HSC Leadership Centre Questionnaire and Focus Group Feedback on Breast Assessment Services (July-August 2017)

HSC Leadership Centre

Providing Management and Organisation Development

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Contents

Introduction

The HSC Leadership Centre (HSCLC) were approached by the Health and Social Care Board (HSCB), to provide consultancy support, in obtaining patient feedback on Breast Assessment clinics. A team was appointed within the HSCLC to gather, analyse and report on patient experience.

Patient feedback commenced in July 2017 and was completed by 31st August 2017. Patient questionnaires were sent by the HSCB to all of the Health and Social Care (HSC) Trusts providing Breast Assessment services. Patient nominees for attendance at focus groups, were sought via the breast care nurses, from each HSC Trust.

Patient Questionnaires

Volume of Questionnaires Received and Referral Source

Each of the 5 HSC Trusts disseminated 100 questionnaires to patients, resulting in a total of 500 responses being sought. A copy of the survey form can be referenced in Appendix 1. 185 questionnaires were completed and returned to the HSCLC, giving a 37% return rate. It was requested that responses were received by Friday 28 July however responses were recorded up to and including the 10 August 2017. Trusts were required to sample patients from 3 cohorts:

- Screen to assessment patients (n=50)
- Red flag patients (n=25)
- Routine patients (n=25)

Trusts were requested to draw the samples from clinics which took place during March 2017. Where patient numbers in March 2017 did not provide an adequate number of samples, patients were also sampled from April 2017 clinics. Trusts were requested to exclude patients with a confirmed cancer diagnosis, as these patients would be the sampled in the forthcoming focus groups.

Patients who attended Breast Assessment clinics were asked to provide feedback on their experience. This included travel time and distance, method of transport to clinic, the importance of travel time/timeliness of access to the service/duration of clinic etc. Patients were also asked to provide feedback on factors that would influence their experience if they had to travel again for this service elsewhere in Northern Ireland.

Questionnaires Received by Trust Area

Questionnaires were received from all Trust Areas. The returns were equitably split across HSC, as reflected in Graph 1 below. South Eastern Health and Social Care Trust (SEHSCT) did not code their questionnaires. All questionnaires without a code were, therefore, assumed to be SEHSCT patients.

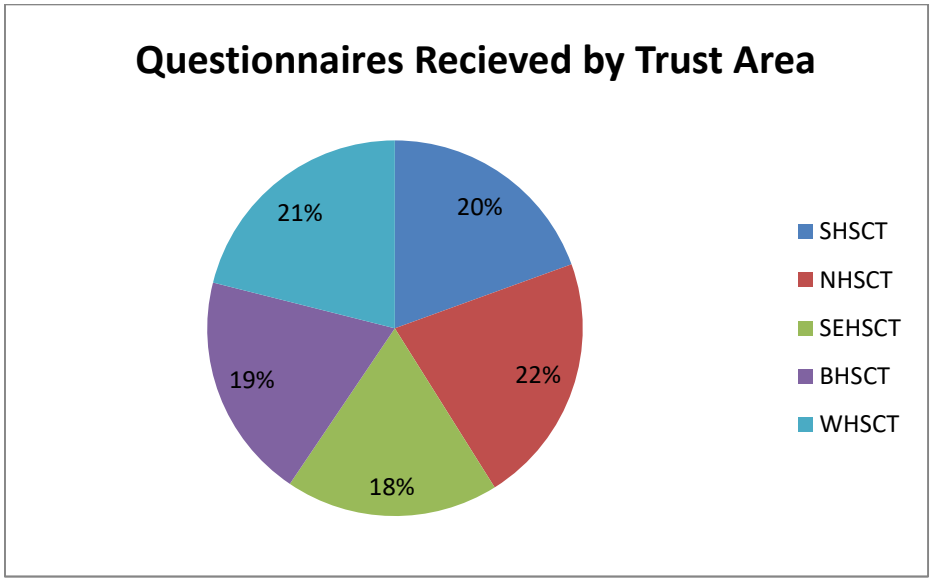

Figure 1: Questionnaires Received by Trust Area. Source: Code provided by HSC Trust.

Questionnaires Received by Referral Route

The majority of questionnaires received were from the screening rather than the symptomatic route. The screening referral route, was the highest proportion of questionnaire returns, for all HSC Trust areas. More Red Flag (RF) questionnaires were received than those patients who attended via a routine referral from the GP, although this was marginal. There were 34 responses without coding returned; of these 34 responses a breakdown by referral source is not possible, however, these are patients from the SEHSCT.

Referral Source	Screening	GP Routine	GP Red Flag	Total
SHSCT	23	7	6	36
NHSCT	24	6	10	40
BHSCT	23	6	7	36
WHSCT	23	6	10	39
HSC Total[1]	93	25	33	151

Table 1: Referral Source of Patients Referred to Breast Assessment Clinic. Source: Code provided by HSC Trust.

