea is too far away and dangerous for patients requiring thoracic intervention at the trauma centre in UHW hence delaying their treatment</p> <p>Surely it's more beneficial to have all the trauma specialities under one roof , the lack of any thoracic surgeons would be detrimental to patients. Wales would have the furthest distance between the trauma centre and thoracic speciality centre to travel which seems crazy</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>It is a very unwise choice to optionally choose to locate a Major Trauma Centre 42 miles away from the thoracic centre. Although this does occur elsewhere in the NHS, it would never be preferable option had the choice been available.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	<p>As the University Hospital of Wales is now in the process of becoming a major trauma center for south and mid Wales it would seem diastrous for major trauma patients not to have access to thoracic services at this site. It would go against everything that creating a major trauma center is trying to achieve. Trauma is the leading cause of death among children and young adults aged 44 years and under, with approximately 15% of people sustaining major trauma. Major trauma centres have increased the survival rates of patients with the most severe forms of trauma by 15-20 per cent. If we do not have thoracic services in Cardiff and Vale I feel this could significantly affect the survival rates of the major trauma patients we will be receiving.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Not having any Emergency Thoracic Surgery cover for a Major Trauma Centre is a mistake and will result in inadequate care to any patient with major Thoracic injuries received at the major trauma centre at UHW. The provided consultation documents are flawed in that they omitted essential information.</p> <p>The recent NHS England document on GIRFT Programme (Getting it right first time) National service specification for thoracic surgery states: ?24/7 emergency cover should be provided by general thoracic surgical consultants with or without mixed-practice cardiothoracic surgical colleagues. This should be appropriate to the service requirements. The surgeons on the rota should be able to deal with the full range of thoracic surgical emergencies. Cross cover of rotas from consultants with a purely cardiac practice or from consultants from other specialties is unacceptable?. This is fully endorsed by the Royal Colleges &amp; National Societies &amp; GMC.</p> <p>In England there are split site models for delivery of CTS Cardiothoracic surgery services for major trauma. However, following a review of these arrangements (information provided by TARN) it is clear that all split Cardiac and Thoracic site services lie in close geographic proximity. Almost all are &lt;6 miles apart and many &lt;3 miles, the exception being Preston in the North of England which transfers patients ~15miles to the Cardiac Centre in Blackpool, a calculated 29 min transfer time.</p> <p>In most of these English split site models - the Thoracic surgeons provide cover at both the Thoracic site and the Major Trauma site.</p> <p>In the recent GIRFT document, the NHS England decision is that the split site models that currently do not have specialist Thoracic surgery emergency cover, must have 24/24 dedicated Thoracic surgery cover in place by the end of 2018, as it is an unacceptable and unsafe practice to not have specialist Thoracic surgery cover at an emergency trauma centre.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I write to express dismay at the decision to locate the S Wales Thoracic surgery centre in Swansea. The decision has been taken to place the Major Trauma Centre in Cardiff, and if thoracic surgery is no longer in Cardiff, this will be hugely damaging and would raise insurmountable barriers to providing a round the clock emergency service for major trauma.</p> <p>I can only assume that the decision was taken at a time when the location of the Major Trauma Centre was undecided. There is no mention of this in the consultant slide set.</p> <p>Can I ask for this to be considered seriously in the final decision, and to ensure that Thoracic Surgery emergency cover is available in Cardiff for the new Major Trauma Centre.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	<p>Insanity - to far for major trauma patients to survive by moving it to Swansea. No way to be able to implement standards - 30 minutes standard is a safety issue. How are you going to provide 24/7 onsite throacic cover within 30 minutes to the MTC - impossible - patients will die because of this.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>A trauma unit 45 miles from nearest thoracic surgeon is not sustainable, and there is no option to locate the trauma unit in Morriston with no neurosurgical services. it might be possible totransfer all thoracic trauma to morriston but triage of injuries at the time of injury is notoriously difficult . in addition considerable further investment would be needed to make the Morriston trauma centre accessible directly by helicopter</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Main issue is the separation of major trauma (UHW) and thoracics (MCC). Thoracics are an integral component of the adequate care of major trauma and therefore as a clinician, it is non-sensical to seperate the two services by 50 miles. Any issues regarding location of thoracics as defined by post-codes, patient access, geogprahical convenience etc etc are an irrelevance to locating thoracic services. To deliver complete trauma care, thoracics has to be on-site at UHW.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	C&V	There are NO examples in the UK of an MTC and a thoracic unit separated by 45 miles. I do not think the panel had the expertise to understand the implications of this.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important than the location of the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Excellent centre in Cardiff & Vale already using minimally invasive & ERAS techniques. Major trauma status in Cardiff & Vale. I feel that having thoracic surgery based approximately 1 hour away would be detrimental to patient care; especially major trauma patients	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important than the location of the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Too far from trauma centre	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important than the location of the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Cardiff is the major trauma centre. I think it?s a crazy idea to put thoracic surgery 40 odd miles away!	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Cardiff has excellent surgeons and carry out the majority of thoracic surgery in Wales. They have one of the highest rates of minimally invasive thoracic surgery in the UK.</p> <p>A number of specialist staff will not move to Swansea resulting in a loss of skills and a problem with recruitment of specialist staff.</p> <p>From what I understand the decision as to which centre was very close and appears to have been made on space rather than clinical outcomes.</p> <p>According to NHS England Thoracic Surgery Service Specification section 2.1.3 thoracic surgeons should be available within 30 minutes for chest trauma, and thoracic surgery should be available at a major trauma centre. Cardiff has neuro surgery and a children's hospital including a paediatric ITU and will have the major trauma centre and the thoracic services MUST be available with them. Lack of thoracic surgery at UHW would mean a delay in treatment during the 'golden hour' and patients will be compromised.</p> <p>Cardiff population is rapidly expanding and that is likely to continue.</p> <p>I strongly believe it is the WRONG DECISION and if the unit moves to Morriston leaving no thoracic surgery withe the major trauma centre that patients will be compromised and lives will be lost.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Several problems will arise due to the distance between a major trauma unit and an adult thoracic surgery unit (42 miles) Surgeons would rather live near a capital city with all its infrastruncture.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Cardiff is the new major trauma centre. Half of accidents admitted to UHW involve chest trauma. How can we offer the service 24/7 when they are 50 miles away in Swansea?? This will result in compromised care and unable to fulfil the service	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Unsafe. People are at risk. The MTC should have thoracic surgeons available. This is essential for prompt and correct treatment of patients with chest injuries. Having a thoracic centre 42 miles away is unacceptable. I?m England the longest distance a thoracic centre is from MTC is 15 miles. Patients will be out at risk. If you time thoracic moves to Morristown then the skills of the staff at UHW will be lost.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Based on models within England and major trauma centres, the nearest thoracic Center is less than 10miles the proposed model is a minimum of an hour drive on the best of days and approx 45 miles.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	As shown in England it is evident that thoracics needs to be within a 15 mile radius in order to achieve the best possible outcomes for patients!	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Thoracic needs to be within 15 miles of a major trauma centre which has been allocated to Cardiff. This is the best organisational choice as it has been shown in England in recent statistics that it reduces fatalities to have thoracic close to major trauma	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	The thoracic centre needs to be within 15 miles in order to reduce fatalities.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	<p>The main trauma centre serving the same geographical patch which includes specialisms and experts from across the world.is based in Cardiff. It is imperative therefore.that this facility is situated within the City or at least within a 15 mile.radius to ensure patients who may need the intervention of a range of specialisms are treated promptly and that teams can work together with ease. It makes no sense not having this vital department easily accessible and Swansea is too far. This will surely lead to more deaths.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Keeping thoracic centres within 15 miles of major trauma centres has been shown to reduce fatalities as shown in recent statistics from England and I therefore think it's vital that it remains in Cardiff.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>To gain the best results for Major Trauma Centre patients the consultants should be able to get to the Major Trauma Unit within 20 minutes. There is no explanation on how this standard will continue to be met in respect of the Major Trauma Centre currently established at University Hospital of Wales (UHW) in Cardiff.</p> <p>A higher number of people currently undergo thoracic surgery at UHW than at Morriston Hospital. This will mean that more patients from the South East of Wales will have to travel further to access thoracic pre-op and surgery and will impact on more people such as family members who wish to visit or be with them. If the thoracic surgery centre is based in Swansea, limited numbers travelling from West Wales will have shorter journeys. However, there will be an increase in the numbers of people travelling further from the South East, which will increase the levels of vehicle travel and levels of pollution.</p> <p>We do not believe that the analysis of travel times has taken into account the population that is most likely to require this surgery – i.e. people from areas of higher socio-economic deprivation – and therefore the travel times for those who are less likely to have access to their own motor vehicle. This will disadvantage those already impacted negatively by health inequality, including people from different ethnic communities.</p> <p>We also feel more emphasis should be given to the fact that more research in regards to thoracic is carried out at UHW than in Swansea. Moving the Centre away from the research base may result in Wales losing out in terms of additional challenges in leading the way and making the best use of resources. In some instances, patients like to choose to be treated at a hospital with close links to research facilities.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	CT	<p>To provide a quality service which all people are entitled to especially in emergency trauma care, all specialities should be on site at UHW to give the patient the best possible chance of survival. To remove thoracic services to Swansea 40 plus miles away is a totally unsafe option, where is the duty of care to the patients? It would not be in the 'patients best interests' to arrive at a regional trauma centre with relatives expecting high quality care for their loved one, only to find there is no thoracic team to assess and treat their injuries with the competent care that is required. Also more people in the south east region of Wales would be unfairly affected by moving thoracic surgery to Swansea as there are more people and more operations performed on these people in this area therefore more people and families travelling many miles up and down a congested m4.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	NA	<p>It is absolutely ludicrous to have the major trauma centre in Cardiff and the Thoracic surgery centre in Morriston. it is understandable if it is located within 20-30 mn of travel time Every NHS Consultant contract even for non acute services states that they should be resident within this time frame. This decision makes a mockery of the NHS contract stipulation. Lives will be lost and patient safety incidents will occur and there is no plan as to how the on calls will be covered. Cardiac Surgeons will not be covering these on calls and this has been clearly stated and documented. The travel analysis will not stand up to any scrutiny. It is a well known fact that UHW is a much larger centre with a population of 1.2 million and does 650 cases in comparison to MH the does 400 cases. More number of people will be travelling and this is only likely to increase year on year. To separate Thoracic Surgery from a Major Trauma centre is a purely political decision as no sensible clinician will endorse it. The two issues cannot cannot be separated.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	NA	<p>It is too out of the way and would be difficult to access in emergency events where trauma centers should be 40 mins away.</p>	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	AB	<p>I am greatly concerned about the distance between Morriston and UHW for the provision of emergency thoracic surgery. The FAQ doc states that Morriston 'will be further away from the major trauma centre than for centres in England. However it?s important to realise that it?s the travel time for the surgeon which really matters and travel times will vary depending on the amount of traffic and where the surgeon is at the time of the emergency'. The travel time given in the table of 53mins is significantly greater than all the England centres, and could be longer at peak times. The statement that 'consultants will not always be based in the hospital when they are on call' is not at all convincing. It is also not convincing that EMRTS would be able to determine the need for emergency thoracic surgery. As a SE Wales resident (the most densely populated area of S Wales), I am really concerned that emergency thoracic surgery following trauma in SE wales requires a surgeon based 53 mins away, a model that is not operating elsewhere - 24 hr on-call rota or not.</p> <p>I appreciate the need to form a single centre unit of expertise, but the location should be reconsidered to best meet the needs of S Wales residents.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>With the major trauma centre going to be located in UHW, it does not make any sense that the thoracic services will be located in Swansea. Many casualties with polytrauma often present with thoracic injuries so it doesn't make sense for thoracics to move to Swansea</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>Trauma services are being centralised in Cardiff. Thoracic surgery is an important component of a trauma service.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	AB	Thoracic surgery centre needs to remain closer to trauma unit in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	. My main concern is that the major trauma centre will be located in Cardiff - how will this impact these patients?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	I do not understand the logic to have made a decision to remove an extremely important part of a specialised trauma team. It is dangerous and the quality care expected from a regional trauma centre of excellence will certainly be compromised. In the few trauma centres in England where thoracic care is not onsite, the distance between the two hospitals is minimal being only a few miles away from each other and therefore enabling competent thoracic teams to attend the patient quickly and provide the emergency care needed. If thoracic care is moved to Swansea the distance is approximately 42 miles usually in extremely heavy traffic, people will die and that is not what the people of Wales deserve.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	AB	<p>The university hospital of wales in Cardiff, is soon to be a major trauma centre. It makes no sense that you would remove thoracic surgery from the site meaning further extended journey times for potentially critically ill patients who may have already bypassed a local hospital to attend a trauma centre. Perhaps routine chest surgery for chronic conditions and cancer patients could be undertaken at Llandough hospital where there is already a respiratory service would improve waiting times. All in all I feel it?s a financially driven proposal rather than one based on patient safety. Really unhappy with this proposal. If emergency procedures are still to be carried out at university hospital Cardiff then this needs to be made clear.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>Uhw is supposed to be the trauma centre for wales</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>Cardiff is a major trauma centre. a major specialised trauma unit without an attached thoracic surgery unit is unimaginable. cardiff has an excellent record in treating thoracic surgical cases both in terms of number &amp; result.why change? impact it will have for referral&amp; waiting time for people from the valleys. lastly major impact in transport for patients &amp; their relatives &amp; friends from the valleys to morriston</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	AB	<p>As the bigger, more successful unit, upsizing would be more straightforward, and we have a larger group of senior staff to train new staff. Recruitment is also less of an issue in UHW.</p> <p>We regularly treat patients from West Wales who have been deemed too high risk for Swansea, and these patients do not have any concerns about travel. The socioeconomic issues in Gwent make travel much mor difficult. there are direct buses to UHW from Newport, park and ride etc. So travel for a significant number of patients and their relatives will be unmanageable and stressful.</p> <p>Impact on Major Trauma- this is a no brainer- we currently work closely with GITU and Trauma for major cases, with multiple poly trauma pts receiving surgery and specialist after care on our wards whilst also having significant orthopaedic trauma. We also support other areas with specialist input- surgical, nursing and physiotherapeutic input as part of our seamless care.</p> <p>The indep panel had no major trauma experience, so no insight into the significance of their oversight. We are told that neither bid was partic good, maybe because each expected the common sense decision of siting Thoracics with major trauma was a no-brainer.</p> <p>Swansea does not have a building to move into, so building Extra accommodation is an issue for both. The current suggestion for Thoracics to move into Plastics and for Plastics to have a purpose built unit is insulting.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	ab	<p>A major trauma centre without the capacity to treat chest injuries will ultimately fail.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>I know someone who needed emergency surgery on their lungs after a terrible fall which resulted in other injuries. How can you justify treating for multiple injuries in one place and then transferring to another to treat for lung injuries? Makes no sense at all.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	AB	Trauma centre to based at UHW	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	About to be Trauma Centre n UHW need thoracic for this reason alone	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	You cannot have a major trauma centre in Cardiff without cardio thoracic services on site. Patients will die if this decision by an uneducated, uninformed panel goes ahead. Recommendations need to be made by healthcare professionals, and experts in healthcare - who all agree this recommendation is a travesty	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	AB	<p>We should have 2 services - at Cardiff and Swansea. There is enough work for both and decisions should not be made purely on finance or politics but in the best interests of patients throughout South Wales. How can you not have thoracic services on site at a MTC! I feel this has been done for political reasons as UHW was chosen as the MTC.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>There are several reasons -mostly recommended by the RCS team who were asked to provide specialist advice .They stated</p> <p>' It is the view of the team that it makes sense to locate thoracic surgery on the same site as cardiac, trauma and respiratory services.The review team felt that the thoracic surgery service would be best placed at the same site as a major trauma centre.</p> <p>Co-location with the oesophago-gastric cancer surgical team would be appropriate, since complications of such surgery often require the input of the thoracic surgical team.' Since the MTC and GO Surgery are based in Cardiff it would appear to make sense to the RCS advisory group to locate the unit in Cardiff.</p> <p>Thoracic Surgeons should be within 30 mins of the major Trauma centre as recommended by the RCS. Morriston is at least 1 hr away from Cardiff and would mean S Wales patients have the longest wait for an emergency Thoracic Surgical procedure in the UK as no other unit is located at such a distance.</p> <p>Deskilling of staff in Cardiff following removal of Thoracic Surgery service would further risk the safety of Emergency Thoracic trauma procedures .</p> <p>It appears to make no sense to establish the newest MTC in the UK over an hour away from Thoracic Surgery.</p> <p>The RCS review also stated 'It would be appropriate for any site performing thoracic surgery to have appropriate access to equipment such as a PET scanner and EBUS' The PET scanner is in Cardiff. In addition there are no specialist Thoracic Radiologists in Morriston whereas there are in Cardiff</p> <p>The RCS review also noted</p> <p>'University Hospital was considered the site that would require the least work to establish the service,'</p> <p>Furthermore, several aspects of innovative care eg case managers and Surgical techniques already established in Cardiff were highlighted positively by the RCS advisory group.</p> <p>It would take less resource and would therefore be more prudent to have the service in Cardiff .</p> <p>The travel analysis actually indicates that more patients would travel less overall if the service is based in Cardiff.</p> <p>For these reasons it appears Cardiff would be the clear choice for the service and it's difficult to see how the ' Independent Panel' didn't acknowledge this.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	AB	<p>The report of the Royal College of Surgeons review panel suggests that Thoracic Surgery should be co located with the Major Trauma centre so placing the unit in Morriston which is 42 miles away and an hour's journey appears to be inappropriate.</p> <p>Travel distances appear to have been an important consideration by the Independent panel who recommended Morriston. Most patients would not be concerned about travel for an elective procedure if the service is high quality and a centre of excellence. However travel for emergency Surgery eg major trauma is different as the distance is crucial. If travel was an issue, the travel analysis suggests that Cardiff would be the better location for most patients.</p> <p>This is even more important since the population in S E Wales and in Cardiff in particular is increasing and Cardiff is projected to increase the most up to 26% by 2039 ( Welsh Government data) - faster than any other UK city incl London. The population of Powys is projected to reduce by 8%.</p> <p>1.6 million people ( half the population of Wales) is able to drive to the city in 45 mins or less.</p> <p>If this unit is to be ' future proof' Cardiff would be the better location for both emergency and elective work.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	AB	<p>Due to trauma centre being based in Cardiff it may come as an inconvenience to patients.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	ABM	<p>Trauma will not be located in this hospital and therefore would not provide a safe environment for treating this complex group. There will be a disconnect between the safe treatment of trauma patients and thoracic injuries as a result. The specialist care should be in the main centre for trauma surgery and not a peripheral DGH. It is well known better clinical outcomes are related to the concentration of expertise.</p> <p>Also elective surgery that requires thoracic cover or violation is performed one centre and that is not in Morriston.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	ABM	Not having a heart and lung surgery service in a major trauma hospital is unsafe for patients and will result it increased deaths.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	ABM	As UHW is the designated trauma centre it seems completely inappropriate to move cardio thoracic unit to a different hospital.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	The single, larger centre in Wales should be called localised with the major trauma centre in order for the expertise of the thoracic surgeons to be available for the use both of patients who have suffered major trauma and for those who need to undergo urgent, but elective, surgery. On page 16 it is stated that the panel 'felt there were potentially some advantages for a very small number of patients'. If these advantages may include the difference between life and death from trauma, that should outweigh increased travel times. The travel times of those patients undergoing urgent, but elective, surgery should not distort the needs of those for whom urgent, emergency thoracic surgery is required for major trauma.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>Although the stated reasoning on distance traveled cannot be disputed, the proposal only very briefly mentions and significantly underplays one major issue:</p> <p>The development of the Major Trauma Centre for Wales at UHW.</p> <p>Although the report mentions that Cardiothoracic surgery based at Morriston in isolation from the MTC at UHW may disadvantage a 'small number of patients', This is a gross under-representation of what the true impact will be.</p> <p>In fact, it may be disadvantageous to the point of annulling the proposed benefits of the MTC overall.</p> <p>I struggle to see how the panel has properly considered the impact on this critically ill cohort of patients being transferred unnecessarily along the M4 corridor (from the MTC at UHW to Morriston for Cardiothoracic surgery) - potentially in extremis?</p> <p>Furthermore, Morriston would lose a significant number of Cardiothoracic trauma patients to UHW due to co-existing/over-riding neurotrauma, thus affecting the balance of numbers between the two sites further in favour of UHW.</p> <p>I sincerely hope for the people of Wales and the success of the MTC that this decision is reconsidered.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>CARDIFF IS CENTRAL AND ACCESSABLE. ALSO LIKLEY TO BE TRAUMA CENTRE</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>As I live in Cardiff and am aware that the Major Trauma Centre is to be located in Cardiff surely major trauma will include penetrating and therefore serious chest injuries requiring the highest standard of care.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>Cardiff already had a substantial cardiothoracic team. The provision of the major trauma centre at Cardiffin the coming months and years makes the decisionto move services to Swansea. Penetrating chest injuriesare common and may require onsite immediate surgery. If such injuries are complicated by additional spinal and neurosurgical injuries it makes transfer of such patient groups impractical and dangerous. Many major trauma patients for into the other categories as well as thoracic surgery. Additionally the transfer of critically ill patients between sites is often difficult due to the demands on the Welsh ambulance service and emergency calls.</p> <p>Serious consideration needs to be given to the fact that major trauma often involves many specialties and they need to be on the same site.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Wales has an opportunity to create a gold standard major trauma centre. Learning from the mistakes made in England is important. Having thoracics on a separate site will render our major trauma centre second class.</p> <p>As an intensivist we are needing to involve thoracic surgeons increasingly on trauma patients' care. Early rib fixation, particularly in the elderly, is proven to improve mortality. If the surgeons are moved to morriston this will result in worse outcomes for trauma patients and increased risk of these patients involved in transferring these patients.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Thoracic surgery should be colocated with the major trauma centre in Cardiff</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	<p>Cardiff and Vale UHB has got well established thoracic unit with excellent performance and outcomes. Percentage of minimally invasive thoracic surgery is significantly higher in Cardiff than Swansea. Cardiff thoracic unit is lead by an enthusiastic and innovative Surgeon with exemplary team work. All the three surgeons works as single team to provide the excellent care for the thoracic patients. Most of our patients are cared in the normal ward environment after their thoracic surgery with excellent outcomes.Team actively promotes day of surgery admission , enhanced recovery programmes and multidisciplinary approach to patient care. In addition recent planning to establish Major Trauma centre at University hospital of Wales is a welcome and well deserved project, moving Thoracic services 45 miles from the Major Trauma centre wouldn't be helpful to the outcome of the trauma patients. Also I sincerely believe recruitment and retention will be good at Cardiff than Swansea. For all the above reasons I disagree with the proposal of moving Thoracic services from Cardiff and Vale UHB.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Moving thoracic surgery away from the site where the Major Trauma Centre will be is nonsense</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>A Major trauma centre require the support of a thoracic surgeon for the best delivery of care to the patient. I am afraid that is not going to happen or the patient care compromised if the thoracic service is going to be moved to Morriston.Also, many ITU/HDu patients who needs thoraic surgeon's intervension and referrels, what is the provision for that if the service moved to Morriston?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Oherwydd bod thoracic surgery yn gysylltiedig a mojour trauma ac mae hynny yng Nghaerdydd	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Despite assurances and extant models from England. It is impractical to implement a Major Trauma Centre without thoracic surgery provision. This decision is unsafe.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It has to be based in cardiff close to the major trauma centre. It is in the benefit of patients that thoracic surgery facilities are availalbe at the same site as major trauma centre, otherwise, patients lives are put at risk,	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>Main trauma centre is UHW, moving thoracic surgery from Cardiff is therefore a mistake.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I am concerned that locating these services outside of UHW will compromise the provision of thoracic surgery to patients admitted to the major trauma centre located in cardiff.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>It makes no sense to have thoracic surgery at different site to the region's Major Trauma Centre. Thoracic surgery and the treatment of thoracic injuries should be readily available in a major trauma centre.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Having thoracic services separate to a major trauma centre will cause delay in the treatment of patients with major trauma with chest injuries	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	With the major trauma centre proposed to be in Cardiff i believe the thoracic unit should be in the same place. Patients who come to the major trauma centre may need the input of thoracic surgeons and those surgeons should be within 30 minutes of the hospital, if you were to put the thoracic unit in morriston then it would take surgeons around 53 minutes to get to the major trauma centre at cardiff. Along with travel time, i think it is also fair to discuss how 3 of of the thoracic surgeons are already based at cardiff along with a team of amazing aneathetists, nurses and scrub staff who offer patient high quality care with amazing results. I believe moving the thoracic unit to morriston would be worse for patients and put patients more at risk of not having the treatment that they rightly deserve.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	I live in Bristol but work in Cardiff and travel daily for work. I am extremely concerned that if I will have accident on M4 I will be taken to Regional Thoracic Center in Cardiff and have not acces to specialised thoracic service if needed . Thoracic surgery will be placed in Morriston so unable to provide suport to Trauma Center in Cardiff. In my opinion Regional trauma center should have support of experts of all essential speciality . Not having Thoracic Surgery in Cardiff compromise safety and standard of treatment of trauma patients	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Trauma provision at new trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If Cardiff is to be the Trauma Centre for Wales, we will need the Thoracic services 24/7 at Cardiff. Trauma patients often have multiple injuries, so we will need Thoracic services on site.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	As Cardiff is the location for the intended South Wales major trauma centre it seems incongruous that there will be no associated thoracic surgical service. Patients suffering multiple trauma often have significant chest injuries and the capacity to deal with these on site should be part of any major trauma service.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	I think that as Cardiff has been confirmed as the major trauma centre there will be a significant harm to patients who are admitted with chest trauma requiring thoracic input. Trauma is the leading cause of death worldwide in fewer than 40's and accounts for more than 9000 deaths/year in UK. Chest injuries are responsible for 1 in 3 of these deaths. Within Cardiff we have set up an exemplary system of recognising those patients most at risk of developing respiratory complications post blunt chest trauma and have managed to reduce our overall mortality and morbidity rates. These patients require rapid and aggressive treatment regimens to facilitate a speedy recovery. This will all be compromised if these patients have to then be transferred to Morriston for thoracic intervention.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

