If you are reading this then we already agree on one point – the most important point – that patients with cancer should receive the very best, most easily accessible, appropriate and up to date care that it is possible to deliver. It is reasonable to assume that this is exactly what those of us engaged in this matter wish for. Sadly, people don't feel able to speak openly about their true views on many things these days but in relation to this specific matter, there is a large group of clinicians who do not feel able to speak up against the Velindre plans through fear of implications for their employment and personal lives. It is deeply saddening to witness because the only reason any of us are here is to do our best for others.

When the initial plans for the new site were conceived over a decade ago, they were probably appropriate for what was able to be provided at the time. Thankfully, science, medicine and technology have exceeded our expectations and huge steps have been made in all areas. Treatment options and prognoses have radically improved in recent years and this is a fact we should be immensely proud of. As an intensive care doctor and anaesthetist, the nature of cancer patients I care for has dramatically changed over the course of my career. I have a particular interest in anaesthesia and critical care for patients with malignancy. It is something that makes up a significant proportion of our workload and this is increasing as more can be offered to more people. We have increased knowledge about how the conduct of our care impacts on the disease process. This will continue to evolve and I look forward to seeing how things continue to progress and inspire me as the years go by.

Collectively, we can offer the best al- round care providing we accept that cancer treatment rarely requires 'just' treatment from an oncologist. In order to support the patient through their disease, access to other services is likely to be needed – specialist surgical services, radiology, general medicine, intensive care and more. When we work cohesively within a system, when we communicate well and when people can transition seamlessly between points of care, the patient experience will inevitably be superior. The current plans for the Velindre site do not offer this. The team at the VCC will be equipped to offer outstanding oncology care but not to deal with all of the potentially life-threatening complications of treatment – the sepsis with multi organ failure and severe toxicity from immunotherapy to name only two examples. Patients will need to be transferred to other sites, removing them from the principal location of their cancer management. At this stage, care can become disjointed and stressful. Communication breaks down, appointments are missed, hospital transport is unreliable and patients suffer both physically and emotionally. A scan in one

hospital, an oncology appointment in another, an ENT follow up in another, a planned procedure in another……Is this necessary? Is this helpful? Is this the best way to deliver the best care?

Undoubtedly, the new location of the VCC will offer a beautiful backdrop and the holistic implications of this cannot be underestimated. But is this enough? Can senior NHS managers genuinely say with their hands on their hearts that they can guarantee that individualised emergency care will be delivered as rapidly and as appropriately as it would be on a co-location site? That they cannot foresee any situation whereby there will be avoidable delays in patients receiving the exact level of care that they need? Can they say without a doubt that the care patients receive in an emergency will not be inferior to what they would receive on a site with acute care provision? Can we promise that retrieval and transfers of all sick patients will happen in a timely fashion? It doesn't happen for any other patients so why would different things apply here? The NHS in Wales is crippled with underfunding, we don't have enough doctors and nurses, let alone paramedics. How can we make the maths work when it doesn't already do so? We should not be promising things to patients that we cannot realistically provide. We need to advocate for them and their needs. This is why I am writing this. We can do so much more for the people who trust us to care for them when we work as a team and provide shared care on one site. There will be fewer avoidable gaps in communication, treatment delays, time wasted by patients and families whilst they travel and wait. Stand-alone cancer care is no longer realistic and we should welcome the modernisation of shared care on a shared site.