Questionnaire Responses

Some patients ticked one or more answer options for their questions. In light of this some of the total responses are greater than the 185 questionnaires received. Some respondents did not complete all of the questions.

[1] HSC Total does not include South Eastern Trust as this information was not available

Q1: When thinking about your breast appointment, please rate the following factors in order of importance (1 most important 7 least important)?

176 patients ranked their most important to least important factors, when considering their attendance at Breast Assessment clinics. The most important factor is reflected in Figure 2 below.

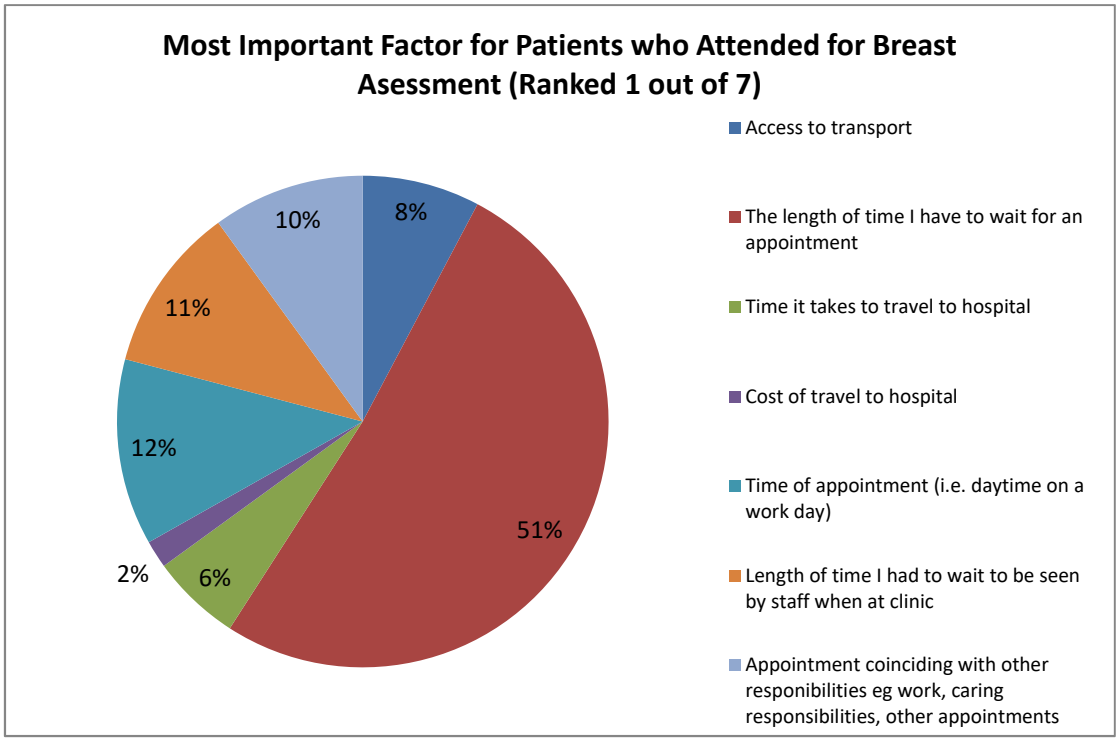

Figure 2: Most Important Factor for Patients when Attending Breast Assessment Clinics. Source: Patient Questionnaires

51% of respondents rated the length of time to wait for an appointment as their most important factor. The time of the appointment was an important factor for a number of patients.