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Disagree	C&V	<p>I think major trauma and thoracic surgery should be on the same site</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>SERVICE PROVIDED</p> <p>University Hospital of Wales is a trauma centre. Following major RTA, when it's likely to find brain and chest injuries, it's completely unreasonable to think that people will have to choose between having Neurosurgical cover (UHW - Cardiff) or thoracic surgical cover (Morriston - Swansea). You can't have a trauma centre without thoracic surgery in it. It's not safe.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	This would mean that thoracic surgery would be distant from both the major trauma centre and tertiary paediatric surgery as well as PICU + tertiary neonatal services	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients. Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of</p>
Disagree	C&V	Thoracic services in cardiff are fundametal to deliver safe care in UHW. From a critical care perspective surgical intervention for complex pleural and thorcic infections and increasing demand for fracture rib fixation to save lives in trauma (anticipated to increase with the MTC) means moving these services to morriston will make future critical care, particularly around major trauma non-viable.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It makes no sense when the MTC is to be in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	<p>Do not understand the rationale for placing the mutiple trauma centre in Cardiff whilst moving thoracic surgery to Swansea- What happens if a major trauma patient has major injuries to the thorax?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>This is a highly specialised service which needs to be based within a major trauma centre and a large population base.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The Cardiff Service appears to be as good or better than the Swansea service on relevant metrics. I anticipate total loss of the Cardiff consultant group from Wales if this initiative proceeds.</p> <p>The FAQ on the role of the thoracic service in major trauma has missed the point: a) Operations that require a thoracic surgeon may be rare but they will invariably be time-critical and life-saving. b) General surgeons with extensive trauma experience, e.g. military surgeons, can handle many but not all thoracic injuries. c) It is nice that thoracic injuries have been added to the general surgery curriculum but no provision has been made for adequately training general surgery trainees in these techniques. d) Even if such provision is made, trainees will not become available to fill consultant posts for many years. e) No provision to train existing consultant general surgeons to any level in these injuries has been made as part of this process or of the trauma regionalisation process. f) What training has been provided, e.g. a recent WG-funded cadaveric course, is not fit for the prupose of preparing general surgeons to substitute for thoracic surgeons. (It was a much more superficial level of training.)</p> <p>Exisiting cardiac surgeons in Cardiff have explicitly stated that they will not manage non-cardiac thoracic trauma if this proposal is implemented. No one has asked the general surgeons whether they would be happy to do so. If the cardiac surgeons are refusing, and they at least did thoracics when they were trainees, then do you really think the general surgeons will take a different line? No, they will not.</p> <p>You need to resolve this issue before you move the service, not move it and then try to put Humpty-Dumpty back together again. When some young man or woman dies unnecessarily of a treatable thoracic injury in the Major Trauma Centre, you will not be able to say that you did not know.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	cardiothoracic centre should be based in Cardiff for emergency chest and cardiac conditions.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The Major Trauma centre (MTC) for south wales is to be located in Cardiff and therefore moving this important element of trauma care away from a mojour trauma centre seems counter productive and in my view will put patient lives at risk.</p> <p>I would also consider that having to retrain staff, nursing, medical and support staff will be an enormous undertaking and a considerable cost.</p> <p>It strikes me that this is being done as a political 'sweetener' to Swansea to counteract the loss of the MTC. It is not appropriate in my view to play politics with patient care.</p> <p>It will be mooted that Southmead Hospital in Bristol does not have throracic surgery and as such manages as an MTC. However it must be pointed out that North Bristol Trust never had this service in the first place, so would have had to be moved from BRI which was deemed inappropriate. This is not the same situation as with us.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	BECAUSE,WE ARE ABOUT TO BECOME THE TRAUMA CENTRE FOR SOUTH WALES AND THERE WILL BE MANY PATIENTS WITH THORACIC INJURIES WHO WILL NEED ASSESSMENT AND/ OR INTERVENTION BY THORACIC SURGEONS.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	UHW would be lacking an essential service in the major trauma centre setup. This would compromise the trauma services even further.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Major trauma centre - It will be difficult to provide a high quality trauma centre without thoracic surgery near or on-site. While major thoracic injuries are not common they are usually life threatening without emergent intervention from an experienced thoracic surgeon. It makes no sense to move thoracic surgery over 40 miles away from the Major Trauma Centre, I believe that trauma patients will suffer as a result. If a patient had a polytrauma with a thoracic injury they should have the timely care they deserve in a major trauma centre with thoracic surgery.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>My main worry is the fact that thoracic surgery will not be on the same site as the MTC. I note that you say that this is not a necessity and that there are other MTCs that do not have thoracic surgery on site. However, if you were to ask which of the two options would be the ideal... the 'gold standard' you would undoubtedly say they should be on the same site. Having other surgeons train in thoracics for the ad hoc thoracic trauma is not good enough. Skills will simply not be maintained (or even gained in the first instance). Just because other places do it, doesn't mean its the best thing to do. We have an opportunity here to build a great MTC and develop all service to high standard and this can only be done by keeping thoracics in UHW, alongside the MTC.</p> <p>In addition,although this consultation only talks about adult surgery, the thoracic surgeons have occasionally been involved in the management of paediatric patients,either independantly or alongside the general paediatric surgeons. If we had a paediatric thoracic trauma admitted then a thoracic surgeon may very well be needed to help manage the case alongside the paediatric general surgeon.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients. Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input.</p> <p>If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	C&V	<p>I do not see how it would be possible to have a Major Trauma Centre in Cardiff with no Thoracic Surgeons on site. Either Thoracic Surgery stays in Cardiff, or the MTC goes to Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	A MajorTrauma Centre is about to open at UHW and Thoracic surgery is moving to Swansea. Not safe or sensible	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	I believe that the removal of thoracic surgery from UHW will be a backward step for the management of a polytrauma patients in south Wales. I believe that a major trauma centre should have all surgical capabilities on one site in order to offer the patient optimum treatment.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is about to become the major trauma centre. Who exactly will manage chest injuries? What an absolutely stupid decision! Do I need to say any more?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Because the major Trauma centre will be in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Given that the proposed MTC is to be located in Cardiff, it makes no sense whatsoever to move thoracic surgery away from Cardiff. Patients with major trauma do not, by definition, present with isolated injuries. They have multiple pathologies with complex long bone fractures, pelvic and spinal fractures, abdominal and vascular injuries, and brain injuries all coexisting with thoracic trauma. Thoracic trauma is frequently imminently life threatening and to not have this service available in the MTC negligent.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is about to become an MTC. A significant number of the trauma patients seen will have chest (thoracic and cardiac) injuries and there needs to be cardiothoracic services co-located with the MTC. Having thoracic surgery at Swansea will put significant numbers of patients at risk of harm or unnecessary death because either there is no timely availability of thoracic surgeons or the patient gets transferred to Swansea and comes to harm because another service that they need is in Cardiff. In addition the only PICU is in Cardiff and these children would therefore need treating in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	It is concerning that other services are being located in Cardiff such as Major Trauma Centre yet a vital part of the team that are needed for that will be located in Swansea	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It is grossly unsafe not to have a full thoracic service in the same site as trauma and neurosurgery. Cardiff is the only safe place for this to be located	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is about to be made a major trauma centre and the thoracic services need to remain at the major trauma centre for better management of the severely injured patients.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>While trauma centre moves to cardiff, thoracic services moving in the opposite direction defies logic. Thoracic trauma is not uncommon in high speed trauma.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The UHW site is a tertiary hub for major spinal trauma and thoracic/chest injuries are one of the commonly associated injuries with major spinal fractures hence Thoracic surgery centre should be based at UHW.</p> <p>It appears that the major trauma centre for South Wales is going to based at UHW. One of the commonest life threatning injuries is thoarcic injuries in a polytrauma patients as per the Advanced Trauma Life Support protocols. From that perspective as well the Thoracic Surgery centre should be where the Major Trauma Centre is based, which would be the UHW site.</p> <p>From a Risk Management point of view it will potentially lead to putting patients at risk if the two ie the Major Trauma Centre and Thoracic surgery centre are not on the same site.</p> <p>Hence for the above reasons the thoracic surgery centre should be based at UHW.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Cardiff already provides a good service which includes VATs procedures and has just started a well planned ERAS programme. More thoracic surgeons are based in Cardiff &amp; Cardiff is a major trauma centre.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	<p>This is a ridiculous proposal. The University Hospital if Wales is the major teaching hospital in South Wales. It cannot function as an MTC if Thoracic surgery moves to Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Thoracic surgery provides care for chest injury associated with multiple trauma patients. Fixation of rib fractures and decompression of chest is known to be life saving! When the MTC is propsoed to be in Cardiff , what is the logic of moving part of the trauma team to Swansea?? The motive seems to be political rather than medical. It will be a step back wards. If it is already decided that way, a 24/7 in call cover must be available at cardiff to deal with thoracic trauma.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>This proposal seems not to have been thought through thoroughly. Thoracic surgery does not work in isolation, and supports other specialities. The majority of surgical specialties are based in Cardiff as part of the major trauma centre, I would presume thoracic surgery would be included in this, why would you therefore choose to relocate thoracic surgery 40 miles away from this important centre? It makes little sense.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>it should be in the major teaching centre in Wales i.e. Cardiff.</p> <p>If UHW is to become an MTC it is ludicrous the thoracic surgery should leave Cardiff</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>A major trauma centre needs to have a complete 24/7 cardio thoracic service.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>This is a crazy decision if the major trauma centre is located in Cardiff.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	How can you have a trauma centre in Cardiff and not have a thoracic centre?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff will be the major trauma centre. The cardiothoracic team as a whole should be in the major trauma centre as they are an important part of the trauma team	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Large population in cardiff & a major trauma centre pending	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	As the Major Trauma Centre will be at UHW then there is no need to move to Swansea. The MTC needs the Thoracic Unit as the majority of serious car accidents will involve Thoracic injuries.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Necessity of having thoracic surgical service attached to a major trauma service in the most populous catchment area in Wales.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	How can a major trauma centre not have access to emergency thoracic surgery?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>You cannot have a MTC in Cardiff and not have on site thoracic services. It is totally unacceptable.</p> <p>MTC pts will be put at grave risk.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I have previously worked at a Major Trauma Centre in London and experienced first hand the necessity to have the cardio-thoracic team available. We experiencing a higher number of violent acts within cardiff and the vale including an increased number of knife crime victims. It is essential that these patients have access to specialist services onsite as soon as they arrive into the emergency department.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Neither agree nor disagree	C&V	<p>Thoracic surgery often required in major trauma cases, this report does not identify how this support will be provided to Major trauma centre in Cardiff. Will cardiac surgeons be expected to fulfill the role of thoracic surgeons for major trauma or will surgeons come from Swansea?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	All the trauma specialities should be under one roof	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	The thoracic surgery centre should be at the same location as the Major Trauma Centre (or close to it) i.e UHW or UHL in Cardiff. Experience in England shows this to be optimal.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is set to become the multi trauma centre for Wales. It would be very difficult to fully meet the needs of these critically ill patients if we are unable to fulfill this aspect of their care. I believe it would even compromise care as it would require Patients potentially in an unstable condition to be moved between centres.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	It is inconceivable that if the UHW has been awarded the new major trauma service that the cardio thoracic services could be limited to this trauma patient group without intra hospital transfer. It will cost lives.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Cardiff is the major trauma centre for south Wales. all other trauma specialities will be there... it makes no sense at all to move thoracics to Swansea .	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If there is solely one thoracic surgery centre this will impact patients who suffer sudden trauma and are unable to be treated in a timely fashion if they are not close to the sole centre.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	because the major trauma centre is coming to cardiff and thoracic surgery should be part of this	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I find it hard to comprehend the stupidity of planning a major trauma centre in Cardiff UHW without the provision of thoracic surgery. This will lead to delays in treatment for the sickest patients and that will inevitably lead to an increase in the mortality rate for those patients.</p> <p>In short if this proposal goes through people will die.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	As UHW is becoming a major trauma center it would be inconvenient to relocate cardio thoracic surgery away from there as it is a common problem in trauma patients	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	University hospital of wales has been made the major trauma centre. Thoracics is needed there	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	No cover for Trauma centre - patients are therefore going die because of this!	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	o this will result in deaths in some patients attending the Major Trauma Centre!	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Cardiff is to be a Major trauma centre. Patients presenting with thoracic injuries will require prompt treatment. Transport despite the calculated 55 minutes by road is unsatisfactory. s	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	How is it feasible that a Major trauma centre receiving all of the emergency head, abdominal and extremity trauma should be unable to deal with thoracic trauma? Patients will die unnecessarily because of this.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If UHW Cardiff becomes the major treatment centre for S Wales then Thoracic surgery will likley be needed in some poly trauma patients that will come to such a major treatment centre. As an orthopaedic surgeon I am not trained to manage thoracic injury patients	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	With MTC in Cardiff, thoracic surgery should remain on the UHW site so that it is available to the MTC. Further separation of services onto split sites will have an adverse effect patient care	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It seems totally impractical and contrary to medical opinion to have it at such a distance from the MTC. How can it work in practice? All other MTCs have thoracic surgery colocated or very near by. This looks like a political decision rather than one based on any proper medical considerations.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Major accident centre is in Cardiff Retention and recruitment of staff Distance from major trauma centre is too far	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>The thoracic unit at UHW provides a wider range of procedures to thoracic patients, including video assisted thoracotomies to pneuactomies.</p> <p>The unit at UHW has a team of staff with years of experience in providing all aspects of care to thoracic patients,their families and support network. Many of these patients already travel to the unit. To travel to Morrisston hospital would further the stress of being away from their families.</p> <p>Also, as the major trauma unit is based at UHW it is inconceivable that such a unit could exist without the support of a thoracic unit. Many of major trauma patients involved thoracic injuries and on many occasions, the thoracic nurses on the unit has been asked for assistance to other clinical area in providing care to patients with chest drains. This maybe trouble shooting to drain removal. This assistant is given by the staff to ensure that any patient with thoracic injuries are given the best care where ever they are within the UHW. This support to all thoracic patients would be lost if thoracic sevicees are moved.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morrirston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morrirston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Nursing is facing significant challenges with regard to recruitment. Both ABMU and Cardiff have vacancies; the current position means that nurses are able to choose where they want to work. The thoracic unit in Cardiff is fully staffed with experienced, highly skilled nurses who care for patients post thoracic and cardiac surgery. They will of course be given the opportunity to move to a new centre in ABMU. Realistically, given previous experience e.g. movement of Neurosurgery, the nurses will choose not to move and they will be absorbed into vacancies in Cardiff. Therefore, the nurse staffing of a unit in ABMU will be a significant constraint. How long will it take to recruit and train sufficient nurses to staff the unit to enable patients to access their treatment? It will be said that Cardiff may have the same problem if the centre were to be placed there. Becoming a Major Trauma Centre will attract nurses to all specialties including thoracic surgery, therefore Cardiff is in a much stronger position with regard to staffing a single site thoracic unit. The impact of workforce issues doesn't seem to have been considered as it will be an issue for surgeons, therapists etc.</p> <p>Opting to place Major Trauma Centre in Cardiff and then deciding to move thoracics to Swansea is a significant issue. It is indisputable that there should be one thoracic centre in South Wales and other MTCs in the UK do have thoracics in another centre. But they are within the same city or very closely located. The distance between Cardiff and Swansea makes achieving the target virtually impossible and will adversely affect patients, safety and outcomes. Cardiff is experiencing the same trend that is occurring in London with regard to increasing knife crime. Vascular and thoracics should be on the same site to safely manage the population requiring these services. Services do need to move out of Cardiff but thoracics is one of the most vulnerable to choose.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morrirston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morrirston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Current excellent service provided in Cardiff with specialised multi-disciplinary team providing outcomes in excess of the UK average. This move would not be in the best interests of my patients.</p> <p>I have safety concerns; risks outweigh potential benefits; factors such as geography / bed-day implications (longer wait for transfer for surgery etc) / welsh weather and limitations with respect to transfer of patients which would be encountered as a result / ambulance time + commitment which would result in a need for increased numbers, staff recruitment etc (all factors which are difficult to achieve without cost / resource implication).</p> <p>In addition, set up of a regional trauma centre without provision of all the relevant specialised services relevant to such is potentially of detriment to patient outcome. Chest injury is common in trauma and lack of specialist thoracic input at a major trauma centre could result in adverse medical outcomes (especially if transfer to access such impacts further on journey time (i.e. the time spent in an ambulance); avoiding this 'wasted time' could increase survival rates by 20 percent (reference: National Audit Office Report, Major Trauma Care in England 2010).</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morrirston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morrirston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Thoracic surgery will required as part of major trauma centre which I understand will be based in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It is logical and proven in Worldwide models of trauma care that Thoracic Surgery is located at the Trauma Centre so that trauma patients are provided with comprehensive care and not care missing a key system.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The statement 'Wales has the poorest survival in Europe for lung cancer' may be correct but it is important to mention that England and Scotland have exactly the same survival and are in exactly the same position when compared with other European countries.</p> <p>Cardiff Vale has a lower post surgical mortality rate compared to the English national average. 80% of procedures are done using the VATS procedure making UHW one of the top UK centres for this procedure.</p> <p>The excellence of the team at UHW has taken many years to achieve and with the current issues of recruiting the specialist nurses and Doctors it is unlikely that Morriston can recreate the same level of excellence.</p> <p>The fact that UHW is to have the regional trauma centre and no specialist Thoracic Surgeon cover is worrying as it is essential that assisting staff must maintain their knowledge and skills in addition to having the appropriated instruments available. In an acute situation this is particularly relevant when time is of the essence.</p> <p>The access and travel time for patients is also probematic, the travel time analysisfavours a centre at UHW.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	If Major trauma is staying at UHW in Cardiff how will you ensure that sufficient well practiced thoracic surgeons will be available to deal with a major chest trauma from a car accident? Alongside all the other specialisms working on the casualty?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Locating Cardiothoracic services at Morriston Hospital will emphatically fail to meet national minimum standards for the provision of emergency care by a Cardiothoracic surgeon for major trauma patients when UHW opens as a Major Trauma Centre. Therefore in Wales we are choosing to opt for a servce that is being designed to be sub standard to the rest of the UK in the provision of major trauma care.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It seems wrong to separate thoracic surgery from the new major trauma centre in Cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>The move of these services will have significant impact on the population of the South East of Wales. Travel costs and inequality in those attending follow up would be a major concern. As would the management of those with acute thoracic injuries such as flail chests, haemopneumothorax, multiple rib fractures, displaced sternal fractures and secondary empyema. As well as those developing contusions and secondary lung complications following major trauma.</p> <p>The management of acute penetrating and blunt thoracic trauma, although rare, is extremely time sensitive and the relocation of these vital surgeons to 50 minutes from the major trauma centre seems counterintuitive.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The University Hospital of Wales has recently been nominated as the Major Trauma Centre (MTC) for Wales. If one were designing such a centre from scratch and aspiring to provide the best possible care for the most critically ill Welsh patients, acute thoracic services would undoubtedly be on that site. Nonetheless, the minimum accepted standard is for a Consultant Thoracic Surgeon to be available within 30 minutes of being called, 24 hours a day. This seems extremely unlikely to be possible if working in Swansea, close to 1 hour away. I seek reassurances that this standard will be reliably delivered, should thoracic surgery move to Swansea. Further, it is not just the availability of a competent thoracic surgeon that is important, but specialist anaesthetists and theatre staff, skilled enough to support them in a crisis. Whilst these individuals currently exist in Cardiff, their skills will rapidly decay and be lost.</p> <p>It is common for patients to sustain thoracic trauma not in isolation to other serious injuries, thus requiring MTC care. I accept however, it is fortunately uncommon to require urgent thoracic surgery. However, if surgery is required in these circumstances it is indeed life threatening and any delays to intervention will cost lives. It may be that these few lives per annum were a compromise the independent panel was willing to make, judging the greater benefits of ease of access to thoracic cancer services for many people living in West Wales to be worthwhile.</p> <p>However, I fear this decision may be based more on politics than sound judgement. It is already shameful that Wales has taken so long to decide upon the location of the MTC, undoubtedly at the expense of lives and quality of survival (as it is widely agreed that cohorting major trauma care improves outcomes). This decision feels as though it has been made in the manner of one for Cardiff and one for Swansea. I have grave fears that this recommendation has the potential to undermine the effectiveness of the new MTC, sadly at the expense of the quality of care offered to the trauma patients in South and Mid-Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>. RCS advised that when major trauma centre announced that thoracic surgery should be at the same place</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	I believe that thoracic surgery should be located within the same major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I do not believe that separating the Thoracic surgery team from the major trauma centre is safe, practical or in patients and families best interests</p> <p>Patient safety has to be our priority. If we believe that trauma patients are best served by having a regional major trauma centre, then the expertise to deal with this needs to be on one site. Delays in treatment or the increased risks of moving patients between centres is not putting patients first. Having a unified trauma team means the patients well being is considered holistically and not each part of them in a silo.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	UHW will become major trauma centre therefore it will be imperative for thoracic surgeons remain at UHW	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	Major trauma patients will be cared for at the University Hospital of Wales. This requires an on site thoracic surgical service, with specialist surgeons available 24/7.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Doesn't make sense to have a major trauma centre without thoracics available. Doesn't make sense to move thoracics away from a unit where it is clearly working extremely effectively to a smaller hospital. Almost all staff at uhw believe this is a shockingly poor idea and I feel like the plans are being made by people who do not truly understand how often patients need thoracic interventions after major trauma and also need multiple follow up procedures of multiple specialities such as neuro and thoracics which wouldn't be possible to have the patients best interest if we lack the ability to perform thoracics surgery.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Being involved with the emergency service for a number of years, I know that time is critical dealing with any accidents. If you move the surgery department away from UHWC this would put lives and a speedy recovery at risk. Also a waste of resources when you want a hospital to have a World class reputation	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Cardiff will be site of major trauma centre. It's completely ludicrous to move essential thoracic surgery 1hour travel away!	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Should be part of major trauma centre, Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Since Cardiff is a major trauma centre, chest injuries must be treated here. The surgeons here in Cardiff are excellent.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	It's ludacris to have know department in the capital city that can deal with chest injuries.. The nearest being 50 miles away.. The risk is huge.. The fatality rate will be enormous.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	1. Need to recruit almost all geographical medical staff and teach them form zero. 2, Thoracic surgeons won't be able to provide adequate service to Major Trauma Centre at UHW.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	This should be located in Cardiff with the MTC. Wales should have an excellent MTC and not one that is just about ok. If we are to spend money, spend it well and spend it once.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>The relocation of thoracic surgery away from a designated trauma centre makes no sense and will reduce the effectiveness of care delivered to trauma patients in South Wales. Cardiff is more centrally located in South Wales in terms of population distribution. Morriston is too distant to this population to provide an integrated service.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I disagree at the moment. I am worried that this proposal has not sufficiently taken into account the needs of the major trauma centre, which will be based at UHW, Heath, Cardiff. How will there be thoracic cover at this site?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>- Without thoracic expertise in Cardiff trauma patients are at risk - Lung cancer referral pathway will be hindered in Cardiff and Vale areas; despite Cardiff already having better resection rates and lower mortality than the English average. - Increas</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>It makes no sense whatsoever to have a major trauma centre that has no thoracic surgery on-site. Splitting the 2 almost defeats the purpose of creating an MTC in the first place.</p> <p>There are also inpatients who require acute chest procedures outside the trauma setting, which is currently provided by thoracic surgery. Who's going to step in if that service is not available on-site? Many of these patients are too ill to travel, and the ambulance service is already severely stretched.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>SKILL MIX, Population served in terms of concentration in South east Wales, needs of trauma also more in SE wales, presence of the rest of the tertiary services, neuro surgery etc</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Puzzled as to how it can be separated from a Trauma Centre, being centred at UHW</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>It should be co-located with cardiac surgery in Cardiff. This would be similar to other cities in the UK and Europe. The Major trauma centre being located in Cardiff would require thoracic surgery. As a patient I would want cardiac and thoracic surgery in the same place as major trauma.</p> <p>The proposal would be like stepping back in time which would damage the reputation of Wales not only in the UK but in Europe where this development is being scrutinised.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Neither agree nor disagree	C&V	<p>I appreciate the importance of centralisation of servcies, however I am concerned that the move to Morriston may compromise the quality and care of patients, particularly those transferred once we are up and running as an MTC. There would need to be a clear, agreed clinical pathway in order that this system works when needed albeit on the rare occasion.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>It does not make sense to have thoracic surgery on a different site to cardiac surgery and major trauma etc.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	UHCW has recently been chosen as the Major Trauma Centre for Wales and specific thoracic surgical competency and availability will be required 24 hours a day.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Co-location with the MTC is important. Most trauma is vehicle related and chest and head trauma often co-exist. It would be difficult to provide good care for both without the 2 services being on site together (neurosurgery and cardiothoracic). From a paediatric perspective this site also houses paed critical care where trauma patients will be managed. Paediatric cardiothoracic surgery is regularly managed jointly by paed surgeons with cardiothoracic surgeons, their skills complementing each other. This is at risk with loss of local cardiothoracic services, so children would inevitably receive a lower standard of care.</p> <p>From a training perspective, CT surgeons would not be part of the multi-disciplinary approach to major trauma and will miss out on the interactions whereby different treatments are carried out simultaneously or consecutively.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	I could not agree with the proposal as I do believe this is done not taking into account of the back up MTC requires.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>I feel it will adversely affect patient safety. It will be dangerous trying to provide an acute trauma service in Cardiff without access to cardiothoracic surgery. Unstable patients will need to travel too far for intervention. There will also be an impact on cardiac patients where less invasive porcedures fail. There will be an impact on training / sustaining an appropriate skill mix.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>University hospital wales cardiff is shortly to become a major trauma centre. the lack of on site thoracic surgery will cost lives</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Royal College of Surgeons external advisors recommended that thoracic surgery services should be co-located with the major trauma centre. At page 34 of their report: ?7.1.3 When considering where a single-site should be it is important to consider the important interdependencies that exist between services. It is the view of the team that it makes sense to locate thoracic surgery on the same site as cardiac, trauma and respiratory services. It would be appropriate for any site performing thoracic surgery to have appropriate access to equipment such as a PET scanner and EBUS.? And at page 38: ?7.6.1 Whilst NHS guidance on trauma services does not stipulate that thoracic surgery must be included within a trauma service, the review team felt that the thoracic surgery service would be best placed at the same site as a major trauma centre.? <del>At</del> the time of their report, no decision had yet been taken about the siting of the major trauma centre in South Wales, but the recommendation to site the Thoracic Surgery centre 42 miles from the major trauma centre directly contradicts their clear advice. All the English centres where the two services are not co-located have both hospitals within 6 miles of each other, apart from one (Blackpool, where the distance is 15 miles). The plan that has been proposed for south Wales, unless revised, will therefore leave the new trauma centre with the worst access to thoracic surgery of any trauma centre in the UK. In major trauma to the thorax, there is increasing use of acute rib fixation for multiple fractures or a flail chest, but Cardiff will not have access to the best specialist expertise to perform that, or to provide specialist opinions and support in other circumstances such as life-threatening internal bleeding in the thorax. In addition, the thoracic surgical centre will not have easy access to PET scanning, which is located in the University Hospital of Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	1. Major trauma centre 2. Complex surgery with head and neck/endocrine surgery	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Makes no sense removing thoracic surgery from a designated major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	If Cardiff and Vale is to become a MTC then we require Thoracic input for chest trauma including flail chest injured etc. It is unsafe and impractical for these very ill patients to goto Swansea, when they often need Neurosurgical input also.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	UHW soon will be a major trauma centre, it would be absolutely unsafe to transfer a patient with thoracic injury this long distance. Also UHW has excellent reputation as a thoracic surgery centre, which was confirmed by the RCS report so what is the benefits of moving the service from UHW. The current surgeons will be deskilled and not able to deal with thoracic trauma cases.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Shifting this service away from the newly designated major trauma centre status of UHW is not cohesive with the principles of centralising services to improve outcomes with this critical patient group.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Major trauma centre will be located in Cardiff and require the expertise of thoracic surgeons.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Keep all specialist areas in one location. Major trauma center status	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	it?s a nightmare because we are the only department in south wales to do loads of operations so they are not equipped they don?t have the right post op care. Also any rib fractures will come in here because we have the major trauma centre but won?t have the right consultants	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Trauma centre in Cardiff need thoracic there.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	If UHW is to become the major trauma centre it is totally unsafe and unreasonable to move thoracic surgery to Swansea. I feel it was unfair for an independent panel to decide this and it is not a well thought out proposal.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	It is a great shame that this decision has been made. Travelling to Swansea for any patient in the south east wales area would be a nightmare especially during rush hour and with parking. The single site would be much more convenient and appropriate in Cardiff especially with the new major trauma centre status. Shifting away services such as thoracic surgery from the major trauma centre in Cardiff is risky for patients and does not adhere to the advice of other centres who have experienced the same shift in service.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Other subspecialties in the UHB will not be supported by thoracic expertise. Main concern is if the MTC is at UHW and we cannot manage thoracic injuries. Also concerned about losing support for complex upper GI, spinal and vascular cases.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>It appears that it would affect a vast amount of patients in Cardiff and there should be thoracic surgeons linked to the major trauma unit at UHW. There are far too many lives at risk by moving this service.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>UHW is becoming the major trauma centre - for this reason it is absolutely crucial that thoracic specialists are part of that</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>The University Hospital of Wales, in Cardiff, already has a fantastic thoracic surgery unit with top surgeons who are able to perform complex procedures, some of which are not performed at Morriston. Cardiff is also set to become Wales' first major trauma centre, so surely there needs to be the facility for thoracic surgery when a lot of trauma patients will require thoracic surgery intervention. Some patients already travel from all over Wales, including from Swansea and West Wales, to get to Cardiff for elective thoracic operations, so logistically it is not an issue to keep the thoracic centre at Cardiff. I believe that overall, the University Hospital of Wales Cardiff is better set up and equipped to have the Welsh thoracic surgical centre to provide the best possible care to patients within Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>I am shocked and appalled at this proposal. How can moving thoracic surgery away from the major trauma centre be a good idea? Essentially this will be removing a vital piece of the major trauma jigsaw away.</p> <p>I work in neuro surgery. I know that forming an integrated and cohesive major trauma team will be a challenge. Bringing together specialities to think as one will always be. Move one of these specialities away and it will be virtually impossible.</p> <p>It is my fear that this decision will result in loss of life!!!! Chest trauma is not a speciality that has time. Please rethink this terrible decision.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Cardiff has recently been named as a major trauma Centre. A hugely significant number of trauma patients who attend Cardiff following a major trauma have an injury to their thoracic area which would require the input of cardiothoracic and thoracic surgeons. Removing this service from Cardiff would potentially be detrimental to these patients.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Major trauma center and thoracic surgery should be located in the same area or in a near by area. Patients safety is my major concern.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Neither agree nor disagree	C&V	<p>The thoracic centre should be located in the same hospital where the Major Trauma Centre will be based.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>With the major trauma centre being agreed for Cardiff thoracic surgery should stay in Cardiff. From speaking with people from surrounding Cardiff and the south east the majority feel that for patients with cancer should not have to travel all they way to Swansea to recieve surgery.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>I strongly object to the proposed transfer of thoracic surgery services to Morriston for the following reasons:</p> <p>1. Lives will be put at risk if thoracic surgery is separated from the new major trauma centre that is planned for the University Hospital of Wales (UHW).</p> <p>Patient survival will only improve if all specialised services are working together in one hospital. It is unacceptable to have to wait for an hour or more for the thoracic surgeon to travel from Swansea to treat a patient with major chest injuries. Furthermore, the survival of such a patient also depends on the specialised team of scrub nurses, anaesthetists and ward staff. This experienced team, which has taken years to develop, will no longer be available should the services move to Swansea, and major chest trauma patients will suffer from the lack of co-ordinated expertise.</p> <p>In comparison, England has 27 major trauma centres, and although some thoracic centres are on a different site, no such trauma centre is more than 6 miles from a thoracic centre.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>Thoracic surgery forms an essential part of the tertiary work stream, with frequent combined cases between Neurosurgery, Cardiac surgery and Vascular surgery. The Cardiac surgeons does not have the expertise to stand in for this. With the Major Trauma Centre coming to cardiff I think it is important to have Thoracic Surgery on site as Swansea is not just around the corner and think it unlikely that the Swansea surgeons would agree to be on call for the MTC.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Thoracic Surgery should be provided at the same site as the Major Trauma Centre to limit any delay to accessing thoracic surgeons/surgery where and when necessary. Whilst it is recognised that not all MTCs have co-located thoracic surgery units none of them have anywhere near as great a distance as that between Cardiff and Swansea.</p> <p>The decision by the Independent panel was based on information provided by both organisations. In their report- they state that the evidence provided was generally poor. As such they should have requested further information in order to make their decision.</p> <p>The travel analysis projections do not consider the exponential population growth in Cardiff for the next 10 years which will have an impact on the number of patients needing to travel further to Swansea. Based on the statistics available in the travel analysis document it is difficult to understand why the travel discussions lead to a favoured decision for Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>Think should be sited with the major trauma centre at UHW</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	C&V	<p>Cardiff has a larger population of patients requiring thoracic surgery. Therefore more people would require to travel further distances, including both patients and relatives.</p> <p>Cardiff are much more prepared for thoracic surgery with the nurses already practised in immediate post operative care as the patients return to the ward instead of attending a high dependence unit. The consultants in Cardiff are practising surgeries not yet completed in Swansea.</p> <p>Cardiff are confirmed to be the new major trauma centre , when all this is implemented the patients will be flown from all over Wales into UHW. If these patients suffer major trauma they are likely to have rib fractures/fail chest/ pneumothoracies etc, how will they be given the best care if thoracic surgeons are an hour away. They will be moved on again, not putting the patients first.</p> <p>If the thoracic unit is removed from UHW, patients in south east Wales for example Chepstow, their nearest units will become NHS England which will not be able to treat them as it is a different health board. This way we are depriving them from quick, potentially life threatening surgeries.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>There are multiple reasons why this will not assist the health the nation.</p> <p>Quality of care: not having thoracic surgery in Cardiff will mean that the aim of having a major trauma unit in Cardiff will be pointless</p> <p>Rib fractures-will all rib fracture patients go to Swansea?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>WHAT WILL HAPPEN TO THORACIC EMERGENCIES ON THE WARDS OR INTENSIVE CARE.</p> <p>EMERGENCY SURGERY WILL BE COMPROMISED.</p> <p>MTC. ALL TRAUMA WOULD BE BROUGHT TO THE MTC IN UHW.</p> <p>NEURO SURGEONS,CARDIAC SURGEONS,TRAUMA SURGEONS,GENERAL SURGEONS,ENT/MAX FAX. WHAT’S MISSING. THORACIC SURGEONS. WHO WILL TREAT CHEST INJURIES, WHO WILL TREAT COMPROMISED AIRWAYS (FROM FOREIGN BODIES) # RIBS OR STERNUM. STAB WOUNDS.WHO WILL BE SKILLED IN SINGLE LUNG VENTILATION.</p> <p>IF ROUTINE THORACIC SURGERY IS TAKEN FROM UHW WHAT WILL HAPPEN TO THE PATIENTS WITH CHEST INJURIES. ALL STAFF WILL BECOME DE-SKILLED AND THIS WILL AFFECT PATIENT OUTCOMES. IT TAKES GOOD TEAMWORK TO PRODUCE GOOD OUTCOMES. THIS WILL BE LOST. THIS IS ESPECIALLY REQUIRED IN THE ACUTE SITUATION WHEN TIME IS OF THE ESSENCE.</p> <p>RESPONDANTS FELT A GOOD TRAUMA UNIT SHOULD INCLUDE THORACIC SURGICAL SERVICES.WE HAVE THE OPPORTUNITY TO BE ONE OF THE BEST MTC IN THE COUNTRY BUT WITHOUT THORACIC SURGERY I CANT SEE THIS HAPPENING.</p> <p>YOU STATE IN ENGLAND NOT ALL MTC HAVE THORACIC SURGERY BUT THE THORACIC UNITS ARE NOT 42 MILES AWAY AND IT DOES NOT TAKE 2 HRS TO ARRIVE IN THE MTC.</p> <p>PATIENTS WILL BE PUT AT RISK.</p> <p>YOU STATE IN YOUR REPORT THAT TRAUMA SURGEONS WILL BE TRAINED IN THORACIC EMERGENCIES. THORACIC SURGEONS TRAIN FOR MANY YEARS TO BECOME EXPERTS IN THIS BRANCH OF SURGERY. WILL THIS MEAN MORE PATIENTS HAVING A THORACOTOMY WHEN MINIMALLY INVASIVE PROCEDURE COULD BE UNDERTAKEN.</p> <p>2013.BBC ONLINE REPORT. PORT TALBOT STEEL WORKS. A MAN FELL DOWN A SHAFT. HORRIFIC INJURIES. ALIVE TODAY THANKS TO THE TEAM IN UHW. CHEST,HEAD, LEG INJURIES. THIS MAN COULD NOT HAVE WAITED 2 HRS FOR A SURGEON WITH THE CORRECT SKILLS TO ARRIVE.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Trauma centre is in Cardiff and the two need to be linked.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	As the major trauma centre will be based in Cardiff moving to Morriston will have a detrimental effect on patient outcomes..	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Major trauma unit being built in cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Surely it?s conmon sense to locate the thoracic centre closer to the major trauma centre in Cardiff as this will surely reduce fatalities.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	As most major trauma incidents involve major thoracic surgery or care then such a centre should not be more than 15 miles form the major trauma centre of excellence in cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Splitting the major trauma centre and the thoracic surgery between two different sites, over 50minutes away, is entirely illogical. Any emergency medicine, trauma or surgical doctor will tell you that time is essential to a patient?s recovery from trauma, and having a 50min delay will harm patients. This move is driven by political motives, not clinical ones. Practice what you preach and actually do what is best for the patients whose best interests you claim to have at your core.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	Major trauma centre at UHW	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<ul style="list-style-type: none"><li>- it is beneficial to all patients for continuity of care</li><li>- impractical for walk in patients who require the specialist treatment</li><li>- trauma centre status would be worthless without it</li></ul>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	<p>My concern relates to two entities: first the distance from a major trauma centre. My understanding is that Papworth Hospital is to relocate from its current site to the Cambridge Biomedical Campus, which means that the majority of other centres will be less than half the distance (and time) from a relevant centre compared to Swansea. This relates to my second concern, which is the recruitment and retention of staff: it is already difficult to recruit to specialist positions in Wales, and to attempt to set up a relatively isolated service in a distant hospital, with a paucity of other relevant services, is surely setting the service up to fail. A correlate to this is the abject collapse of neurosurgical services in Swansea, which, despite significant input, was not sustainable even over a relatively short period. To try to attract and then retain staff operating over the longest distance in the UK, with a distant major trauma centre (which will provide at least some of the justification for thoracic surgical input, not in an emergency setting) will not be sustainable in the medium term, and to my mind is a disservice to both the population this service is due to serve, and to the doctors, nurses and other staff that is presumed to run it.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	If the wellbeing of the patient is a priority, thoracic surgery needs to be easily accessible from the trauma centre which will be at UHW.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Neither agree nor disagree	CT	I think it's an excellent idea for planned clinics and operations but feel that a more timely response is required for cardio thoracic trauma especially in the current climate of increase in knife crime and in the capital city	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	Given that UHW is going to be a major trauma centre surely it would make sense that the thoracic surgery centre is based along side this. Would NOT having a thoracic surgery centre at uhw be detrimental to the care you are able to provide to patients in an emergency situation.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	CT	<p>The new regional trauma centre of excellence at the University Hospital of Wales will be unable to provide the expected high quality standard of care without an experienced thoracic team who are experts in their field and are based in the trauma centre to provide acute thoracic care.</p> <p>The current Cardiff Thoracic team are an excellent , experienced, cohesive team and it will be difficult to recreate at Morriston .</p> <p>The distance between hospitals is too far and if moved to Morriston it will be impossible to provide Thoracic on call services. People's lives will be put at risk and there will be DEATHS.</p> <p>Cardiff area is more densely populated and performs far more operations than the much smaller Morriston unit, therefore there will be more disruption and stress for the population of SE wales than W Wales.</p> <p>How would you feel if your loved one was involved in an accident and had severe head and chest injuries, yes they would be taken to the regional trauma centre at Cardiff and treated with experts for the head injury but nobody with the expertise to treat the chest injuries</p> <p>no on call thoracic team because too far away and that person dies !! Saying sorry to the grieving relatives will not be sufficient, and it would would be avoidable if all the expert services are kept in Cardiff.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	<p>It makes no sense at all to move the thoracic services away from the regional trauma centre of excellence at Cardiff.As a more densely populated area and currently doing far more thoracic operations than Swansea,patients and families in south east Wales will certainly be at a much greater disadvantage than people in west Wales. People will not be provided with a centre of excellence covering all specialities of trauma care but a substandard one where the treatment for thoracic emergencies will be compromised.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	<p>I do not think that the relocation of thoracic services from Cardiff to Swansea will provide a safe, quality service that the people of Wales are entitled to and deserve. More people in the Cardiff catchment area will be unfairly disadvantaged by the extra travelling and stress as this is a more densely populated area and performs far more operations at present clearly showing the need to remain at the Cardiff site. As the regional trauma centre is to be based in Cardiff the only safe, sensible option is to have the thoracic team based there to complete the centre of excellence. Without the thoracic team based in the regional trauma centre emergency care will be compromised and people will die needlessly as the distance between Cardiff and Swansea is too great to be able to provide a workable thoracic emergency team and lives will be lost !</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative' trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	CT	How can cardiff become the mtc without a thoracic surgery surely this is dangerous	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	To take a thoracic service away from a hospital that is set to be a major trauma centre is ludacris. Polytrauma cases often need a combined surgical approach from a number of surgical specialities. To remove thoracics would mean a less comprehensive service for our patients, as well as risking lives - polytrauma surgeries are often time critical and to propose a inter-hospital transfer is not appropriate	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Neither agree nor disagree	CT	More important is that it is a single trauma and thoracic surgery be on one site	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	CT	This move may endanger patients in the south east wales region. Also, in proposing to move thoracic surgeons away from the major trauma centre in Uhw it is placing patients lives at risk.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	Provision of thoracic surgery should be made where the the trauma centre is located. A separation of these services will have a detrimental impact on patient survival.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	CT	It should be close to the trauma centre which has been approved in Cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Neither agree nor disagree	HD	Thoracic centre must be on the same site as the Major Trauma Centre. The only sensible thing to do. If you have major trauma there is a strong chance thoracic specialists will be needed. Must be on the same site.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	Patient safety - it is not sensible to separate elective thoracic surgery from emergency/trauma care S	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	Considering the Major Trauma Centre for Wales will be located at UHW, how are you expecting to fulfil the national requirement of Thoracic surgery provision within the 30-minute window? In Wales we are at a unique advantage compared to the majority of UK centres in that we can develop a bespoke, considered and complete trauma centre that fulfils national recommendations. This will not be achievable if the Thoracic Surgery Service is moved 52 minutes away without an adequate number of Thoracic consultants to potentially cover a rota on both sites. We would estimate you would need 10-12 consultant surgeons for a 1:5/1:6 rota.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	NA	<p>It is impossible to function as a major trauma centre without this service being located in the university hospital of wales. These patients require all specialities working in conjunction in a central area. It will put lives at risk and compromise the effectiveness of their care</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>trauma centre cannot function without thoracic surgeon</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>Major Trauma Centre. The information that the Independent Panel were provided with about the requirements for a relationship with the MTC was inadequate to support an informed recommendation and could be judged to be misleading. More work should have been undertaken to prepare a briefing for the Panel on the local statistics and trends in relation to thoracic input to major trauma in south Wales - rather than relying on anecdotal advice from one clinician from England. The Panel did not have sufficient expertise on information about this aspect of thoracic services to make an informed judgement about the importance of this issue.</p> <p>If we want a world class MTC for south Wales, the evidence supports the need for a co-located Thoracic Surgery service. While the numbers who require thoracic input at a MTC are relatively small, for those who do need it, it is time critical and life threatening. Saving the lives of a few people should outweigh the inconvenience of slightly larger numbers (50) who would have to travel further if the centre was at UHW.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	NA	<p>This does not align with the major trauma plan (MTC). Co-location of thoracic surgery &amp; MTC is essential. Expertise to deal with complex thoracic surgical cases sits to a large extent outside surgery. There is no plan to replicate this at the new centre. This expertise in Wales will be lost to the detriment of patients.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>Makes sense to have all services related to trauma patients in one place. Would risk patient safety</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>I strongly feel that the Thoracic Surgery Centre should remain in Cardiff. We are scheduled to have the Major Trauma Centre in Cardiff, and in my opinion the Thoracic Centre should be located in the same hospital. I do not see the logic behind having the Thoracic centre approximately forty-five miles away from the Major Trauma Centre - doing this could potentially delay high quality, specialised care to service users. Also, Thoracic surgery is highly specialised, which requires highly trained staff to ensure safe and seamless delivery of care. By moving the Thoracic Centre to Morriston there will either be a need for: staff working in Cardiff to move to the Morriston Centre, which is not very feasible for those people who live locally to Cardiff; new staff to be trained to provide the necessary level of specialised care, which could take weeks to months. The Thoracic Surgery Centre is performing very well where it is, in Cardiff, so why move it?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	NA	<p>They?re the only department in south wales to do loads of operations so they are not equipped they don?t have the right post op care. Also any rib fractures will come in here because they have the major trauma centre but won?t have the right consultants</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>As Cardiff has been chosen to be major trauma centre, thoracic surgery cannot be separated from this. This will seriously impact on patients safety, management and logistics. The number of patients dying from multi trauma will significantly increase if thoracic surgery to be moved to Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	NA	<p>This unit is already set up in Cardiff. There is a cost to moving this succesful unit and if Cardiff will become a trauma place where will people have urgent thoracic surgery.</p>	<p>Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility. The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

na	NA	<p>I write on behalf of my clinical colleagues within the Critical Care Network to express our concerns regarding the announcement by the Joint Committee of Welsh Health Specialised Services Committee (WHSSC) citing that thoracic surgery services would be centralised in Morriston Hospital, Swansea. NICE Quality Standard (QS166, updated March 2018) states that “Major trauma centres have a dedicated trauma ward for patients with multisystem injuries and a designated consultant available to contact 24 hours a day, 7 days a week.” It further elaborates that “People who have serious injuries to different areas of the body can have all of their injuries treated in a special trauma ward.” According to the latest NICE guidance, Thoracic Surgery should be co-located at the Major Trauma Centre (MTC). Most countries are moving to co-locate all trauma-related specialties at MTCs, so it seems counter intuitive for Wales to be doing the opposite. We all acknowledge providing excellent trauma care for the people of South Wales is desirable but locating a key service, thoracic surgery, a significant distance away will undoubtedly mean sub-optimal care for some patients in terms of treatment delays and also due to restricted critical care capacity and loss of expertise in both centres.</p> <p>A very recent publication from the TARN group showed that harmonizing patient pathways and closer collaborative working of services, such as thoracic surgery and other trauma related surgical specialties, which should all be involved in major trauma care, can yield significant mortality benefit in England (Moran et al. <a href="https://doi.org/10.1016/j.eclinm.2018.07.001">https://doi.org/10.1016/j.eclinm.2018.07.001</a>).</p> <p>On the other hand, experience from England, where a couple of MTCs are more remote from the Cardiothoracic units (Preston and Cambridge for example, where both Preston to Blackpool and Cambridge to Papworth is 16 miles) has known to create problems as transfer of patients is sometimes required. Both MTCs have reported issues around the care of this patient group and this has been raised at their Peer Reviews. Subsequently, under current plans all English MTCs will have co-located thoracic surgery services, a move from the network approach trialed in Manchester and Merseyside, to maintain clinical excellence and best patient outcomes.</p> <p>The Royal College of Surgeons’ report recommended that in Wales, the thoracic surgery service should be provided on one site, however it does not suggest which site. The Royal College of Surgeons’ report was written in January 2017 – before the allocation of the MTC. Having allocated the MTC to Cardiff to then suggest that the thoracic surgery service should be provided over 1 hour, and 41 miles away makes no sense and is likely to be unsafe. The decision to site it at Morriston is the Independent panel’s decision but it appears there is no clinical rationale for the decision, which would take into account the bigger picture of centralisation of major trauma services in South Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	PT	<p>I am concerned about the lack of co-location with the major trauma, and that there does not appear to be an overall strategy for thoracic surgery services for Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	PT	Separation from the medical trauma centre is concerning given that many patients from our area are likely to sustain trauma and lack of thoracic expertise on the Cardiff site will jeopardise the health and potential for recovery / survival	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		I strongly disagree with the proposal to relocate the Thoracic Service to a single centre in Morriston Hospital. The Thoracic Team in University Hospital of Wales is vital for the Trauma Management of patients in Cardiff. We have multiple polytrauma patients which require Thoracic Surgery input (either just advice or surgery) on a weekly basis. The outcome for such high risk, intubated patients in General ITU will inevitably been effected. The outcome of moving Thoracic Surgery will likely increase the mortality rate of these patients. With Cardiff becoming a major trauma centre it does not seem logical to move thoracic surgery out of the area when the Royal College of Surgeons recommendation is to have Thoracic Surgery accessible to any Major Trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree		<p>This is a ridiculous decision based purely on political pressure to give something to Morriston after the loss of the MTC bid. No sensible person would separate Thoracic surgery from the MTC given a fair choice, especially as the other centres without thoracics on-site have a maximum travel distance for those surgeons of 12 miles, not 45 miles as would be the case if thoracic surgery is moved to Morriston.</p> <p>Patients will die because of this decision. In addition, the thoracic service in Cardiff has BETTER surgical outcomes than Morriston so again a counterintuitive decision, hence why this decision has political motive and not based purely on clinical needs of the patients.</p> <p>Your thoracic surgery and major trauma document is disingenuous as although thoracic surgery co-location is not a requirement of the service for a MTC it fails to note that it is a requirement of the service/quality standards that thoracic surgery is available within 30 mins, this standard is impossible to achieve with Thoracics based in Morriston. The document also states that in Aintree the thoracic surgeons were called 3-6 times per year but didn't operate because the patients either responded to treatment or were dead before they arrived, it implies therefore that these patients who died may have lived IF Thoracic surgeons had been on site. Of course thoracic surgeons won't be required in MTC cases if they've all DIED in the Emergency Department from their injuries before they could arrive. These are generally young patients with many life years to gain from surviving making the heath economics more favourable than removing mets from old patients with Stage IV cancer and the small number of lung cancers suitable for primary resection.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>	
Neither agree nor disagree		<p>I have no objection to the re-location of elective thoracic surgical services from Cardiff to Morriston. I do however have strong objections to the removal of emergency thoracic services from the proposed Major Trauma Centre. The fact that NHS England does not require co-location of MTC and emergency thoracic surgery is not relevant for the following reasons:</p> <p>English service provision is hindered by historical layout of services and the recommendations reflect what is achievable within these constraints rather than best practice. There is an opportunity to offer much better to the people of Wales with the new MTC.</p> <p>The proposed transfer time to Thoracic surgery in Wales would be at least twice the time in any comparable English centre.</p> <p>There would also no longer be any hospital in Wales that can meet the needs of all injured patients - specifically paediatric patients and those with co-exiting head trauma.</p> <p>Wales should not be modelling itself on poor English standards in this regard. A US level 1 trauma centre requires co location of emergency thoracic surgery - so why should the people of Wales settle for less?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>	<p>We used England as a comparator when considering the requirements for thoracic services in south Wales because the health care systems across the UK are very similar and because the training and regulatory systems for clinical professionals are common across the UK. We also know the planning process for the MTC, led by the NHS Wales Health Collaborative, has been based on the NHS England service development.</p> <p>Most importantly, however, the outcome for patients with major trauma attending centres in England has just been published in the Lancet medical journal. This has shown much better outcomes for patients with an increase of almost one fifth (19%) in the chances of survival from serious injury since 2012 and patients are spending much less time in hospital.</p> <p>Finally we already commission thoracic surgery and major trauma services for the patients of north Wales and north Powys from England.</p>

