

Witness Name: Lynne Kelly

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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales
UHB Headquarters
Heath Street
Cardiff CF4 4TJ

0300 300 0000
www.uhb.wales.nhs.uk

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Adam Cairns
Chief Executive

10 February 2014

Stephen Hardy
Interim Director of Specialised and Tertiary Services
WHSSC
Unit 3a
Caerphilly Business Park
Caerphilly
CF83 3ED

Dear Stephen

Liver Surgery and Hepatology

Thank you for your letter of 22 January 2014 asking for an update on progress with this and Daniel Phillips' subsequent letter dated 4 February.

As you will be aware, WHSSC recruited a second liver surgeon in 2011/12. We are forecasting treating approximately 100 patients this year, slightly under the LTA volumes, and we do not have any patients waiting over 36 weeks. The current level of activity provides an appropriate level of clinical activity for the hepatobiliary surgeons to maintain their surgical skills consistent with National guidelines.

In terms of demand, this is in line with the projections in our 2011/12 business case. Our surgeons believe that there may be some unmet demand in this area as the opportunities to undertake liver surgery for patients with cancer emanating from other areas, but that is likely to be 10-20 patients and could therefore be encompassed within the current commissioned activity. It would be helpful to know if WHSSC are referring any South Wales patients out of area for liver surgery.

We have agreed to lead the liver MDT and need to agree the financial arrangements around this, we will send you a proposal around this shortly.

The service has been through a challenging period recently and you will be aware of the arrangements we have in place to ensure that the services we provide are of the appropriate standard. The service remains small but at this point we do not believe the need for an expansion in service can be demonstrated.

In relation to hepatology however, our view continues to be as Graham discussed with you before Christmas is that there is growing demand for tertiary hepatology which we are not commissioned or able to support within our current secondary care service.

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We have completed the mapping of our current services against our own health needs assessment and 'A Time to Act' 2009. Initial indications are that the demand for tertiary hepatology from the Cardiff and Vale secondary hepatology service would equate to a full-time consultant. Based on this, expanding this service to cover South Wales would potentially require a small multidisciplinary team. It would be helpful if you could ask the other UHBs for their current hepatology activity so that we can check our assumptions around activity which currently are based on assuming pro rata activity to ours.

Given other pressures, we are not able to finalise the business case by 14 February, but will aim to get it to you prior to the end of February assuming you will be able to share the current activity from other UHBs within the next week.

I agree with you that it would be a sensible next step for us to explore with ABMU options around a hepatobiliary surgery network/specialised centre which combines pancreatic and liver surgery. Please could you confirm whether you have discussed this with ABMU as it might be helpful if you requested us to put together a joint options appraisal. As part of this we will undertake the review of our current services against the recommendations in the Guidance on Minimum Surgeon Volumes and the draft service specification.

I look forward to future discussions around this.

Yours sincerely,

GRO-C

Adam Cairns
Chief Executive

cc Daniel Phillips
Graham Shortland
Charlotte Moor
Alice Casey

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