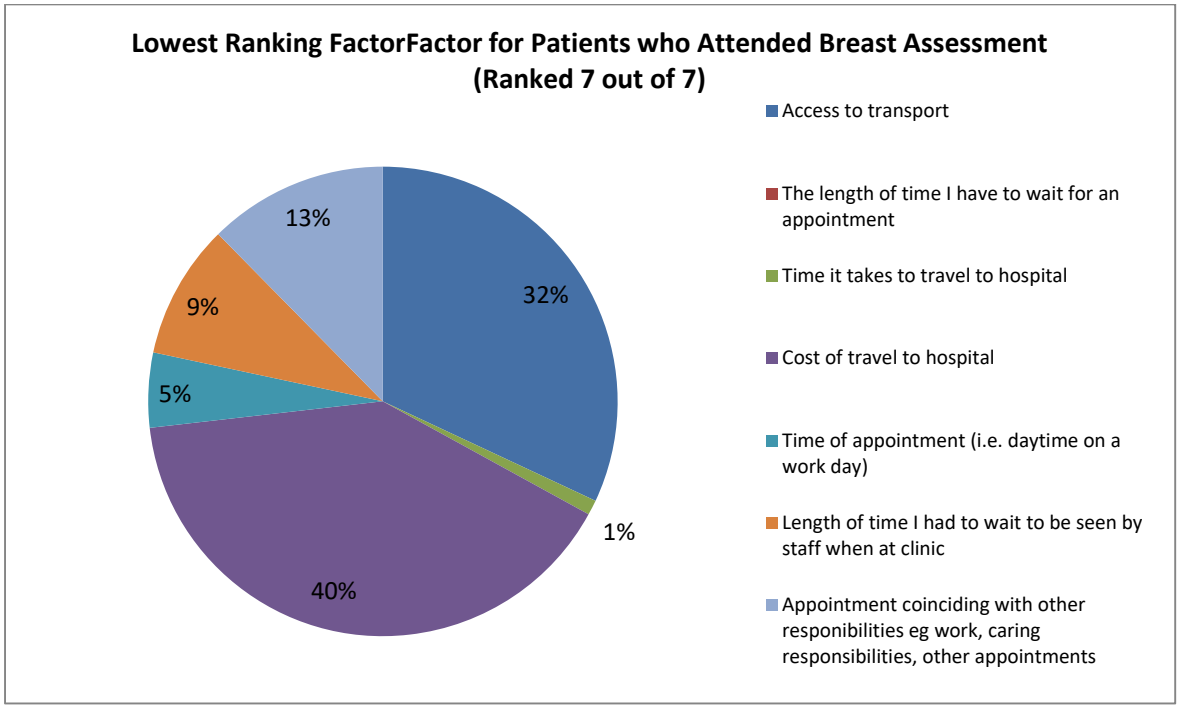

Figure 3: Least Important Factor for Patients when Attending Breast Assessment Clinics. Source: Patient Questionnaires

The least important factor for patients was the cost of travel, to the assessment clinic at 40%. Access to transport was cited as least important for 32% of patients. The length of time I have to wait for an appointment was not mentioned by any of the patients as least important.

Q2: Thinking about your decision to attend a breast assessment appointment, how important was travelling distance or travel time to your decision to attend? (0-5 scale: 0=not at all 5=extremely)?

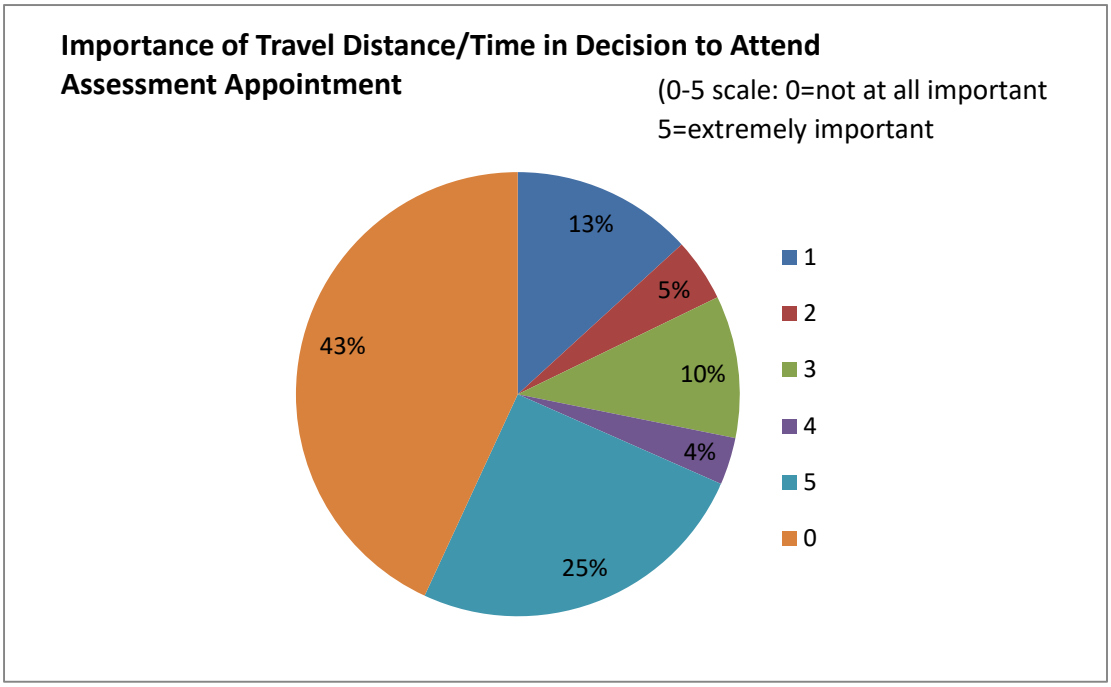

Figure 4: Decision to Attend Appointment based on Travel Distance and Travel Time. Source: Patient Questionnaires

43% of 182 patients respondents felt travelling time or distance were not important in their decision to attend. Conversely, 25% of patients felt that travel distance and time were extremely important in their decision to attend the appointment.

Q3a: How far did you have to travel (miles)?

Of the 177 responses the average (mean) journey distance was 16 miles with the range being between 90 miles and 1 mile.