Disagree		<p>There is a lack of capacity in Morriston Hopsital to deliver this move. Additionally the University Hospital of Wales hopsital has just been declared the major trauma center. It is vital to continue the thoracics service there to ensure the appropriate management of these trauma cases.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		<p>UHW in Cardiff is the Major Trauma Centre and Teaching Hospital in Wales and should retain expertise in Cardiothoracic surgery for elective and emergency treatments</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		<p>The poor outcomes of lung cancer are due to late presentation and poor and prolonged lung cancer pathways. You have clearly stated that surgical outcomes are excellent. Why are you moving a Surgical centre instead of improving the pathway by improving access?</p> <p>If the major trauma centre is going to be located at the Heath, as per your document about the MTC in Liverpool, you say half the patients did not need Thoracic Surgeons as the patient had either recovered or died. That in itself indicates that patients have died before they had expert help.</p> <p>Moving the Cardiff Unit to Swansea with no extra resources will lead to mass resignations and no Thoracic Surgery at all. There is no aspiration to excellence and theIndependent panel was not fit for purpose. Not even an average intelligence person would assume that collocation means 42 miles apart.</p> <p>You are not addressing the actual problem here. Instead you are merely compounding and creating a worse scenario. Even one single Thoracic trauma death or a patient safety incident due to lack of timely access to expertise is unacceptable....one cannot say only a small number needed Thoracic expertise and some died....what if that someone is your child or your family?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree		<p>The major Trauma Centre will be in Cardiff. Separation of this from the Thoracic centre is counterintuitive and one can think only of NON CLINICAL: reasons for the thoracic centre to be in Swansea</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Agree		<p>thoracic surgery should be performed where the major trauma center is located. Move both to Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		<p>Having worked within a trauma operating theatre for over 30 years.. it is farcical that with the UHW becoming an MTC, that anyone would remove cardio thoracic services from us.. I have been witness to a lot of trauma patients having to have thoracic surgery in an emergency., As well as the increasing need to fix fractured ribs on patients with flail chests etc.. even though cardiac will remain, cardiac surgeons do not do thoracic., neither do trauma surgeons that currently work at UHW. As a band 7 for Trauma theatre I cannot agree that this would be the right action., you will be placing patients at risk</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree		<p>I am an ODP at UHW. I have just recently completed my first year as qualified. After beginning my career it has become clear the complexities of several specialities. Thoracic surgery most definitely falls under this heading. UHW has recently won the grant to become a major trauma centre and it is quite clear that working on the front line the demands for more high risk and complex elective and emergency surgery is increasing. This includes the need for cardiothoracic specialists. If this speciality is moved to a different site, where at present they are not experienced in dealing with these complex patients, both anaesthetically and surgically, patient safety is seriously compromised. It takes years for Practitioners to become familiar with dealing with these patients and that at present is lacking in the proposed new site. Furthermore when UHW officially becomes a major trauma centre patients who present as a poly trauma will be restricted in receiving vital cardiothoracic intervention due to the relocation of this speciality.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		<p>If the trauma A &amp; E centre is in Cardiff having the thoracic surgery based in Swansea is not practical.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		<p>the care of major trauma patients is all being centralised in Cardiff, it would be unsafe to remove the ability to care for their thoracic injuries away. This would place lives at risk</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree		Cardiff is going to be a trauma centre. It cannot work without thoracic surgery as this department is essential for handling polytrauma	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree		The major trauma centre will be based in UHW and it concerns me greatly that the thoracic surgeons would be over 40miles away - this would put these patients with thoracic injuries in great danger.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	C&V	Major trauma patients will be cared for at the University Hospital of Wales. This requires an on site thoracic surgical service, with specialist surgeons available 24/7.	<p>We are currently in discussion with our trauma and thoracic surgeons and have identified the various emergency scenarios whereby thoracic surgical input is required at the MTC. Development of patient pathways is already underway although this cannot be finalised until the location of the new centre is decided.</p> <p>If it is agreed that the service will be based in Morriston Hospital, then we will work with the consultant thoracic surgeons to ensure the service can deliver an emergency 24 hour rota of thoracic surgeons to the MTC. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	C&V	<p>This is completely wrong on so many levels. Firstly, the Major Trauma Centre is coming to Cardiff. It is absolutely crazy to have thoracic surgery on a different site. What do we do with a patient who has neurosurgical and thoracic needs ?</p> <p>The data quoted in the consultation document is misleading regarding the parallel with Liverpool. This data should not be used.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I fail to comprehend how a major trauma centre can function without a thoracic unit on site</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	C&V	SERVICE PROVIDED University Hospital of Wales is a trauma centre. Following major RTA, when it's likely to find brain and chest injuries, it's completely unreasonable to think that people will have to choose between having Neurosurgical cover (UHW - Cardiff) or thoracic surgical cover (Morriston - Swansea). You can't have a trauma centre without thoracic surgery in it. It's not safe.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	CT	It is important that there is no impact on the treatment I would receive if I needed emergency surgery especially with regard to time delays as I would be transported further away.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	How would this service provide timely expertise to the trauma centre?	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Thoracic Trauma patients having to travel between centres - unlike plastic surgery it needs to be in the same centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Along side the day to day provision of a thoracic service there must be 24/7 emergency on call cover for the major trauma centre in Cardiff. I do not believe that the sickest patients requiring thoracic surgical input will be able to be stabilised, probably ventilated and then transferred on to Morriston Hospital for thoracic surgery. Without this provision patients will die.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	There should be an allocated transport only to transfer patients from Cardiff to Swansea in that case	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That Swansea takes all polytrauma patients that also have chest injuries	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	<p>A specific model will be required for the service meet the target for MTC</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Convenience and ease of access for my patients; reliability of access for my patients; timeliness of transfer of my patients; knowledge that if there is a post operative complication my patients will be safe i.e. this would necessitate patients staying on the site of the surgery until discharge (i.e. not 'treat and repatriate') as otherwise a post operative bleed (always a potential complication) would be life-threatening whereas if still on site could be addressed; that the transfer is acceptable to the patient; skill of the surgeons operating and experience of the multidisciplinary team (anaesthetist, physiotherapist etc).</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>That there is better explanation of how the Cardiothoracic service will provide a cardiothoracic surgeon 24 hours a day, 7 days a week who can be transferred to UHW within 30 minutes to meet the national trauma quality standard of care for major trauma patients across the region. The consultation document has failed to provide sufficient detail to answer this question.</p> <p>The consultation document demonstrates through the comparable evidence used that the current proposal means an average journey time of 53 minutes from Morriston Hospital to UHW which is more than double that of 8 out of the 9 examples used to evidence a co-located site. This clearly puts our developing major trauma network at a serious disadvantage compared to the rest of the UK. Furthermore the evidence used to support the co-location of services from Cheshire and Mersey MTC is anecdotal.</p> <p>There is no TARN or alternative data source to verify the 'opinion' of a Cardiothoracic surgeon working there that they have been called '3-6 times per year' to the Major Trauma Centre and that half of the patients may have already died prior to their arrival.</p> <p>Did those patients die because of the delay in accessing the Cardiothoracic surgeon?In the first half of 2018 there have been 9 patients with stab wound injuries to the thorax admitted to UHW. 3 of whom required urgent intervention by a cardiothoracic surgeon. These are patients with just one mechanism of injury requiring emergency cardiothoracic intervention and this is before UHW officially becomes a Major Trauma Centre. It is reasonable therefore to expect that patient numbers will increase, potentially significantly when UHW starts to take all major trauma patients from across the region. If cardiothoracic services are moved entirely away from the UHW site then the speciality of cardiothoracics will be lost from UHW not only in surgical terms but also in nursing staff with specialist skills and knowledge, specialist nurses who manage cardiothoracic patients, anaesthetists with specialist skills and knowledge and allied health professionals who have specialist skills and knowledge in managing cardiothoracic patients.</p> <p>There will still be patients with cardiothoracic injuries as a result of major trauma regularly being admitted to UHW as a Major Trauma Centre. How will specialist care be provided to these patients so that they have the high quality care expected of a specialist centre?The consultation document makes no reference to the issue of treating cardiothoracic injuries at UHW other than to mention that 'some' patients can be treated by cardiac surgeons. Major trauma patients with cardiothoracic injuries will need expert care, including provision of rehabilitation service and follow up.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	No time wasted between getting the emergency care from all medical areas	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Communication of clinical information with LHBs Availability of beds Speed of transfer (concern that trauma patients may have to travel 60+miles which is unacceptable)	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	If this lunacy goes ahead, WHSC must ensure that there is provision of thoracic services at UHW and the MTC. I would not want one of my loved ones to have to travel to Morriston nor have to wait for a surgeon to arrive at Cardiff if they were needed.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	How will the thoracic surgeons based in Swansea provide cover for the major trauma centre from 50 miles away? This issue must be addressed in a satisfactory way before any final decision is made.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	C&V	the immediate availability for assessment of trauma patients in Cardiff (in the MTC) and the accessibility for ongoing surgical input into such trauma patients that remain in Cardiff (for neurosurgical or critical care reasons where moving to Morriston is clinically inappropriate).	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	1. Timeliness of patients being seen including transfer of emergencies.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	ITS RIDICULOUS TO SUGGEST SPLITTING AN IMPORTANT PART OF THE TRAUMA TEAM TO A HOSPITAL 40 MILES AWAY.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That emergency thoracic surgery is being carried out in a timely manner and patients requiring such surgery will not have to travel 50 minutes minimum for life saving procedures	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	To be within 15 miles of major trauma centre to improve outcomes as shown in England	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That it doesn't jeopardise patient outcomes by being more than 15 miles away from the major trauma unit in Cardiff	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That it is not more than 15 miles from the major trauma centre of excellence	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	There is no logic in transferring the service out to Swansea, if it was transferred there would also need to be a new major trauma centre within 15 miles	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	That the ability to transport patients between trauma units if necessary is given top priority.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Have Morriston as the Major Trauma centre	Outside of the scope of this consultation
Disagree	C&V	There must be an on-call consultant available to the MTC within the quality standard timelines of 30 mins. Thus this MUST be provided as a resident 2nd on-call service at the MTC otherwise timelines as per standards cannot be met and patients will die because of this failing.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Agree	C&V	that there is a rapid responsive on call service for the trauma patients who need thoracic input	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	MUST have a service available to support MTC patients as per the National standard - i.e a fully capable consultant thoracic surgeon available to review patients within 30 minutes	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	Availability of Emergency Thoracic Consultant care at UHW	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	Gallu symud cleifon yn gyflym ac effeithiol I Gaerdydd os oes angen llawdriniaeth Major trauma	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	The thoracic surgeons need to cover Cardiff for emergencies after hours.,	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	It is carefully set up as part of a node within a complex interconnecting network. MTC is a dominant feature of this network. Cancer surgery may not necessarily be viewed the same as 24/7 emergency thoracic cover.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	They have to be available 24/7 for emergencies at UHW.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	Two consultants on call at any time, one of them available to travel to the MTC. A very inferior service to what could be provided if the service remains at the MTC, but better than nothing.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	the ability for the surgeons and theatre staff to cover emergency care from the Cardiff Major trauma unit site.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	What would happen to any emergency thoracic patients, i.e. rib fractures, polytraumas on ITU, pneumothoraces?	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	CT	moving the thoracic services to Morriston will make it impossible to provide emergency thoracic cover and should not be contemplated.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	HD	There must be a full thoracic on-call provision for the major trauma centre to prevent avoidable deaths	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	That in the event of major trauma the thoracic surgeons are driven to Cardiff by police, to facilitate timely arrival.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	That a thoracic surgeon is available within 30 minutes to the MTC in Cardiff, alongside anaesthetists and skilled staff to assist.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	There has to be a full 24hr service with consultant availablity. Enough beds and surgical theatre space available. Also room for expansion with state of the art facilities.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.</p>
Disagree	CT	Major trauma centre at UHW must have thoaraci surgical capability . It is a nonsense to compare S Wales with Aintree Hospital - population maybe similar but thoracic surgical experts much more readily available in area like Liverpool - not if unit based at Morriston 41 miles away (54 minutes on M4 on a good day).	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>



Disagree	C&V	That Thoracic surgery and surgeons are still available in Cardiff	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	It should be prepared to physcially step in and support trauma patients and acute chest procedures within 1 hr of being summoned for help.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	That there is still an emergency thoracic service in Cardiff on site	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	That there are thoracic surgeons available to attend the major trauma unit in UHW in a timely manner and that patient lives aren?t at risk by increased waiting times.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	That the surgeons should agree to be on call for the MTC and be happy to travel to Cardiff to attend for every mayor trauma call 24 hrs a day 7 days a week.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	<p>The true logistics of getting consultant thoracic surgeons from Morriston Hospital to the Major Trauma Centre at UHW within 20 minutes – for example, the likelihood of the air ambulance not being available to transport medics if they are also required to transport the patient.</p>	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	<p>The elective/semi-elective Cardiothroacic surgery is not the problem: It is the emergent trauma/Major trauma involvement</p>	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	<p>Ability to intervene in an emergency following major trauma.</p>	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	CT	the impact such a decision would have on major trauma facilities.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That intensive care patients are able to rapidly access thoracic surgery. If this is moved to morriston, Cardiff and Vale patients will suffer and their outcomes will be worse.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Full 24/24 hr immediate emergency Thoracic surgery consultant cover at UHW in Cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Neither agree nor disagree	C&V	Provision of emergency services at the site of the MTC in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Major Trauma Centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	na	Show us exactly how the Major Trauma service will have the same skills as the Thoracic Surgeons as they will not be covering it from Swansea.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	how you make patient care seamless between cardiac surgery unit, major trauma unit and thoracic surgery units	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales</p>

Disagree	C&V	<p>That all facets of it's service are supported ie radiology, nursing, physio etc etc.</p> <p>That the trauma and cold surgical cases in Cardiff are not disadvantaged by not having these specialist services on site.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>There must be provision of thoracic surgery in UHW to allow emergency surgery to trauma patients</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Patients are at the forefront of the discussion. Can patients recieve better care by moving the thoracic unit to Swansea. Patients must be able to travel there without stress, surgeons must be available to all patients, both those who need elective surgery and those who need thoracic input at the major trauma centre, waiting times need to be reduced but the level of care that patients recieve need to remain of a high quality.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>If future thoracic surgery center will be in Swansea , thoracic surgeon should dedicated there activity to treat thoracic patient attending Morriston hospital and not to compromise patients safety by at the same time attending emergency at Trauma center in Cardiff when on call</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	How thoracic trauma will be dealt with	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Agree	na	the major trauma center should be located there too.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	Prompt safe oncology surgery. Thoracic surgical input in major trauma.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	Safe plan of action for anyone who is a poly trauma major trauma patient in south east wales.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	That it be located in the same site as the proposed Major Trauma Unit be that Swansea or Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	How will the failure in providing polytrauma emergency patients the provision of cardiothoracic specialist care at the new major trauma centre st UHW be overcome?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That it won't work. UHW wil not have throacic trauma cover	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It should be in Cardiff, or where the MTC is	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	C&V	The care of major trauma patients presenting to the major trauma centre in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Outreach service with resident on call for major trauma in Cardiff Major Trauma Centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It makes sense to be near other major surgical specialties , like cardiac, spine and vascular	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That a full service able to manage major trauma and less significant chest injuries is available 24/7 in Cardiff with thoracic surgeons on-site.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Should be in Cardiff, with major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	There still needs to be reassurance that patients with chest injuries can be safely managed in Cardiff and not risk death if required to be transferred to Swansea	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It is not safe to develop this	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	a single hospital where all services for major trauma being located under one roof .	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	They should provide services to the trauma centre in Cardiff	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Without cardiac surgery it won't work just by itself. Again it should go hand in hand with trauma services especially for a trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	What would happen to major trauma patients requiring thoracic intervention?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It will be a disjointed service and all the advantages of a MTC with requirement of multi specialty apptoach will be llost	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	It does not makes sense to separate cardio thoracic services from the MTC in Cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	Taking and dealing with all thoracic trauma patients including rib fractures	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It has to be part of the major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	CT	I do not believe the thoracic centre should be in Swansea as it will compromise thoracic emergency care..	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Accessible for all patients that need emergency care	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That there Is delivery of service in the MTC.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Neither agree nor disagree	C&V	Clear guidance for thoracic surgery provision for major trauma cases is essential	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Safety of multi trauma patients could potentially be compromised.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	How will it help the trauma patients taken to the major trauma service in uhw. It will compromise patient access to timely care	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	CT	As a relative of someone who needed neuro & thoracic surgery following an accident. It is vital to have a hospital that can sort all the issues a trauma patient may have.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That patients' needs are prioritised and that patients with complex and multiple needs say for example after major trauma are able to have their surgery needs for possibly multiple issues met in the same place. This would require the thoracic centre to be in the same place as the head and brain injury centre, for example in the event of receiving patients with multiple pressing concerns to their health (ie. trauma sustained after major incidents)	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It should be available at the major trauma centre. Not Swansea	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	That it provides excellent care for patients at the MTC in Cardiff as well as for others.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It concerns me that patient safety will be compromised as it is a distance away from major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	I agree with the principle of one unit providing 24 hour cover but strongly believe the best outcome for many reasons is that the new service should be in CARDIFF and not Morriston	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That it is in the same location as the major trauma centre.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Neither agree nor disagree	CT	Where will thoracic trauma go? To UHW (trauma centre) or Morriston (thoracic)	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	I can not see any advantage of moving the thoracic sugery unit to swansea. as I mentioned before-transport of patients & their relatives, likely impact on waiting time for all thoracic surgical cases including urgent cases, & finally imact on removing the centre from cardiff which is our main specialised trauma unit.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	That it's in the same place where other injuries can be treated.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	How it links to Trauma Centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Neither agree nor disagree	C&V	Clear pathways for thoracic cover for emergency / trauma patients	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Close working relationships with the related specialties such as cardiac surgery and trauma	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Needs to be part of major trauma centre, also needs to go hand in hand with cardiac surgery and have the appropriate anaesthetic. Support	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	PT	Access to united care means that thoracic surgical support is required on any site with a trauma service	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	How can the new major trauma centre in cardiff can have thoracic surgery 1 hour away and still save lives? what will happen to children who need thoracic surgery and PICU intensive care as this remains at UHW cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	ability to deliver thoracic trauma service at the major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Quality of care and experienced clinicians with exceptional communication skills (and transport) to endlessly link with the major trauma centre	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	NA	All staff need to be experienced and competent to provide the necessary surgical care. The decision to move the centre should (and must) be based on the best interests on the service users who require the centre. If the move does not benefit the majority of service users, then it should not happen! In my opinion, the Thoracic Surgery Centre should remain in Cardiff with the upcoming Major Trauma Centre, because with the two specialised units together, we should be able to provide efficient, safe and high quality care.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	It needs to provide the best possible standard of care from every aspect of service from the surgical expertise to the post surgical nursing care. It also needs to be able to deal with major thoracic trauma at the highest level.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	That it is truly able to serve all of wales and that it doesn't disadvantage some patients.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	It needs to be in Cardiff where the major trauma centre is going to be situated.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	NA	It would work, there much evidence to suggest single centres are not effective. Also how can a major trauma centre like UHW not have a thoracic dept. Whom will manage trauma patients with specific thoracic issues. It is obvious someone has taken a financial kickback for thos atrocious and dangerous idea	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Neither agree nor disagree	HD	How will patients in the MTC get care? That is important to me.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	I am not interested in developing this service. if university hospital of wales is going to be trauma centre and tertiary centre for paediatric services then thoracic services should remain here in cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Nothing. Having recently has a car crash myself and a trauma call knowing all specialities were in the hospital was very comforting. We will be providing inadequate care if this move goes ahead	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Neither agree nor disagree	C&V	To be based in same place with Major Trauma Centre. Also, it?s illogical to split Cardiac and Thoracics services.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	The unit must be able to deal with complex needs of multi trauma patients.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	I feel strongly that this should be at the site of the MTC.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	CT	Ease of access. As the largest population in Wales is in the south east, convenient provision should be based with the trauma centre in Cardiff.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	TO RECREAT THE SAME LEVEL OF EXCELLENCE AS IS IN UHW. TO PROVIDE A SAFE AND EXPERT EMERGENCY SERVICE. NO COMPROMISE ON THE CARE OF THE THORACIC PATIENT IN UHW	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	NA	1. This will complicate the management of trauma patients who has thoracic trauma. .....	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	In my opinion it should in no way be relocated away from the trauma centre and the experience and expertise that already exists in university hospital.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	It would need to be close to a major trauma centre , so reducing the incidence of fatalities.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	To give a combined care which provides effective, quick care to its patients- this cannot be done if the trauma and surgical sites are split between two hospitals. Also, patients from Newport and some from Cardiff are nearer to Bristol hospitals than they would be to Morriston. UHW is a centre of excellence For thoracic surgery, you can?t just recreate this- it takes years of training and passing of knowledge to sustain	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	My main concern regards the delivery of care to patients at the University Hospital of Wales with the loss of thoracic services at this site, particularly with the proposed siting of the major trauma centre at this site.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Agree	C&V	It will need to be done in combination with the Major Trauma Centre moving from Cardiff to Swansea.	This is outside of the scope of this consultation
Disagree	C&V	In that case the MTC should go to Swansea	This is outside of the scope of this consultation

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSCC Response
Disagree	PT	The process and risks associated with inter-hospital transfer for major trauma patients requiring thoracic surgery could be more clearly explained.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>The report from the RCS only states that 1 center should exist.. they did not state it should be Morriston and didn’t they also say that it should lay alongside the MTC?</p> <p>Is it not a consolation prize as they did not get the MTC?</p> <p>Complete and utter madness to separate thoracics from the MTC.</p> <p>Have you seen how violent crime and especially stabbing are rising astronomically in Cardiff. Drugs and drug gangs.. it’s only a matter of time that guns will be involved.. I would prefer there being a surgeon capable of opening someone’s chest at the UHW as people will die on the 45 min trip to Swansea</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It is unresponsive to be transferring trauma patients requiring cardio thoracic surgery as they are very unstable and if trauma patients are going to be located in Cardiff it makes no sense to have that service one hour away	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	C&V	What logic is being applied here? Major traumas often include thoracic injuries, are you going to transfer major trauma patients from an accident between Cardiff and Swansea so each specialist can do their thing? It will be a game of casualty tennis in the helicopter.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	The basis of a trauma Centre is that we a hospital that is able to manage abs care for patients with multiple injuries including thoracic/chest trauma. Moving this vital service away from Cardiff would mean that these critically ill patients would potentially have to be transferred out increasing the risk of harm to them and increasing cost.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	How can thoracic surgery be seperated from other body, cardiac, neurosurgical servies in context of major multi system trauma? It makes no sense to have major trauma centee at UHW and thoracic surgery 50 miles away	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	I think the idea of having a thoracic surgery 50 miles away from a trauma centre is insane and whoever thought about this idea should be prosecuted	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	. It concerns me that it would be based 1 hour away from major trauma centre.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	CT	It is genuinely bonkers to separate thoracic surgery from the major trauma centre. It would be different if it was moving a mile or 2 away but over 40 miles away?? I thought the whole point of having Cardiff as the major trauma centre because they already have a very effective neuro, spinal & thoracic set up? So technically if a patient needs neuro & thoracic surgery where are you proposing these patients are going to be looked after? Bonkers decision!	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	Delivery service has to be at the same site as major trauma centre. I would not want to have a major incident and then have to wait 1 hour plus for a thoracis surgeon.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	Cancer surgery is performed in Cardiff serving east Wales, and having patients travel 40 to 50 miles further will be extremely inconvenient for the patients and their relatives. This also a ploy to reduce the number of doctors and other staff that need to be employed. The medical students will also have less exposure to chest surgery. If any one site is to be developed, it logically should be Cardiff as it is a major teaching hospital.	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	Politicians continue to suggest we want a world class healthcare system in wales but are frightened by the electorate to make appropriate decisions. It is inconceivable that UHWE will function as a MTC appropriately with thoracic sugery 40 miles away. teh decision is based on political will rather than common sense	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Disagree	C&V	The proposed movement of thoracic surgery to a single centre in morriston hospital Swansea will potentially put lives at risk. Those patients who require input in Cardiff and vale will be forced to travel further. Those patients who are seriously unwell and require a thoracic surgeon will be forced to await life saving input from surgeons who are over 50mins away! This is a danger to patients and the public. It is a great shame to move the incredible service at Cardiff and vale to Swansea	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	It's completely ridiculous placing the thoracic centre that is 42miles from the major trauma centre for wales	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>
Disagree	C&V	I think it should stay in Cardiff - with the major trauma centre it would be rediculous to move thoracic services an hour away when the majority of major trauma patients have thoracic injuries	<p>At the mid-point of the consultation we carefully reviewed responses it became apparent that many concerns related to the ability of thoracic surgeons to respond in emergency trauma situations. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.</p> <p>We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes . The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p>

Agree	HD	Arguments about needing thoracic surgery to run alongside trauma in Cardiff are not persuasive. If trauma does move to Cardiff, Bristol is fairly close of trauma/thoracic intervention is required and Morriston is more central to the majority of South Wales for planned surgery.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account that there were approximately 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota, (currently this is provided by mixed practice cardiac-thoracic surgeons), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p>
Agree	HD	Much comment has been made about the need to have thoracic surgery collocated with a major trauma centre. It is important to remember that trauma is only a very small part of a thoracic surgical service and that cardiac surgery (rather than thoracic surgery) is already providing 24/7 cover for thoracic trauma in both UHW and Morriston Hospital.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account that there were approximately 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota, (currently this is provided by mixed practice cardiac-thoracic surgeons), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p>
Disagree	C&V	There seems to be an ill thought ditribution of services between Swansea and Cardiff. It looks as if we share services to please everybody. As there is a plan for Major Trauma Centre in Cardiff Thoracic services should also be based in Cardiff. The public wants better results. This can easier be achioeved in the largest Wesh Hospital	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	Having a thoracic centre alongside the Major Trauma Centre is a critical component in providing safe and effective healthcare. Nursing staff are very reluctant to move from Cardiff to Morriston, to lose all those staff members will be significant loss.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	Please consider that the thoracic centre would be much more suited to being located within Cardiff and vale. It would fit hand in hand with the major trauma centre status.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Thoracic surgery should be centralised in Cardiff in the presence of trauma centre onsite	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	CT	I understand the need for one single thoracic surgery centre however I do not understand the logic behind having this on a different site to the location of the Major Trauma Centre. If a member of my family or friends was in the need of major emergency thoracic surgery I would be concerned that this could not be treated at one centre and the distress that would cause not only for the patient but for the families.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Thoracic surgery should be where the MTC is	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Absolutely nonsensical to take thoracic Surgery away from the MTC	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	It is completely senseless to move thoracic surgery away from a hospital that is soon to become an MTC.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It seems illogical to move a essential service froma hospital which is going to be the major trauma centre for the country	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Please have a look at ATLS protocols. Thoracic trauma is a life threatening condition and requires immediate specialist expertise. It is vitally important to concentrate specialist expertise if the trauma centre is to deliver its aims. The risk otherwise is of the trauma centre being a tertiary centre in name.</p> <p>There is no clinical imperative that has forced this move. If there is one, it should be shared and highlighted. Otherwise the risk is that it will be viewed as just another decision where political factors trump clinical judgement.</p> <p>Please do reconsider this decision.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	All trauma related services should be based in one Center. It is impractical to have one element in Cardiff and other in Swansea	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	It seems clear that thoracic and trauma centres should be co-located.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Working as Orthopaedic Surgeon in Cardiff gives me an insight how valuable the cardiothoracic service is in close cooperation with the T&O department. Polytrauma patients often have severe chest injuries and need expert chest surgeons on site of the MTC. This will undoubtedly save lives.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	Rediculous idea to place thoracic surgery away from the main specialist trauma centre. It is an obvious and poor political ploy to appease constituents, and the local am?s, without consideration for patient welfare and outcomes.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Cardiff needs cts available if it is to be a true major trauma centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	ABM	This is a bad unsafe idea to take away heart and lung surgery from a major trauma centre. It will result in more patients losing their life.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Neither agree nor disagree	C&V	Thoracic surgery encompasses elective and emergency. Many of the emergencies are in major trauma cases who frequently have multiple injuries. Major trauma centre is CArdiff. Global recommendations and standards expect thoracic surgery in same centre. How will these proposals support thoracic surgery in the trauma centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	This decision smacks of the need to play politics and is in fact just throwing ABMU a bone after the decision to host the major trauma centre in Cardiff. It is stupid and short sighted and will directly result in patient deaths.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	If Cardiff becomes the major trauma centre then it is essential to have on side cardiothoracic support	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	NA	abolutely require thoracic surgery in university hospital with trauma centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Difficult to understand why this proposal is even being considered, given the decision to locate the Trauma Centre in Cardiff - a decision which will have been made following careful assessment of the best site for the Trauma Centre (why should Thoracic Surgery be different?)	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I feel that the thoughts of the emergency services and emergency department have not been taken in to account when making this decision. We manage many patients with significant thoracic trauma who require more, not less, service provision.</p> <p>When UHW is becoming a major trauma centre it seems illogical to give with one hand and take with the other. 50 minutes travel time to save someone who has only a finite time where they can be saved is not sensible.</p> <p>In other centres where thoracics are not on site there is a much shorter travel time than this. Swansea is too far from Cardiff and the majority of this country's population to be a viable option for the regional thoracic centre.</p> <p>The acute trauma population need rapid treatment in the context of significant thoracic trauma and this move would preclude that.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	From a safety perspective, removing thoracic surgical services from the major trauma centre will put lives at risk.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	AB	<p>Moving thoracic surgical services away from CVUHB and the major trauma centre will result in</p> <ol style="list-style-type: none"><li>1. Fractionation of services</li><li>2. Deskillling of staff in the management of thoracic trauma patients</li></ol> <p>.....</p> <p>6. Undermining the development of a major trauma centre with thoracic surgical and anaesthetic skills that would be the envy of other nations within UK.</p> <p>7. Undermining the development of a holistic service delivering state of the art care to the multiple trauma patients within south wales.</p> <p>8. Unprecedented location of thoracic surgical services 40 miles distance from the major regional trauma centre.</p> <p>9. Loss of thoracic surgical services from CVUHB that delivers a quality of care that is amongst the best in the UK. Innovative treatment delivered include a number of Lung Resections that are performed by way of ?key hole surgery? are amongst the highest in the UK. In addition novel methods of chest wall deformity and less invasive methods of lung volume reduction surgery for severe, disabling emphysematous lung disease have been developed in CVUHB offering patients state of the art treatment of several lung conditions.. CVUHB as outlined in a recent national audit presented at a recent meeting of The Association for Cardiothoracic Anaesthesia has the lowest rate of post operative respiratory failure among the 17 contributing centres.</p> <p>We should be building on our past success and continue to develop the state of the art thoracic surgical services within CVUHB</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I say again, it is lunacy to not have thoracic services at the only MTC in Wales. What is the point of having it all if we do not do it right. Why, for once, can Wales not have the Gold, no Platinum standard and put NHS England to shame and have a centre that they are envious of.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I am told by medics that lives will be lost if there is not a thoracic surgeon at UHW to deal with major trauma. There is a great deal of concern being expressed by medical staff.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	AB	<p>Yes, how can you have UHW as a major trauma centre without thoracic skilled and trained staff? A huge number of patients who come to UHW with polytrauma need work on their chest walls and there are many cases to back this up. You would be condemning a huge majority of patients to death. There have also been cases where patients undergoing surgery of a different kind have needed emergency thoracic intervention. Taking thoracic surgery away from cardiff would be a catastrophic move. Funds would be better spent improving the capacity for thoracic surgery and recovery at UHW.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	<p>I fail to see how this could benefit patients. Why not just spend the money where it needs to be spent instead of trying to consolidate at patients expense? Invest more in both places and you will see improvements in figures. Either that or keep it in the major trauma centre. A major trauma centre should have the capacity to treat all injuries. The patient will suffer more if needed to be moved to treat a different injury.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>Wales is behind the UK in it's delivered of services. I think you should look into ECMO for trauma and recent developments. Combining the trauma centre and thoracic centre is logical with future developments</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	There has to be some level of on-site thoracic support in the largest hospital in Wales, even if it's reduced in strength. That care and skill cannot be offered by the cardiac surgeons, or duplicated by anyone else.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	moving the tertiary thoracic centre from C&V where all other tertiary and trauma centres are based is a retrograde step	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	MTC overall poor planning and lack of appropriate services leading to significant patient risk. Thoracic and neurosurgery should be centralised in Cardiff	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	No thoracic surgery in cardiff means the Major trauma centre is significantly flawed. It isn't really a major trauma centre as theatre staff and ward staff will be de skilled in thoracic surgery	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Makes no sense removing thoracic surgery from a designated major trauma centre - any move must take into account contingency for chest trauma at UHW	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	I think Thoracics needs to remain in Cardiff as a matter of patients safety, not only as C&V will be a MTC, but also there input is needed in Paedistrics.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	I feel it's unnecessary disturbance to staff who work within thoracic surgery. It is imerpative for a trauma centre to have quick and efficient access to thoracic care. I really feel we have so many issues with in staffing levels and care we can provide in the NHS, why create more problems?	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Thoracic surgery should not be moved from UHW. It is a vital part of the service and patient safety and will be even more so when UHW is the major trauma centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	Wales will be unable to provide cover. We will be a laughing stock	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	C&V	Cardiff is a leading centre and will be a major trauma centre thoracic surgery should stay in the major trauma centre so best care can be provided.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	AB	I am not medically qualified & am not aware of how the current service operates for emergency thoracic surgery. I suspect medical staff who work in this area would be best placed to determine & influence the most appropriate location.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	The move to Morriston Hospital is very poor, it is not putting the needs of patients first. To have a major trauma centre without a thoracic specialist unit is dangerous. Cardiff has a much larger population, and the areas surrounding Cardiff statistically require the needs of a thoracic unit more, requiring more travelling.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	C&V	I would like a logical/clinical/patient safety reason as to why this move has been suggested	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	<p>I SINCERELY BELIEVE THE MOVING OF THORACIC SURGERY FROM UHW TO MORRISTON IS NOT THE CORRECT DECISION. SERVICES WILL BE COMPROMISED AND THE PROVISION OF THORACIC SURGERY WILL BE IN A WORSE POSITION.</p> <p>I AM ALSO CONCERNED FOR THE PROVISION OF CHEST TRAUMA IN UHW MTC AND FELL THAT LIVES WILL BE PUT AT RISK.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Neither agree nor disagree	C&V	I have grave concerns about this strategy on Royal College capacity and the effect this could have in the training of our new doctors. They will require operating experience which travelling to far and often between sites would not be practicable for them or acceptable. We have a poor rating within Europe this strategy must ensure this is remedied, if not heads should roll. As in Neuroscience consultation it did not work out and was basically a disgusting political move for votes. Health has nothing to do with politics. I can see infighting and much stress and unhappiness being brought to play for staff and uncertainty for patients, this must be thought about and managed. The Major trauma should serve as a plus ot Wales not end up being unable to cope with what is ahead of it in its development nor should this new strategy as far as Thoracic Surgery for the area affect either service	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

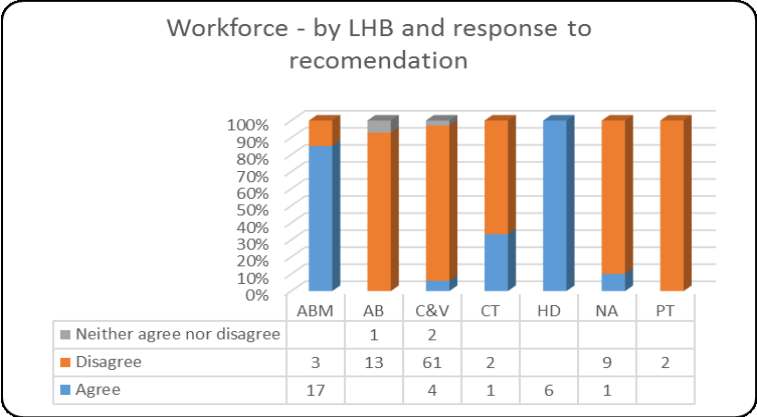
Disagree	C&V	Trauma centre with no thoracic surgical cover on site makes no sense. Whichever centre is chosen should have both on the same site or within 10 to a maximum of 20 miles apart. If they can?t be accommodated in UHW , thoracic centre can potentially be located at UHL, Royal Glamorgan or POW - but Swansea is too far away. The proposed change inconveniences a much proportion of patients and makes the trauma centre in Cardiff with no thoracic surgical cover not fit for purpose.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC. One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	C&V	It is totally inappropriate to take thoracic services away from a university hospital which has a major trauma centre. This will be catastrophic for the delivery of care and will compromise patient safety	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Key Theme : Workforce

Workforce issues was the fifth most commonly cited by 122 respondents. In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response.

Workforce cited by 122 respondents	Sub Theme Identified	n.
	Loss of experience at UHW	53
	Recruitment	38
	Personal impact	31
	Academic links & Research Opportunities	16
	Training	16

The table below represents the geographic profiles of respondents within this category and their response to the recommendation of the Independent Panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	C&V	<p>for our ability to train anaesthetists in thoracic anaesthesia in Wales.</p> <p>Training reasons: The anaesthetic curriculum required competencies to be developed in thoracic anaesthesia at ST3/4 &amp; repeated at ST5/6/7 level. Cardiff currently provided &gt;80% of thoracic anaesthesia training. There will need to be a complete training programme re-design, which is not straightforward at all, if the services are restructured to meet their curricular needs. This will lead to delayed CCTs &amp; additional training costs.</p>	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	<p>UHW also have excellent cooperation with Cardiff University (with access to WIMAT with live link to theatres , anatomy department with access to fresh cadaver) and they organise multiple international courses. These opportunities are not presently available in Swansea.</p>	<p>The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process did put Cardiff slightly ahead of Morriston but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.</p>
Disagree	C&V	<p>Where are the nurses for the new unit? Both UHW and Morriston Hospital struggle with staff shortages. We cancel surgeries without adequate staff and to train a nurse to the current standard, will take more than 3 years. Most of us are more than 5 years experience with thoracic surgeries. we need more nurses and surgeons and more equipment, NOT a new unit.</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	NA	<p>Expertise to deal with complex thoracic surgical cases sits to a large extent outside surgery. There is no plan to replicate this at the new centre.</p> <p>This expertise in Wales will be lost to the detriment of patients.</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	AB	De-skilling of medical, nursing and allied medical staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	..... These excellent results are only achieved due to the collaboration and co-operation of the first class thoracic team working at UHW. This team includes the theatre scrub staff, ICU staff, ward nurses, physiotherapists and many more. Such a team will not all move to Swansea, and thus the benefit that has taken many years to achieve will be lost. I therefore strongly believe that it does not make any sense to dismantle such an excellent thoracic service which already provides great results.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	Also, with the UK's 3rd best medical school on its doorstep, it's ideally situated to benefit from excellent graduates.	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	C&V	the potential of the Arch project will completely negate any suggestion that UHW may have slightly better research opportunities. Morriston is the only site that is practically feasible.	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process did put Cardiff slightly ahead of Morriston but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.
Agree	HD	2 Place of excellence in Wales Research etc	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.
Agree	ABM	Excellent teaching for health care students.	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.
Agree	abm	Swansea University has one of the top Medical School in the UK.	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.

Disagree	C&V	Need to recruit almost all geographical medical staff and teach them from zero.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Agree	HD	In terms of recruitment and sustainability there is a chance for this new centralized model to be showcased across all health professionals as a developing exciting new opportunity to be part of.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	C&V	Where are the nurses for the new unit? Both UHW and Morriston Hospital struggle with staff shortages. We cancel surgeries without adequate staff and to train a nurse to the current standard, will take more than 3 years. Most of us are more than 5 years experience with thoracic surgeries. we need more nurses and surgeons and more equipment, NOT a new unit.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	C&V	Recruitment surgical anaesthetic and nursing: Thoracic surgery without cardiac surgery is undoubtedly a recruitment problem and will only increase Education: where will the appropriately trained workers be trained and how will they be trained. Anaesthesia is the largest specialty-there has been no discussion as to how services will be provided if thoracic moves to Swansea Cardiff is supposed to be a tertiary referral unit -how would this be possible without thoracic surgery?	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Agree	CT	It is imperative that specialist services are retained in South West Wales so that high quality staff can be retained and attracted to the area - encouraging improvement to the many services provided to the area. There has been a gradual creep of services towards Cardiff and a growing difficulty in the ability to recruit to Swansea - leading to services struggling on, in what should be a highly performing centre. By retaining some specialist services, further professionals will be attracted to the area and bring with them skills and knowledge to enhance the medical services provided to the area.  There are excellent research opportunities in Swansea and links with Swansea University, new and existing, can be formed to participate in research. Swansea University is a forward moving, progressive university and I'm sure there will be opportunities there.  workload.  (These are personal views from a consultant physician who currently works in Morriston Hospital, but has recently also worked in UHW)	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
	C&V	Having had these services provided by Cardiff and Vale University Health Board there is a well established and clinically very experienced group of clinicians, including doctors, nurses, physiotherapists etc. Shifting this service an hour away would mean the majority of these individuals would seek new jobs due to such an excessive commute and not be in a position to pass on their specialism.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

Disagree	C&V	My concern relates to two entities: first the distance from a major trauma centre. My understanding is that Papworth Hospital is to relocate from its current site to the Cambridge Biomedical Campus, which means that the majority of other centres will be less than half the distance (and time) from a relevant centre compared to Swansea. This relates to my second concern, which is the recruitment and retention of staff: it is already difficult to recruit to specialist positions in Wales, and to attempt to set up a relatively isolated service in a distant hospital, with a paucity of other relevant services, is surely setting the service up to fail. A correlate to this is the abject collapse of neurosurgical services in Swansea, which, despite significant input, was not sustainable even over a relatively short period. To try to attract and then retain staff operating over the longest distance in the UK, with a distant major trauma centre (which will provide at least some of the justification for thoracic surgical input, not in an emergency setting) will not be sustainable in the medium term, and to my mind is a disservice to both the population this service is due to serve, and to the doctors, nurses and other staff that is presumed to run it.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
	C&V	Recruitment surgical anaesthetic and nursing: Thoracic surgery without cardiac surgery is undoubtedly a recruitment problem and will only increase  Education: where will the appropriately trained workers be trained and how will they be trained.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	C&V	Recruitment to Cardiff is going to be easier - already proven Swansea failed to recruit a new thoracic surgeon but Cardiff did! This new Swansea unit may fail on that alone!	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	AB	The Centre of Excellence should be in the Capital City of Wales, in the City of Cardiff where the cultural life of Wales can attract clinical professionals and from where transport links radiate out by road, rail and air.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	NA	UHW already has an excellent team. My concerns are recruiting such a team in Swansea with so many years experience	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	C&V	The excellence of the team at UHW has taken many years to achieve and with the current issues of recruiting the specialist nurses and Doctors it is unlikely that Morriston can recreate the same level of excellence.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	C&V	<p>. If thoracic moves to Morristown then the skills of the staff at UHW will be lost.</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	<p>. There are also inpatients who require acute chest procedures outside the trauma setting, which is currently provided by thoracic surgery. Who's going to step in if that service is not available on-site?</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	<p>specilaist staff already at Heath, lose consistency with cardiology</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>



Disagree	C&V	there is a well established and clinically very experienced group of clinicians, including doctors, nurses, physiotherapists etc. Shifting this service an hour away would mean the majority of these individuals would seek new jobs due to such an excessive commute and not be in a position to pass on their specialism.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	A number of specialist staff will not move to Swansea resulting in a loss of skills and a problem with recruitment of specialist staff.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	IF ROUTINE THORACIC SURGERY IS TAKEN FROM UHW WHAT WILL HAPPEN TO THE PATIENTS WITH CHEST INJURIES. ALL STAFF WILL BECOME DE-SKILLED AND THIS WILL AFFECT PATIENT OUTCOMES. IT TAKES GOOD TEAMWORK TO PRODUCE GOOD OUTCOMES. THIS WILL BE LOST. THIS IS ESPECIALLY REQUIRED IN THE ACUTE SITUATION WHEN TIME IS OF THE ESSENCE.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	C&V	. The current surgeons will be deskilled and not able to deal with thoracic trauma cases.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	. There will be an impact on training / sustaining an appropriate skill mix.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	Expertise is needed at UHW	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	AB	Retraining/loss of trained at cardiff Travel problems	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Neither agree nor disagree	C&V	There must be one centre of excellence meaning extreme difficulty for patients.Bringing together of of both services on one site will require leadership and management especially in the organisation of assessments, treatment follow up plus whay if there are problems with intensive care beds required?As there are problems at Swansea sccordign to Royal College Experts Report with no cohesion as far As I read in the service are they now capable of having twice the patients and the organisation needed for this?Plus having to work with staff from UHW.New building does not make it fit forpurpose, it is willingness of all staff to change and comply in putting faults right, but they have to recognise those first.Not very professional so far in use of public money in operating delays	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	This specialty has been in that hospital for years when I visited friends as patient in that unit, I have seen howmarvelous job the staff are doing their job there. And I think this must have been due to the lenght of service and experience collectively that these staff and unit has been. If this service will move and the staff will not go to Cardiff the expertise of these staff will go to waste and new staff that will run Cardiff will have to develop their expertise on this field but that takes time and we are talking of poatients lives being at risk whilst they are in the process of honing their skills.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	ABM	Thoracic Surgery at UHW is the best in wales with a top class team of doctors and nurses most of whom we would lose if this move takes place.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	NA	staff disruption;	We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.
Disagree	AB	the serious disruption to the lives of staff, their families and patients.	We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Agree	C&V	What thoughts, if any, have been given to the teaching of medical students	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	Staff retention and training	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups. A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	NA	Saving the jobs of those in Cardiff	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.</p>
Agree	ABM	ResponsiveHas right level of staffing and skills. Meets the needs of local people	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	C&V	Quality of care and experienced clinicians with exceptional communication skills (and transport) to endlessly link with the major trauma centre	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	HD	Modd i recriwtio digon o staff a gwella ymchwil feddygol a ffyrdd o weithio newydd. Effaith ar wasanaethau eraill yn yr ysbyty	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	Make certain of adequate staffing and support services	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	It needs to have highly trained surgeons in which patients can trust. It would need to start offering minimally invasive surgery, with trained nurses and physiotherapists to assist these patients post operatively.	<p>We have been advised that such a large unit, properly implemented, would be highly attractive to medical staff. We are aware however that this may be different for other staff groups and they may be less likely to transfer. A strong training and development programme starting almost immediately will therefore be essential for the new unit. Creating the third largest thoracic surgery centre in the UK we believe will allow us to develop even more training opportunities. Both Cardiff and Morriston Hospitals currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p>

Agree	NA	It is important that an appropriate recruitment and retention programme is put in place in order to attract the right staff to the centre.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	abm	It is important because of the need for Thoracic Surgery to be based in Wales. We should also recruit thre top Doctors in this field.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	It being a sustainable service, and one where there is a longer term viability, rather than a short-term approach to providing a service to Swansea that will compensate to their not being the Welsh major trauma centre	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	AB	highly trained staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	good staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	C&V	Expertise	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>



Disagree	C&V	Experienced, quality staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	Excellence. Continuing staff and surgical excellence. Thoracics is very staff dependent, and spotting issues early and making sound clinical judgements. Equity for all- access to elite surgical opinion, and a 24/7 cover from specialist staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	abm	Centralisation of services is always contentious and a difficult process, but it is important that the work is done in consultation with not just medics and nurses, but therapists as well.	<p>We know we have expert teams on both sites and by bringing them together we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.</p> <p>We have been advised that such a large unit, properly implemented, would be highly attractive to medical staff. We are aware however that this may be different for other staff groups and they may be less likely to transfer. A strong training and development programme starting almost immediately will therefore be essential for the new unit.</p> <p>A skilled and dedicated workforce is essential to the success of any new unit and this will be a core element of implementing a new service, if there is a decision to locate at a single site. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales (HIEW) to do this.</p>

Disagree	C&V	Attracting the best staff, ( doubt this will be possible) and efficient and affordable transport links ( will cost too much). The level of research and training that you get in a teaching hospital. Its seriously not a good decision.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	HD	1 Trained Staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	Sustainability of the service will be a challenge as the staff of the bigger unit may not want to move for family and personal reasons. Also recruitment of staff has historically been easier in Cardiff than in Swansea. This is reflected in recruitment and retention of doctors and all other staff in secondary and tertiary care.	<p>We have been advised that such a large unit, properly implemented, would be highly attractive to medical staff. We are aware however that this may be different for other staff groups and they may be less likely to transfer. A strong training and development programme starting almost immediately will therefore be essential for the new unit.</p>
Agree	HD	Team of staff of all disciplines that have the expertise in the field.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Agree	ABM	it is has the staff to deliver	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	well developed MDTs  Team work!	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	Staff satisfaction	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.</p>
Disagree	AB	Experienced nurses and specialist nurses	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Agree	HD	adequate lead in time for training and recruiting staff  Dedicated management team to lead and supported with clinical experts to shape and future proof the service	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	Would there be sufficient medical staff, including theatre staff employed to provide the new service.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	We will need to recruit the additional experienced staff to cope with the additional work to run the department efficiently and to consider what training is necessary for the current staff,	<p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	The department should have the opportunity to develop research interests.	<p>The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.</p>
Disagree	C&V	Relocation of existing staff to the unit.	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.</p>

Disagree	C&V	expertise of the Thoracic team,	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	Expert team to early manage thoracic cancer, pre and post operatively.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Neither agree nor disagree	AB	<p>Staff recruitment Whilst it is acknowledged that developing a Centre of Excellence will have a positive impact on staff recruitment, the recruitment of staff for the outpatient provision within local health boards also needs to be taken into consideration when planning the service.</p> <p>Research It is essential that the research element of the Centre of Excellence is used effectively to ensure that the quality of treatment is improved and the outcomes are better for patients than they currently are. Up to date information should be used to drive the quality and effectiveness of treatment in an open and transparent way.</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this. The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
Disagree	C&V	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in	We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.
Disagree	AB	You are clearly not thinking about patients, their relatives or the trained staff at uhw who will probably lose their skills as a result of this.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	We do probably need one centre rather than two. Where it is located probably doesn't matter, but given the recruitment issues for consultants it is much more likely that this could be achieved in Cardiff. It needs to be established that the current UHW team will be prepared to move - there is no indication that they have been asked, and no evidence is provided that suitably qualified surgeons are available and willing to work in Swansea	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	There are better research opportunities at UHW	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.