Q3b: How long did it take you to travel to the clinic (hrs and mins)?

Of the 182 responses the average (mean) journey time was 34 minutes with the range being from 3 minutes up to 150 minutes..

Q4: How did you travel to your appointment? (If you used more than one form of transport tick all that apply)

Patients travelled by a variety of methods to their Breast Assessment appointment.

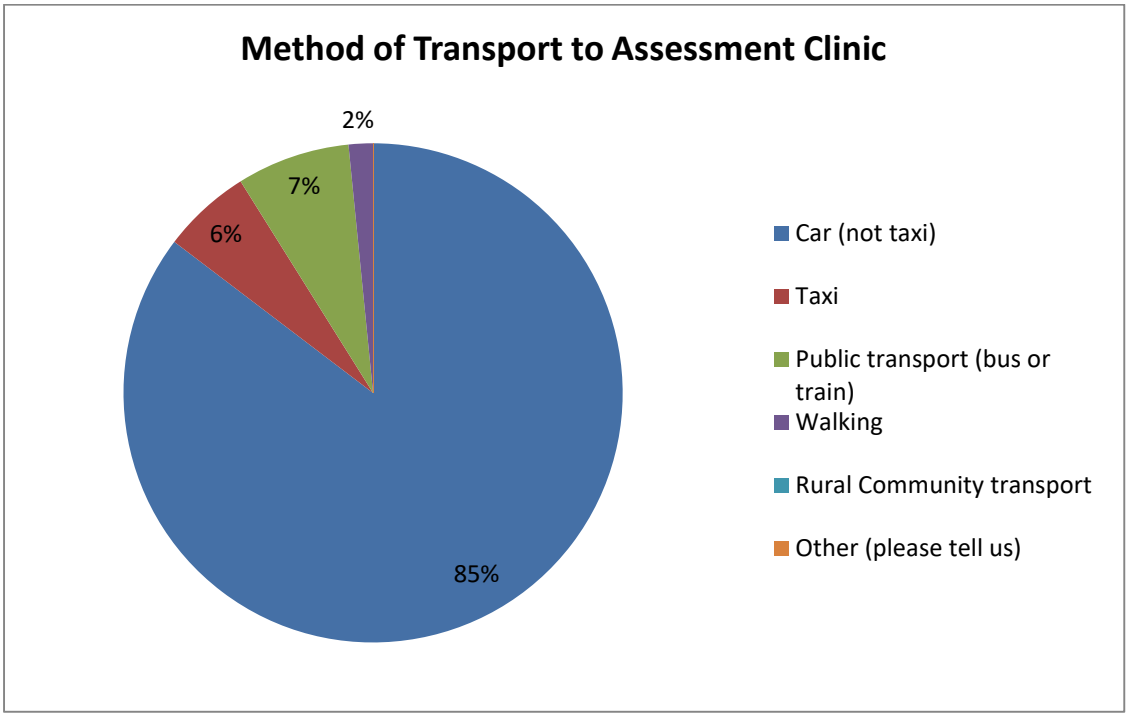

Figure 5: Patient Transport Method to Assessment Clinic. Source: Patient Questionnaires

Of the 191 responses the majority of respondents travelled by private car with no one using rural or community transport. A minority of patients walked to their appointment (2%). 7% of patients used public transport whilst 6% travelled by private taxi.

Q5: Would evening or weekend clinics have made it easier for you to attend?

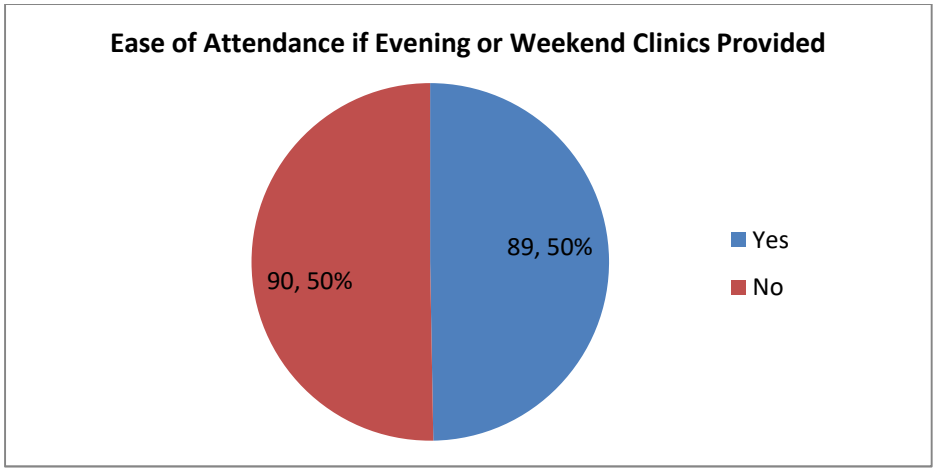

Figure 6: Weekend/Evening Clinics and Ease of Attendance for Patients. Source: Patient Questionnaires

Of the 179 responses given, there was an almost equitable split between whether evening and weekend clinics would have made it easier for them to attend. 49.7% voted 'yes' whilst 50.3% voted 'no'.

Q6: If we provide the service on a smaller number of sites, you may need to travel further to attend a clinic. Would you be prepared to travel further for your breast assessment appointment if it meant you could be seen more quickly?

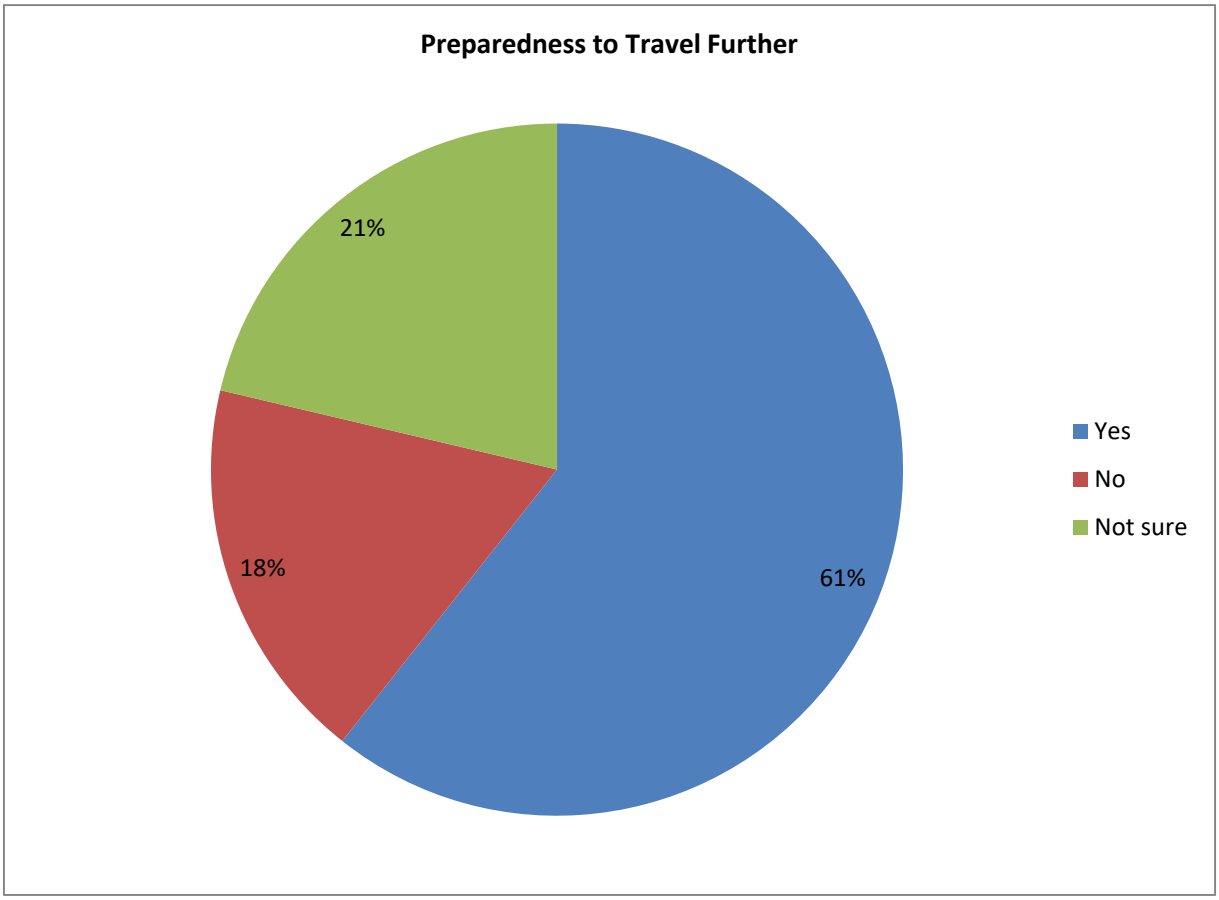

Figure 7: Preparedness to Travel Further. Source: Patient Questionnaires

61% of the 183 respondents stated that they would be prepared to travel further in a future model of Breast Assessment services. 18% stated that they would not be happy to travel further, even if they would be seen in a more timely fashion. 21% were undecided as it depended on how far they would be expected to travel and the access to car parking.

Q6a: How much further would you be prepared to travel?

There were 134 responses to this question with answers ranging from "any distance" to some patients quantifying 20-30 miles. Belfast was mentioned a number of times with heavy traffic and difficult parking being cited as obstacles to travelling further. Longer journeys in terms of time, distance and

unknown sites were also mentioned as additional stress factors.

Q7: Are there any further comments?