Disagree	AB	Taking all things into consideration, I am very concerned about the prospect of losing such a highly regarded thoracic surgery team from my local area. It does not make sense to me to have to move it away from a centre that already works to such a high level - to a place that will need training in all aspects of minimally invasive thoracic surgery.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	AB	staff at UHW are already highly trained and it's the main teaching hospital with an excellent reputation	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	Recruitment would be easier in a capital city as opposed to a secondary city.	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	C&V	Recruitment at Swansea area would be far more difficult Cardiff would draw excellent thoracic surgeons etc better schools, theatres, sports venues etc etc	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Agree	ABM	<p>Only by having high-quality and challenging specialist services will Swansea and South West Wales ever be able to attract the very best medical staff and researchers.</p> <p>Key projects such as the City Deal and the ARCH programme both recognise the importance of health research and innovation as future economic drivers for the region. With acute services being lost or centralised in Cardiff, these projects are at risk of being undermined.</p>	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Neither agree nor disagree	C&V	I have grave concerns about this strategy on Royal College capacity and the effect this could have in the training of our new doctors.They will require operating experience which travelling to far and often between sites would not be practicable for them or acceptable.....I can see infighting and much stress and unhappiness being brought to play for staff and uncertainty for patients, this must be thought about and managed.	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	I fear for the future recruitment & retention of anaesthetists in Wales, if their job plans are changed to perform cardiac anaesthesia sessions alone.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	PT	How would this move affect staffing and people's jobs?	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.</p>
Neither agree nor disagree	C&V	Have the surgical staff at UHW agreed to transfer to Swansea? If not, what are the specifics of your recruitment plan?	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	CT	Has there been detailed conversations with all staff involved on both sites?My experience of this magnitude of change is that the people doing the job are not adequately consulted.UHW has a highly skilled trained team with a substantial reputation and outstanding results.Break it apart at your peril!You are losing them and spending years recruiting and training?Build on what we have - either keep them on both sites or UHW.	<p>We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.</p>
Disagree	C&V	1.I suspect this si a fait accompli as happened with plastic surgery.2Cardiff is currently 17th in Medical School Ratings I expect it to be lower if it loses the thoracic surgery team.And , finally will it be more difficult to attract the best thoracic surgery team. 3 and fianlly will it be more difficult to attract the best thoracic surgeons to Swansea?Yes	<p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>



Disagree	AB	<p>.Difficult to recruit to senior and training medical posts The Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC) conducted a National Workforce Survey in 2016. The commentary within the document reads: It is clear that Cardiothoracic Anaesthesia is facing a number of growing challenges with regard to Consultant staffing and recruitment..... One of the statistics from the document is telling: Worryingly, 50% of UK centres currently have consultant vacancies (as of June 2016), and of these centres, at least half have 2 or more vacancies. The vast majority of centres have advertised consultant posts within the last 2 years and approximately a third of these posts have not been filled. Only a third of UK centres rated their prospects of recruiting to vacant consultant posts as 'good'. The proposed relocation of thoracic surgical services from CVUHB will make it even more difficult to recruit to Consultant Cardiac Anaesthetist posts in Cardiff, potentially to the point of making Cardiac Surgery unsustainable. Difficult to recruit nursing and allied medical staff</p>	<p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	<p>. I really feel we have so many issues with in staffing levels and care we can provide in the NHS, why create more problems?</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	C&V	<p>It would be a shame to lose the staff at uhw who are highly trained in caring for the thoracic surgery patients using minimally invasive techniques already!</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Disagree	PT	Access to united care	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
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Other

In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response:

Other: 167 respondents	Sub Theme identified	n.
	Decision Making Process	53
	Consultation Process	43
	Against merging of two centres	95
	Importance of tertiary services outside of Cardiff	52
	General comments regarding healthcare	7

Do you agree or disagree with the	Health Board	Please provide the reasons for your response.	WHSSC Response
Neither agree nor disagree	ABM	In my experience having services in either Swansea or Cardiff means that one service loses out as it is not possible to provide the same level of service when the two services are so far apart. Burns and neurosurgery are good examples of this.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	<p>The decision by the Independent panel was based on information provided by both organisations. In their report- they state that the evidence provided was generally poor. As such they should have requested further information in order to make their decision.</p> <p>The travel analysis projections do not consider the exponential population growth in Cardiff for the next 10 years which will have an impact on the number of patients needing to travel further to Swansea. Based on the statistics available in the travel analysis document it is difficult to understand why the travel discussions lead to a favoured decision for Swansea.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	However, I fear this decision may be based more on politics than sound judgement.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	HD	. There is a heavy concentration of services at Cardiff, this creates risk and there are fantastic facilities at Morriston.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	it HAS to be in Morriston to prevent everything being located in Cardiff and disenfranchising everybody to the west.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	Keep services in Morriston	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Most importantly it signals that specialist health services exist and will continue to exist outside Cardiff. In the recent past there has a sequential loss of specialist health services out of Swansea to Cardiff. There is a risk that many acute services west of Cardiff could collapse if thoracic services were now to move to Cardiff. This in turn would indicate to young doctors in training that acute and specialist services would cease west of Cardiff. This would lead to GP trainees and trainee hospital doctors deciding not to work as permanent trained doctors in Swansea, Carmarthenshire, Pembrokeshire or Ceridigion.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	one can think only of NON CLINICAL: reasons for the thoracic centre to be in Swansea	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	the Independent panel was not fit for purpose.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	NA	The Thoracic Surgery Centre is performing very well where it is, in Cardiff, so why move it?	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

Agree	ABM	too many services have been centralised in Cardiff. Morriston is developing and needs this to become a centre of excellence. Otherwise, it'll become a skeleton hospital, continuing to risk the lives of the people of south west Wales. .	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	I also continue to have concerns around the possible loss of services from Wales. Previous UK-wide reviews of certain specialties, such as Paediatric cardiac surgery, have seen services which were based in Swansea, lost to Cardiff and were then subsequently lost to Bristol. The reason for this was that Cardiff and Bristol were deemed to be too close together geographically. We must mitigate the risk of this type of domino effect. Establishing South Wales' thoracic centre in Swansea would do just that.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	In addition it would have given greater confidence of no bias if an independent School of Economics was used as opposed to that based at Swansea University which has strong links with ABM UHB.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	Seems a tit for tat as Morriston lost Neurosurgery work to Cardiff. This move does not benefit patients and personal thought is it's unsafe. By all means perform cold thoracic surgery at Morriston but keep it also at Cardiff.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	The data quoted in the consultation document is misleading regarding the parallel with Liverpool. This data should not be used. The travelling distance analogy is wrong and open to huge interpretation depending on what criteria you use to make a conclusion.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	HD	. It is good to share specialised services between a few major sites so that no site has everything and the other nothing. Morriston has the specialists, the drive and determination to deliver this initiative which would benefit patients from across the region	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	. This looks like a political decision rather than one based on any proper medical considerations.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	. This move is driven by political motives, not clinical ones. Practice what you preach and actually do what is best for the patients whose best interests you claim to have at your core.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	. It strikes me that this is being done as a political 'sweetener' to Swansea to counteract the loss of the MTC. It is not appropriate in my view to play politics with patient care.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.

Disagree	NA	<p>1. Travel Analysis. The consultation document states that one of the key factors leading to the Independent Panel's recommendation of Morriston as the single centre is the travel analysis. I disagree with the Panel's view that it is better to disadvantage a larger number (170 people) who would have a longer travel time if it was at Morriston, than it is to disadvantage a smaller number (70 people) who would have to travel a much longer travel time if it was at UHW. More than double the number of people will have a journey time of more than 60 minutes if the centre is at Morriston than if it is at UHW. Furthermore, Cardiff has one of the fastest growing populations in Europe, so going forward, if the centre is at Morriston, there will be even greater numbers of people who will have to travel further for thoracic surgery.</p> <p>2. Major Trauma Centre. The information that the Independent Panel were provided with about the requirements for a relationship with the MTC was inadequate to support an informed recommendation and could be judged to be misleading. More work should have been undertaken to prepare a briefing for the Panel on the local statistics and trends in relation to thoracic input to major trauma in south Wales rather than relying on anecdotal advice from one clinician from England. The Panel did not have sufficient expertise on information about this aspect of thoracic services to make an informed judgement about the importance of this issue.</p> <p>If we want a world class MTC for south Wales, the evidence supports the need for a co-located Thoracic Surgery service. While the numbers who require thoracic input at a MTC are relatively small, for those who do need it, it is time critical and life threatening. Saving the lives of a few people should outweigh the inconvenience of slightly larger numbers (50) who would have to travel further if the centre was at UHW.</p> <p>3. The Process. The Panel report states that the recommendation was unanimous but based on a relatively narrow margin. It also states that the info supplied by both providers was poor. It further states that given the close outcome of the assessment, if ABMU HB is not able to provide a robust implementation plan, C&amp;VUHB should be asked to provide one. In view of the closeness of the scoring and the more detailed info now emerging about the negative impact of non co-location with the MTC and which could impact on the mortality rate at the MTC, the responsible course of action would be for both providers to be asked to provide more robust and detailed implementation plans. The choice of location for the single centre should be based on a more measured and informed process and one which gives confidence that it is based on a robust assessment of what will be best overall for patient outcomes.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	NA	Agree with the view of the independent panel	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	hd	area in need of such. little enough in this area already	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	As this is the first time I can actually remember something being proposed for Swansea and not Cardiff since the assembly was formed, which Cardiff didn't want.oh and it would be nice to have some sort of specialist healthcare west of cowbridge	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	Closer to us. But think u should keep 2. Stop taking services away!!	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	HD	Evidence suggests this would be the best for patient care.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	For keeping future investments and expertise in west wales	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Disagree	CT	Having one location wil make it difficult for those who have to trvel further, for families & friends to visit. It will put more pressure on one place to undertake operations.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Neither agree nor disagree	HD	I believe that there should be multiple sites offering this service and not just one.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	AB	I do not think it should be moved from Cardiff.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	I feel that the densely populated south east wales region including Cardiff, Newport, the Vale of Glamorgan and Gwent Valleys need a thoracic surgery centre in their own area rather than have to travel to Swansea.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	I gather that it has been suggested that the Cardiothoracic Unit be moved from Cardiff to Swansea. I believe that this would be a retrograde step	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Neither agree nor disagree	C&V	I question the validity of the clinical relevance of the panel. Independent maybe. Clinical experts definitely not. Also no panel members with any understanding of working within NHSWales. This should have been considered at the same time as the major trauma centre debate.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	I think it's important to have at least two major regional hospitals in South and West Wales. The continuing migration of health services towards the Cardiff is very concerning for everyone in Wales.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Neither agree nor disagree	AB	I understand from the documentation that in the final analysis two options for the future of this service were considered by an independent panel. I can understand why the panel may put forward a preferred option, but it is not clear why this consultation is not seeking views on both options. There is no information in the consultation documentation about what aspects of the service changes remain open to influence. It seems you are simply asking for me to agree to your proposal?	We developed our consultation plan and consultation documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards.

Neither agree nor disagree	CT	I'm not sure how this will impact on the service provided by patients	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	abm	Independent recommendation. Better geographical location	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	HD	It is central to those regions but you need one in Cardiff too	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	abm	It's a great service. People of West Wales and Swansea will have to travel further for their care, when they already have to travel to Cardiff for neurology. We need to keep some specialities.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	local service should be maintained if financially viable to operate 2 units	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	HD	Morrison has recently seen a large investment but was overlooked as the MTC for Wales. I fear that more surgical procedures will be lost to Cardiff so the best centre for Thoracic surgery for local people should be at Morrison.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Morrison Hospital is best placed to provide this service. The view of the independent panel should be taken as those of the experts	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	Morrison is a good central point. It is difficult for people further West to easily access Cardiff or Newport, and vice versa. I actually think more services should be situated in Morrison.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Morrison should be the centre of excellence for West Wales. It would also send a strong signal to the people of West Wales that the WAG is not Cardiff-centric and represents all of Wales	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.



Neither agree nor disagree	C&V	no robust objective statistical analysis to make definite decision.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Neither agree nor disagree	CT	Not enough information to make reasoned decision	<p>We developed our consultation plan and consultation documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards.</p>
Agree	ABM	Not everything has to be in Cardiff, there are other parts of wales to be considered as people need healthcare all over Wales and not everyone is in the Cardiff catchment area	<p>This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.</p>
Neither agree nor disagree	AB	Not in position to make a judgement - too many factors not included in the document would influence the siting decision. I would have thought that provision of services [wards theatres] and staff recruitment would be the biggest influencers	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	One hospital serving such a large locality will impact on the individuals requiring treatment. Access to treatment will be restricted and patient care will suffer.	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Neither agree nor disagree	ABM	Should maintain two centres	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	NA	Should not have just one centre.	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>

Disagree	AB	Stick to two sites and look at how you can upgrade these areas individually, speak to the nurses and consultants there for suggestions and go from there	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	ABM	That is the finding of the independent panel. They are experts in this field and their decision should be upheld	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	The area of South Wales is too large to have one single site.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	The area of South Wales is too large to have one single site.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	C&V	<p>The consultation document, although long, was written very clearly and showed a transparent, reasonable and thorough process with sensible criteria. If the Royal College recommends one centre, and the Independent panel unanimously chooses Morriston, who am I as a lay person to disagree?</p> <p>However, I would say that it is very poor to have six separate documents for the FAQ - I therefore skipped these, you can't expect anyone to open six. Surely you should just have one expanding list on a web page, or consolidated in one document? You can readily meet versioning requirements and perhaps have a date added for each FAQ if that's important to you.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	HD	The hospitals in Cardiff are already providing a number of different specialities. If the Thoracic unit goes there too, it will leave most of South Wales with no facilities.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	The motive seems to be political rather than medical. It will be a step back wards.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	AB	The proposed move would seem to be motivated by politics rather than any desire to genuinely improve the quality of service for those living in the South east of Wales.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.

Disagree	C&V	<p>The proposition to base all services (other than post surgical care) in Swansea seems to be based largely on what is most cost-effective along with thinly veiled political and economic arguments, rather than what is best for patient welfare and the needs of relatives and carers.</p>	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	C&V	<p>The quality of information provided to support the recommendation of Morriston Hospital is poor. Examples would include: no impact statement provided for the Morriston catchment area as well as for UHW catchment area; travel information presented in a confused manner in annexes ( no complete data for the actual longer journeys for patients in the Morriston catchment area whereas the extra time for patients in the UHW catchment area is downplayed); three of the areas most affected by public transport travel are in the UHW catchment area. No attempt is made to connect the impact statement material to travelling issues .i.e. The proportion of pensioners and those with disabilities lacking access to a car when this is precisely the demographic most likely to be having thoracic surgery. Similarly the levels of poverty and BME population are relevant particularly in Cardiff, Newport, and eastern valley towns of Tredegar, Caerphilly and Merthyr.. In the main document there is no proper discussion of the journey time for thoracic surgeons to travel from Morriston to the Trauma Unit at UHW; the information is buried in the Annexe "Frequently asked Questions". In the Annexe the examples of non co-located trauma and thoracic services all have much shorter journey times . Depending on the time of day it could take anything from 45 minutes to ninety minutes for journey from Morriston to UHW. This is a high risk factor for patients who might require immediate thoracic surgery and the issue should have been addressed with firm solutions rather than shelved for detailed consideration in an implementation phase. There is no detail about the Emergency Medical Retrieval service or its role in the patient pathway.The Annexe gave one example from England saying that only small numbers of patients required thoracic surgery intervention. There was no information on how many patients in Morriston and UHW had received thoracic surgery intervention in previous years. There were no examples given from England or Europe of a service which was co-located. If there are any then the consultation should have provided comparative information. Since a new co-located service would be expected to continue for 10-20 years why were no population projections provided for the Morriston and Cardiff catchment areas ? The UHW catchment area already provides 60 % of patients and development of the Cardiff city region might reasonably be expected to increase this proportion. Even at present the overall impact on travel for UHW catchment patients is 30% (170 out of 600 patients).With UHW as the thoracic centre the impact on Morriston catchment area patients is 12% (50 out of 400 patients); about 30 of these patients already had longer journeys to Morriston. Since the majority of patients are for lung cancer patients these are planned admissions so that the role of the ambulance service for the relatively small number of patients with very long journeys (50 -5%) is crucial. The consultation document focusses on surgical interventions but does not deal with the fact that improvements to health are significantly related to public health measures, earlier presentation of symptoms and speedier treatment. Without placing this proposal in the context of these issues there is a real risks that the benefits might not be realised . The consultation does not indicate how much waiting times might be reduced and over what time-scale. The consultation document favours a single centre. It does not address the issue that both UHW and Morriston hospitals patient numbers are well above the minimum requirements for a thoracic surgery centre. Also it does not discuss the reversal of WHSSC advocacy of co-location of trauma/thoracic surgery in the earlier consultation . The Royal College of Surgeons had changed some of its policies on thoracic surgery in November 2017 so WISSC would have been aware of this at the time of the first consultation. The choice of the Swansea Centre for Health Economics by ISSC and the Independent Panel seems curious. Should research support have been drawn from North Wales, England or Scotland to ensure impartiality ? It is highly probable that had a research centre in Cardiff had been selected patients in Swansea would have complained about potential bias. Because decisions of this kind have a political as well as a professional/technical dimension it would have been better to have commissioned support that was seen to be independent of associations with either Health Board. Thus when we take the Consultation as a whole it is tilted to present evidence for selecting Morriston hospital in the best light. Why is it necessary on Page 8 to include the sentence "In addition , patients from South East Wales already receive other specialist services from Morriston Hospital and experience positive outcomes." Surely precisely the same comment could be said of UHW. The document reports to the "slight advantage"of UHW on the issue of research but emphasises the possible difficulties of UHW in terms of infrastructure but without information which would allow the public to make any appraisal of this. Similarly comments are made about the longer travel times of some patients if travelling to UHW but does not give precise details or stress that this is a relatively small proportion of patients. It does seem bizarre that more weight seems to have been given to the small proportion of patients having to travel further than to the patient safety risks which arise from thoracic surgeons being located much further away from the trauma centre than in non-colocated services cited in the background papers. It could be anticipated that issues relating to research,and recruitment of specialist staff might make UHW a more sustainable long term option if a one centre thoracic service is established, avoiding the patient safety risks inherent in the present proposal. In summary: There are serious defects in the data included in the consultation document. Some of the data is presented with a lack of clarity or interpretation. Key pieces of key information are only in annexes rather than in the main document (the distance between thoracic surgery and trauma centres; analysis of the need for thoracic surgeons at the trauma centre based on recent experience at Morriston and UHW is lacking.). In the consultation on major trauma service opinion from presenters seemed to favour co-location. What happened to change the position in the intervening period?. The document reads as though it is being even handed but it actually has presented evidence and arguments which justify its recommendations rather than setting out facts objectively for the public to take a considered view.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>

Disagree	HD	<p>The reasoning for having one centre is clear and makes sense. However, the arguments resulting in proposing the location as Morriston in Swansea over UHW in Cardiff make no sense whatsoever. The better location for these services for patients and public is clearly going to be UHW in Cardiff.</p> <p>Page 8 of the consultation document recognises that the ‘best treatment requires a full multi-disciplinary team (MDT)’. This is the argument against people in Gwent receiving their treatment in England. However, the recommendation of Morriston goes completely against this. The best multi-disciplinary team would be provided if the service was located in Cardiff, not Swansea. For example, the experts in related heart and cancer issues are located in Cardiff.</p> <p>There is a great opportunity here to put together the experts in heart (cardiac) and lung (thoracic) on the same site, surrounded by other specialities and next to the cancer specialists in Velindre also sited in Cardiff. Patients with serious conditions would get the best multi-disciplinary team and have treatment in the same place.</p> <p>Surely this is preferable to a site where one of these connected specialisms is to be located 40 miles (60 minutes if no hold up) from the others. The only reasons for this conclusion appear to be a very dubious travel analysis and that there is a bit more space at the site.</p> <p>The main reason for recommending Swansea appears to be access. Somehow the document seems to argue that Morriston is the easier place to access for patients and public. This cannot be right.</p> <p>There is double the population in Cardiff and East Wales than Swansea and West Wales. How you can do an assessment that makes Morriston easier to access than UHW for the population of South Wales has to be questioned!</p> <p>Looking at the charts on the website you seem to have picked out 60 minute journeys being those where Morriston is better, and ignored everything else. Firstly, this seems to make no sense. Everyone travelling from Cardiff east would take over 60 minutes and they are double the numbers from elsewhere. The data should be checked as this cannot be right. Secondly, you cannot cherry pick like this to make conclusions. This is not statistically valid. It selects the impact on the minority of people, ignoring the majority. The extreme of this would be to select the furthest outlier and chose that way. The data and analysis should be checked to come up with sound conclusions.</p> <p>In addition, this does not take account of all the patients extra travel where they currently have all treatment at Cardiff compared to needing to shuttle between Cardiff and Swansea.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	<p>The South and West Wales community need provision of these services within their location as opposed to the alternative which is geographically remote.</p>	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	C&V	<p>There are NO examples in the UK of an MTC and a thoracic unit separated by 45 miles. I do not think the panel had the expertise to understand the implications of this.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	HD	<p>There is a clear need for change to a single thoracic centre, the choice between Cardiff and Swansea was made by an independant board this recommendation shouldbe respected.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	HD	<p>There should be 2 units one in cardiff and one in swansea</p>	<p>The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils (“CHCs”) and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.</p>

Disagree	AB	This feels purely a political move - putting services into Swansea rather than looking at patient care or staff wellbeing and expertise. If there is a clear rationale this has not been communicated	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	ABM	This is vital for morriston, if more and more services are not elected then there will be a skeleton service in morriston which will not be fit for purpose for the many residents of south west wales. The transference of many other units to Cardiff when not suitable for travel quickly by car for everyone from west wales is going to cause a major problem in the future and result in deaths that could have been avoided.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	Thoracic surgery services have been a complete disgrace to the NHS in Wales for many years. There is no evidence that WHSC have the skills to maintain the current service, never mind commission a new one. Recruitment has been an issue, but this is mainly because of the poor management and morale and the failure of WHSC to address the problem in a timely manner.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	ABM	We have already lost to Cardiff significant services that were previously based in Swansea.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	AB	We should have 2 services - at Cardiff and Swansea. There is enough work for both and decisions should not be made purely on finance or politics but in the best interests of patients throughout South Wales	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	AB	You cannot have a major trauma centre in Cardiff without cardio thoracic services on site. Patients will die if this decision by an uneducated, uninformed panel goes ahead. Recommendations need to be made by healthcare professionals, and experts in healthcare - who all agree this recommendation is a travesty	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	C&V	Often when services are combined, planing is poor and a single centre can end up with e.g. a lower numbers of beds / resources etc than in the 2 area that combined.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	Keep them seperate so neither Swansea nor Cardiff residents would be disadvantaged.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	CT	*Planning on 2 sites not one!	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	HD	All mergers in the uk of units ended up in one bigger unit with less effect	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

Agree	HD	cardiff has all of the main services. it would be nice to have something in swansea for a change	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	NA	Cardiff still should remain the centre; like 2 centres from Major Trauma care	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	Disagree with this service being solely in Swansea. Cardiff should also have a thoracic unit .	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	HD	Everything seems to be covered in your consultation document - access, staffing, space etc. Speciality	We developed our consultation plan and consultation documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards.
Disagree	C&V	I need the centre to either remain where it is, or to make a similar one to that of heath hospital & keep the one in heath running as it is for trauma patients.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	I would have serious concerns about the service in Wales due to the patchy distribution of specialist services with lack of a holistic approach to medical management of services.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	In view of the poor quality of the data and evidence provided , the Independent Panel needs to reconvene ,secure better quality data and review its initial recommendation. In particular a much better assessment of the risks to patients and the travel issues for both patients and thoracic surgeons were not dealt with clearly in the consultation. Data on the past involvement of thoracic surgeons in major trauma in both Morriston and University of Wales hospitals needs to be presented. There is no attempt to relate the impact assessment data to the issues being dealt with in the consultation..	The Independent Panel specifically considered whether they were able to make a recommendation given the quality of the recommendation and they unanimously felt they could. We have done further work around the impact of the distance with the MTC and steps for mitigation. These can be found in the main consultation report. Issues regarding equality impact are addressed in the equality impact report and Equality Impact Assessment.

Disagree	C&V	It doesn't make sense to move the centre out of where it is.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	AB	It should remain in uhw	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	CT	It would prob never be able to cope with all these areas in one unit x x	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	ITS RIDICULOUS TO SUGGEST SPLITTING AN IMPORTANT PART OF THE TRAUMA TEAM TO A HOSPITAL 40 MILES AWAY.THIS IS POLITICS OVER GOOD PATIENT CARE AGAIN	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	keep in cardiff as this centre currently operates on more thoracic patients	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.



Agree	ABM	most things seem to go to Cardiff.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	nothing.. totally object the service being centralised in Swansea	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	C&V	nothing.. totally object the service being centralised in Swansea	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	C&V	Parallel cardio thoracic set up in Cardiff	<p>The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.</p>
	C&V	<p>That there is better explanation of how the Cardiothoracic service will provide a cardiothoracic surgeon 24 hours a day, 7 days a week who can be transferred to UHW within 30 minutes to meet the national trauma quality standard of care for major trauma patients across the region.</p> <p>The consultation document has failed to provide sufficient detail to answer this question.</p>	<p>We developed our consultation plan and consultation documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards.</p>

Disagree	AB	The service should be provided at the Heath and Morriston hospital. This is a long commute for staff and families visiting the hospitals.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	There would still need to be facilities in Cardiff/Newport as Morriston is too far away from those living in that area.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	To retain a service in Cardiff	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	NA	We should keep the current one	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	ABM	Whats important to me is that this ill conceived idea is never carried out. Leave UHW thoracic where it is and bring Morriston up to speed.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
Agree	ABM	Disappointed that this questionnaire only has two questions relating to the service change. All the rest is demographic relating to my personal business	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
na	NA	The consultation documents of the review of thoracic surgery clearly demonstrate a thorough and inclusive consultation has been undertaken. This is reassuring, as a difficult decision needs to be made which not everyone will agree on. This wide and inclusive consultation will contribute to the most effective and acceptable decision being made. Thank you for the transparency.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	ABM	I worry that the people within the abmu area will not respond as they will agree to the consultation. I would hope that common sense prevails and thoracics is sited at morriston.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	C&V	I think there is a lot more consultation to be made especially with the public before a decision is made.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	ABM	Yes, for a public consultation this is the best kept secret in Wales. I only found out by accident. DISGUSTING. Where are the enquiry forms that are supposed to be distributed to the public for votes.???	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	C&V	I accept that one centre, theoretically, would be preferred over two separate centres for patient outcomes, but the inconvenience and cost to the staff, patients and taxpayers is far too great to justify changing a system that is currently working with two centres.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	HD	Don't take stuff away from Morrisons.Make it better bit don't replace/take things away . Why spend fortune man in super centre..keep 2 running..lower waiting times don't add to ques	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

Disagree	C&V	<p>Evidence gathering - I'm surprised and disappointed that cardiothoracic trainees, the only staff group to work across both thoracic surgical centres and understand the challenges of delivering front-line care in both centres, were not a key part of the consultation process and information gathering to inform the Independent Panel.</p> <p>Asking around the hospital over the past couple of weeks I have not come across a single member of the public who knows about the proposed changes. I was dismayed in the consultation meeting in UHW to hear the complete lack of ownership or responsibility on the part of WHSSC to make sure that people are aware of the issues and engage. WHSSC and the Welsh NHS exist to serve the Welsh public - it is the duty of each and everyone one of us to make sure the public understand the reasons for the change, how the decision was made and how it will impact them.</p>	<p>We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.</p>
Disagree	C&V	<p>I do not think the presentation given by Sian Lewis is sufficiently balanced. If I was a lay person listening to it I would not see the potential problems of having the unit in Swansea.</p>	<p>We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.</p>
Disagree	C&V	<p>This service should stay local to Cardiff.</p>	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>
Disagree	C&V	<p>This is a politically driven initiative. I do not care what thoracic services are offered in west Wales provided that the new MTC has the appropriate resources to manage chest trauma in all forms. I would consider that the failure to provide these resources would leave the WG open to corporate manslaughter charges should any patient come to harm and die unnecessarily.</p>	<p>The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.</p>
Disagree	C&V	<p>.</p> <p>There is no clinical imperative that has forced this move. If there is one, it should be shared and highlighted. Otherwise the risk is that it will be viewed as just another decision where political factors trump clinical judgement.</p> <p><u>Please do reconsider this decision</u></p>	<p>The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.</p>
Disagree	HD	<p>The current split of hepatic and pancreatic services between UHW and Morriston is a good example of why having two different sites for overlapping clinical problems does not work well for patients particularly those with non malignant disease which are often drowned out in debates about centralisation of cancer services.</p>	<p>The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.</p>
Disagree	CT	<p>I feel that South East Wales was not fairly represented in the review. Swansea centre for Health Economics was given the opportunity where was representation from Cardiff, this appears biased to me in favour of Swansea.</p>	<p>We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.</p>

Disagree	C&V	I feel we should be expanding the 2 centres for all patient to be local to there nearest hospital and not have the worry of the extreme distance needing to travel when they already have so much worry about the up coming surgery.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	Why is NHS England involved in the decision as they do not know the demographics of this country.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	Patients shouldn't need to travel so far from one side of the country to the next for specialist services. Keep them separate in Cardiff and Swansea as they are. If it's not broken - don't fix it!	The thoracic surgery project board considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. . In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of <del>patients receiving operations</del>
Disagree	AB	Canvassing public opinion is key. This should be highlighted in all forms of media. I was only made aware of it through a friend. Something this important should be discussed more openly.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del>
Disagree	C&V	<p>Swansea has been given thoracic services as compensation for Cardiff having the MTC. This is just like the bible story of king soloman and the baby. You cannot split thoracic care from Cardiff whilst still providing a MTC.</p> <p>This is another example of a bad idea from WAG.</p>	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	CT	I do not feel that the public has been made sufficiently aware of the public consultation regarding thoracic services in Wales. Very few people are aware of the proposals, which sadly can only lead me to believe that very few responses were wanted .	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del>

Disagree	AB	I do not feel that the people in south east Wales were fairly represented in the consultation and decisions have been made without full facts and knowledge of Wales and the current services.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSCC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del> .
Disagree	CT	I am unhappy with the whole consultation process, very little awareness of the proposals.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSCC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del> .
Disagree	NA	The risk assessment that states that it would be safe to move this service to morriston should be made public. Or as I suspect no such assessment have been undertaken therefore the individuals who made this descision should be held to account should this descision cause or contribute to a patients death	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSCC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del> .
Disagree	HD	Yes I believe strongly that WHSCC should improve and modernize both units instead of shutting down one in favour of the other People of east and west wales each have the right to a tjoracic unit in their area	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	C&V	This decision smacks of the need to play politics and is in fact just throwing ABMU a bone after the decision to host the major trauma centre in Cardiff. It is stupid and short sighted and will directly result in patient deaths.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	This is clearly politically motivated decision as the Welsh Assembly Government has stated the tertiary services at Morriston must be preserved!	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	Too much centralisation and health being used for some political gain. Professionals always know best, not always some distinct bias. Share Thoracic surgery at both sites by all means BUT it must be <del>retained at Cardiff to support Major trauma status</del>	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	The first question is extremely misleading - 'south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?' This implies that only services from South and West Wales will be affected. No mention is made of South East Wales being involved. This is the crucial argument here surely and seems to be worded to <del>deliberately mislead respondents</del>	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSCC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance <del>on public consultation</del> .
Disagree	na	To have this service in BOTH hospitals would without doubt cut mortality rates for cardiac related illness.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

Disagree	C&V	I feel this was an I'll advised decision and not in the interest and safety of the Welsh population.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
	NA	poor decision	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	I feel this is an ill informed decision, and is not in the interest of the safety of the welsh population.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>

Disagree	C&V	On every level the plan to move the centre to Morriston is ludicrous and is the wrong decision	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	A single centre for thoracic surgery is absolutely the right decision, Morriston isn't the right decision and the prospect is very concerning	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	The current system would seem like the best option with 2 centres facilitating management of patients from the different ends of South Wales. Geographical limitations mean segregation of the thoracic surgical service is fraught with complication	The thoracic surgery project board considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. . In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of <del>patients receiving operations</del>
Disagree	CT	Yes the unit should stay at the UHW	<p>The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.</p>



Disagree	C&V	What logic is being applied here?	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	C&V	Could you open a thoracic department in Cardiff?	The thoracic surgery Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	NA	Would prefer it to continue in the Heath, Cardiff	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	Please leave alone	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	ABM	Many people from West Wales fear services being sucked into Cardiff by a biased WAG	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	ABM	Not everything should revolve around Cardiff	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	ABM	It's disgusting how health services are being ignored in south west Wales and everything being located in or around Cardiff. The decision to locate the major trauma centre in Cardiff was disgraceful and shows that you do not care about the well being of people in west Wales as long as you can locate in your beloved Cardiff.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Too much going to Cardiff. People of Wales are becoming resentful.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Please make sure that Morriston hospital retains a pivotal role in care treatment.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Agree	ABM	In addition to the obvious benefits to prospective patients from this region the location if this resource within the area will provide employment and confirmation for the community that their rights are not going to yet again be sacrificed in order to further promote the interests of those in the Cardiff area.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	CT	The NHS is a bureaucratic organisation, however it is very poorly managed. There are too many non medical highly paid staff that are not needed. If a private business ran it the same way it would be out of business very quickly. Strip back non medical high salaried managers and the NHS would have more money and less requirements to cut services. Also, there are increasing cases of infections - stop nurses wearing uniforms outside the hospital. I have personally seen uniformed medical staff in situations where they are easily picking up germs then wearing uniform into work!	It was felt that these comments related to issues which fall outside of the scope of the consultation.
Disagree	HD	* I recently suffered a heart attack and had to wait 9 days before a bed and HAD to wait 9 days before a Bed and Lab were available in Swansea for me to have treatment (stent)..... this is totally unacceptable for us in Mid Wales	It was felt that these comments related to issues which fall outside of the scope of the consultation.
Disagree	C&V	This pile of papers are not solely for, or applicable to guide one to answer the bigger status questions, it is only a synopsis / not good enough.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	AB	You would be surprised how many ideas nursing staff have but some won't offer their opinion for several reasons. Maybe use a confidential form in each area and ask them for suggestions for improvement of services	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	HD	Both sites should provide the surgery ideally. I believe that the need for this type of surgery in Wales is going to escalate massively in the not too distant future. All the poverty in South and West Wales has led to bad diet choices and sedentary lifestyles.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Neither agree nor disagree	AB	It was difficult to make an informed decision about whether or not the panel recommendations should be agreed with because the information provided was vague. Whilst there was some evidence for a single centre being the better option, it was not entirely clear why Morriston Hospital would be the better choice for the location of the service. More robust evidence and details regarding financial implications, timeframes and the impact on patients would have allowed for a more definitive agreement or disagreement with the panel recommendations. It is hoped that the considerations presented in response to Question 2 are factored into any planning for the future service delivery.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	ABM	It's a great opportunity to expand specialist expert services across Wales ??????????- a great benefit for the public outside of Cardiff would also grow confidence in Welsh Government	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Only by having high-quality and challenging specialist services will Swansea and South West Wales ever be able to attract the very best medical staff and researchers.  Key projects such as the City Deal and the ARCH Project both recognise the importance of health research and innovation as future economic drivers for the region. With acute services being lost or centralised in Cardiff, these projects are at risk of being undermined.  We need to be strengthening the high-level specialisms here in Wales ? and that means not just in Cardiff, but in other parts of Wales such as Morriston. The Welsh Government needs to support an open debate around these issues, including the long-term future of hospitals such as Morriston and those in other regions of Wales.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Disagree	C&V	Is this decision a political, financial or power play, that would effect a large number of people	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	This whole idea is insane!!	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	CT	The NHS has had 70 years to sort out their training and staffing levels based on forward projections of hospital/service usage by the general public and fundign difficulties not yet sorted.	It was felt that these comments related to issues which fall outside of the scope of the consultation.
Disagree	HD	Leave things as they are	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	ABM	Developing NHS trust outside the capital is needed. This area with the links to west Wales is equidistant to east Wales. It makes geographical and demographic sense.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	Surely time and money should be spent improving recruitment, care and patients needs rather than moving services at great cost which would involve moving patients at great cost and taking the time aware from other patients and services	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	ABM	come on lets give morriston something, Cardiff always gets everything	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	AB	Is there any advantage of moving the unit to morriston?	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	ABM	It is vital that a key service such as this is located within Morriston Hospital as it helps distribute the availability of essential critical acute services throughout South Wales, as I always fear that locating ALL key services in one centre (namely UHW) is a big risk in many ways in the current age	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Disagree	C&V	<p>if Swansea is to have Tertiary work (And I agree that they should) - then consider Swansea being the regioal centre for Transpalnt work - they already have a renal unit.</p> <p>Swansea could also become the regional Gynae Oncology Surgical Centre - these specialties have only relatively recently been moved to UHW</p>	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Swansea & the locality has been continually stripped of important NHS services. The area population & catchment requires specialist services. The south-east of Wales has close access to Bristol as well as an oversized facility in the Heath which is difficult to access as it has outgrown the location	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	When these consultations happen, Cardiff always seems to end up winning despite any protests or expert opinions, almost like with the WAG it's a forgone conclusion. I remember the consultation on the Assembly happening only to find out later that Ron Davies said it was always going to be in Cardiff, why waste the money if you're not going to listen?	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	HD	<p>There is clear bias in the way the questionnaire is written. Example: It should give a set of options instead of asking whether you agree with a pre-selected option. The way this is phrased invalidates any statistical assessment of the responses. Example: Page 17 ?probably more difficult for UHW? - Is this gut feeling or is there actual evidence? If there is evidence it should be included. If not, why is this mentioned? ?probably offered slightly more opportunities? - Again, surely there is evidence that can be quoted and what does slightly mean in the context. Consultation documents should not be written in this way.</p>	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	ABM	Swansea is often overlooked in favour of Cardiff for illogical reasons, or at the behest of the Welsh Assembly Government. However, the further east an essential unit is placed, the more difficult it becomes for patients from the rest of south & south-west Wales to reach the unit	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	I believe that allmedical services must not be centralized in the Cardiff region TO THE DETRIMENT OF THE REST OF WALES.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	We are losing too many specialist servuces to cardiff	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	It is vey important to me and my family to maintain healthcare in West Wales rather than centralise everything to Cardiff as in the major trauma centre decision.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	abm	I think it important to keep services as central as possible to the people of West Wales as most other services/specialities tend to make their way to Cardiff	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	AB	<p>These decisions should be made by clinical experts. I dispute the idea that political issues were not involved.. I accept that Wales often seems Cardiff centric, and although Swansea is geographically central, it is Cardiff that sits in the Centre of it?s population.</p> <p>If this was an educational decision, the plan to closethe top performing school and move everyone to the crap one the other side of town would be derised and ridiculed. Wake up WHSSC....! You are here to promote clinical excellence, expand good practise and get the best for our patients, families, neighbours and spend our</p>	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	I think the two centres should remain as they are.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.