Additional comments are themed into 2 categories, the staff that work within Breast Assessment services and the physical environment of assessment clinics.

Staff:

An overwhelming majority of respondents were extremely positive in terms of their experiences to date. Staff were deemed to be caring, professional, compassionate and kind. Respondents felt reassured and supported throughout the process.

Environment:

Mobile screening was mentioned positively. Some negative points raised were around car parking and 3 people commented on the physical environment in terms of ventilation, heating, seating arrangements and lack of co-located facilities, necessitating the need to travel by taxi between buildings/sites.

Q8 What age are you?

Respondents were asked to state their current age on the questionnaire.

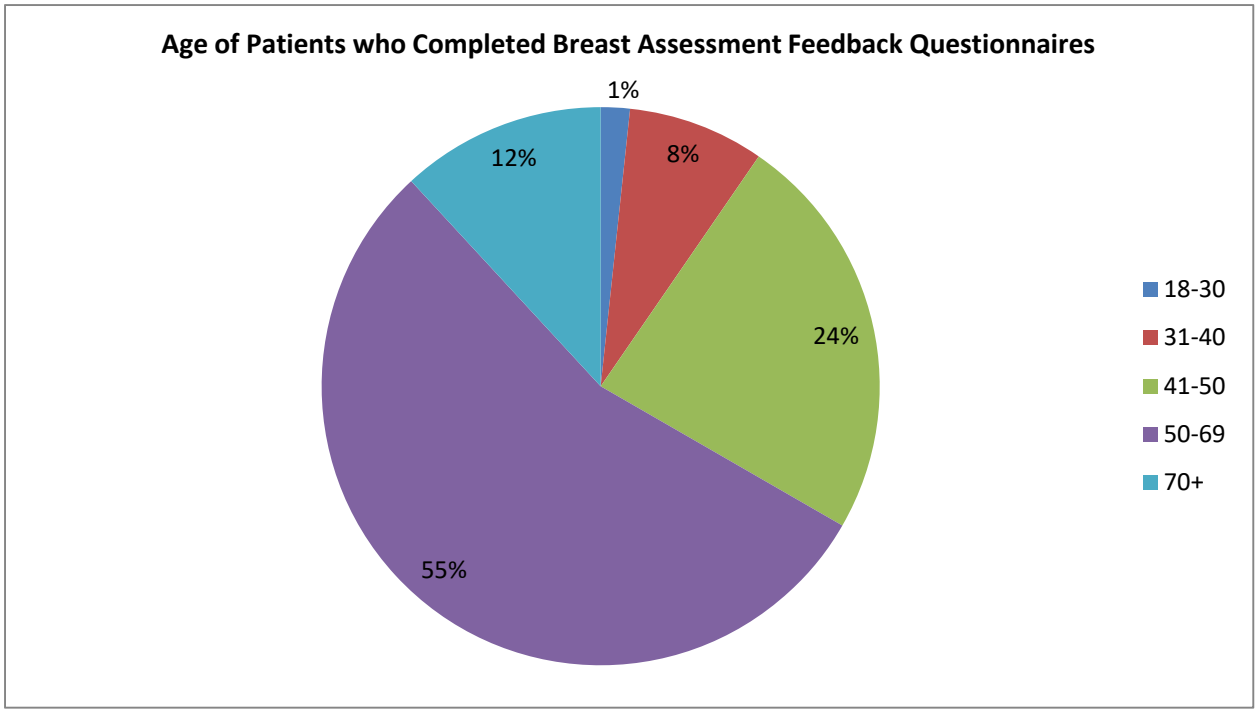

Figure 8: Age Profile of Patients who completed Breast Assessment Questionnaires. Source: Patient Questionnaires

Of the 177 responses 55% of respondents fell into the 50-69 age range. 24% were within the 41-50 age range. 12% were over 70 years old. 8% were aged between 31 and 40 and1% were aged between 18 and 30.

Patient Focus Groups

Patient focus groups were planned to provide the opportunity for in depth discussions with patients and their carers, who had attended Breast Assessment and who had a confirmed cancer diagnosis. The aim of these groups was to gain feedback from patients about the essential components of continuity of care. Each Trust wrote to 60 service users on the breast self-directed aftercare pathway to invite them to attend, care was taken to ensure no one on active treatment was invited. The invite can be referenced in Appendix 2. The events incorporated the use of Nearpod technology as a way of capturing views. A presentation, created by the HSCB, was delivered at the beginning of each focus group, to set the scene (see Appendix 3).

Focus groups questions were similar to those posed in the patient questionnaires. Patients were asked whether they were referred via the symptomatic or screening route, how far (distance and time) they had travelled for their breast assessment and how long they waited between referral and assessment. The maximum journey time and distance, they would be willing to travel if they were to be seen more quickly, was also discussed.