Agree	ABM	Morrison Hospital should be given more support - the recent Trauma Centre decision was a disgrace as there is already one in Bristol. This followed a long line of deliberate decisions to drain the specialist services from Morrison to centralise everything in the Heath - does the health and life chances of everyone west of Bridgend and north of Merthyr matter less to NHS Wales? I think so.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	C&V	The political should not be allowed to usurp the clinical.	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Disagree	C&V	Politicians continue to suggest we want a world class healthcare system in wales but are frightened by the electorate to make appropriate decisions. It is inconceivable that UHWE will function as a MTC appropriately with thoracic sugery 40 miles away. the decision is based onpolitical will rather than common sense	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	HD	Reviewing thestats published by EMRTS, more trauma is taken to Morrison, it does not make sense to take a facility to Cardiff when even the recommendation is that it should go to Morrison.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Disagree	AB	Bad recommendation	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	It should remain in Cardiff	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Neither agree nor disagree	HD	Please retain this service at both sites	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	HD	. Health care in West Wales is almost non existent. Morrison has (or certainly had up to 2009, when my husband died,) excellent thoracic surgeons and this hospital should be allowed to develop its skills base.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Disagree	C&V	Give up on this stupid idea, please.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	C&V	As per comments under first question box.  In addition it would have given greater confidence of no bias if an independent School of Economics was used as opposed to that based at Swansea University which has strong links with ABM UHB.	Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.  We consider that steps were therefore taken to make the process as thorough and objective as possible.
Neither agree nor disagree	C&V	By concentrating all services there it will deplete the services in the other districts and their hospitals	The thoracic surgery Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Agree	HD	I would like to see emphasis on ensuring both Swansea and Cardiff are centres of excellence, so that we can build a stronger health service in West Wales, and train people who can see a good future for themselves working west of Swansea.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	share the wealth, not just financial wealth but also the wealth of knowledge and abilities throughout Wales	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	HD	I find it difficult to understand why, after the initial consultation that I attended in February and the subsequent Independant Panel's Recommendation for Morriston Hospital Swansea to be the site of the new unit , it is necessary to have a further consultation . Furthermore , the timing is bad. Everyone knowsthat the Summer Holiday is abad time for consulting people since most organisations, societies,clubs , choirs etc , do not meet at this time . A cynic might think that you do not wish for much of a a response..	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.

Disagree	AB	<p>The composition of your “Independent Panel” lacked any demographic statistical contribution. It was excessively loaded with medical technical contributors when the subject related to service provision across a wide region of Wales. No evidence was taken as to population growth and distribution. Before they started, no evidence was considered for the reasons why Wales comes 25th out of 27 countries in successful thoracic surgery outcomes and is hence unsuccessful.</p> <p>If North Wales uses thoracic surgery facilities in Liverpool, England and North Powys uses Birmingham, England then the current position of Wales in the order of merit must be due to the two existing surgical facilities in South Wales. Are they both underperforming or is it the long waiting times undercutting recovery rates? In England – from the Lancet Sep 2012 – the UK is 10th in mortality out of 28 European countries “European Surgical outcomes study” so with Wales at 25 out of 27 in the thoracic speciality the people of South Wales deserve urgent improvement to the devolved National Health Service.</p> <p>This study seems to be about which building and where to put it, without the larger insights into growth and development in the decades ahead. In South Wales, from Cardiff to Chepstow and across the Severn into Gloucestershire there is an active plan developing for our own ‘Northern Powerhouse’ in South Wales, a new “Beltway Garden City” to give it a name, where road and rail transport, industry and commerce developments and new housing clusters are co-ordinated to become a beacon for growth. It will attract the kind of specialist professionals needed in healthcare, including nurses. It will bridge from the capital city of Cardiff across to neighbouring Bristol with its business services economy.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	C&V	<p>Patient safety and access to speedy specialist treatment are at the heart of this consultation. Whilst the imperatives of teams of sufficient size to manage rotas, develop skills and meet demand are dealt with adequately, this cannot be said of the issues about travel times. The additional updates do not provide information which adds to what is already in the consultation.</p> <p>In the Vale the choice of location for the consultation meetings was not helpful. Much better locations would have been the Civic Offices or Barry Memorial Hall.</p>	<p>We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.</p>
Agree	C&V	<p>In all other ways, Level One trauma centre status should be protected in Morriston considering its geared up Orthopaedics &amp; Plastics services.</p>	<p>This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of ‘impact on a site of loss of the service’.</p>
Disagree	NA	<p>This is working. There is no need for this to change.</p>	<p>The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils (“CHCs”) and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.</p>
Disagree	C&V	<p>Travel times and cost should be re-evaluated with full consideration of the numbers of the population expected to travel and how far; this should include reference to public transport timetables. The estimates given are based on travel time only and not on the real practicalities which people using Public Transport will have to face.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>

Disagree	C&V	No idea why someone thinks this is a good idea but it isn't.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	PT	The process and risks associated with inter-hospital transfer for major trauma patients requiring thoracic surgery could be more clearly explained.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.





**ABMUHB: Thoracic Surgery Consultation  
Individual Response Log**

**WHSSC**

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



To provide assurance to stakeholders that the consultation meets the requirements of the 'Sedley criteria' (often referred to as the 'Gunning principles'), in particular that the product of the consultation must be conscientiously taken into account, we have provided in this document our response to each of the comments received and further action that will be taken.

These documents are intended to demonstrate that all of the arguments and concerns have been considered in a fair, rational, proportionate and transparent way. In order to present the Responses by key themes where a respondent has raised a number of issues across several key themes we have answered according to the theme identified and therefore verbatim responses may appear in more than one section or have been edited to highlight the specific point made with the relevant WHSSC response.

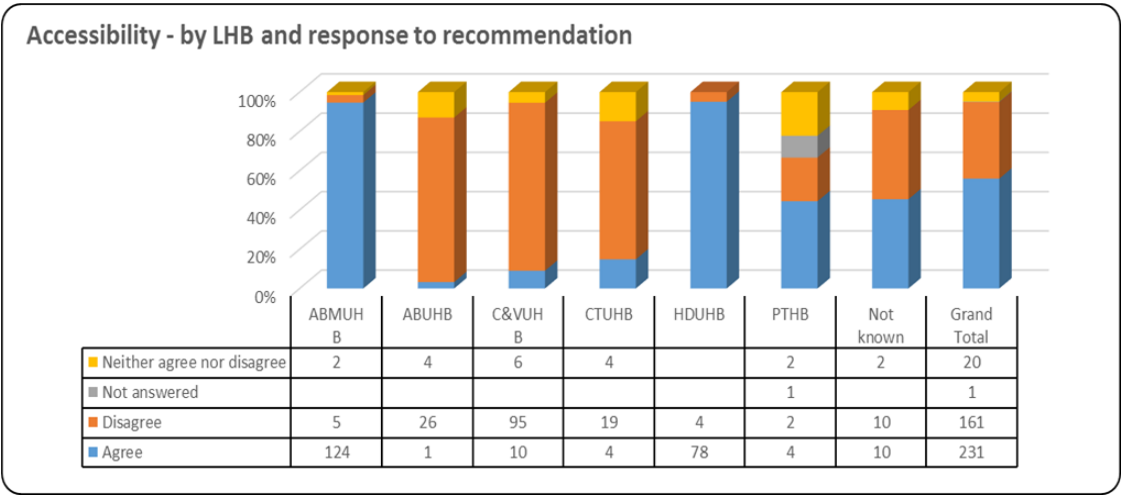
Section one:	Accessibility
Section two:	Implementation & Improvement
Section three:	Major Trauma Co-location
Section four:	Workforce
Section five:	Other

Key Theme : Accessibility

Accessibility was the second most commonly cited issue with 413 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-theme in the response. Accessibility was more commonly cited by those who agreed with the proposal (231) than those who did not (161)

Accessibility: cited by 413 respondents	Sub Theme Identified	n.
	General Accessibility– general response	284
	General Accessibility: Distance to travel	177
	Transport infrastructure: public transport (rail and road).	43
	Parking facilities requiring improvement	49
	Patient Transport	10
	Grand Total	563

In response to the recommendation of the independent panel there is a correlation between the distance of Morriston Hospital and the geographical location of the respondents. With respondents in South West Wales supportive of the recommendation with a direct and opposite view expressed by respondents in South East Wales.



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC's Response
Agree	ABM	better geographical location for the areas it serves.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	.The hospital Serves as a central South Wales location and given the slower access routes from the west and north of the hospital becomes a more accessible location for much of its hinterland .Faster transport links from the east balance the more western location of Morriston .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<ul style="list-style-type: none"><li>• Morriston is centrally based in South Wales and whilst I appreciate that the population is considerably more in East Wales the distance to Morriston Hospital from the extremes of both areas would be roughly the same mileage whilst it would be twice the distance to travel to Cardiff from areas in West Wales.</li><li>• It is very important that the travelling distances are considered because it is not convenient particularly for the elderly patients who may not be able to drive themselves and the closer the hospital is the better</li></ul>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	aBM	. Its location being on the M4 corridor makes a strong case	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of <del>patients’ care, and their tests, outpatient visits and other treatment would still happen in</del></p>
Agree	ABM	A more S Wales based must make more sense to the population of the area rather than to see it established to the furthestest point of the Principality	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	A more central service for the area it will cover.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their</p>

Agree	ABM	Centrally located, excellent team already in place	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I am live close to Morriston Hospital and this is the ideal place as the hospital is so close to M4 , easy accessible for everyone	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I had thoracic surgery at Morriston in 1999 which saved my life. If I had to travel to Cardiff I might not have made it.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston is the right location as it as the most central geographically.	One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..
Agree	ABM	morriton is more central for patients from west wales. where I live.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	This is vitally important so that patients within the Swansea and surrounding areas do not have to have the inconvenience of having to travel long distances for treatment, to other facilities in south Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Disagree	ABM	I am a resident in Cardiff and the thoracic unit moving to Swansea would cause me major problems.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	I have been able to visit my husband in the Heath it's ok but to go to Morriston would not have been good as to M4 is bad. T	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Geographical location,	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Road access better and a more central location.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>The other reas on for Morriston being chosen is the fact that it is ideally situated for patients from both west and mid Wales and south Powys. (Sometimes the distance some of the patients from West Wales have to travel is forgotten). an to bring the unit to the area.</p> <p>I am sure that there those with far more knowledge and expertise than myself but, as an ordinary member of the community and as someone who has been a volunteer at the hospital for the past 18 years I can only hope that Morriston will be successful and that the unit will add to all the wonderful work that is already done there.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Potential direct motorway access to the entire M4 corridor and major routes connecting West and Mid-Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>-Morriston is centrally based in South Wales and whilst I appreciate that the population is considerably more in East Wales the distance to Morriston Hospital from the extremes of both areas would be roughly the same mileage whilst it would be twice the distance to travel to Cardiff from areas in West Wales,</p> <p>It is very important that travelling distances are considered because it is not convenient particularly for the elderly patients who may not be able to drive themselves and the closer the Hospital is the better the outcome ,</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	live in Swansea so it would be easier for me if I needed any kind of surgery in the future.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	On a personal basis, as someone with asthma, and who has trouble travelling distances due to severe phobias and anxiety, a journey to Cardiff would be little short of impossible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Ease of access being just off the M4 make Morriston a more accessible site for a centralised service	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	A central location needed. Morriston Hospital provides due to huge surrounding population and road links adequate for emergency and family support.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Agree. Morriston is better sited to serve South & West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Because it will give better access to people in South Wales who live much further west than Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Better position for whole of South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Both my parents are thoracic patients, Morriston is centrally located for all patients South/west/East Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



Agree	ABM	Central for the wide geographical area of mid and west Wales- growing expertise and skills for an expansive area	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	central location for all south wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Convenience of Morriston Hospital for access to all patients across the said area.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Conveniently located next to M4 with good links to West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Easy access for patients in West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Easy access for people living in west wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Excellent hospital, close to M4 good bus links - every 12 mins form city centre and train station into hospital	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Geographically speaking it would centralise services for those living down a west Wales. East of Wales could access services just across the border.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Given the catchment area it seems prudent to place it here	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Good access from/to M4 for patients and visitors alike. Central to the areas listed. Good facilities for visitors to inpatients.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	I believe that having thoracic surgery based in Morriston Hospital will be of benefit to the patients of Neath and Port Talbot and the wider population along the M4 corridor. It will mean that thoracic surgery is in a more central location geographically	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I believe that locating this service in Morriston Hospital will provide the most accessible service for the residents of South and West Wales and South Powys	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I believe that Morriston Hospital has a superior geographic location to cater for the patients of South, Mid and West Wales. It is centrally located in South Wales with excellent access just off the M4 and A465 ? a marked contrast to the access to the University Hospital of Wales, Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I think Morriston Hospital serves Swansea and South West Wales far better than anywhere else. To have to travel to Cardiff adds on at least another hour via motorway and is too far to be safe for people in Swansea and South West Wales, especially when there is an excellent hospital at Morriston.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I think that Morriston is a more widely reachable location for all. With great links to the M4 it's location is brilliant.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	I would like to have this service near to where my family & friends live	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	If coming from west Wales it's easier to get too	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	If the service went to Cardiff, the people in South West and west Wales would have difficulties getting to Cardiff for elective surgery. Emergency surgery it could be more life threatening due to the distance.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is an important arm of surgery that will service the large number of people in the area	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is central to the area it covers and is just off the motorway and other routes .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	It is easier for to get to than Cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It is geographically the best place. And also is a state of the art facility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It makes geographical sense	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	it will be easier for patients to reach from further west, and Morriston has the capacity to expand its ground space, if it is required.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	It would be in an ideal location very close to a motorway junction and will service the communities of south east Wales, west Wales, and south Powys. Travelling time for each of those communities would be more comfortable than if the unit was established in a less central place.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	It's geographically the most sensible place. It allows access to the service from all corners of south Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Locality of morriston hospital serves SW Wales adequately . The locality is an essential factor to consider ..thorasic services must be available to patients in sw wales Cardiff is located in SE wales and is a long journey for patients and families living west of swansea .	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Location - best location for the majority of patients. Access - M4 proximity.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	more accessible for West Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	More central location. Cardiff too far from West Wales catchment area.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	More central to west wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston acts as a central location for the population of the whole of South Wales, including populations in the far West; i.e. Pembrokeshire	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston hospital is a central location for both patients coming from the East and West	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston Hospital is a very central hospital serving the SE, South and SW of Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morriston Hospital is easily accessible to all of the areas listed	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison Hospital is ideally located. It has excellent access off the M4, and will brilliantly serve all of south Wales. UHW is in the middle of the city, with awful access.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is ideally positioned to provide this service across the whole of South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is more central when taking the area od Wales to be covered. 2 Better facilities for both patients and visitors 3 There is space for expansion	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison Hospital is perfectly placed to serve the South West and mid Wales areas	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison hospital services must not be down graded for the sake of people living in the south west wales area	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>



Agree	ABM	Morrison is a central location for patients living in south and west Wales and south Powys	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is a central location of the whole of South Wales. This is the best location for the largest thoracic surgery centre to be placed for Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is better situated and easily accessible in comparison to the Heath.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is central to main population areas.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is ideal as a major hospital serving South and West Wales, It’s position and very close proximity to the M4 make it the obvious choice, this is a no brainer.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	ABM	Morrison is ideally situated to serve all the above areas, with easy access via the M4.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is in the best geographical position to serve the population of South Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is more central for people as far away as Haverfordwest.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is perfectly situated off the M4 and is central in South Wales for the South Wales population to get to.	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>
Agree	ABM	Morrison is situated in the better location, and can serve the population of south wales and west wales. Cardiff is a busy area, Morrison is more central	<p>The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.</p>

Agree	ABM	Most suitable geographic location for the patients of South West Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Much better parking and lots of investment has gone into updating Morriston hospital.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	One centre of excellence would provide the highest standard of care more economically than two. Swansea is in a more central position along the south Wales than Cardiff	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	OTHER ALTERNATIVES ARE TOO FAR TO PROVIDE AN ADEQUATE SERVICE	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	People living further West need access to services a locally for effective care - they and their families should not have to travel to Cardiff to receive this.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Perfect location to provide the facility for the whole of southern Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Personally it's convenient and the lcoation is central for east and west patients	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Placed centrally for west wales patients as Well as east wales patients.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Primary reason is accessibility for regions west and north of Swansea, esp with further centralising of Services in Hywel Dda.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Strategic place of hospital	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Swansea (i.e. Morriston Hospital is situated geographically midway between the western reaches of Pembroke and to the east of Newport it makes sense that both populations would they have equal access to this facility rather than the rival decision to center major facilities in Cardiff. Bristol is within easy reach of Cardiff area also	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea has good transport connections to mid and west Wales. It is an excellent, modernised hospital and focusing thoracic surgery here would enhance the existing facilities	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is a central location geographically and as such is the perfect location with great transport links in all directions.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is central for travel for West and South Wales patients and is straight off the motorway.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Swansea is more geographically appropriate for the needs of most patients, especially those from west Wales who would need to travel further to access life saving operations	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Swansea serves a more central and convenient hub, which will more easily and safely allow patients to be treated while remaining closer to home.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The area has a significant population & catchment area & requires these services	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The central location across South Wales and the thoracic prehabilitaion service run by the physuotherapy team which offers the option for patients to become fitter for their upcoming journeys	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The central location of Morriston makes this site the most geographically desirable location serving South and West Wales and South Powys.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The location at morriston Hospital makes it preferable to serve the whole of South Wales rather than basing the centre further east. There is probably more opportunites for physical site expansion in Morriston	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Vicinity to home	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	We support the proposal that Morriston Hospital is the most appropriate location for the thoracic surgery centre as it can be easily and quickly accessed by the majority of residents in the region.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Will only be able to staff one centre and Morriston has better access	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	travel to morriston from south east wales is horrific.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	I believe that the UHW Cardiff would be a more central location	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	<div><div>- Easier to get to and from</div><div>- Suitable parking arrangements for visitors and family</div></div>	<div><div>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</div><div>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</div></div>
Neither agree nor disagree	ABM	<div>Morriston: Logistically nearer to East and south west Wales. Enlarging Hospital with lots of parking problems already. UHW; Area more populated. Huge Parking problems.</div>	<div><div>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</div><div>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</div><div>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</div></div>
Agree	ABM	<div>Swansea is more central it would make it easier for the many patients in other parts of Wales to travel to. Parking is not a problem in Morriston compared to Cardiff.</div>	<div><div>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</div></div>



Do you agree or disagree with the proposal?	Health Board	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?	WHSSC's Response
Agree	ABM	good access.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Parking	WHSSC will ask the relevant Health Board to carefully consider the provision of adequate parking and whether it is necessary to provide additional parking spaces when planning the implementation of the service change.
Agree	ABM	Accesibility for the people of west wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Access to the hospital and we need a good service there	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Accessible access - in a timely manner - by experts able to provide this care	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	Being easily accessible to people from all over South Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Being located just 30 minutes from my home gives me assurance and support that myself and family will have an excellent service nearby.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>Better infra-structure around access for Morriston, as with all hospitals it becomes clogged up with urbanisation around it and roads become blocked as strategists didn't consider long term access.</p> <p>Which ever site the access for roads up through Wales should be improved.</p>	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>Ease and equity of access for patients from West Wales</p> <p>Ease of car parking/ transport access</p>	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	Ease of access to the whole of South Wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Ease of reach - not having to travel long distances for treatment.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Easy access for all.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Equality for all areas.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Geographical location	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Having the thoracic surgery available locally	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I have no doubt it will be superbly run where ever it is located, but Morriston is ideally situated to serve these counties.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	It will be more accessible to west wales.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	MOVING SERVICES, AS IS LIKELY TO CARDIFF AS IS ALL ELSE MOVES THERE, MAKES IT TOO AWKWARD FOR PEOPLE BEING TREATED AND BEING CLOSE TO LOVED ONES.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Parking facilities,	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	abm	provision of public transport and adequate parking.	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport (“NEPT”) was important.</p> <p>We have already met with the Welsh Ambulance Service Trust (“WAST”) who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients’ care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Public transport Parking	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those patients unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p> <p>We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.</p> <p>As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p> <p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that <del>there are no parking charges at hospitals in Wales</del>.</p>
Agree	ABM	That it covers all of SW, SE and south Wales	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it is a good service and will be accessible to all communities in the regions	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it is accessible	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	That it is easily accessible and of high quality.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	That it's well-funded and easy-to-access, which Morriston is.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	The convenience of travelling to my local hospital, were i to require treatment at the new facility.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	<p>The parking position at Morriston currently can be difficult and that needs to be considered</p> <p>Transportation needs to be considered it can be difficult from the valleys to attend appointments and also applies to visitors who are very important to the patient.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p> <p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>
Agree	ABM	To provide thoracic care for patients living in these areas who might otherwise have to travel much further distances for the medical care/treatment required and which could also have dire consequences in a life threatening situation if having to travel to Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	ABM	Transport links are more than adequate to enable a fair service for all who may need it	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Transportation needs to be considered ,It can be difficult from the valleys to attend appointments and also applies to visitors who are very important to the patient ,	<p>The NHS provides a Non-Emergency Patient Transport (“NEPT”) service delivered by the Welsh Ambulance Service Trust (“WAST”). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	ABM	Travel services - transporting patients/carers to/from hospital. People without their own transport would have to catch several buses/trains. Too long to travel.	<p>The NHS provides a Non-Emergency Patient Transport (“NEPT”) service delivered by the Welsh Ambulance Service Trust (“WAST”). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC's Response
Agree	ABM	This investment is much-needed and, for once, actually demonstrates a decision being made on the health and wellbeing of the people of south wales, giving them an easily accessible hospital, over the economic wellbeing of Cardiff, where decisions are made to try and centralise well-paid jobs in one location. Well done for picking the best option for health.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Because of the mining history of the geographical areas in South Wales, and health demographics e.g. smoking and areas of deprivation, so many patients will find it easier to access this service in Morriston rather than travelling to Cardiff.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Cardiff would not be central enough for the catchment area population. Relocating services there for reasons other than quality of patient care would compromise safety and put residents of the wider West Wales area at a disadvantage.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	I think Morriston should host this as everything seems to get centralised to Cardiff. Just getting access to the Heath and battling traffic is a nightmare. Morriston is set in a perfect position and easily accessible.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of</p>
Agree	ABM	If the centre were in Cardiff I would have had very few visitors.The extra hours travelling would be too much for family to give support.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>



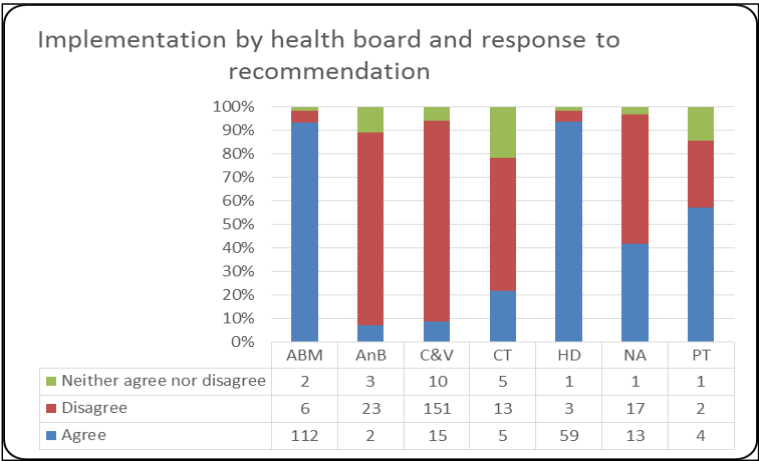
Agree	ABM	Morrison is central to all of southern wales.	The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.
Disagree	ABM	Morrison is on the doorstep of the M4, which make it easier for access, also it has an Heli pad.	The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.
Agree	ABM	Parking is also an issue in both hospitals ,having had close family attend both hospitals for treatment . Getting in and out of Cardiff was a nightmare as was trying to park at Morrison at peak times .	The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital.
Neither agree nor disagree	ABM	Road links and helicopter access are all excellent for selecting Morrison.	The Independent Panel members were very conscious that by locating the service at Morrison Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morrison Hospital. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morrison Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morrison Hospital already offers flexible visiting hours.
Agree	ABM	The centralisation of services in Cardiff is detrimental to patients that have a need for cardio thoracic support anywhere west of Swansea. This covers a large contingency of patients that would be served by locating the department in Morrison, where fairer access would be available for all concerned and could potentially save many lives in the process. Also, patients requiring cardio thoracic treatment in Cardiff and Newport have the option of using Bristol, where as West Wales has no one at present.	We considered if a solution for some patients in south east Wales was to have surgery in England, but were told by our doctors that the best treatment is provided by a full MDT. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. They told us that there are already excellent and long standing relationships within these teams across the hospitals in Wales and they felt that the best overall service for patients would be delivered from Wales.
Agree	ABM	The infrastructure regarding parking is a problem at the moment this should be addressed accordingly.	We acknowledge that many of our respondents were critical of current parking capacity at both Morrison Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	ABM	The number of parking spaces should be increased to accommodatethe larger number of visitors who will go to Morrison.Larger multi-storey car parks are needed & some sort of system introduced to help find a parking space.Although she arrived over half an hour before an appointment last year, the only space a friend could find was reserved for disabled visitors.As she had waited for 6 months for her appointment she risked parking in that bay. Knowing of this, when I attended for an appointment last week, I arrived by 8.30am for a 10.30am appointment (which ran an hour late).It was a good job I got there so early as by 9.45am I could not see any empty spaces left in the car park I was in.It was impracticable for me to travel by bus.	We acknowledge that many of our respondents were critical of current parking capacity at both Morrison Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

Disagree	ABM	THESE SERVICES SHOULD BE DONE LOCALLY SO PEOPLE DO NOT HAVE TO KEEP TRAVELLING LONG DISTANCES FOR TREATMENT WHILST BEING ILL AND FAMILY MEMBERS CANNOT ALWAYS VISIT, WHICH I TURN WILL NOT HELP THE PATIENTS.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Though Cardiff is the capital city with all the amenities that go with that, Swansea is probably more centrally located between west and east of South Wales.Also there is motorway access from the east but only motorway part of the way from the west.	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Key Theme: Implementation & Improvement

Responses which highlighted areas for improvement or issues which would relate to implementation of the Independent Panel’s recommendation was the single largest key theme. To further understand what was considered important within this key theme the table below quantifies the sub themes identified in the responses.

Implementation & Improvement cited by 448 respondents	Sub Theme Identified	n.
	Ensuring a high quality service	257
	Quality of the existing service at a particular site	68
	Impact on other services	51
	Physical capacity of a particular site	48
	Opportunities from a single centre	46
	Care closer to home	29



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Agree	ABM	Morrison has the capacity to expand its ground space	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	Morrison Hospital has an excellent reputation.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Disagree	ABM	! The decision itself defies logic as the Cardiff unit has better outcomes a	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	. Another thing in Morrissions favour is the fact that it has the scope needed for expansion, where as UHW is terribly confined and has no room left to expand. U	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	. There is probably more opportunites for physical site expansion in Morrison	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	y and will mean that a larger group of surgeons can work together providing a more robust, safer and more efficient service.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.

Agree	ABM	<ul style="list-style-type: none"> <li>I agree that Thoracic surgery would be better placed at Morriston hospital to cover the South Wales area and by doing so the level of expertise will be better by concentration in the one area.</li> </ul>	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	After seeing first hand the amazing work these people do it should definitely remain in morriston	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	abm	Already an established service with excellent communication links	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Already has an excellent record. I agree it could become a UK centre of excellence. This would enhance research & development as well has patient safety.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also,
Agree	abm	As a former patient on the thoracic ward myself, I cannot speak highly enough of the care and the way I was looked after.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Be the centre of excellence	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.

Agree	abm	Being a thoracic patient I understand how a centre of excellence based in Morriston would benefit the patients, region and hospital staff	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	Geographical location, specialist department with appropriate surgeons and MDT already in place. Helipad for air ambulance access. Excellent teaching for health care students.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Good service already being provided	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	I agree that Thoracic surgery would be better placed centrally at Morriston hospital to cover the south Wales area, and by doing so the level of expertise will be better by the concentration in the one area,	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	I agree with the specialist advice of the independent panel. There is a financial saving along with boosting services currently offered a MH.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.

Agree	ABM	I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.
Agree	ABM	I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston site would be excellent for the population of South Wales and would allow improved cover arrangements for each of the lung cancer MDTs, an expansion of the non-cancer workload and subspecialisation (including joint endo-bronchial therapies with the Respiratory Physicians)	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	ABM	I have worked in Morriston Hospital as a Respiratory Consultant for 16 years. The Respiratory Team has always had excellent working relationships with colleagues in Thoracic Surgery in Morriston Hospital. Our wards are in close proximity and we are able to review each others patients very easily. There are also established links with other specialties including cardiology, cardiac surgery, plastic surgery, ENT, radiology (including a weekly interdisciplinary meeting) and pathology (including a monthly interdisciplinary meeting). There are also excellent pulmonary physiology services on site (including cardiopulmonary exercise testing). With the appropriate investment it would be very exciting to expand the Thoracic Surgery Service in Morriston to cover the whole of South Wales. The amalgamation of Thoracic Surgery on the Morriston site would be excellent for the population of South Wales and would allow improved cover arrangements for each of the lung cancer MDTs, an expansion of the non-cancer workload and subspecialisation (including joint endo-bronchial therapies with the Respiratory Physicians)	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us</p>
Agree	ABM	I now from recent experience that Morriston ABMU has made huge strides in thoracic care service underpinned with sound research.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	I think Morriston Hospital serves Swansea and South West Wales far better than anywhere else. .... there is an excellent hospital at Morriston.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	ABM	It is A major NHS trust covering the highest demographic in need of this kindof service	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	It's important that there is a thoracic unit on the Morriston site to help support the ENT and Head and Neck department in managing complex benign and malignant upper airway/tracheal cases especially those requiring laryngo-tracheal resection and reconstruction. The thoracic surgeons also help and advisein the management of thoracic complications arising from resection of head and neck malignancies . They have been called upon at very short notice and urgently to assist in the removal of trachea bronchial foreign bodies that can't be removed via endoscopy and need an open approach.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Larger units provide better for better standards and choosing morriston makes sense since major trauma will be in cardiff, both such specialities place stress on Icu	the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Major investment of money and time has already established this service on this site, with recent service development to support prehabilitation for this cohort of patients. I believe it would irresponsible use of public money to re-route this well functioning service to Cardiff.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Many thanks for the consultation document. Sounds like a good idea to centralise services in Morriston. Best Wishes Hugh.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.



Agree	ABM	Morrison already has high quality surgical expertise.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p>
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Agree	ABM	Morrison has much more scope for expansion than UHW.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	Morrison has provided Thoracic surgery for this area for many years and the staff have a great deal of knowledge and expertise	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of
Agree	ABM	Much better parking and lots of investment has gone into updating Morrison hospital.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	abm	One centre of excellence would provide the highest standard of care more economically than two.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	Please tell us why.  The main reasons are to support and stabilise thoracic surgery services in South West Wales. Indirectly it also supports the current cardiac services in Morrison which in turn support cardiology services at Morrison.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morrison Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	abm	Protection from major trauma centre activity. Ability to deliver expanded service (site expansion)	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morrison Hospital. The management team at Morrison Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Agree	ABM	So that the expertise can be provided in one large unit .this will help develop good practice and excellence and I can only see a benefit in having all main experts in this field in one area .	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morrison Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.

Agree	ABM	That is the finding of the independent panel. They are experts in this field and their decision should be upheld	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	The central location across South Wales and the thoracic prehabilitaion service run by the physiotherapy team which offers the option for patients to become fitter for their upcoming journeys	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	<p>The proposal to centralise thoracic surgery services to a single site addresses the issues which arise from the inability of separate sites to develop capacity to properly serve the population needing thoracic surgery. I a single site, all funding for this service will allow for expansion of existing capacity, reduction in duplicated facilities and improvement in clinical care in a centre of excellence which has critical mass, in a way in which a small unit cannot. Centralisation also means that a robust system for out of hours cover for urgent and emergency cases can be run by a larger body of staff, which is currently inadequately provided by small numbers of staff on separate sites.</p> <p>Morriston Hospital is best placed for the developments as outlined above because it has:</p> <ol style="list-style-type: none"><li>1. Extensive space on the hospital site for facilities development, which is not the case at the University Hospital of Wales</li><li>2. Potential direct motorway access to the entire M4 corridor and major routes connecting West and Mid-Wales.</li><li>3. Existing ward, operating theatre and critical care bed facilities already identified by ABMU LHB to allow for expansion of the service.</li><li>4. An existing compliment of medical and nursing staff with expertise in thoracic surgery, working alongside cardiac surgery, trauma surgery, respiratory medicine, oncology and diagnostic imaging services, already providing a service to patients comparable in size, case-mix and throughput to the service at the University Hospital of Wales.</li></ol>	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	ABM	<p>The provision of a centre of excellence in this region would benefit the whole of South Wales and Powys. Locally this service would provide an opportunity to further educate healthcare professionals to deliver high quality care and focus patients on the need to adopt healthier lifestyles.</p> <p>This is a fantastic opportunity for the nhs trust and local health board.</p>	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence
Neither agree nor disagree	ABM	There are pros and cons to placing the service in Swansea. Unfortunately indications for thoracic surgery are not always independent of other factors. Patients might need surgery for infection, post trauma etc etc. As such it is important that the service is co-located with other relevant services. Currently some of these are in Morriston and others (infectious diseases, trauma) in Cardiff. I think Health care is becoming more complicated and that rather than having some services in Swansea and some in Cardiff all specialist services should be co-located in a super hospital that serves the whole of the South Wales. This would allow for all appropriate resource to be available in the same place and allows for cost savings as well as improved service provision over the long term. In my experience having services in either Swansea or Cardiff means that one service loses out as it is not possible to provide the same level of service when the two services are so far apart. Burns and neurosurgery are good examples of this.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales.</p> <p>In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p> <p>A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>

Agree	ABM	<p>There is already a very well-established therapy service at Morriston, providing 7 day, 24 hour care to patients. This service is evidence-based, having completed research that supports its work. This work includes a very well established prehabilitation and optimisation service of lung cancer patients. Rib fixation of chest trauma patients is also routinely carried out and supported by a therapy team that is very well established and leads the field in chest trauma patient management research.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Agree	ABM	<p>There is space for expansion</p>	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>
Agree	ABM	<p>This is about providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term. The quality of the workforce and the site at Morriston is second to none. The current transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Agree	ABM	<p>We have developed our in-patient and out-patient physiotherapy services for Thoracics over the past 8 years that would now lend readily to the requirements of a centralised unit being at Morriston. Our initiative to deliver preoperative physiotherapy via Prehabilitation and Optimisation has been tested through various studies and we have determined the most efficient delivery service model including a hub and spoke model to peripheral sites across the region during this time. This service is now fully established and well supported by all the Chest Physicians and Thoracic Surgeons across ABM and HDHB that spans across the whole lung cancer pathway. We have also made established links with third sector organisations and work in collaboration with Tenovus Cancer care, utilising their mobile unit to deliver Prehabilitation to patients in their local community. Additionally there is now a seamless referral pathway of patients to Macmillan for further support during oncological treatment. With this well-established ?Hub and Spoke? service model already in place at Morriston, we feel strongly that this can be easily implemented and made available for all patients across the whole of south wales.</p>	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Agree	ABM	Accommodation for families caring for a loved one. Good communication systems so patients experience seamless care. Capacity for the centre to grow in the event that lung surgery demand grows,	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	We need to consider the capacity at Morriston to make sure that they are able to take this extra responsibility  -As proposed it will be essential that the patient will still attend their local respiratory consultant and have their diagnostic tests at the same hospital where they currently go,	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	well developed MDTs  Treatment rooms  Physiotherapy rooms  Team work!	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	1) Patient centred care 2) Dedicated team of Specialists with thoracic skills 3) Multidisciplinary (MDT) approach to patient care and service development 4) Good communication channels and engagement with all stakeholders	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	1. The centre becomes renowned for its standard of care and is able to attract the most talented surgeons. 2. The centre is able to deliver better patients outcomes by utilising state of the art technology. 3. Morriston is able to train and develop the next generation of surgeons that deliver high quality care throughout Wales and the UK.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	1. The most important aspect of service delivery is that the centralisation onto a single site must maintain and improve access to surgical services for the people who need it. This means that all people across the whole referral area should have local access to chest physicians and multidisciplinary teams to facilitate rapid diagnosis and preparation for surgery if needed. Patients in areas distant from a single site should not wait longer or have to clear a higher threshold to access services, and if urgent or emergency care is needed, patients should not be disadvantaged by variations within the patient transport infrastructure. After surgery, they should have equal access to follow up, rehabilitation and counselling services close to where they live. 2. Centralisation of services must also deliver improvement of services, rather than simply continuing with an 'bare minimum' approach which characterises the separate services at present. This means dedicated facilities for the care of people having thoracic surgery, better staff education and development and the encouragement of the type of research and development typical of a large service.	Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.  It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.

Agree	ABM	A centre of excellence providing speedy access to expert medical intervention.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Access to good quality specialist services	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	ABM	accessability to those who need it, simple referral process	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Accessibility in the event of emergency.	Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Adequate resources including staffing,	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Adequate resourcing	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Availability and accessable through shorter waiting.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Being able to access experts as they will all be based in one area	Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	Benign and malignant cases  24/7 service/access  High quality care  Parity of pathways	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Captures a larger patient population in the West of Wales - Improved throughput times for patients - Faster recovery rates and obvious lower costs - Build upon an already established service to lead the research.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Carrying on it?s already great care and great reputation	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Cost effective and good access.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Cost efficiency and quick waiting time.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Ease of access to services for all those that need them . Short , preferably no waiting time to be seen .	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Efficiency and cost effectiveness.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	Equal access for all Evidenced based service provision Clear pathways for admission and discharge including repatriation and follow up care	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Excellent quality consultants delivering cutting edge treatment	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Expert care locally and all on one site.	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Expertise and accessibility	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Expertise in surgery and nursing concentrated to form a centre of excellence.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Further development of high quality surgical facilities in the best placed geographical site.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Geographical location & quality of service	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.



Agree	ABM	Good quality service and prompt treatment	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service
Agree	ABM	Have close links with all other hospitals in the catchment area and aim to work with them to get as much care delivered as locally as possible with only surgery being done in Morriston	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	High quality specialist service	Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly it will help us improve outcomes for patients
Agree	ABM	improve/maintain standards currently in place in current services.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us
Agree	ABM	Improves on the efficiency & effectiveness of the existing service.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Neither agree nor disagree	ABM	International Standards Organisation (ISO) standards are needed in management and service delivery for all organisations involved in order that any changes implemented after this consultation are effective	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients
Agree	ABM	It is clearly important that we not just maintain, but improve standards with the new service. We need to build on the centre's scale to attract top medical students and researchers to the area.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	it is extended and have a full incl the wider mdt	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	It is important that sufficient resource and planning go into the support services essential to deliver this. Adequate theatre space, anaesthetic / ITU beds, radiology and pathology will all need resource. The new service must not be to the detriment of existing services	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	It is important that the centre receives the correct funding to support the excellent consultants and staff that work in the centre. This will ensure we attract the best doctors and associate staff to provide the service	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Disagree	ABM	It must be large enough and well staffed to provide the care patients need	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	it must have sufficient capacity and resources to provide a world class lung cancer service but also to provide thoracic surgery for other non-cancer conditions. Currently we refer very little non-cancer work due the the pressures and waits faced by cancer patients. This in turn means that patients are not getting gold standard treatment. Severe infection eg empyema or persistent pneumothorax is not given a priority and not operated on CPOD lists. Therefore patients end up with a very prolonged IP stay which is detrimental to their health	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	It receives the appropriate funding and backing to succeed and become a regional centre of excellence	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	It should have sufficient resources including theatre time to support it for both cancer and non cancer work. There should be better provision for cross covering arrangements and reduce waiting times.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	It will be important that the needs of family members and carers are considered. For those travelling from further afield or who are unable to travel frequently due to health issues etc., accommodation should be available to enable them to visit loved ones and provide support.	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Agree	ABM	It's important that it is run efficiently, meaning that it is a less stressful time for all. Good communication and running in a timely manner.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	keeping the service in an established unit with the assurance of the necessary funds to progress the service. Development of satellite units	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Local, easy to access, good communication, transport links, shorter waiting times	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	Make certain of adequate staffing and support services	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Modernising and cleaning Morriston and more specialist nurses.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	More capacity	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	Patient centred care	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Provision of adequate outpatients and inpatient facilities (more theatres/HDU/ITU beds	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	Quality	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Quality of care.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	Quality of care. Adequate resources and staff to run unit safely.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	Quick assessment and treatment. Expert team to early manage thoracic cancer, pre and post operatively.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service
Agree	ABM	Reduced waiting times. Expert & first class surgical team & care.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Robust commissioning of enough activity to deliver enhanced resection rate and non cancer care	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	service will be all under one roof, specialised team all together, pulling limited resources together	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	Short waiting lists.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Shorter waiting lists, speedier telemedicine approach to remote diagnostics/second opinions and, importantly, for outpatient follow up. Travel distances are crazy as it is so outpatient follow up at other DGHs, supported by digital comms, is part of the ask	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	Shorter waiting times, easier and quicker service, counselling for cancer patients a new thoracic outpatients department	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	Specific treatments for lung cancer should be made available if the centre is located at Morriston. Currently certain treatments are only available to people living in England and Health Boards in Wales are refusing to fund treatments. The shameful debacle of post code lottery may be solved to some extent.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	Speed of access when required. After care.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it creates a service which improves survival rates, and ideally that it is a multi-disciplinary service with a range of expertise as this model is known to be successful in other areas.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.
Agree	ABM	That it delivers a first class service and that it will attract first class physicians/surgeons. That Morriston will have a unit that any hospital in the country would be proud of and offer a standard of service and aftercare that is unrivalled anywhere.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it has a large enough catchment area and gets the correct funding	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is a sustainable and supported service, with adequate resources allocated to it and it is not starved and stolen to cardiff in a few years due to 'underperformance'.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is adequately funded from the WAG. If necessary money should be transferred from the seemingly bottomless pot that is used for the doomed to failure bilingual project. I'm referring to the money for bilingualism that's hidden away in every one of the WAG budgets.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is easily accessible and of high quality.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it is effective	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	That it is fit for purpose and easily accessed by the patients that require the service.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	That it is not a second rate service just because it isn't based in Cardiff, and that for once perhaps we can have some sort of service from the nhs here	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	That it is safe and appropriate for patients needs, that it adequately supplies those rural geographical areas go the West with a service close enough to be of benefit and that it is appropriately staffed and supplied as needed.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it is top of the range and installed promptly	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That it provides the best care avaible	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to <del>change the way the services work and build on best practice from both units. Most importantly it will help us</del>
Agree	ABM	That it sees patients in a reasonable time scale.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Agree	ABM	That it will be properly staffed	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	ABM	That it?s fit for purpose and not squashed into an area that?s inappropriate	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	That it's efficient and well run	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That it's well-funded	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	That the service is of excellent quality which Morriston Hospital provides	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	That the support for ENT continues at its current level	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	That there are sufficient beds, equipment & staff to serve the people in the region being served.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	That they maintain the standards that they have been to each patient that is on the ward	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The convenience of travelling to my local hospital, were i to require treatment at the new facility.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	The information and support provided throughout any medical process.	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
Agree	ABM	the need for therapy input is considered as well as nursing and medical staff	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The new service needs to bit modern and fit for purpose to cover a large population.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	ABM	The option to have outreach services to ensure that patients do not feel like they are affected by a postcode lottery. Central run ore assessment clinics should be able to outreach to the prehab classes and keeping close links with locally based CNS?s ensuring the excellent communication already being achieved across the health boards	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	The service needs to be professionally run, well presented and safe.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The service will continue to deliver their developed expertise that has been developed through the years and its the people in South Wales especially the M4 corridor that will benefit from it.	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.
Agree	ABM	The specialist high quality care	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The staffing levels and investment and a commitment from the funding bodies to make it succeed . It must transcend the rivalry between the two hospital and put the patients first .	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	There would need to be a review of the impact on the Respiratory service, Radiology, Pathology and Physiology in Morriston Hospital	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	Thoracic surgery involves operations on all parts of the chest, including the lungs. A large part of a thoracic surgical team?s work is on patients with lung cancer. They also operate on patients with other noncancerous 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.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>



Agree	ABM	Tight pathways for patients to go to local hospitals for rehabilitation if required to enable more patients to be admitted into beds for surgery	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	ABM	timely and equitable access for all who need it, suitable facilities and infrastructure, and the appropriate level (skills and numbers) of staff of all professions. Aftercare (community) arrangements need to be established, resourced, and effective.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	ABM	To carry on with your excellent team work that you have built over many years	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	To ensure that the patient's surgery is able to be done as quickly and as promptly as possible.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	To ensure the other services in the hospital that will be directly affected by this new centre have funding to meet the increased demand such as pathology and radiology services.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSFC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	ABM	To ensure the other services in the hospital that will be directly affected by this new centre have funding to meet the increased demand such as pathology and radiology services.	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p> <p>Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.</p>
Agree	ABM	To have the capacity to deliver care safely to the population it may serve	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

Agree	ABM	Waiting times are the priority. A new facility will inevitably lower these times.	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Disagree	C&V	Ensure repatriation at earliest posible time so as not to impede patient flow through	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response:
Agree	ABM	Plenty of room for expansion within the grounds of Morriston. Having visited Morriston on many occasions over the past two years, for a hospital, it is reasonably relaxing and pleasant atmosphere. I have found staff helpful and proficient and very professional.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HOIP: NHS England data only) which
Agree	ABM	I would like to see Morriston developed as a Centre of Excellence in this field as many years ago Mr Cyril Evans started thoracic and cardiac surgery on this site and saved many lives.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	ABM	It was tragic that the Specialist head injuries cente at Morriston ( one of the finest in the UK) was transferred to Cardiff several years ago and more recently, the Trauma centre also awarded to Cardiff despite the recommendations of several health boards, experts, consultants and the general public. Please do not let the same happen with the Thoracic centre.	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.
Neither agree nor disagree	ABM	ISO standards are needed in management and service delivery throughout the NHS	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	ABM	Morriston is an excellent hospital in Swansea. It has facilities for the Air Ambulance. As far as I am concerned, it is already a centre of excellence. The addition of Adult Thoracic surgery services would enhance and supplement the existing skills of the various other Departments in the Hospital.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network
Agree	ABM	Don't forget to enhance the infrastructure too.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	abM	What about children who need surgery?	Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover.
Agree	ABM	I believe that this is the third review of Thoracic Surgery services that I have endured during my time in Morriston Hospital. It is time for the correct investment to be made in this service for the population of South Wales	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Agree	ABM	Develop good "outreach" services for both East & West Wales	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	ABM	The cardio-thoracic service in Morriston is co-located with the cardiac centre and is closely linked into the lung cancer pathway for patients. The service is well delivered and patients generally appreciate the care that they are offered in this service.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	I know from personal experience that Morriston treated a friends mother and fortunately had a positive outcome , The treatment and before and after surgery was first class.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	After having a pneumothorax, the level of care I received was outstanding and especially the after care following my surgery. All staff were friendly and gave me the best care possibly to aid my recovery.	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	ABM	We have a well established thoracic physiotherapy service including Pre-habilitation and optimisation prior to surgery. This has been recognised as a model of good practice by the Royal College of Thoracic surgeons (via presentation at several Conferences) and our pilot programmes have now been funded substantively by WHSSC in recognition of this and the data showing improved patient outcomes and increase in lung resection rates for those patients who may previously have been considered high risk or in-operable.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	abm	the cardiac centre is already centre of excellence at Morriston the development of this service would be excellent addition to Morriston	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Agree	abm	As a clinical coder at Morriston hospital, we love working at such a busy and important hospital and feel very proud at having a good range of services for patients. Please make Morriston the centre for thoracic surgery.	We know we have expert surgeons on both sites and by bringing together the two teams we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.
Disagree	abm	I think it will be a shame to respite it to Morristown as it will increase costs and prolong vital treatment and care.the care will be disjointed and not in the patients best interest .	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit.

Agree	ABM	there must be sufficient staff and resource to allow this to succeed. The current demand is far less than it should be because referrals are not being made into an overstretched service. Provision must be made for this. Also if we are successful in our attempt to stage shift the diagnosis of lung cancer then there must be provision for the increase in demand which will follow	We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.
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Key Theme: Major Trauma Co-location

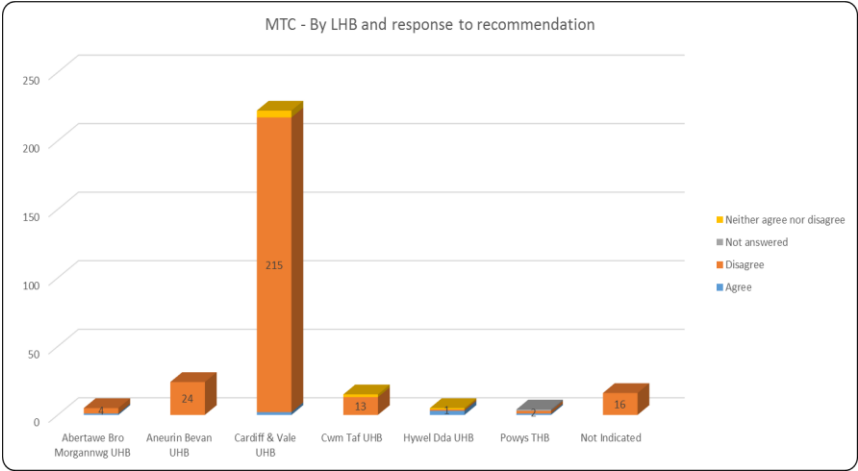
This was the most common issue raised by respondents (275) who disagreed with the recommendation. There were two main themes related to this lack of co-location, first the issue of quality and patient safety and second the issue of workforce.

Of the 275 responses many simply stated that co-location was the reason for disagreeing and there was no further qualification. Others however specified issues of quality and patient safety and we have categorised these into 3 sub themes reflecting the emphasis within the response:

- 1. Quality and safety concerns which did not specify the issue. This group of concerns included a subgroup where there was particular reference to why comparison with NHS England was not relevant.
- 2. Quality and safety concerns related to the time for thoracic surgeons to travel to Major Trauma Centre at UHW from Morriston Hospital for the immediate care of a trauma patient.
- 3. Quality and safety concerns related to general availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital.

Key Theme	Sub Theme Identified	n.
Location of Major Trauma Centre: cited by 291 Respondents	General statement regarding MTC co-location	275
	General quality and patient safety concerns	65
	Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morriston Hospital for the immediate care of a trauma patient	52
	Quality and safety concerns related to non-elective availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital	121

The Graph Below represents the geographical location of respondents together with their response to the proposal of the independent panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	ABM	Trauma will not be located in this hospital and therefore would not provide a safe environment for treating this complex group. There will be a disconnect between the safe treatment of trauma patients and thoracic injuries as a result. The specialist care should be in the main centre for trauma surgery and not a peripheral DGH. It is well known better clinical outcomes are related to the concentration of expertise. Also elective surgery that requires thoracic cover or violation is performed one centre and that is not in Morriston.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative” trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	ABM	Not having a heart and lung surgery service in a major trauma hospital is unsafe for patients and will result it increased deaths.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative” trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	ABM	As UHW is the designated trauma centre it seems completely inappropriate to move cardio thoracic unit to a different hospital.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
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Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	ABM	It needs to be in Cardiff where the major trauma centre is going to be situated.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSCC Response
Disagree	ABM	Having a thoracic centre alongside the Major Trauma Centre is a critical component in providing safe and effective healthcare. Nursing staff are very reluctant to move from Cardiff to Morriston, to lose all those staff members will be significant loss.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	Please consider that the thoracic centre would be much more suited to being located within Cardiff and vale. It would fit hand in hand with the major trauma centre status.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	ABM	Rediculous idea to place thoracic surgery away from the main specialist trauma centre. It is an obvious and poor political ploy to appease constituents, and the local am?s, without consideration for patient welfare and outcomes.	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

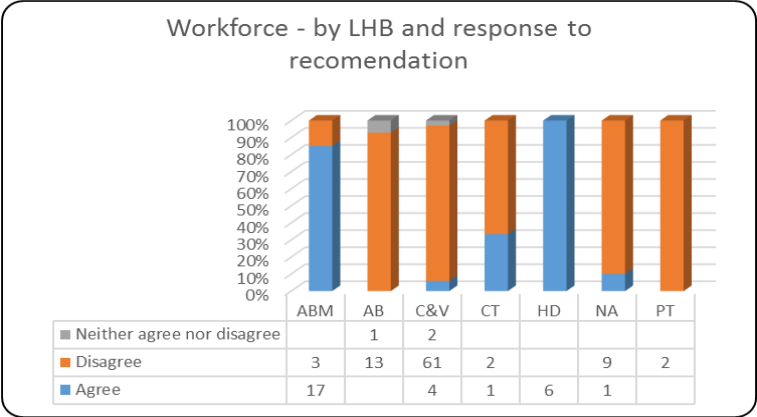
Disagree	ABM	<p>This is a bad unsafe idea to take away heart and lung surgery from a major trauma centre. It will result in more patients losing their life.</p>	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
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Key Theme : Workforce

Workforce issues was the fifth most commonly cited by 122 respondents. In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response.

Workforce cited by 122 respondents	Sub Theme Identified	n.
	Loss of experience at UHW	53
	Recruitment	38
	Personal impact	31
	Academic links & Research Opportunities	16
	Training	16

The table below represents the geographic profiles of respondents within this category and their response to the recommendation of the Independent Panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Agree	ABM	Also, with the UK's 3rd best medical school on its doorstep, it's ideally situated to benefit from excellent graduates.	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	Excellent teaching for health care students.	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.
Agree	abm	Swansea University has one of the top Medical School in the UK.	The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.
Agree	ABM	This specialty has been in that hospital for years when I visited friends as patient in that unit, I have seen howmarvelous job the staff are doing their job there. And I think this must have been due to the lenght of service and experience collectively that these staff and unit has been. If this service will move and the staff will not go to Cardiff the expertise of these staff will go to waste and new staff that will run Cardiff will have to develop their expertise on this field but that takes time and we are talking of poatients lives being at risk whilst they are in the process of honing their skills.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	ABM	Thoracic Surgery at UHW is the best in wales with a top class team of doctors and nurses most of whom we would lose if this move takes place.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Agree	abm	It is important because of the need for Thoracic Surgery to be based in Wales. We should also recruit thre top Doctors in this field.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	good staff	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	abm	Centralisation of services is always contentious and a difficult process, but it is important that the work is done in consultation with not just medics and nurses, but therapists as well.	<p>We know we have expert teams on both sites and by bringing them together we can build on the strength of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network.</p> <p>We have been advised that such a large unit, properly implemented, would be highly attractive to medical staff. We are aware however that this may be different for other staff groups and they may be less likely to transfer. A strong training and development programme starting almost immediately will therefore be essential for the new unit.</p> <p>A skilled and dedicated workforce is essential to the success of any new unit and this will be a core element of implementing a new service, if there is a decision to locate at a single site. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales (HIEW) to do this.</p>
Agree	ABM	it is has the staff to deliver	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Agree	ABM	<p>well developed MDTs</p> <p>Team work!</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	<p>We will need to recruit the additional experienced staff to cope with the additional work to run the department efficiently and to consider what training is necessary for the current staff,</p>	<p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Agree	ABM	<p>Expert team to early manage thoracic cancer, pre and post operatively.</p>	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
Agree	ABM	<p>Only by having high-quality and challenging specialist services will Swansea and South West Wales ever be able to attract the very best medical staff and researchers.</p> <p>Key projects such as the City Deal and the ARCH programme both recognise the importance of health research and innovation as future economic drivers for the region. With acute services being lost or centralised in Cardiff, these projects are at risk of being undermined.</p>	<p>We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.</p> <p>A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>



Other

In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response:

Other: 167 respondents	Sub Theme identified	n.
	Decision Making Process	53
	Consultation Process	43
	Against merging of two centres	95
	Importance of tertiary services outside of Cardiff	52
	General comments regarding healthcare	7

Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Neither agree nor disagree	ABM	In my experience having services in either Swansea or Cardiff means that one service loses out as it is not possible to provide the same level of service when the two services are so far apart. Burns and neurosurgery are good examples of this.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	ABM	Most importantly it signals that specialist health services exist and will continue to exist outside Cardiff. In the recent past there has a sequential loss of specialist health services out of Swansea to Cardiff. There is a risk that many acute services west of Cardiff could collapse if thoracic services were now to move to Cardiff. This in turn would indicate to young doctors in training that acute and specialist services would cease west of Cardiff. This would lead to GP trainees and trainee hospital doctors deciding not to work as permanent trained doctors in Swansea, Carmarthenshire, Pembrokeshire or Ceridigion.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	too many services have been centralised in Cardiff. Morriston is developing and needs this to become a centre of excellence. Otherwise, it'll become a skeleton hospital, continuing to risk the lives of the people of south west Wales.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	I also continue to have concerns around the possible loss of services from Wales. Previous UK-wide reviews of certain specialties, such as Paediatric cardiac surgery, have seen services which were based in Swansea, lost to Cardiff and were then subsequently lost to Bristol. The reason for this was that Cardiff and Bristol were deemed to be too close together geographically. We must mitigate the risk of this type of domino effect. Establishing South Wales' thoracic centre in Swansea would do just that.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	As this is the first time I can actually remember something being proposed for Swansea and not Cardiff since the assembly was formed, which Cardiff didn't want.oh and it would be nice to have some sort of specialist healthcare west of cowbridge	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	For keeping future investments and expertise in west wales	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	I think it's important to have at least two major regional hospitals in South and West Wales. The continuing migration of health services towards the Cardiff is very concerning for everyone in Wales.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	abm	Independent recommendation. Better geographical location	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	abm	It?s a great service. People of West Wales and Swansea will have to travel further for their care, when they already have to travel to Cardiff for neurology. We need to keep some specialities.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Morriston Hospital is best placed to provide this service. The view of the independent panel should be taken as those of the experts	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	Morriston is a good central point. It is difficult for people further West to easily access Cardiff or Newport, and vice versa. I actually think more services should be situated in Morriston.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Agree	ABM	Morrison should be the centre of excellence for West Wales. It would also send a strong signal to the people of West Wales that the WAG is not Cardiff-centric and represents all of Wales	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Not everything has to be in Cardiff, there are other parts of wales to be considered as people need healthcare all over Wales and not everyone is in the Cardiff catchment area	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Neither agree nor disagree	ABM	Should maintain two centres	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	ABM	That is the finding of the independent panel. They are experts in this field and their decision should be upheld	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	ABM	The South and West Wales community need provision of these services within their location as opposed to the alternative which is geographically remote.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Agree	ABM	This is vital for morriston, if more and more services are not elected then there will be a skeleton service in morriston which will not be fit for purpose for the many residents of south west wales. The transference of many other units to Cardiff when not suitable for travel quickly by car for everyone from west wales is going to cause a major problem in the future and result in deaths that could have been avoided.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	We have already lost to Cardiff significant services that were previously based in Swansea.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Agree	ABM	most things seem to go to Cardiff.	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	ABM	Whats important to me is that this ill conceived idea is never carried out. Leave UHW thoracic where it is and bring Morriston up to speed.	<p>The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
Agree	ABM	Disappointed that this questionnaire only has two questions relating to the service change. All the rest is demographic relating to my personal business	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	ABM	I worry that the people within the abmu area will not respond as they will agree to the consultation. I would hope that common sense prevails and thoracics is sited at morriston.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	ABM	Yes, for a public consultation this is the best kept secret in Wales. I only found out by accident. DISGUSTING. Where are the enquiry forms that are supposed to be distributed to the public for votes.???	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Agree	ABM	Many people from West Wales fear services being sucked into Cardiff by a biased WAG	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	ABM	Not everything should revolve around Cardiff	The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.
Agree	ABM	It's disgusting how health services are being ignored in south west wales and everything being located in or around Cardiff.The decision to locate the major trauma centre in ICardiff was disgraceful and shows that you do not care about the well being of people in west wales as long asylum can locate in your beloved Cardiff .	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Too much going to Cardiff. People of Wales are becoming resentful.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Please make sure that Morriston hospital retains a pivotal role in care treatment.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	In addition to the obvious benefits to prospective patients from this region the location if this resource within the area will provide employment and confirmation for the community that their rights are not going to yet again be sacrificed in order to further promote the interests of those in the Cardiff area	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	It?s a great opportunity to expand specialist expert services across Wales ????????????- a great benefit for the public outside of Cardiff would also grow confidence in Welsh Government	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Only by having high-quality and challenging specialist services will Swansea and South West Wales ever be able to attract the very best medical staff and researchers.  Key projects such as the City Deal and the ARCH Project both recognise the importance of health research and innovation as future economic drivers for the region. With acute services being lost or centralised in Cardiff, these projects are at risk of being undermined.  We need to be strengthening the high-level specialisms here in Wales ? and that means not just in Cardiff, but in other parts of Wales such as Morriston. The Welsh Government needs to support an open debate around these issues, including the long-term future of hospitals such as Morriston and those in other regions of Wales.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Developing NHS trust outside the capital is needed. This area with the links to west Wales is equidistant to east Wales. It makes geographical and demographic sense.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	come on lets give morriston something, Cardiff always gets everything	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

Agree	ABM	It is vital that a key service such as this is located within Morriston Hospital as it helps distribute the availability of essential critical acute services throughout South Wales, as I always fear that locating ALL key services in one centre (namely UHW) is a big risk in many ways in the current age	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Swansea & the locality has been continually stripped of important NHS services. The area population & catchment requires specialist services. The south-east of Wales has close access to Bristol as well as an oversized facility in the Heath which is difficult to access as it has outgrown the location	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Swansea is often overlooked in favour of Cardiff for illogical reasons, or at the behest of the Welsh Assembly Government. However, the further east an essential unit is placed, the more difficult it becomes for patients from the rest of south & south-west Wales to reach the unit	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	I believe that allmedical services must not be centralized in the Cardiff region TO THE DETRIMENT OF THE REST OF WALES.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	We are losing too many specialist servuces to cardiff	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	abm	I think it important to keep services as central as possible to the people of West Wales as most other services/specialities tend to make their way to Cardiff	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.
Agree	ABM	Morriston Hospital should be given more support - the recent Trauma Centre decision was a disgrace as there is already one in Bristol. This followed a long line of deliberate decisions to drain the specialist services from Morriston to centralise everything in the Heath - does the health and life chances of everyone west of Bridgend and north of Merthyr matter less to NHS Wales? I think so.	This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.



**Location not specified: Thoracic Surgery Consultation Individual Response Log**

**WHSSC**

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



To provide assurance to stakeholders that the consultation meets the requirements of the 'Sedley criteria' (often referred to as the 'Gunning principles'), in particular that the product of the consultation must be conscientiously taken into account, we have provided in this document our response to each of the comments received and further action that will be taken.

These documents are intended to demonstrate that all of the arguments and concerns have been considered in a fair, rational, proportionate and transparent way. In order to present the Responses by key themes where a respondent has raised a number of issues across several key themes we have answered according to the theme identified and therefore verbatim responses may appear in more than one section or have been edited to highlight the specific point made with the relevant WHSSC response.

Section one:	Accessibility
Section two:	Implementation & Improvement
Section three:	Major Trauma Co-location
Section four:	Workforce
Section five:	Other

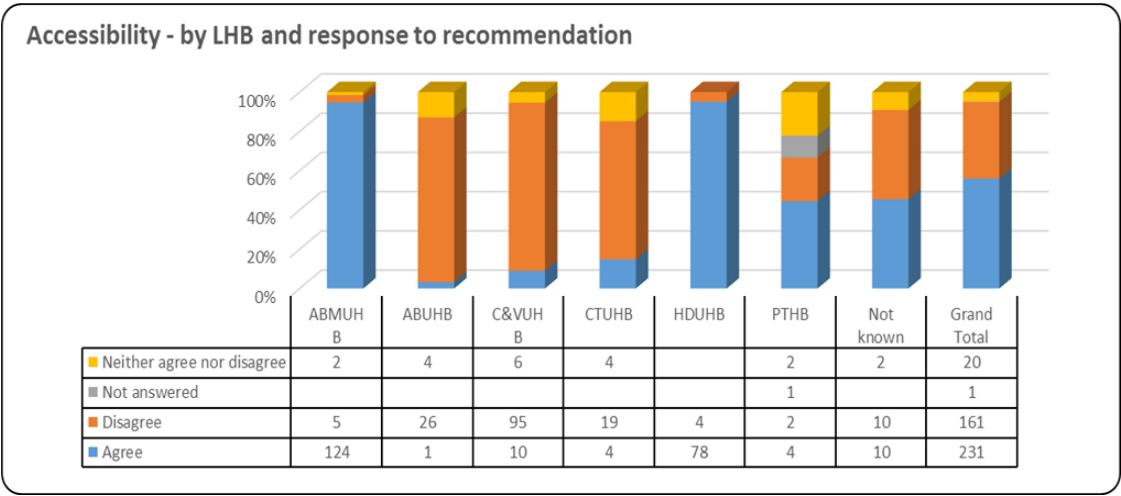


Key Theme : Accessibility

Accessibility was the second most commonly cited issue with 413 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-theme in the response. Accessibility was more commonly cited by those who agreed with the proposal (231) than those who did not (161)

Accessibility: cited by 413 respondents	Sub Theme Identified	n.
	General Accessibility– general response	284
	General Accessibility: Distance to travel	177
	Transport infrastructure: public transport (rail and road).	43
	Parking facilities requiring improvement	49
	Patient Transport	10
	Grand Total	563

In response to the recommendation of the independent panel there is a correlation between the distance of Morriston Hospital and the geographical location of the respondents. With respondents in South West Wales supportive of the recommendation with a direct and opposite view expressed by respondents in South East Wales.



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSC's Response
Agree	Not indicated	Central access, for all South Wales, near motorway room for expansion	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not indicated	more central to the whole of wales and will provide better services for the west wales region	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not indicated	Centralisation of the service between the west and the east of south and mid Wales. Morriston has got good transportation links	<p>One of the important factors that was considered when the recommendations were made was the impact on travel time and accessibility. Travel by car and public transport was considered together with current and potential infrastructure such as parking facilities..</p>
Disagree	Not indicated	I feel transport links into Cardiff are more robust, and with the hospital recently introducing free parking this would alleviate a lot of people's concerns re transport	<p>Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They 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. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.</p>
Agree	Not indicated	Impact on travel times for more remote locations (which have fewer transport links)	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not indicated	Too far away, especially if no transport. Wouldn't be able to visit	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

Agree	Not indicated	<p>The thoracic services would benefit and be accessible to south and west wales and south powys as Morriston is more central within the area than Cardiff. Morriston is easily accessible from the M4. It allows patients who live in around north ceredigion to access services such as thoacic surgery for lung cancer more easily than having to travel 1-2 hours more each way if the services were centralised in East Wales. Not being able to access services as easily could have a detremental effect on patients wanting to persue surgery options, and perhaps reduce the number of people in west wales persuing the possibility of surgery for some types of cancers</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not indicated	<p>. I disagree with the Panel's view that it is better to disadvantage a larger number (170 people) who would have a longer travel time if it was at Morriston, than it is to disadvantage a smaller number (70 people) who would have to travel a much longer travel time if it was at UHW. More than double the number of people will have a journey time of more than 60 minutes if the centre is at Morriston than if it is at UHW. Furthermore, Cardiff has one of the fastest growing populations in Europe, so going forward, if the centre is at Morriston, there will be even greater numbers of people who will have to travel further for thoracic surgery.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not indicated	<p>it is inaapropraite to compare the impact for a few, probably less than 10 per year, patients from higher social groups in Cardiganshire with the greater numbers in SE Wales. . .</p> <p>.... Due to higher population density and prevalence of respiratory disease the number of patients requiring urgent inpatient transfer for inpatient thoracic surgery will be greater than if the service was located in cardiff. This additional hurdle will adversely affect outcomes for conditions such as pneumothorax and thoracic sepsis, such as empyema. It will be harder to get timely surgical intervention. There will also be a pressure to repatriate patients which means that surgical complications are left for non-surgical centres to manage. The effect of this will be greater in SE Wales due to the higher population density.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not indicated	<p>greater travel disruption of a larger population</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not indicated	<p>I feel that the densely populated south east wales region including Cardiff, Newport, the Vale of Glamorgan and Gwent Valleys need a thoracic surgery centre in their own area rather than have to travel to Swansea.</p>	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients’ care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>

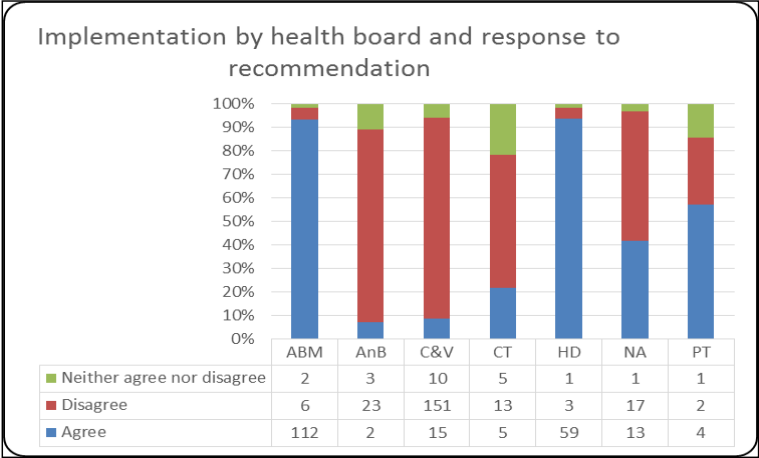
Do you agree or disagree with the proposal?	Health Board	If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?	WHSSC's Response
Disagree	Not Indicated	transport of patients & their relatives,	<p>The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.</p> <p>We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause. We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not Indicated	Accessibility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not Indicated	accessibility	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Disagree	Not Indicated	Accessibility, duration of travel time	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not Indicated	That the service is easily accessible to the people that live in the area. Morriston is central and would allow the majority of the population it covers to access the service with ease	<p>The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.</p> <p>We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.</p>
Agree	Not Indicated	That there be more parking to cater to the new service.	<p>We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.</p>

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC's Response
Agree	Not Indicated	Morrison has acres of land available for putting such a centre, Swansea hospital is easier to get to too  if you do put it in Swansea, build a dedicated 1000 capacity car park please.	We acknowledge that many of our respondents were critical of current parking capacity at both Morrison Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.
Agree	Not Indicated	Will need improved parking facilities	We acknowledge that many of our respondents were critical of current parking capacity at both Morrison Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

Key Theme: Implementation & Improvement

Responses which highlighted areas for improvement or issues which would relate to implementation of the Independent Panel’s recommendation was the single largest key theme. To further understand what was considered important within this key theme the table below quantifies the sub themes identified in the responses.

Implementation & Improvement cited by 448 respondents	Sub Theme Identified	n.
	Ensuring a high quality service	257
	Quality of the existing service at a particular site	68
	Impact on other services	51
	Physical capacity of a particular site	48
	Opportunities from a single centre	46
	Care closer to home	29



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Agree	Not indicated	if all patients were all together then all the staff would be together rather than split up which can only be good surely?	We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.
Agree	Not indicated	Reduce impact on ICU/HDU at UHW	the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	Not indicated	Reduce impact on ICU/HDU at UHW	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Disagree	Not indicated	<p>An additional area of concern centres around maintaining and developing specialist skills of the general anaesthetists so they are able to support the airway of a complex trauma patient if they have had limited exposure to Thoracic surgery cases on a regular basis. This is a recognised clinical issue and has resulted in difficulties in other centres with a similar two sites arrangement, for example Bristol. How can you guarantee provision of prompt surgical treatment for patients with benign acute thoracic pathology for example: empyemas, pneumothoraces and haemothoraces?</p> <p>Currently CAVUHB Thoracic Surgery performs 650 operations/year/1.2 million population whilst ABMU Thoracic Surgery 400operations/year/800.000 population. Having understood that there will NOT be a new building to accommodate additional bed space, ITU/HDU support and theatre session availability, you will not be able to guarantee a continuing quality service that will handle over a 1000 operations a year with an expected 20% increase in workload.</p> <p>Considering surgical bed spaces are already at premium for all the health boards it is unlikely that Morriston hospital will be able to overcome this and go on to provide nearly 3 times the current activity.</p> <p>Thoracic surgeons are frequently involved in the management of complicated pathology which require collaboration with other surgical teams, for example upper gastrointestinal surgery, ENT, spinal surgery and cardiac surgery. How will you ensure that patients are safely managed in a timely fashion when the thoracic team will not be on site to partake in joint surgical procedures?</p> <p>Without substantial investment in creating a robust coordinating team who will guarantee rapid and efficient patient movement between sites, you will fail Cardiff and Vale patients who need dual surgical input which includes Thoracic surgical skills.</p> <p>4) The Welsh Cystic Fibrosis Unit, which cares for adult cystic fibrosis patients from Wales and the South West of England, is based within Cardiff and Vale UHB. This is a well established unit with very specialist skills and very close life-long patient-clinician relationships. The CF Unit requires regular thoracic surgery input and moving this to Morriston will compromise the high level cystic fibrosis specialist care patients will receive.</p> <p>7) Improving supporting services: Having attended the Consultation at UHW, and realised that the concerns on the current provision of care for cancer patients is driving this move; it is clear that the focus is wrong. From the consultation, I understand that patients within South West Wales are waiting longer for diagnostic and definitive procedures however, the delay has been shown to be as a result in the capacity of respiratory care services in this region who are the team that refer cancer patients on to thoracic services. Investment into improving access to and increasing capacity within respiratory services should be the focus if you really are trying to improve access to thoracic surgical services within cancer patients.</p>	<p>The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p>
Agree	Not indicated	<p>Centralisation of the service between the west and the east of south and mid Wales.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.</p>
	Not indicated	<p>Having worked as a Thoracic Surgical Registrar in both units during my training, I feel a deep affection for both.</p> <p>However, I would argue that Cardiff is the busier Thoracic unit and by virtue of its ties to units in Bristol and Birmingham, has better connections and does more complex procedures. It is also well placed for being the major trauma centre and I know that trauma work is very much a part of the workload in Cardiff.</p> <p>The Cardiff Enhanced Recovery Programme is established and the team work hard to achieve this.</p> <p>With the right investment, Cardiff could expand and facilitate a ?super-unit?.</p> <p>Swansea, despite being accessible to the west Wales, a HEMS trauma transfer to Cardiff would take less time than by road.</p> <p>OPD clinics could still be held in Swansea as well as MDTs there.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
Disagree	Not indicated	<p>Having worked as a Thoracic Surgical Registrar in both units during my training, I feel a deep affection for both.</p> <p>However, I would argue that Cardiff is the busier Thoracic unit and by virtue of its ties to units in Bristol and Birmingham, has better connections and does more complex procedures. It is also well placed for being the major trauma centre and I know that trauma work is very much a part of the workload in Cardiff.</p> <p>The Cardiff Enhanced Recovery Programme is established and the team work hard to achieve this.</p> <p>With the right investment, Cardiff could expand and facilitate a ?super-unit?.</p> <p>Swansea, despite being accessible to the west Wales, a HEMS trauma transfer to Cardiff would take less time than by road.</p> <p>OPD clinics could still be held in Swansea as well as MDTs there.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>



Disagree	Not indicated	<p>I agree with the rationale for a single site Thoracic Surgery Centre but disagree with choice of Morriston Hospital for the following reasons:</p> <p>1. The greatest number of people affected are from SE Wales. This also has the greatest density of social deprivation and so the highest incidence of cancer and within communities that are most likley to be affected by increased travel times. Consequently, it is inaappraite to compare the impact for a few, probably less than 10 per year, patients from higher social groups in Cardiganshire with the greater numbers in SE Wales. In a country that has one of the lowest survival rates in Europe for cancer, this is likley to make it harder to improve this due to disregard of human factors.</p> <p>2. The only Paediatric ICU in Wales is at UHW. Any paediatric throacic surgery in Wales will be compromised as a consequence of the move.</p> <p>3. Due to higher population density and prevalence of respiratory disease the number of patients requiring urgent inpatient transfer for inpatient thoracic surgery will be greater than if the service was located in cardiff. This additional hurdle will adversely affect outcomes for conditions such as pneumothorax and thoracic sepsis, such as empyema. It will be harder to get timely surgical intervention. There will also be a pressure to repatriate patients which means that surgical complications are left for non-surgical centres to manage. The effect of this will be greater in SE Wales due to the higher population density.</p> <p>4. It is acknowledged in the consultation document that investment will be required to ensure Morriston has sufficient capacity, whilst the main constraint identified against UHW was lack of capacity currently. All other markers relating to the quality of the service would favour UHW. Therefore it is my view that the investment required over and above that needed for Morriston should be made explicit and public.</p>	<p>Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change. If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.</p>
Agree	Not indicated	<p>I am responding on behalf of my constituents to the public consultation on centralising thoracic surgery at Morriston Hospital.</p> <p>I warmly welcome the recommendation that a single Adult Thoracic Surgery Centre should be located at Morriston Hospital in Swansea, serving patients from South East Wales, West Wales and South Powys.</p> <p>This is an exciting recommendation. If it gets the go-ahead, Morriston would be one of the largest thoracic surgery centres in the UK, offering the best support and care for patients, and putting Swansea on the map for this kind of expertise.</p> <p>This centralising of thoracic surgery at Morriston Hospital will assist in providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term.</p> <p>The quality of the workforce and the site at Morriston is second to none. This transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.</p> <p>I am responding on behalf of my constituents to the public consultation on centralising thoracic surgery at Morriston Hospital.</p> <p>I warmly welcome the recommendation that a single Adult Thoracic Surgery Centre should be located at Morriston Hospital in Swansea, serving patients from South East Wales, West Wales and South Powys.</p> <p>This is an exciting recommendation. If it gets the go-ahead, Morriston would be one of the largest thoracic surgery centres in the UK, offering the best support and care for patients, and putting Swansea on the map for this kind of expertise.</p> <p>This centralising of thoracic surgery at Morriston Hospital will assist in providing the best level and quality of care for patients across South Wales and ensuring that specialist services are sustainable in the long term.</p> <p>The quality of the workforce and the site at Morriston is second to none. This transformation of hospital services will hopefully revolutionise the treatment patients in Swansea and the whole of South Wales receives.</p>	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
Disagree	Not indicated	<p>Morriston is not equipped and doesn't have the right post op care- this move will also leave other centres without the correct facilities e.g. consultants. It is a disgrace.</p>	<p>We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.</p>
agree	Not indicated	<p>My husband has just had Thoracic Surgery at Morriston Hospital, Swansea. This was a very positive experience from the start with consultations in Singleton Hospital and Morriston both in Swansea. The scan in Heath Hospital, Cardiff being the most traumatic. We both found it too big, very difficult to find, parking and then the trek to the actual hospital and then the unit was a nightmare. I was exhausted and I didn't have lung cancer like my husband. If it becomes even bigger and more important it will become even less human.</p>	<p>This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.</p>

Agree	Not indicated	Thoracic surger in abmu at morriston would be more beneficial to patients	<p>We know we have expert teams on both sites and by bringing them together we can build on the strengths of both. It is important to emphasise however this will be a new unit; it will be double the size of the existing unit and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres and this will be important for the new unit. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites. the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK.</p>
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Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	Not indicated	Also a forward thinking unit who embraces enhanced recovery and does not use HDU for all post-op lung resections (common in Swansea). Organisation of services- having worked in both units, Cardiff does this better.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	Not indicated	As a large regional specialist unit it is also important to consider the implications on continuity of services as a result of possible outbreaks of infection, particularly multi-resistant gram-negative bacteria. There is evidence emerging regarding the vulnerability and risks of regional specialist centres in the spread of infection and also dissemination on discharge to community settings and other health providers. Lessons should be learned from international examples of this having already occurred and what measures have been put in place to minimise this risk. It is advisable that risks around infection or endemic antibiotic resistance are fully considered, with plans in place to ensure the continuity of service if single or multiple areas of the thoracic centre are affected.	This feedback will be used to help inform the implementation plan for the new service.
Agree	Not indicated	Cost	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	Not indicated	Care for older people. Wellbeing of patients - eg can families get to visit them?	We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.
Disagree	Not indicated	1. This will complicate the management of trauma patients who has thoracic trauma. 2. Anaesthetists and surgeons in Swansea do not have high level of expertise in managing thoracic cases similar to those in Cardiff. 3. Moving services to Swansea will interfere with joint neuro /spinal thoracic work. 4. Moving services to Swansea will interfere with joint vascular /spinal thoracic work. 5. Moving services to Swansea will interfere with joint complex upper GI/spinal thoracic work. 6. Moving services to Swansea will interfere with joint Paediatric / Thoracic work. 7. Paeds Foreign bodies that can not be removed endoscopically will require open thoracic procedure. These children could die as result if delayed. 8. All the chest drains bleeding complications and complications of pneumonia in ITU would need to be transferred to Swansea. 9. There is not enough man power to deal with transfers of patients between Cardiff to Swansea.  In summary, moving the services to Swansea will negatively impact on patients management and safety.	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.  Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.  Paediatric thoracic surgery is currently delivered by paediatric surgeons in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input. If however very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single Thoracic Surgery Centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.
Agree	Not indicated	appointment lead in times should improve,	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	Not indicated	Currently there is inadequate space at Morriston beds and theatre access	This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.