Patients were asked about their experience prior to assessment clinic attendance, following a referral from Breast Screening or their G.P. They were asked about their experience during the assessment clinic. Patients were also shown the draft criteria established to assess future service options against, for the Review of Breast Services, and asked to comment on the content and the criteria headings. Patients were also asked to reflect on any possible implications for Section 75 groups.

Focus Group Attendance

41 patients and carers attended the focus groups, held across Northern Ireland from 12th to 24th August 2017. 33 patients attended with 8 carers. 14 patients were referred to an assessment clinic following breast screening. 19 patients were referred via the symptomatic route, by their GP.

Venue	Total Attended	Number of Patients attending	Screening	Symptomatic

Omagh	8	7	4	3
Craigavon	9	7	0	7
Antrim	0	0	0	0
Londonderry/Derry	15	12	6	6
Belfast	4	3	3	0
Newtownards	5	4	1	3
Total	41	33	14	19

Table 2: Referral Route for Breast Assessment of Focus Group Patients. Source: Patient Focus Groups

Patient Feedback on Travel Distance and Time

Travel distance and travel time varied within each Trust location.

Venue	**Patient Travel Distance**	**Patient Travel time**
Omagh	3-37 miles	5-75 minutes
Craigavon	2-20 miles	3-25 minutes
Antrim	0	0
Londonderry	3-15 miles	3-40 minutes
Belfast	3-20 miles	15-60 minutes
Newtownards	5-12 miles	10-20 minutes

Table 3: Travel Distance/Time to Assessment Clinic. Source: Patient Focus Groups

The furthest travel distance and time was in the WHSCT. All patients travelled by car to their assessment clinic.

Patients were asked how far they would be willing to travel if it meant that they would be seen more quickly.The summary is shown in Table 4 below.

Venue	**Patient Travel Time/Distance**
Omagh	Any number of miles or time to travel
Craigavon	1 hour maximum (irrespective of number of miles)

Londonderry	Any number of miles, however, would prefer < 1 hour travel time
Belfast	Any number of miles or time to travel
Ards	1 hour maximum journey time (irrespective of distance)

Table 4: Maximum Travel Distance/Time in Future Breast Assessment Model. Source: Patient Focus Groups

There was a variation in the maximum travel time patients would be willing to agree to if travelling further for future Breast Assessment services. The speed of access to assessment for half of all of the patients attending focus groups was more important than journey time. The patients felt that they would travel to any location to have rapid assessment.

The remaining half of the focus groups attendees felt that there needed to be an upper limit of travel time. This was due to the length of time spent in the appointment, with a long drive on either side, adding to the stress. There were also concerns raised for those who would not have a carer/partner to drive them to and from their appointment.

There were a number of caveats mentioned by patients for travelling a further distance. These included:

- Car parking adjacent to Breast Assessment clinic and dedicated for use by those attending the clinic
- Good road infrastructure
- Accessible public transport links (if 1 hour maximum travel time, then public transport should be accessible within this timeframe)
- Access to food and drink
- Continuity of care provided by breast care nurse, irrespective of where assessment clinic is and where treatment will be provided.

Patients mentioned that they would be happier to travel a further distance than their local hospital, if the roads were accessible and good. The dedicated car parking for those receiving radiation at the Belfast City Hospital and the excellent rail link there, were both mentioned as vital for patient experience and could be modelled for all Breast Assessment services.

Waiting Time for Assessment

Patients waited varying lengths of time to be seen at their local area Breast Assessment clinic, across all focus groups.

Venue	**≤ 1 week**	**≤ 2 weeks**	**≤ 3 weeks**	**> 3 weeks**
Omagh	0	4	3	0

Craigavon	0	1	5	1
Antrim	0	0	0	0
Londonderry	5	3	3	1
Belfast	0	3	0	0
Ards	0	3	0	1
Total	5	14	11	3

Table 5: Patient Wait between Referral and Breast Assessment Appointment. Source: Patient Focus Groups.

The majority of patients who attended the focus groups waited 14 days or less (42%), from referral until they were seen at the Breast Assessment clinic. 33% waited 3 weeks or less to be seen, with 15% waiting 1 week or less. 9% waited more than 3 weeks.

The 3 patients who waited more than 3 weeks for their appointment, waited substantial periods of time ranging from 5 months to 7 months, once the referral had been made. Whilst this is a relatively small number (9%), the pre assessment wait had a perceived impact on their diagnosis, treatment options and prognosis.

Patient Focus Groups: Key Themes

The key themes emerging from the focus groups are explained in detail, in the following sections.

Patient Experience: Referral to Breast Assessment Appointment

Patient Experience

- There was a perception that communication and information could be standardised by referral route.
- No communication from professionals between seeing GP and attending assessment clinic.
- Variation in RF or routine route from GPs and delay in GPs sending referral.
- Patients mentioned that the recall for assessment letter was a standard letter, which didn't explain the potential gravity of the appointment. These non-symptomatic patients had considered not attending for assessment as a result.
- Variation in detail provided by GP regarding urgency. Balance needed between GP alleviating fears prior to assessment and giving sufficient information that people know that they need to attend.
- Need clear information about how long patients can expect to be at the Breast Assessment clinic.