Agree	Not indicated	Full staffing.	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Disagree	Not indicated	I think it is most important to be able to continue to provide a high standard of care, with room to improve this further. If the new centre is likely to be underfunded and overstretched in terms of staffing and development, I think it would be better to keep the old site.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	Not indicated	I would ask that it be considered, that provision be made for convalescing. That is, as soon as able the patient be returned to their local area, to be cared for in a convalescent provision, promoting reablement, which will aid their physical recovery, and allow easier access and facilities for family and friends to visit, helping their mental recovery. This provision should be in place and fully functioning when the centre is operational.	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Disagree	Not indicated	<p>My patients can be transferred to the surgeons on the same day they are referred as an inpatient if required. That the decision is about timing is made by the attending clinician not a person in a remote site who has not seen the patient and is making decisions based on capacity constraints.</p> <p>2. That repatriation of patients does not occur unless the clinician accepting the patient is completely satisfied that no ongoing surgical care is required.</p> <p>3. There is high quality accomodation available, free of charge, for family members from patients in SE Wales to visit patients undergoing cancer surgery.</p> <p>4. Face to face contact with the surgical team.</p>	<p>It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.</p> <p>Ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.</p>
Agree	Not indicated	<p>Outreach services - how will various local health boards provide non-surgical aspects of treatment</p> <p>Coordinate plans/joined up approach with wider health service changes, e.g. major changes for Hywel Dda</p> <p>Put systems in place to ensure sharing of records/referrals are seamless between surgical/local non-surgical services</p>	<p>It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.</p> <p>We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.</p>
Agree	Not indicated	<p>Reduced waiting times</p> <p>USC patients treated within 62 days</p> <p>NUSC treated within 32 days</p>	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

Agree	Not indicated	That first class facilities would be provided within the department for the patients and adequately staffed.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	Not indicated	That it doesn't cost the NHS an unnecessary amount of money creating a department that already exist somewhere else.	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	Not indicated	That it is comprehensive - ie not just surgeons & operating. The support services need to be ready to go from day one.	In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Agree	Not indicated	that it receives appropriate funding to be delivered successfully to service users	Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.
Agree	Not indicated	that that lung cancer patients will be seen sooner more staff all together therefore shorter waiting times	It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.
Disagree	Not indicated	university hospital should be the thoracic centre	Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSC team use them over a number of years.
Agree	Not indicated	Well funded, Centre of excellence, with World class services & infrastructure	It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.  We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response:
Agree	Not indicated	Not opposed to the creation of a single expert centre within Wales. It appears the primary challenge will be to ensure all aspects of the service have good, efficient communication channels to coordinate surgical and non-surgical services	The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.
Agree	Not indicated	the existing service would benefit from realigning the full range of all services particularly with Palliative Care Team in the case of terminal diagnosis	The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.

Key Theme: Major Trauma Co-location

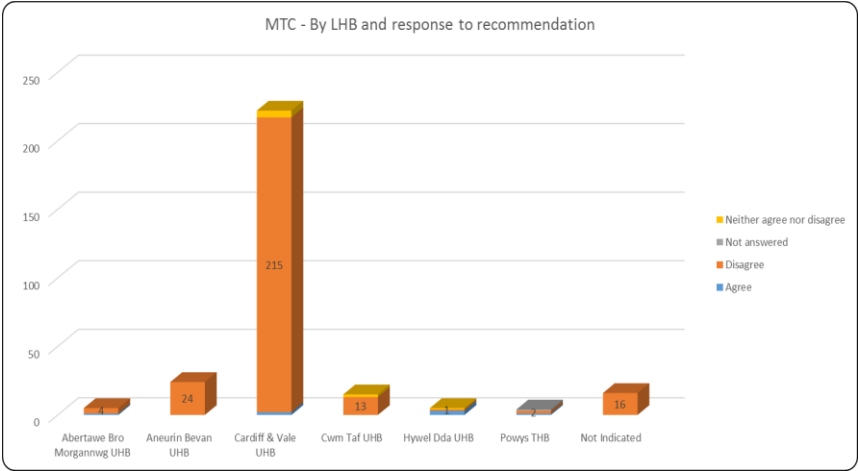
This was the most common issue raised by respondents (275) who disagreed with the recommendation. There were two main themes related to this lack of co-location, first the issue of quality and patient safety and second the issue of workforce.

Of the 275 responses many simply stated that co-location was the reason for disagreeing and there was no further qualification. Others however specified issues of quality and patient safety and we have categorised these into 3 sub themes reflecting the emphasis within the response:

- 1. Quality and safety concerns which did not specify the issue. This group of concerns included a subgroup where there was particular reference to why comparison with NHS England was not relevant.
- 2. Quality and safety concerns related to the time for thoracic surgeons to travel to Major Trauma Centre at UHW from Morriston Hospital for the immediate care of a trauma patient.
- 3. Quality and safety concerns related to general availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital.

Key Theme	Sub Theme Identified	n.
Location of Major Trauma Centre: cited by 291 Respondents	General statement regarding MTC co-location	275
	General quality and patient safety concerns	65
	Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morriston Hospital for the immediate care of a trauma patient	52
	Quality and safety concerns related to non-elective availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston Hospital	121

The Graph Below represents the geographical location of respondents together with their response to the proposal of the independent panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	Not Indicated	Neuro/cardiac/trauma centers are in UHW, cardiothorasics are normally close to those. Why put a patient at risk transferring so far for cardiothorasic care and miss on other issues that might become an issue because morriston can not treat them? Example; Road traficcc accident involving neuro, trauma and thorasics	<p>Advice from experts is that transfer out of the MTC in the immediate situation is not appropriate. The evidence is that patients care should be centred in the MTC. Thoracic surgeons will provide emergency cover.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	It is absolutely ludicrous to have the major trauma centre in Cardiff and the Thoracic surgery centre in Morriston. it is understandable if it is located within 20-30 mn of travel time Every NHS Consultant contract even for non acute services states that they should be resident within this time frame. This decision makes a mockery of the NHS contract stipulation. Lives will be lost and patient safety incidents will occur and there is no plan as to how the on calls will be covered. Cardiac Surgeons will not be covering these on calls and this has been clearly stated and documented. The travel analysis will not stand up to any scrutiny. It is a well known fact that UHW is a much larger centre with a population of 1.2 million and does 650 cases in comparison to MH the does 400 cases. More number of people will be travelling and this is only likely to increase year on year. To separate Thoracic Surgery from a Major Trauma centre is a purely political decision as no sensible clinician will endorse it. The two issues cannot cannot be separated.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>



Disagree	Not Indicated	It is too out of the way and would be difficult to access in emergency events where trauma centers should be 40 mins away.	<p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important than the location of the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	Not Indicated	Patient safety - it is not sensible to separate elective thoracic surgery from emergency/trauma care S	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative” trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	Considering the Major Trauma Centre for Wales will be located at UHW, how are you expecting to fulfil the national requirement of Thoracic surgery provision within the 30-minute window? In Wales we are at a unique advantage compared to the majority of UK centres in that we can develop a bespoke, considered and complete trauma centre that fulfils national recommendations. This will not be achievable if the Thoracic Surgery Service is moved 52 minutes away without an adequate number of Thoracic consultants to potentially cover a rota on both sites. We would estimate you would need 10-12 consultant surgeons for a 1:5/1:6 rota.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative” trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	It is impossible to function as a major trauma centre without this service being located in the university hospital of wales. These patients require all specialities working in conjunction in a central area. It will put lives at risk and compromise the effectiveness of their care	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	trauma centre cannot function without thoracic surgeon	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>Major Trauma Centre. The information that the Independent Panel were provided with about the requirements for a relationship with the MTC was inadequate to support an informed recommendation and could be judged to be misleading. More work should have been undertaken to prepare a briefing for the Panel on the local statistics and trends in relation to thoracic input to major trauma in south Wales - rather than relying on anecdotal advice from one clinician from England. The Panel did not have sufficient expertise on information about this aspect of thoracic services to make an informed judgement about the importance of this issue.</p> <p>If we want a world class MTC for south Wales, the evidence supports the need for a co-located Thoracic Surgery service. While the numbers who require thoracic input at a MTC are relatively small, for those who do need it, it is time critical and life threatening. Saving the lives of a few people should outweigh the inconvenience of slightly larger numbers (50) who would have to travel further if the centre was at UHW.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	<p>This does not align with the major trauma plan (MTC). Co-location of thoracic surgery &amp; MTC is essential. Expertise to deal with complex thoracic surgical cases sits to a large extent outside surgery. There is no plan to replicate this at the new centre. This expertise in Wales will be lost to the detriment of patients.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>Makes sense to have all services related to trauma patients in one place. Would risk patient safety</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>I strongly feel that the Thoracic Surgery Centre should remain in Cardiff. We are scheduled to have the Major Trauma Centre in Cardiff, and in my opinion the Thoracic Centre should be located in the same hospital. I do not see the logic behind having the Thoracic centre approximately forty-five miles away from the Major Trauma Centre - doing this could potentially delay high quality, specialised care to service users. Also, Thoracic surgery is highly specialised, which requires highly trained staff to ensure safe and seamless delivery of care. By moving the Thoracic Centre to Morriston there will either be a need for: staff working in Cardiff to move to the Morriston Centre, which is not very feasible for those people who live locally to Cardiff; new staff to be trained to provide the necessary level of specialised care, which could take weeks to months. The Thoracic Surgery Centre is performing very well where it is, in Cardiff, so why move it?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	They?re the only department in south wales to do loads of operations so they are not equipped they don?t have the right post op care. Also any rib fractures will come in here because they have the major trauma centre but won?t have the right consultants	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	As Cardiff has been chosen to be major trauma centre, thoracic surgery cannot be separated from this. This will seriously impact on patients safety, management and logistics. The number of patients dying from multi trauma will significantly increase if thoracic surgery to be moved to Swansea.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	This unit is already set up in Cardiff. There is a cost to moving this succesful unit and if Cardiff will become a trauma place where will people have urgent thoracic surgery.	<p>Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility. The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

na	Not Indicated	<p>I write on behalf of my clinical colleagues within the Critical Care Network to express our concerns regarding the announcement by the Joint Committee of Welsh Health Specialised Services Committee (WHSSC) citing that thoracic surgery services would be centralised in Morriston Hospital, Swansea. NICE Quality Standard (QS166, updated March 2018) states that “Major trauma centres have a dedicated trauma ward for patients with multisystem injuries and a designated consultant available to contact 24 hours a day, 7 days a week.” It further elaborates that “People who have serious injuries to different areas of the body can have all of their injuries treated in a special trauma ward.” According to the latest NICE guidance, Thoracic Surgery should be co-located at the Major Trauma Centre (MTC). Most countries are moving to co-locate all trauma-related specialties at MTCs, so it seems counter intuitive for Wales to be doing the opposite. We all acknowledge providing excellent trauma care for the people of South Wales is desirable but locating a key service, thoracic surgery, a significant distance away will undoubtedly mean sub-optimal care for some patients in terms of treatment delays and also due to restricted critical care capacity and loss of expertise in both centres.</p> <p>A very recent publication from the TARN group showed that harmonizing patient pathways and closer collaborative working of services, such as thoracic surgery and other trauma related surgical specialties, which should all be involved in major trauma care, can yield significant mortality benefit in England (Moran et al. <a href="https://doi.org/10.1016/j.eclinm.2018.07.001">https://doi.org/10.1016/j.eclinm.2018.07.001</a>).</p> <p>On the other hand, experience from England, where a couple of MTCs are more remote from the Cardiothoracic units (Preston and Cambridge for example, where both Preston to Blackpool and Cambridge to Papworth is 16 miles) has known to create problems as transfer of patients is sometimes required. Both MTCs have reported issues around the care of this patient group and this has been raised at their Peer Reviews. Subsequently, under current plans all English MTCs will have co-located thoracic surgery services, a move from the network approach trialed in Manchester and Merseyside, to maintain clinical excellence and best patient outcomes.</p> <p>The Royal College of Surgeons’ report recommended that in Wales, the thoracic surgery service should be provided on one site, however it does not suggest which site. The Royal College of Surgeons’ report was written in January 2017 – before the allocation of the MTC. Having allocated the MTC to Cardiff to then suggest that the thoracic surgery service should be provided over 1 hour, and 41 miles away makes no sense and is likely to be unsafe. The decision to site it at Morriston is the Independent panel’s decision but it appears there is no clinical rationale for the decision, which would take into account the bigger picture of centralisation of major trauma services in South Wales.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>I strongly disagree with the proposal to relocate the Thoracic Service to a single centre in Morriston Hospital. The Thoracic Team in University Hospital of Wales is vital for the Trauma Management of patients in Cardiff. We have multiple polytrauma patients which require Thoracic Surgery input (either just advice or surgery) on a weekly basis. The outcome for such high risk, intubated patients in General ITU will inevitably been effected. The outcome of moving Thoracic Surgery will likely increase the mortality rate of these patients. With Cardiff becoming a major trauma centre it does not seem logical to move thoracic surgery out of the area when the Royal College of Surgeons recommendation is to have Thoracic Surgery accessible to any Major Trauma centre</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained “resuscitative’ trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	<p>This is a ridiculous decision based purely on political pressure to give something to Morriston after the loss of the MTC bid. No sensible person would separate Thoracic surgery from the MTC given a fair choice, especially as the other centres without thoracics on-site have a maximum travel distance for those surgeons of 12 miles, not 45 miles as would be the case if thoracic surgery is moved to Morriston.</p> <p>Patients will die because of this decision. In addition, the thoracic service in Cardiff has BETTER surgical outcomes than Morriston so again a counterintuitive decision, hence why this decision has political motive and not based purely on clinical needs of the patients.</p> <p>Your thoracic surgery and major trauma document is disingenuous as although thoracic surgery co-location is not a requirement of the service for a MTC it fails to note that it is a requirement of the service/quality standards that thoracic surgery is available within 30 mins, this standard is impossible to achieve with Thoracics based in Morriston. The document also states that in Aintree the thoracic surgeons were called 3-6 times per year but didn't operate because the patients either responded to treatment or were dead before they arrived, it implies therefore that these patients who died may have lived IF Thoracic surgeons had been on site. Of course thoracic surgeons won't be required in MTC cases if they've all DIED in the Emergency Department from their injuries before they could arrive. These are generally young patients with many life years to gain from surviving making the heath economics more favourable than removing mets from old patients with Stage IV cancer and the small number of lung cancers suitable for primary resection.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>The current NHS England service specification requires cardiothoracic surgeons to be located within 30 minutes of the MTC. This was published in 2013 and a number of changes in clinical practice have occurred since then including sub-specialisation of cardiac and thoracic surgeons and developments in the training and experience of trauma surgeons. The Independent Panel considered this matter and took the view that delivering a 24/7 rota, for this small number of patients, was more important that the location the thoracic surgical centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and know that a number of MTCs in England including those in major teaching hospitals do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. One of the very important benefits of a single centre is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. 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Neither agree nor disagree	Not Indicated	<p>I have no objection to the re-location of elective thoracic surgical services from Cardiff to Morriston. I do however have strong objections to the removal of emergency thoracic services from the proposed Major Trauma Centre. The fact that NHS England does not require co-location of MTC and emergency thoracic surgery is not relevant for the following reasons:</p> <p>English service provision is hindered by historical layout of services and the recommendations reflect what is achievable within these constraints rather than best practice. There is an opportunity to offer much better to the people of Wales with the new MTC.</p> <p>The proposed transfer time to Thoracic surgery in Wales would be at least twice the time in any comparable English centre.</p> <p>There would also no longer be any hospital in Wales that can meet the needs of all injured patients - specifically paediatric patients and those with co-existing head trauma.</p> <p>Wales should not be modelling itself on poor English standards in this regard. A US level 1 trauma centre requires co location of emergency thoracic surgery - so why should the people of Wales settle for less?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>	<p>We used England as a comparator when considering the requirements for thoracic services in south Wales because the health care systems across the UK are very similar and because the training and regulatory systems for clinical professionals are common across the UK. We also know the planning process for the MTC, led by the NHS Wales Health Collaborative, has been based on the NHS England service development.</p> <p>Most importantly, however, the outcome for patients with major trauma attending centres in England has just been published in the Lancet medical journal. This has shown much better outcomes for patients with an increase of almost one fifth (19%) in the chances of survival from serious injury since 2012 and patients are spending much less time in hospital.</p> <p>Finally we already commission thoracic surgery and major trauma services for the patients of north Wales and north Powys from England.</p>

Disagree	Not Indicated	<p>There is a lack of capacity in Morriston Hopsital to deliver this move. Additionally the University Hospital of Wales hopsital has just been declared the major trauma center. It is vital to continue the thoracics service there to ensure the appropriate management of these trauma cases.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>UHW in Cardiff is the Major Trauma Centre and Teaching Hospital in Wales and should retain expertise in Cardiothoracic surgery for elective and emergency treatments</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>The poor outcomes of lung cancer are due to late presentation and poor and prolonged lung cancer pathways. You have clearly stated that surgical outcomes are excellent. Why are you moving a Surgical centre instead of improving the pathway by improving access?</p> <p>If the major trauma centre is going to be located at the Heath, as per your document about the MTC in Liverpool, you say half the patients did not need Thoracic Surgeons as the patient had either recovered or died. That in itself indicates that patients have died before they had expert help.</p> <p>Moving the Cardiff Unit to Swansea with no extra resources will lead to mass resignations and no Thoracic Surgery at all. There is no aspiration to excellence and theIndependent panel was not fit for purpose. Not even an average intelligence person would assume that collocation means 42 miles apart.</p> <p>You are not addressing the actual problem here. Instead you are merely compounding and creating a worse scenario. Even one single Thoracic trauma death or a patient safety incident due to lack of timely access to expertise is unacceptable....one cannot say only a small number needed Thoracic expertise and some died....what if that someone is your child or your family?</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	<p>The major Trauma Centre will be in Cardiff. Separation of this from the Thoracic centre is counterintuitive and one can think only of NON CLINICAL: reasons for the thoracic centre to be in Swansea</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Agree	Not Indicated	<p>thoracic surgery should be performed where the major trauma center is located. Move both to Swansea.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>Having worked within a trauma operating theatre for over 30 years.. it is farcical that with the UHW becoming an MTC, that anyone would remove cardio thoracic services from us.. I have been witness to a lot of trauma patients having to have thoracic surgery in an emergency., As well as the increasing need to fix fractured ribs on patients with flail chests etc.. even though cardiac will remain, cardiac surgeons do not do thoracic., neither do trauma surgeons that currently work at UHW. As a band 7 for Trauma theatre I cannot agree that this would be the right action., you will be placing patients at risk</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>



Disagree	Not Indicated	<p>I am an ODP at UHW. I have just recently completed my first year as qualified. After beginning my career it has become clear the complexities of several specialities. Thoracic surgery most definitely falls under this heading. UHW has recently won the grant to become a major trauma centre and it is quite clear that working on the front line the demands for more high risk and complex elective and emergency surgery is increasing. This includes the need for cardiothoracic specialists. If this speciality is moved to a different site, where at present they are not experienced in dealing with these complex patients, both anaesthetically and surgically, patient safety is seriously compromised. It takes years for Practitioners to become familiar with dealing with these patients and that at present is lacking in the proposed new site. Furthermore when UHW officially becomes a major trauma centre patients who present as a poly trauma will be restricted in receiving vital cardiothoracic intervention due to the relocation of this speciality.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>If the trauma A &amp; E centre is in Cardiff having the thoracic surgery based in Swansea is not practical.</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	<p>the care of major trauma patients is all being centralised in Cardiff, it would be unsafe to remove the ability to care for their thoracic injuries away. This would place lives at risk</p>	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Disagree	Not Indicated	Cardiff is going to be a trauma centre. It cannot work without thoracic surgery as this department is essential for handling polytrauma	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>
Disagree	Not Indicated	The major trauma centre will be based in UHW and it concerns me greatly that the thoracic surgeons would be over 40miles away - this would put these patients with thoracic injuries in great danger.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital and they concluded it was not necessary. They noted that south Wales currently does not have an emergency thoracic surgical rota and considered that being able to provide an emergency rota for this small number of patients was much more important than the location of the thoracic surgery unit.</p> <p>In September we met with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to look at ways of clinical working to support the MTC. Options were identified which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day, ensuring that a rota of fully trained "resuscitative" trauma surgeons were available (these are surgeons trained to manage severe and life threatening bleeding from anywhere in the body) which is the gold standard for any trauma centre and developing the skills of staff in other specialty areas. An example would be rib fixation by orthopaedic staff which is current practice in Morriston Hospital. The exact detail of these arrangements will require carefully planning and discussion with clinical colleagues and will take place once a final decision has been made.</p> <p>One of the very important benefits however, of a single centre, is that we can provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota. In addition as part of the implementation process we will work with the thoracic surgeons and other clinical teams to deliver the best on-going care for patients.</p>

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	Not indicated	Show us exactly how the Major Trauma service will have the same skills as the Thoracic Surgeons as they will not be covering it from Swansea.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Agree	Not indicated	the major trauma center should be located there too.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	Not indicated	All staff need to be experienced and competent to provide the necessary surgical care. The decision to move the centre should (and must) be based on the best interests on the service users who require the centre. If the move does not benefit the majority of service users, then it should not happen! In my opinion, the Thoracic Surgery Centre should remain in Cardiff with the upcoming Major Trauma Centre, because with the two specialised units together, we should be able to provide efficient, safe and high quality care.	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
Disagree	Not indicated	It would work, there much evidence to suggest single centres are not effective. Also how can a major trauma centre like UHW not have a thoracic dept. Whom will manage trauma patients with specific thoracic issues. It is obvious someone has taken a financial kickback for thos atrocious and dangerous idea	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Disagree	Not indicated	1. This will complicate the management of trauma patients who has thoracic trauma. .....	<p>The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.</p> <p>The WHSS Team have investigated this further following the Mid-Point Consultation Review and found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.</p> <p>One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>
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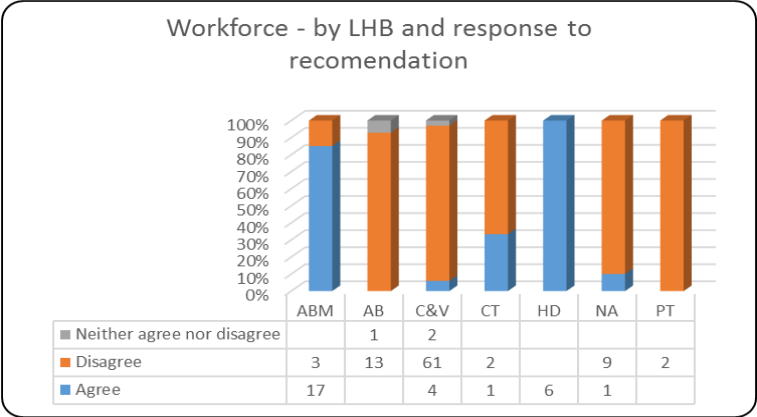
Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
Disagree	Not Indicated	abcolutely require thoracic surgery in university hospital with trauma centre	<p>Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients’ best interests.</p> <p>When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained ‘resuscitative’ trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes.</p> <p>The exact detail of these arrangements will require careful planning and discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.</p> <p>One of the very important benefits, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT (Getting it right first time) review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.</p>

Key Theme : Workforce

Workforce issues was the fifth most commonly cited by 122 respondents. In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response.

Workforce cited by 122 respondents	Sub Theme Identified	n.
	Loss of experience at UHW	53
	Recruitment	38
	Personal impact	31
	Academic links & Research Opportunities	16
	Training	16

The table below represents the geographic profiles of respondents within this category and their response to the recommendation of the Independent Panel



Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	Not indicated	Expertise to deal with complex thoracic surgical cases sits to a large extent outside surgery. There is no plan to replicate this at the new centre. This expertise in Wales will be lost to the detriment of patients.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>
Disagree	Not indicated	UHW already has an excellent team. My concerns are recruiting such a team in Swansea with so many years experience	We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.
Disagree	Not indicated	staff disruption;	We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.

Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	Not Indicated	Saving the jobs of those in Cardiff	We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.
Agree	Not Indicated	It is important that an appropriate recruitment and retention programme is put in place in order to attract the right staff to the centre.	<p>We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.</p> <p>We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.</p> <p>If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.</p>



Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
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Other

In order to further understand what was considered important within this category, the table below quantifies the key sub theme in the response:

Other: 167 respondents	Sub Theme identified	n.
	Decision Making Process	53
	Consultation Process	43
	Against merging of two centres	95
	Importance of tertiary services outside of Cardiff	52
	General comments regarding healthcare	7

Do you agree or disagree with the proposal?	Health Board	Please provide the reasons for your response.	WHSSC Response
Disagree	Not Indicated	The Thoracic Surgery Centre is performing very well where it is, in Cardiff, so why move it?	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	Not Indicated	<p>1. Travel Analysis. The consultation document states that one of the key factors leading to the Independent Panel's recommendation of Morriston as the single centre is the travel analysis. I disagree with the Panel's view that it is better to disadvantage a larger number (170 people) who would have a longer travel time if it was at Morriston, than it is to disadvantage a smaller number (70 people) who would have to travel a much longer travel time if it was at UHW. More than double the number of people will have a journey time of more than 60 minutes if the centre is at Morriston than if it is at UHW. Furthermore, Cardiff has one of the fastest growing populations in Europe, so going forward, if the centre is at Morriston, there will be even greater numbers of people who will have to travel further for thoracic surgery.</p> <p>2. Major Trauma Centre. The information that the Independent Panel were provided with about the requirements for a relationship with the MTC was inadequate to support an informed recommendation and could be judged to be misleading. More work should have been undertaken to prepare a briefing for the Panel on the local statistics and trends in relation to thoracic input to major trauma in south Wales rather than relying on anecdotal advice from one clinician from England. The Panel did not have sufficient expertise on information about this aspect of thoracic services to make an informed judgement about the importance of this issue. If we want a world class MTC for south Wales, the evidence supports the need for a co-located Thoracic Surgery service. While the numbers who require thoracic input at a MTC are relatively small, for those who do need it, it is time critical and life threatening. Saving the lives of a few people should outweigh the inconvenience of slightly larger numbers (50) who would have to travel further if the centre was at UHW.</p> <p>3. The Process. The Panel report states that the recommendation was unanimous but based on a relatively narrow margin. It also states that the info supplied by both providers was poor. It further states that given the close outcome of the assessment, if ABMU HB is not able to provide a robust implementation plan, C&amp;VUHB should be asked to provide one. In view of the closeness of the scoring and the more detailed info now emerging about the negative impact of non co-location with the MTC and which could impact on the mortality rate at the MTC, the responsible course of action would be for both providers to be asked to provide more robust and detailed implementation plans. The choice of location for the single centre should be based on a more measured and informed process and one which gives confidence that it is based on a robust assessment of what will be best overall for patient outcomes.</p>	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Agree	Not Indicated	Agree with the view of the independent panel	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	Not Indicated	Should not have just one centre.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

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Do you agree or disagree with the proposal?	Health Board	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?	WHSSC Response
Disagree	Not Indicated	Cardiff still shoud remain the centre; like 2 centres from Major Trauma care	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
Disagree	Not Indicated	We should keep the current one	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

Do you agree or disagree with the proposal?	Health Board	Are there any other comments you would like to make?	WHSSC Response
na	Not Indicated	The consultation documents of the review of thoracic surgery clearly demonstrate a thorough and inclusive consultation has been undertaken. This is reassuring, as a difficult decision needs to be made which not everyone will agree on. This wide and inclusive consultation will contribute to the most effective and acceptable decision being made. Thank you for the transparency.	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	Not Indicated	The risk assessment that states that it would be safe to move this service to morriston should be made public. Or as I suspect no such assessment have been undertaken therefore the individuals who made this descision should be held to account should this descision cause or contribute to a patients death	We developed our consultation plan and consultation documents in collaboration with the Community Health Councils and Health Board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the Boards of the Health Boards. Finally we have provided a report which demonstrates how we have met the current Welsh guidance on public consultation.
Disagree	Not Indicated	To have this service in BOTH hospitals would without doubt cut mortality rates for cardiac related illness.	The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting 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 charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.
	Not Indicated	poor decision	<p>Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.</p> <p>We consider that steps were therefore taken to make the process as thorough and objective as possible.</p>
Disagree	Not Indicated	Would prefer it to contine in the Heath, Cardiff	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.
Disagree	Not Indicated	This is working. There is no need for this to change.	The thoracic surgery project board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils ("CHCs") and charitable organisations, considered a range of evidence and concluded unanimously that a single centre would allow us to provide a better service for patients. In particular they thought it was important that we could provide a 24/7 on call rota and increase the number of patients receiving operations. We are unable to do this with the current two centres.



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## **Consultation on Thoracic Surgery Services in South Wales**

### **Consultation Event Record Sheet**

**Event details: Cynon Valley Public Forum**

**Audience: Public**

**Number of attendees: 14**

**Presenters: Kamal Asaad, Medical Director, Cwm Taf UHB, supported by Allison Williams, CEO, Cwm Taf UHB**

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 reasons.

- No objection voiced during the meeting to the proposed site, although concern raised about poor public transport links and potentially excessive travel times.

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?

- In relation to public transportation, are Health Board's linking in with the Metro development?



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## **Consultation on Thoracic Surgery Services in South Wales**

### **Consultation Event Record Sheet**

**Event details: Merthyr Tydfil Public Forum**

**Audience: Public**

**Number of attendees: 18**

**Presenters: Anthony Gibson, Consultant, Cwm Taf UHB, supported by Sian Lewis, Managing Director, WHSSC & Allison Williams, CEO, Cwm Taf UHB**

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 reasons.

- No objection voiced during the meeting to the proposed site, although concern raised about poor public transport links and potentially excessive travel times.

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?

- Key to someone's recovery following major surgery is being visited by family and friends. Therefore, it is vitally important the public transportation system is robust and regular – preferably aligned to visiting times.





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## **Consultation on Thoracic Surgery Services in South Wales**

### **Consultation Event Record Sheet**

**Audience: Public**

**Number of attendees: 16**

**Presenters: Ruth Alcolado, Consultant, Cwm Taf UHB supported by Allison Williams, CEO, Cwm Taf UHB**

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 reasons.

- No objection voiced during the meeting to the proposed site, although concern raised about poor public transport links and potentially excessive travel times.

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?

- Key to someone's recovery following major surgery is being visited by family and friends. Therefore, it is vitally important the public transportation system is robust and regular.



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## **Consultation on Thoracic Surgery Services in South Wales**

### **Consultation Event Record Sheet**

**Event details: Taff Ely Public Forum**

**Audience: Public**

**Number of attendees: 26**

**Presenters: Kamal Asaad, Medical Director, Cwm Taf UHB**

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 reasons.

- One person disagreed with the proposal and challenged the evidence in the reports supporting the formal consultation. The challenges were:
  - UHW had four operating bays as opposed to two in Morriston, so has capacity to expand.
  - The report states that Morriston has no room to expand.
  - According to the Royal College report, more cases are treated in UHW.
  - Expansion on the UHW site is possible, as plans for future service provision propose that some will be delivered from different locations.
  - Much better outcomes for patients treated on the UHW site.
- The same person felt that lives would be at risk if Thoracic surgery was not co-located with the Major Trauma Centre. Also, that Morriston was being compensated for losing out on the Major Trauma Centre location.

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?

- Travel times were of concern to some people.



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## Consultation on Thoracic Surgery Services in South Wales

### Consultation Event Record Sheet

**Event details:** Public Meeting 23 July 2018, 6.30pm – 8.00pm, Castleland Community Centre, Barry

**Audience:** Public

**Number of attendees:** 11

**CHC:** Steven Place (chair of Vale Local CHC Committee), Stephen Allen (Chief Officer)

**Presenters:** Sian Lewis (WHSSC Managing Director), Jenny Thomas (WHSSC Medical Director)

**C&V UHB team:** Abigail Harris (Director of Planning), Diane Parry (Chest Physician and Lead for Lung Cancer)

### Discussion

- The consultation document uses flawed statistics as the basis for the travel analysis. When calculating the number of patients that would have longer travel times, the figures have been calculated as a percentage of the total population across south east and west Wales when they should have been calculated as a percentage of the catchment population of each hospital. This would then show that around 20% of people in Hywel Dda would have longer travel times if the centre was at UHW while roughly 25% of people from Cardiff would have longer journeys if it was at Morriston. Three out of four places with the longest travel journey times are from the Valleys, Cwmbran, Caerphilly and the Cardiff area. The net effect of the way you've used the statistics is to exaggerate the impact on those from west Wales and diminish the impact on people living in south east Wales.
- The Equality Impact statement only looks at the impact of having the centre at Morriston. We cannot make comparisons between impacts of the different sites as there is no impact statement on the centre being at UHW

*WHSSC response – there is only one equality impact statement because the service model proposed would present no change for Morriston and would operate in the same way on either site – so there was no different impact to measure.*

- The impact statement ought to take account of the fact that the population is growing very substantially over the next 10 – 20 years in the Cardiff area, so that will mean higher numbers of people having to travel further if the centre is at Morriston.
- The travel distances between major trauma and thoracic surgery services in England are very different. The distance between Swansea and Cardiff is much greater. So we have the prospect of people dying because it takes such a long time to get a thoracic specialist to the major trauma centre.

*WHSSC response –there was a lot of consideration of the travel issues and it is only a summary that we've provided.*

- But this is about what information the Panel used and I'm concerned that they were given misleading information

*WHSSC response – We can look and see if it is misleading and put in another FAQ if it helps. The Panel had all the data and they were asked to make a judgement and I'm not sure that*



## Consultation on Thoracic Surgery Services in South Wales

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*there is a right or wrong answer on this. There are more people who will have to travel between 60 – 90 mins if the centre is at Swansea than the other way round, however, the Panel looked at the raw data and spent a lot of time on this. They made a judgement that the impact on a small number of patients who had to travel very long times had to be given significant consideration.*

- I'm surprised about what's being said about Cardiff and Swansea because it's the same bus service. So I don't see how there can be this tremendous difference

*WHSSC response – we're trying to look at the population across the whole of south east Wales who would normally have gone to Cardiff and the population in the whole of south west Wales who would normally have gone to Morriston and looked at the impacts not just of those travelling from the centres of the cities but looking at a much bigger area.*

- You're looking at a more rural area in west Wales where travel is mostly by roads. If you're travelling for example from Aberystwyth to Morriston, the public transport links are not brilliant. Whereas in Cwmbran, Newport and Merthyr, you've quite good links to major roads. So you cannot look at those transport times as being equal. It takes a lot longer to get from Aberystwyth to Morriston than from anywhere in the Cardiff area to get to Cardiff. The transport links, by road or train or bus – otherwise you are looking at ambulance transfers. And this would cross different ambulance services. So there are lots of links to be looked at.
- Am I right in thinking that Morriston was looked at because it had more room to build in? Is it essential that the new centre is built?

*WHSSC response – we've not committed to a new build but we are committed to creating a unit that has all the right parts – theatres, outpatients – so physical infrastructure.*

*UHB comment – one of the concerns is that people think that this is about a brand new shiny build. That is not going to happen because there is no funding for that. So the crucial thing is to have better facilities with the ability to do more surgery in the right environment. And what we don't really know is exactly what the proposals are to ensure that this occurs. We haven't seen the details of the templates that the team in Morriston are suggesting. The key thing is to ensure we have increased capacity.*

*WHSSC response – it is likely to be a new physical space – that a space is made in the existing hospital and some wards are moved. We haven't had the very detailed discussions and this would require Welsh Government funding.*

- If it uses ward space, is that going to reduce the space for other things?

*UHB comment – that would be for AMB Health Board to determine. So equally if the recommendation were for it to come to Cardiff, we would have to draw up the detailed plans of how we would provide that. We might have to move things around to create space, as we are doing with some of the other services which we know we either have to replace or provide such as the major trauma centre. That will be the same for ABM Health Board, and I can't*



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*speaking for them, but my assumption is that they don't have a clean piece of land on which they can build a new centre, it would need to be connected to other services. So they are working on their plans.*

*WHSSC response – it is important to look at co-dependencies, so when you are looking at a high spec ward, they have to be close to other things.*

- The Independent Panel commented that the quality of information provided was quite poor so if they felt it was poor, how could they make a decision based on it? Why didn't they go back to the health boards and ask for some more information?

*WHSSC response – the Panel spent a lot of time discussing that. We had a commissioner from NHS England who had been involved in setting up thoracic surgery services in England and asked them to look at it with us. The Panel felt that on balance there was sufficient information to make a recommendation but they did say that the quality of information provided was less good than they would have liked. The Independent Panel chairman did challenge them on that.*

- I understand that the information was pulled together in quite a short timescale, so do you think that this had an impact on the quality of the information provided?

*WHSSC response – I haven't got the dates here but I think from memory we asked for the plans about 5 months before the Panel*

*UHB comment – one of the things that is difficult about this is that until you are asked to come up with detailed plans, you don't exactly know how you are going to provide it if you don't know exactly what the service is going to be. From our Health Board, we did put in information. As the CHC knows, we are having lots of conversation about the future of Llandough and what elective work happens there, we are developing plans for a whole range of services. We are having talks about planning for a UHW rebuild. We've got a capital programme to replace some things subject to business cases with Welsh Government and we're working on a Clinical Services Plan. One of the tricky things is that at the point of being asked for information for the Panel, we didn't have all the answers because we're working some of those things through so we weren't able to say exactly where in UHW a thoracic centre would go. We said that if the service was commissioned, we would have a plan.*

- Is there is clever think tank that is saying that because people are getting more cars, that chest surgery and lung problems are going to escalate?

*UHB comment – lung diseases in this part of the world are very prevalent. We don't have miners with their mining diseases any more but we have different types of lung disease – asthma, more smoking related diseases such as COPD. So in terms of thoracic surgeons, a big part of their work is to do with lung cancer. Because outcomes in Wales aren't as good as we'd like them to be, we are trying to diagnose lung cancer earlier, trying to get people through to surgery. So there is an anticipation that the number of lung cancer surgeries are going to increase over the next 20 years because we are actively trying to get people to come*





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*forward sooner. So it is not that the diseases have changed. In terms of non-cancer – they are small numbers. Trauma is an issue. If someone has a chest trauma, you need a thoracic surgeon for that.*

- But is there a link between pollution and lung cancer?

*UHB comment – there is a link but the biggest cause of lung cancer is smoking. There are other things that are relevant such as asbestos exposure, exposure to pollutants in the atmosphere, thought to cause more lung disease, but with a tenuous link to lung cancer. Hopefully there'll be more electric cars in the future.*

- You said that trauma is an issue. The trauma centre is coming to UHW. I don't know what statistics are collected but I imagine there will be quite a lot of chest impact on the trauma service. So what would you do in the scenario of your surgeons 24/7 in Morriston – would the surgeon travel to Cardiff or would the patient be transported to Morriston?

*WHSSC response –trauma is a tricky issue. The plan for improved outcome for trauma is a whole system, it is not just about an individual service. Trauma surgery and the way trauma is managed is a team sport so at the front door you would expect your receiving team to be able to manage the immediate emergency. The number of cases that you need an immediate thoracic surgeon for is small but it isn't nothing. So the team will have to work out how they best manage that. That will need to take into account the changing roles and in thinking of major trauma coming to Cardiff, it isn't just the thoracic surgeons that will have to get used to things, that will be a learning curve for lots of members of the team. There is an anxiety around it and it wouldn't be fair to clinical colleagues if we dismissed that, it is a challenge. But it is a balance with improving outcomes for lung cancer for the population and managing a changing backdrop as to how we manage trauma. There isn't an easy answer, it is a work in progress.*

*UHB comment – it is probably the most tricky issue to work through because the specification for a major trauma centre, while part of a network, has a standard recommended is that if you did need a thoracic surgeon, they'd be available within 30 minutes. The figures referred to earlier gives examples of other places where they are not co-located. This is one of the concerns that has been raised by clinicians in our organisation. Burns is already in Morriston, and predominantly people get stabilised in a major trauma centre then transferred. This is about getting a thoracic surgeon to the major trauma centre.*

*WHSSC response – Plastic surgery is another one. Until clinicians know exactly where services are going to be, it is hard to configure jobs and plans to meet all of those demands. But they have the ability to get to something that is satisfactory for patient safety.*

- During the consultation on major trauma, at that time, there was great emphasis on the fact that services needed to be co-located. Why were we told that co-location was the best option when the Royal College work, that changed views, was already known?



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*WHSSC response- the co-location for major trauma that was absolutely critical was with neurosurgery and paediatrics (the Children's Hospital). There wasn't any critical co-location with thoracic surgery. There are other major trauma centres where thoracic surgeons are not physically on site but the same is true of Plastics too.*

- Did the Panel look at the centres in England that are not co-located?

*WHSSC response- they spent quite a lot of time discussing this. What they noted was that the recommendation that the thoracic surgeon should be within 30 mins was actually a recommendation that a cardiothoracic surgeon should be available within 30 mins. That recommendation was made back in 2013 in the days when we had cardiothoracic surgeons. Now we don't have cardiothoracic surgeons any more – we have cardiac and thoracic surgeons. So now we're translating that into needing thoracic surgeons within 30 mins but we know that is tricky and we know that in England, a number of the centres do not provide thoracic surgery rota at all for their major trauma centres and 3 of them, major teaching hospitals, provide a cardiac surgeon for thoracic emergencies. So we know our travel times are longer than is ideal. However at least we can deliver a thoracic surgery rota. We cannot deliver that today and there are a number of centres in England that cannot deliver it. So what the Independent Panel was weighing up was how you get the best option. That was their judgement.*

- Velindre hasn't come up. Does that do any operations?

*WHSSC response - No*

- Is the ECMO machine relevant to this?

*UHB response - No, patients will continue to access that service in England*

- There is a limit to what UHW can take. We cannot have all the surgeries at UHW.
- What are the timescales for this to be finalised?

*WHSSC response- It depends on the results of consultation and if something comes out of consultation that challenges that recommendation, the health boards will look at it again. But if the health boards approve the recommendation, I guess we are looking at a 2 year implementation plan.*

*UHB response – It depends how extensive the capital works required are and on the workforce implications. One of the key issues will be how quickly the Swansea unit get all the staff they need as there will be some C&V staff who won't travel to Swansea – some of the nursing staff have indicated that they might not be able move. In terms of the capital to get the infrastructure right, this is a process where we have to go to Welsh Government for funding, putting in a business case. That can take a number of years to test that the solution is the right solution for the public purse. 2 years is pretty good going for a full business case.*



## Consultation on Thoracic Surgery Services in South Wales

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- I'd like further confirmation that this whole project is the initiative of professionals who wish to make patient outcomes better. And if this project doesn't go ahead, what is the fall back position?

*WHSSC response – If the consultation highlights something which leads the recommendation for the centre to be at Morriston to be re-examined, we may need to run the process again. It is highly unlikely that we would continue with two centres because we know that is not sustainable. There is a consensus that we need a single centre.*

*UHB comment – the tricky bit is that there is consensus that there should be one centre, but I suspect that coming out of this process, there will not be consensus from clinicians about which is the right place to have it. Because the sorts of issues you've been raising are ones that clinicians are raising too. The issue about major trauma, and obviously the clinicians in Cardiff are very proud of the service they provide and want to continue to provide it in Cardiff. The surgeons in Morriston will be saying the same thing. The other thing in terms of outcomes for patients, is that the biggest issue for lung cancer is people presenting too late for them to go on and have surgery. So the single centre means that we can keep the service sustainable for lung cancer surgery. The issue we've got to tackle is for people themselves and GPs to identify patients much earlier on the pathway so that we can successfully operate on them so that we can improve the survival rates. That is an important part of the jigsaw.*

*WHSSC comment – the last thing we want to do is to get people to come forward earlier and then not have the space to operate on them. That would let people down. We have to tackle every aspect – get the capacity up, diagnose them earlier and we get them operated on quickly.*

*UHB comment – the ability to expand is important. We should be doing about 1200 cases and currently doing about 1000. The Cardiff population is growing faster than any other core city. The growth in Cardiff is bigger than all the other local authority areas put together so the centre needs to accommodate a bigger population in south east Wales.*

*WHSSC comment – we think the peak age is 65- 69 for lung cancer.*

- Although smoking rates are dropping, the impact is greater on those in lower socio-economic groups and many of those are already in the system – in their 40s and 50s.

*UHB comment – the smoking cessation figures are good but hide pockets which directly correlate with deprivation where we have high rates of smoking.*

- This is a bit like Brexit. Whatever happens there will still be health services at Morriston and UHW. But my basic concern is that the Panel was looking at evidence that was very weak and it really needs to revisit it. The information is not up to a standard to support good decisions.





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## **Consultation on Thoracic Surgery Services in South Wales**

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#### **Cardiff and Vale CHC**

- Is the report of the Independent Panel in the public domain?

*WHSSC response – yes*

- If people want a copy it is on the consultation website or the CHC can provide a copy
- Can we clarify the role of the CHCs on the Project Board and Independent Panel?

*WHSSC response – the CHC was an observer on the Project Board and a member of the Independent Panel with a voting role.*

*CHC comment - The CHCs need to clarify that. If that is the case, it is inappropriate. The CHC member was not authorised to vote at the Independent Panel meeting. They should not have been part of the decision-making process.*



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## Consultation on Thoracic Surgery Services in South Wales

### Consultation Event Record Sheet

**Event details:** Public Meeting 15 August 2018, 6.30pm – 8.00pm, CHC Offices, Pro-Copy Business Centre, Park Ty Glas, Llanishen, Cardiff

**Audience:** Public

**Number of attendees:** 20

**Presenters:** Sian Lewis (WHSSC Managing Director)

**C&V UHB team:** Graham Shortland (Medical Director)

**CHC team:** Jill Shelton (Chair) and Stephen Allen (Chief Officer)

### Presentation

- Statement made by WHSSC at the end of the presentation to highlight an error on p.14 of the consultation document. The consultation document states that membership of the Independent Panel included a representative from the Community Health Councils; this should read "a lay member".

### Discussion

- Cardiff is going to become the Major Trauma Centre. One of the questions that people have been asking is if someone needs thoracic surgery following trauma and is being treated in Cardiff, it is a 50 minute drive to Swansea which is a patient safety issue.

*WHSSC response – From a process point of view, the Independent Panel knew that the Major Trauma Centre was going to be in Cardiff and they took that into consideration. At the moment we cannot run a 24 hour rota. So at the moment, if you have a thoracic injury in a major trauma centre, wherever that is, there is no 24/7 thoracic emergency rota. What we would get if we move to a single site is at least we can provide 24 hour cover.*

- Why not just employ specialist surgeons at the Cardiff site where the Major Trauma Centre will be?

*UHB comment – In terms of what I'm going to want for the Major Trauma Centre, as Medical Director of the UHB, is that in the first instance when a patient comes in with multiple injuries, multiple trauma, they are going to require the services of a specialist trauma team. That team is going to have to do everything – have skills in opening the abdomen, in dealing with life threatening long limb fractures, in perhaps decompressing the chest and removing blood from the chest. They will have to do that very rapidly and we will need a trauma team that has the skills to provide the immediate care to the patient. We are working that up and ensuring that the trauma leads for those teams will have the skills to do that.*

*We have listened to our clinicians in Cardiff and Vale and the Frequently Answered Questions have changed to issues raised. We are working with WHSSC to ensure that there is subsequently 24/7 cover to C&V to facilitate the further urgent thoracic surgery that will be required should the centre be placed in Morriston. That is the type of system that we are discussing with WHSSC. The debate has also recognised that we need to go into the detail of those arrangements and just before the meeting we were talking about a workshop where we*



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*will have C&V and other clinicians working with WHSSC to look at what those pathways need to be.*

- Have you taken input from the Wales Ambulance Service since transport is going to be an issue with the largest number of people moving to where you put the centre?

*WHSSC response – We have met with them to discuss it and they are aware that there will be some patients who need transport. But it will be non-emergency transport because it will be for admission for surgery and transport home from the surgery. The more detailed planning will take place when a decision is finally made.*

- Did they say that they were comfortable that they could manage the patients?

*WHSSC response – Yes, it will be easily managed*

- As someone who doesn't drive and has experience of visiting a husband in hospital, my concern is the distance – whether it is Cardiff or Swansea – and the carers and families who have to travel without access to a car. What assistance or provision will be made for them during that crucial time during surgery when they might be in High Dependency so that they can remain by their side? And also a question about provision for discharge and liaison between the Health Boards, and the person spending the minimum amount of time in specialist care so that they move back closer to home where it is going to be easier for their loved ones to visit them.

*WHSSC response – These are not unusual problems because both Morriston and Cardiff currently offer regional services. So we have patients travelling for Burns and Plastics to Morriston and vice versa we have patients travelling from west Wales to Cardiff. So there are arrangements such as hospitals providing accommodation where possible and there will be routine ambulances available for admission of the patient. These issues are not new and exist for families currently.*

*UHB comment – we need to do work on this, not only on thoracic services but this is across the work we are doing on major trauma and other regional services. As medical director I'm very keen that patients stay in Cardiff for the specialist care they need but that when that high level of care is no longer needed and their care can be provided by the secondary care service, or they are ready to go home – they go home or they go back to their local service. We haven't always been successful, but we recognise that needs to be fully enacted for the major trauma centre, for example, and it would for the thoracic centre too. Patients need to be rapidly repatriated to their secondary care service once that tertiary episode has been completed. I'm sure this would be something that would need to be worked hard at, wherever the thoracic surgery centre was.*

- As a local Assembly Member, I'm aware that there is a huge amount of concern amongst clinicians who have approached me about these plans in relation to the Major Trauma Centre (MTC). I wondered how much a part of the discussion and the decision-making involved the issue of the MTC and secondly, I was pleased to hear that clinicians are



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working to ensure 24/7 cover for the MTC. But surely a decision can only be made when we know the details of that and we know that such cover is possible. I'm not interested in the political stuff over whether it is Cardiff or Swansea, what I'm interested in is making sure that we have the benefits of the MTC and that people get good thoracic surgery. But it seems to me that these are so tied up that I wondered how much this had been part of the thinking all the way through leading to the recommendation of the Independent Panel.

*WHSSC response – this was an issue which was discussed and what we know is that the number of patients who are likely to require a thoracic surgeon is small. We took advice from Liverpool where there is a thoracic surgery unit and they said that on average they get 3 to 6 calls per year of which half of them are likely to require thoracic surgical input. We also know that currently many centres cannot provide thoracic surgery cover, they only provide cardiac surgery cover. So the fact that we would be able to provide a 24 hour service would put us in a much better position that we are currently in and also in a better position than many centres in England. So although they may not be sitting on site, the fact that we can deliver a 24 hour service and get a surgeon there within a reasonable time – we would estimate that a surgeon would get there even if they were in Morriston within an hour (and it depends on where the surgeon is at the time). So when the Panel looked at this, they felt that on balance, delivering a single unit with access to a 24 hour service was more important. It all got weighed up against the other advantages. The difficulty they felt with Cardiff is that there would not be the capacity for the patients who are not getting thoracic surgery now. So there was a balance between those two demands.*

*UHB comment – it is right to hear the views of those clinicians and we've encouraged staff to input their views. We've had an internal staff meeting to listen to staff views and we are actively encouraging staff to submit concerns to the consultation, so that we understand the areas where there are those difficulties. I'm pleased that we have agreed that there should be that 24/7 hour cover for the MTC and that it is the basic requirement that we need. We need those pathways to be confirmed to provide me with reassurance, that I can provide reassurance to our clinicians – should the consultation recommendation go ahead – that this is available to them. Before the meeting, we were discussing the importance of some of our senior clinicians, both our clinical lead for the MTC and our clinical lead for thoracic surgery (who has taken on the lead for all of the surgeons and is a Cardiff surgeon) being involved with others in a workshop to look at exactly what those pathways are in detail to provide that 24/7 cover for the MTC.*

- And the confirmation of this recommendation will take that into account?

*UHB comment – what I'm saying to staff is that this is a consultation. It is key that where you have those concerns that they are fed into the consultation and they will be fully considered in that final decision.*

- I think you said that the surgeon could get to the MTC within an hour to provide thoracic support. Is that accepted as being satisfactory for a MTC?



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*WHSSC response – currently many major trauma centres don't have any thoracic service. The current published English guidance says that a MTC should have access to a cardiothoracic surgeon within 30 minutes. But that was written when there were cardiothoracic surgeons available. There is now a separation between cardiac and thoracic surgeons. In March of this year, a survey of what happens in England was carried out, and a number of units did not have a thoracic surgery emergency rota and 3 major teaching hospitals only had a cardiac rota. So although that standard was written, that standard is now difficult to apply because the surgeons it referred to don't exist anymore. We also know that trauma surgeons are being trained to deal with the immediate emergency situation. So the requirement for cardiothoracic surgeons as were described previously is changing.*

*UHB comment – a question in a previous meeting was whether if someone has a thoracic trauma, will the ambulance take them to Morriston? No it won't. Just as if you had a fractured long bone with a trauma, you won't go to CAVOC in Llandough. You will go to the MTC because that is where the expertise is to deliver the immediate care that you require in any system. That means that the individuals needed in that trauma team will have skills but not advanced skills in each area. A thoracic surgeon won't be immediately able to deal with a long bone fracture; a trauma surgeon will, and they'll also be able to deal with an emergency in opening the chest. So we have trauma surgeons who are being trained as part of their training curriculum to do that. We will also ensure that the people leading our trauma teams have that skill. We have a number of individuals who have significant experience in the armed forces and would be immediately able to do that type of work. So we have that developing. Our position in C&V is that we need to work to ensure that there is 24/7 cover for the subsequent care that will be needed to provide the additional operating for the finer aspects of care for thoracic surgery. We are working with WHSSC to look at how that can be provided.*

- As a GP I have a question about discharge. If patients are discharged directly from the tertiary centre – from Morriston to Cardiff – and they come to see their GP who feels there is a complication and they need to go back in, who do we contact as the first port of call?

*WHSSC response – we would need to work through the detail – at this stage we are in the planning stage.*

*UHB comment – we would have a tertiary service and there would be a secondary care link to that. There would be a pathway into secondary care. I don't think it would be reasonable for patients with an immediate complication to be going back to Swansea. There would need to be a recognised secondary care individual, for any District General Hospital, to provide that service.*

*WHSSC response – that actually happens now. You would go to your local hospital.*

- Which department would I send them to in the local hospital if there is no thoracic service there?





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*WHSSC response – The respiratory physicians. That is what currently happens. If you'd had your surgery in Cardiff and then a complication and your local hospital was the Royal Gwent, you would go there and then be referred on as necessary.*

*UHB comment – It's not dissimilar to cardiac surgery. The cardiac surgeon will send that patient back to their primary cardiologist. If there is a deterioration from a cardiology point of view, the first point of contact for the GP would be the cardiologist who then would decide whether it was surgical or medical and would make that referral back to the tertiary service. I'm keen that GPs have the support to refer patients in but also keen that we have a pathway so that these tertiary surgeons get on and do the tertiary work and that there is adequate back-up for patients and for GPs to be able to refer patients in.*

- As a retired GP, I once had to send a patient with severe chest pains to Llandough Hospital, possibly a heart attack. He turned out to have a ruptured oesophagus. Not a common condition but with a high mortality. Would he have stood the journey down to Morriston? He didn't have to because there was a thoracic surgeon on call. The M4 is often blocked.

*WHSSC response – I guess that could happen in any hospital in Wales – in Aberystwyth or Abergavenny. Patients like that can present in any place. We have emergency arrangements to get them to the right centre. Although it would be an Upper GI surgeon these days for that condition.*

*UHB comment – for any patient that presents in any hospital, and is acutely unwell, each large District General Hospital (DGH) has to have the capacity to stabilise and provide care to patients that present acutely unwell. The other thing that we'd wish to see in place would be that the care doesn't necessarily start when you get to Swansea. The care starts immediately with the acute care in the DGH who are then in immediate contact with the tertiary centre, so that continuing care can be done by contact with the centre. So if you did require that emergency care, there are systems in place in terms of stabilisation, support by the ITU and the discussion with the specialist service to commence care right from the beginning when you are identified as being acutely unwell.*

- I got drawn into a family in the Midlands and noticed that some decisions were made that at least one member of the family did not agree to.

*WHSSC response – As long as that patient is able to make their own decisions, it will depend on what they think, not what family members think.*

- Where has this meeting been advertised as I haven't seen it anywhere, and why it is such a short time for the consultation?

*WHSSC response – it is an 8 week consultation*



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*CHC response – it's been advertised by social media and we've also put posters up around the Cardiff and Vale area – in libraries and leisure centres, and GPs have been sent information by the Health Board. We can't reach everybody but we have tried hard to make sure people are aware of the consultation.*

*WHSSC comment – I'd just like to say again that it is really important to collect all these views so that we can be sure that the right decision is made. At the moment this is a recommendation so we need as much feedback as possible.*



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## Consultation on Thoracic Surgery Services in South Wales

### Consultation Event Record Sheet

**Event details:** Public Meeting 20 August 2018, 6.30pm – 8.00pm, Castleland Community Centre, Barry

**Audience:** Public

**Number of attendees:** 2

**Presenters:** Kevin Smith (WHSSC Committee Secretary)

**C&V UHB team:** Graham Shortland (Medical Director)

**CHC team:** Steven Place (Vale Local Committee Chair) and Daniel Price (Deputy Chief Officer)

### Presentation

- Statement made by WHSSC at the end of the presentation to highlight an error on p.14 of the consultation document. The consultation document states that membership of the Independent Panel included a representative from the Community Health Councils; this should read "a lay member".

### Discussion

- You talk about the surgery taking place in Swansea and the pre and after care taking place wherever more locally. What is being put in place, wherever the Centre is based, to transfer information? When someone has gone home, if there is an issue, they can't go back to the ward, the centre is in Swansea and you are in Cardiff. How will you ensure that when someone goes for an appointment, the information is there?

*UHB response – we've learnt a lot from, for example, cardiac surgery. The thoracic surgery tertiary service would be in the centre but people would be repatriated, returned home or to a local service as quickly as possible. It is a model that we're working on in Cardiff for the forthcoming major trauma centre where we want patients returned to local care as quickly as possible. For thoracic surgery there would also be a pathway of care to return you to your secondary care team in your local hospital and we would have in place means of admission if needed to the secondary care centre and then on to the tertiary centre. We would anticipate that we would also be looking at all forms of electronic record and the electronic discharge summary.*

*We would ensure there was a pathway. For example in cardiac surgery where your pathway would be your local cardiologist. The same for thoracic surgery where your pathway would probably be your local respiratory physician. You would initially be admitted with that knowledge and medical notes of the procedure you'd had, discussion could take place between your local hospital and the centre. We'd make sure there are appropriate pathways – we wouldn't be expecting people to go straight back to the tertiary centre. But the pathway would mean that you can still have quick contact and good information for a patient who perhaps has a complication after surgery.*





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*WHSSC comment – we already have multi-disciplinary teams of clinicians, thoracic surgeons and respiratory physicians, who routinely speak to each other using technology such as video-conferencing without them all being together in the same room.*

- You said that you currently have 5 surgeons, or was it that you would need to recruit 5 surgeons? Will a centre make it more attractive to recruit surgeons?

*WHSSC comment – at the moment there are 2 surgeons at Morriston and 3 in Cardiff, one of whom is a locum. So we have 5. It may or not be those same 5 surgeons at the new centre in the future. But the expectation is that having 5 together at the centre will be more efficient.*

*UHB comment – for south Wales, the idea of having a surgical centre where you have 5 surgeons together is a very exciting prospect. In terms of size, it would be one of the top 2 or 3 in the UK. So there is a huge opportunity for the surgeons to develop specialist skills. One or two might develop specialisms in more minimally invasive procedures which will be great for patients who will need to spend less time in hospital. We may have cancer surgeons who may well develop interests in the complex but benign conditions. So it is exciting for south Wales and it is more attractive to surgeons and just as importantly, it will be attractive to trainees.*

- I've had discussions with several people and the thing they didn't understand was that heart surgery was no longer going to be involved with thoracic surgery. It seemed to me that the way things have been done has already left some confusion.

*UHB comment – this is a consultation around thoracic surgery. We have to do this because there won't be combined surgeons in the future who will be heart and chest - cardio-thoracic, surgeons, because they are so specialised. That is the journey that we are on and that the whole of the UK is on and there is no turning back on that.*

- Is this going to have any impact or implications for the Major Trauma Centre in Cardiff? Will they need access to these specialist surgeons that will be based elsewhere?

*UHB response – it has been one of the major themes emerging from this consultation. We in Cardiff welcome the opportunity to develop the Major Trauma Centre (MTC) and are concerned about that. First of all it is important to say that if someone has a chest injury that they would not go to Morriston. If you have a major trauma, you go to the major trauma unit if you need to be stabilised and then on to the MTC, or straight to the MTC in Cardiff. There needs to be a team in the MTC who are set up to deliver emergency care and immediate stabilisation. So a trauma surgeon will be able to repair your broken leg or stabilise it, they will be able to open the abdomen if they think the spleen is ruptured, and they'll also be able to open the chest if they think there is blood causing obstruction to your lungs or your heart. Irrespective of whether a thoracic surgeon is 30 or 20 minutes away. That is too long. That team has got to be there waiting for the patient to arrive to put that emergency care in place immediately within 5 or 10 minutes. Therefore they have to have those skills.*



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*What we then need is thoracic surgeons who will then do the detailed work. We are very pleased that the WHSSC Frequently Asked Questions now provides a commitment to 24/7 support for the MTC in Cardiff. There is a workshop being set up involving clinicians to define what we think should be the components of that 24/7 cover. There are different models around the UK. This will be a clinical conversation to say what is safe, to provide that care in Cardiff. This work will inform the decisions of the Health Boards.*

*WHSSC comment – there is more detail in Addition 6 of the Frequently Asked Questions. It doesn't include what you were just told about the meeting of clinicians which has just been set up because we've been listening to the feedback.*

- I was involved in a major trauma consultation. But that seems to have disappeared.

*UHB response – No. A Major Trauma Network Board has been established and there is a clinical lead for the Major Trauma Network. We are working actively in Cardiff to look at our implementation proposals to make sure the MTC is delivered in reasonable time. There is now a lot of work going on to ensure that we are ready to accept the first cohort of patients. The professionals are fully engaged in making this happen.*



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## Consultation on Thoracic Surgery Services in South Wales

### Consultation Event Record Sheet

**Event details:** Public Meeting 25 July 2018, 6.15pm – 7.45pm, Butetown Community Centre, Cardiff

**Audience:** Public

**Number of attendees:** 21

**Presenters:** Jenny Thomas (WHSSC Medical Director), Kevin Smith (WHSSC Board Secretary)

**C&V UHB team:** Graham Shortland (Medical Director), Navroz Masani (Specialist Services Clinical Board Director)

### Presentation

- Statement issued by WHSSC during the presentation to highlight an error on p.14 of the consultation document. The consultation document states that membership of the Independent Panel included a representative from the Community Health Councils; this should read "a lay member".

### Discussion

- You've told us what you're proposing to take away from the Heath and have at Morriston but what are you going to have instead at the Heath?
- The most important thing when someone is getting better is the support they get at home from their friends and family. Saying that less people will have an extremely long way to travel if it is at Morriston is difficult to cope with when you admit that there is still a long distance to travel for those in Cardiff, it's just that it's not extremely long. We've got to think about the people left behind when someone goes into hospital and visiting is very important. You need to very seriously think about that and how people will travel. It may only be 50 miles down the motorway, 45 minutes on the train – but trains are expensive.
- I'm concerned about you saying that surgeons will be specialising across heart and lungs. To the lay person heart and lungs and circulation are all one thing. It's a shame we're separating things out and making it more difficult for families to support.
- Consultations are usually about people just telling us what you're going to do. I suspect you are going to do this.

*WHSSC response –distance is difficult and we have to recognise that the recommendation was for a single site. A single site is going to give difficulties to different groups of patients wherever that is located and I don't see an easy way round that. It isn't safe and sustainable to maintain two units.*

*WHSSC or the Health Boards haven't decided about the training. That has come from the Colleges and we have little influence over changing that and we would be seen as dangerous outliers if we appointed surgeons who were doing both. It's happening in lots of specialties and it is a difficult reality we all have to deal with.*



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*Take the point about family support. I work in rehabilitation and we have families who travel very long distances and I'm very aware of the impact of being unwell – that happens to a family not just the individual. We are mindful of that and it will be up to the service to look at those individual issues and see how we can support people who are particularly vulnerable or with particular difficulties. We do that already for lots of different conditions.*

*On the issue of what comes to the Heath instead. We're not in a position of swapping – we're trying to configure a service that is fit for purpose for that group of patients. There is change around the health service all the time and Cardiff is constantly being asked to remodel and accommodate.*

*UHB comment – travelling is difficult for families. Bringing the service together provides an opportunity to look at how the service is provided. There is an opportunity for outreach clinics so families don't necessarily have to go back to where their surgery was done. The exciting part of this is the development of services and recognising that the service has moved on. Where previously someone had a 5 day inpatient stay for a procedure, we are now routinely doing those as an outpatient procedure. We need to drive hard the improvement agenda to see what can be done locally in outpatients. There is also a need to do repatriation aggressively so that when we've finished those essential elements of care that require a tertiary centre, that there is a pathway which the patient is returned to their local hospital (if not ready to go home), and that community services facilitate that repatriation as soon as possible. So we would wish to see the service provided as close to home as possible.*

*We are constantly looking at the services we provide on the UHW site and more broadly – we are currently working through the implementation of the Major Trauma Centre and where we would need to develop facilities for that. It isn't about swapping one service for another, it is about how we configure services across south Wales which need specialisation.*

- Sometimes we've got to make sacrifices. We are living in the twenty first century. This country lacks a lot of things – we have to move on. If there isn't room in one hospital, we've got to move with that to make it easier – that is the sacrifice we've got to make sometimes.
- If you have lung cancer the most important thing is radiotherapy. Nothing is mentioned in the document about radiotherapy. £8million was spent on Velindre. I think this is a done deal. It worries me that the decision is made by a committee. I was the first qualified chest physician in the MRC in Llandough hospital. Things have changed a lot. The most important issue is that access for patients with lung cancer must be quick and surgery must be quick. I live in Cardiff and people may think I'm biased, but I think it is a done deal. It is going to be Morriston just as happened with the Burns Unit which moved to Swansea and there are numerous problems for patients who have to go to Swansea. It is going to be a long journey for patients and visitors. Cardiff is a big centre. Dividing it into different factions is going to make it difficult for lung cancer patients who require combined treatment between surgery and radiotherapy at Velindre. What is the exact number of patients and how has this increased? These issues haven't been clarified.



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*WHSSC response – the multi-disciplinary bit is very important. This is a consultation around the surgery element. The radiotherapy and MDT discussions are very important, and not affected. If anything they will be strengthened. None of the Velindre arrangements will change. We are consulting on a single site and a single unit for surgery.*

*UHB comment – the number of patients having surgery is listed on p.6 of the document. They are high level figures. The total number of adult patients for Morriston is about 420 and 650 for UHW currently. In terms of the service, the surgeons are excited that those numbers will lead to probably this being the second or third biggest thoracic centre for surgery in the UK. That will provide the opportunity for innovative practice and whether we like it or not, specialist practice will grow.*

*As Medical Director in C&V, I am clearly directing our clinicians, patients and the public to contribute fully to this consultation – to say what information is not there or where your questions have not been answered, to inform this consultation.*

*WHSSC comment – WHSSC is doing that as well. We would not be doing this level of dialogue if it was a done deal. I'm telling everybody to put your thoughts and concerns in. The way we do business has changed. It is not a done deal and it needs to be discussed. That is why we are doing so many meetings across south Wales.*

- You're doing the Trauma Unit and you're saying that you need a Thoracic Surgeon within 30 minutes. Isn't there a Golden Hour?
- I understand about the Royal Colleges and the need for there to be a certain number of patients for junior doctors to get their training. But I would expect it to get better. I read the full report by the experts who came to examine in Wales. I expect money to be a lot better spent than it is. If you do this, I don't expect you in 2 years to have a full change around. You need to make a good decision now and stick with it.
- I don't want to travel to Morriston but I'm not selfish. If I'm going to have a surgeon, I want the bees knees. I don't want someone who does it only now and again. The public have got to accept that up to a point. But I worry about there being no-one to look out for you if something goes wrong. So I expect the care to be really good and then sent then back to own area.
- I do have concerns about what used to happen at Morriston. Us from UHW are going to get a poorer service if it carries on the way it's going. I read the report and was shocked.

*WHSSC comment – In terms of trauma, we have moved away from the Golden Hour and trauma is now about the system, having the whole trauma team being there to meet the patient coming in. That consists of a first tranche of individuals who can do lifesaving treatment immediately. They are likely to return to theatre to complete the procedures as they become stronger. That's been evidenced across the world and is what we will implement in Cardiff.*

*Issues around individual centres are not what we are consulting on. Those reports are in the public domain. What we are asking people about is the issue of the single site.*

- Time is critical. And the service isn't good enough now.





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*UHB comment- there is an absolute desire to use this as an opportunity to improve the quality of service and to drive forward what is the best practice in both centres and to bring them together in terms of non-invasive techniques, the outcomes from surgery. That includes the MDT models, teleconferencing models where teams work don't have to travel. Emphasis is on the opportunity to provide a modern service with the best care for patients.*

- You talk about small numbers that need urgent thoracic input. Have you looked just at emergencies coming to A&E? We also have to think about everyday life. What about all the input to inpatients- a thoracic surgeon registrar is called at least 5 or 10 times a day for a thoracic review. Some of them can wait, 70% of them they can't wait especially in intensive care, they may need an urgent drainage. Even a cardiac surgeon is not going to be that keen to do it. Now we are trained in both. What are you going to do for these patients? As doctors we have experience of this problem with Plastics. Plastics and Burns is just one centre. If you need a plastic review, we have to wait an average of 3 or 4 weeks; most of the Plastic reviews are not lifesaving. But if you need an urgent drain or if you need an urgent opinion from a thoracic consultant – a patient is unwell and needs an urgent evacuation, are you going to wait 2 or 3 weeks?

*WHSSC comment – you've been on the shop floor and those are really valid concerns. Services are going to have to diverge anyway and some of those issues are going to be there whether you have thoracic surgeons on the same site or not. We have to be mindful of the changes in training and make sure we can adapt to accommodate that and that is not an easy task. It is a service issue that will be there because of the diverging of the specialties.*

- It is not just a problem for A&E. The problem is all the patients who need a thoracic review. Everyone talks about Plastics and Burns. I am a cardiothoracic trainee but I work in Plastic and Burns and there is an issue. Just to give you a feel. The referral for Plastics are seen by an SHO while the referrals for cardiothoracics are seen by a Registrar. So most of the time you can't compare.

*WHSSC comment –I think we can use the major trauma model where Plastics is not on site for that. Colleagues from Plastics at Morriston are working with colleagues in Cardiff and are very keen to make that work. They are fully committed to being available when they are needed. It is a challenge for the service but they want it to work for Plastics and I'm confident that they will make it work.*

- You say that Morriston is a shorter journey for most of the people but has anyone here tried to reach Morriston without a car? It is 51 minutes on the train and much of the time the service is disrupted. And when you get there you have to wait for a bus which takes 45 minutes to get to Morriston. It is not like UHW, Morriston is out of the centre of town. It is basically in another town and after 6pm there is only a bus once an hour. So most of the time, not just for doctors but for patients, if they are not lucky enough to have a car, you have to take a cab from the hospital to reach the train station and from experience it is never less than £17. It is not a well-connected hospital with the centre of Swansea.



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*WHSSC response – we don't have easy answers to those issues, we take on board these comments. Health Boards and WHSSC will listen to those points. We will work with local councils to look at public transport links. Things have improved at Llandough in terms of bus routes following work with the local council. The unit is not built so there is a time lag to have some of these discussions if that is the outcome that is decided.*

- If people are going to do this travelling, should they not be like older people and get a passport to travel, as a recognised traveller because of their illness?

*WHSSC comment – we'll have to take that comment on board. We have patients travelling around the system in many areas. That is a feature of modern life and it does have challenges.*

- Caring for patients is quite expensive. You talked about the cost of travelling. Morriston is the least accessible hospital. Not everyone has a good pension or can afford a car. This is an important issue. The service will need to cover a huge area.
- Can you give me an assurance that this isn't a done deal?

*WHSSC comment – The document has to set out what is being considered. We are regularly updating the FAQs, as issues arise - it is a live process. That would give me confidence that we are taking it seriously.*

*CHC comment – the CHC will form a view as to whether we support the proposals or not, based on what's been said, that will go to the Health Board. The other CHCs will do the same thing and then the decision will be made by the health boards. They will take all the views and comments on board. It is not a done deal – that is why they are consulting. We may have our own individual concerns about what is being proposed - that is why you need to feed into the consultation using the paperwork in the document.*

- Any implementation will have negative impacts on efficiency and effectiveness and I'd like to know what you the experts think would be the most critical aspects of implementing this if the decision is made to go in this direction.
- If it is implemented successfully, how long will it take to get us from number 28 in Europe to number 1?

*UHB response – the professional specialists' view is that a single site will have significant beneficial effects in terms of the quality of service. The negative sides are not related to quality of care and therefore not related to efficiency of service because the pre-operative part of the pathway (diagnosing the lung cancer from its suspicion to the point of treatment) are not done in a surgical centre. They are done by chest experts and GPs and having X-rays and CT scans. Those parts of the pathway already exist and for us to get up the table there is significant work to be done to improve those parts of it. It's the next part of the pathway that we think the efficiencies will be improved. This is when the lung cancer is identified and can then be operated on, which is the best chance of a complete cure – better than chemotherapy or radiotherapy. That's the bit that having a unit of a certain critical size has enough consultants and every other staff member to offer rapid clinical opinions in these MDTs, so*



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*patients can have rapid surgical input. If you only have only 2 surgeons in a service, one might be on holiday or sick, you've only got one surgeon in the service, it is a physical impossibility to run a service efficiently all the time. The clinical view is that a unified service is the best thing to do to help us drive up quality and efficiency.*

*The inefficiencies come when shifting a service which currently exists and the time factor. There will be an implementation group which involves the clinicians looking at clinic times, the diagnostic times, rapid surgical opinions and then short waiting times for surgery. Again it is felt that a bigger unit with more concentrated expertise will facilitate that.*

*The clinical expert view is to support a single site. What this debate is about is where that is located. It comes back to the point that if you are having your chest operated on you want it done by someone who is an expert not someone who is part time doing cardiac and part time doing thoracic. That is the world view now.*

*How are we going to do it? That is the crucial piece of work. You could create a centre of excellence in Cardiff or in Morriston. The Independent Panel have considered and felt that the weight of evidence supports Morriston, which is what we are consulting on. We think how you would do it is the same for either group. We will be looking at best practice, using technology and making sure that it is only the surgical element that people have to travel for.*

*How do you guard against downsides for the rest of the hospital service? That will have to be carefully considered. One of the consultation issues is, is there anything specific about Morriston that would be affected by moving thoracics away or is there anything specific about Cardiff that will be affected detrimentally by moving thoracics away. You can sift through the evidence. That is an issue for clinicians as well as the public. If there are issues, how are they covered off by the many large hospitals in the UK that don't have thoracics on site. How do they cope and what would we have to put in place either in Morriston or Cardiff to make sure we have access to timely clinical opinions and expertise.*

- So if the case for a single case is compelling, if we want to improve efficiency and effectiveness for all patients, the real questions are Morriston or Cardiff, and the disturbance of the implementation phase. Moving stuff is a big risk irrespective of where to.

*UHB comment – whichever site would require physical build. It gives us a bit of time to work on pathways and how we plan to cover those services that may be affected to ensure we have the appropriate level of cover. The trauma case has been cited several times –if the decision is Morriston, how do you ensure the necessary expertise on the Cardiff site from that Group – that is a crucial question which the public will have to think about.*

- I'm inspired by the discussion and the information you've given. On p. 6, there is a point that patients in Wales have some of the lowest survival rates in Europe. Although we know we have expert surgeons who produce very good outcomes. When they do this research, are they looking at what condition and how far people were affected by their disease before they had the surgery? The resource that goes into operating on some people – are





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you just delaying the inevitable? Are patients coming to see surgeons more ill than patients in other places and that's why we don't have higher survival rates?

*UHB response – Absolutely true. The outcome after the diagnosis and treatment of lung cancer is dependent on a host of factors and surgery is only one of them. Time of diagnosis – people from lower socio-economic groups present later to their own doctors and often with more advanced disease and often have got other illnesses. So for various reasons, they can't have successful lung cancer surgery so they do worse. People with concomitant heart disease or poor levels of fitness do worse. If the diagnosis can be made rapidly and getting high quality surgery done quickly in an expert centre is the specific surgical factor. There are a host of other factors that lead to us being low in the league table. And there are quite staggering variations just in south Wales.*

*We need to continue to do work on the whole pathway. We need to continue to work on smoking cessation, on people going to their GPs earlier when they have symptoms and to ensure GPs are supported with educational packages as well as secondary care doctors.*

- What will they do at Morriston to manage and host the additional 3 thoracic surgeons? We are talking about operating on more patients and for every surgeon to have to have more cases in order to be super expert. But at the moment in Morriston they are struggling to avoid cancellation of at least 3 patients a week because of a lack of beds or staff. So if you have 5 surgeons in the same unit, they won't have enough operating time.

*UHB comment – whichever site is decided upon after consultation, will be asked to submit a business case for the development of the service. So if it is Morriston they'll be working with the whole unified group on a business case to combine the 2 services and uplift the service. Similarly if Cardiff was the selected site – we'd be working on a business case to accommodate the extra surgeons, the extra operating room, the extra ITU/HDU and extra ward beds. Clinics would still be done locally.*

- Has anyone looked at the number of cancellations per month in the two centres?

*UHB comment – the evidence that was used by the Panel is available on the website. Have an informed look and if you have comments or objections to make, this is the opportunity and mechanism to do it.*

*WHSSC comment – this is about a bigger unit with greater resilience.*

*UHB comment – WHSSC as the commissioners of the service will want standards and the appropriate facilities to deliver those standards.*

*WHSSC comment – in the same way as we performance manage services now to see the outcomes. To know that tax payers is being spent effectively.*

- There seems to be an understanding of the benefit of going to a single site. But more of a concern is how you are going to separate lungs from heart surgery. I want to ask about



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travel times which seem to be a critical factor in the decision. Has it taken into account people who will have thoracic surgery but also other specialist service support – recognising that we have Velindre in Cardiff and a range of other specialist services within the health board? Many people will get that range of support all in Cardiff. With the service moved to Morriston, they'd get some of their treatment in Cardiff and some in Swansea, adding a lot more in terms of journey times. And if it ends up in Swansea, will it result in more trips for consultants? Have those been taken into account?

*WHSSC comment – I don't think the pathway for an individual for their diagnostic and treatment components has been looked at because this consultation is about the surgical element of that. People do travel many miles when they have complex and unpredictable conditions. So it is a valid concern. Some of the travel concerns are going to be the same wherever this is. We haven't currently got all services co-located for the treatment of lung cancer now.*

- It is a nuisance for visitors to travel. But the important thing is for the patient to receive the best care so you need the best people to provide the treatment. How is this change going to affect recruitment? Cardiff is the capital city, very vibrant. Is it going to affect the consultants who will then have to reside closer to Morriston?

*UHB comment – I'm aware of a number of occasions where we've had to move services across the area. Consultants did not want to move and had real loyalty to their bases. But the key thing is that we know that to provide quality services in south Wales, we have to provide a single centre. The exciting thing is that the service will become possibly the second or third biggest thoracic surgical service in the UK. That provides a huge opportunity for trainees to specialise, to develop a quality service and to have the best outcomes in the UK. So we have to go this way in terms of a single service to attract junior doctors into a service because otherwise if we remain fragmented we won't be able to attract those individuals.*

*The movement of staff is but one of the issues considered by the Independent Panel. If we don't believe that the Panel has considered all of the issues, then that representation needs to be made by you, to be made by the clinicians, to say this is an important issue that has been missed. I believe bringing it together into one site will improve the attractiveness to consultants to work in a centre.*

*WHSSC comment – there are other changes in terms of how education for doctors, nurses and other healthcare professionals is run in Wales. We have a new educational body in Wales and WHSSC is very keen to align what services we are commissioning with the training requirements. We can't commission a service in isolation without understanding the training impact. We don't want to commission something that the health boards can't sustain from a junior doctor perspective and we also need to ensure that the service is lined up with what the trainees need. We want trainees in high quality services – we attract the best consultants in if we have good training rotas.*

- I understand the logic for one site. What is the impact in terms of the separation from cardiac surgery in terms of rendering that sustainable? Capital money across Wales is



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extremely stretched across Wales, how confident are you about attracting the money to implement this?

*UHB response – cardiothoracic surgery as currently set up in Cardiff and Swansea is going to feel the impact of loss of part of those clinical services. We are working through the impact assessment of how you make the remaining cardiac surgical centre viable – both sites would have to do that. We're working through that as part of the implementation and we'll have to make sure the bed base, the nursing staff, the junior doctor rotas are sufficient for a proper 24/7 cardiac surgical set-up on the remaining site – whichever it is. Just to add, this is not a precursor of combining cardiac surgery on to one site.*

*In terms of capital, it will require a capital bid and we have a long list of capital requirements in Cardiff as they do in Swansea and other health boards. What is clear is that neither site has a proposal to site the super surgical centre within the existing infrastructure.*

*Capital is difficult. Wherever that centre is will be driven by standards. WHSSC represent all the health boards and they'll want to see that there is value for money. If we don't get the appropriate facilities to do this then we won't reach the standards and improvement that a single centre could provide.*

*This is a government priority. There has been a lot of discussion before we get into these reviews and Welsh Government want us to move from number 29 to 28 and 27 - to advance the service, as all the clinical staff do. Capital will always cause a problem but this is a priority within government and therefore I would expect it to be supported.*

*WHSSC comment - we're not looking to build a new hospital – we're looking to enhance services and Welsh Government have a good track record for supporting a well-developed bid. It has to be fit for purpose and meet the needs of the service that we're asking for but I have every confidence that we can do that collaboratively. Welsh Government will get one message about what is required, about what that will deliver and a clear costed plan to go with that. That will be supported by a collaborative decision by the health boards.*

- It makes logical sense for there to be one unit and it would probably give the best care for patients. However you say that fewer patients are going to be affected if it is at Morriston. How do you come to that conclusion when there are 650 patients in Cardiff and 420 in Morriston?

*WHSSC response – the issues around the travel times and the numbers affected has been a contentious issue. I think it is something that we're going to have to review because it has caused concern. The evidence was looked at the Independent Panel and it was their considered opinion, but it has come up a number of times and I think we'll need to take a closer look at it.*



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