- Routine screening letters being sent to patients, even though they had attended an assessment clinic and were diagnosed with breast cancer, was upsetting for patients.
- Long waits from referral until seen at Breast Assessment clinic, particularly over holiday periods e.g. Christmas and Easter.

Patient Ideas for Improvement

- Direct communication (e.g. phone) between G.P. and assessment clinic. One patient had appointment booked prior to leaving G.P. surgery and attended clinic on the same day.
- Education for patients that they can ask to be referred even if G.P. does not deem it necessary
- Phone call prior to visit by breast care nurse to reiterate what the assessment is about e.g. biopsy, bring someone with you and also to answer any immediate questions.
- Text reminder service would be useful.
- Collaborative approach required between screening and those patients who have a confirmed cancer diagnosis, outside of the screening schedule. This would avoid routine screening appointments being sent to patients when they have just completed a full assessment.
- Service operating 7 days a week and clinics continuing over holiday periods.
- Detailed information on the appointment letter, including the following:
    - How long the appointment will last
    - Information re: gowns (will be provided/trousers preferable)
    - Information re: possibility of biopsy
    - Advised to bring someone to the appointment for support
    - Advised to bring food and drink to appointment, if difficult to access when there
    - Same content whether referral from Screening or G.P
    - Information different/amended for males attending for assessment

Patient Experience: Assessment Clinic Attendance

Experience

- The breast care nurse was a pivotal role in terms of support and continuity of care.
- Gowns are an important part of privacy and decency. Gowns need to be substantial, not flimsy or in a state of disrepair. Gowns in some areas were short and unsuitable for anyone wearing a dress.
- Partner/Carer staying in the waiting room while patient attended the various steps of the assessment process alone was not a good experience.
- Patients seats were taken up by other patients family members.
- Whilst the majority of patients received excellent support and communication from the assessment clinic team, some had a negative experience. This was particularly apparent when patients were given their diagnosis or their treatment options being explained. Negative

behaviours, negative attitudes and non-verbal communication were mentioned. "Bedside manner" was reiterated by all as critical to their experience.

- Biopsies and anaesthesia delivery were more painful than people had expected. More information on this in advance would be useful and more understanding of the pain for the patient, by those taking the biopsy.
- Length of clinic was longer than expected or indicated in the appointment letter.

Patient Ideas for Improvement

- Gowns need to be appropriately designed. Patients mentioned that older ladies often do not wear trousers, so gowns need to facilitate this. Some patients suggested that it might be preferable to bring their own dressing gowns.
- May be better for male patients to have a separate area or to attend at a specific time at the clinic.
- Physical environment improvements required:
  - Sufficient seating for all patients and if possible for their relatives/carers
  - Access to food and beverages within the unit. Potentially provided free of charge to patients who have long waits.
  - Car parking needs to be in close proximity (not a long walk) to the unit (not queuing to avail of it). One patient who received bad news and was parked some distance from the unit, was accompanied to her car by a member of the breast assessment team.
  - Not having to walk past the waiting room after being given bad news. It was upsetting for patients to see others upset and then to have to walk past a room of people after being given bad news. Room for breaking bad news should be close to exit.
  - Sufficient space to enable partner/carer to come with patient through the journey, whilst not at the expense of the privacy and decency of other patients waiting in a gown. Not everyone knew that on some sites, a partner can accompany the patient throughout the different areas in the assessment clinic.
- Positive difference to patient experience when they were treated with dignity and respect and eye contact etc. made, when being given the diagnosis. All assessment clinic staff need to be competent in providing a supportive service for patients, where their opinion is valued, listened to and incorporated into care planning.
- It is important that the time at assessment clinic is not felt to be 'transactional.' Some patients mentioned that, at times it felt impersonal and like a 'conveyor belt'.
- Patients mentioned that female clinical staff are preferable, given the nature of the illness.
- If Breast Assessment clinics are going to be elsewhere from treatment sites, patients felt that it is extremely important that communication between sites is timely and of a high quality.
- "One stop" clinic provision was praised by all patients. Patients would not want this to change, in any future model, to multiple attendances for assessment.

- Some breast care nurses followed up with the patient, in the evening or the next day, following their diagnosis. This was an invaluable resource. Patients would like this support to be mirrored on all sites.
- Follow on care, all being based in the same location as assessment clinic, was perceived to be important to maintain (available on some sites e.g. prosthesis, access to charitable organisations for support etc.)
- Having their treatment provided on the same site as their assessment was preferred e.g. same teams, better continuity, less interfaces.
- Patients referenced self-directed assessment and relayed that it was an excellent service.

Review of Breast Assessment Services Criteria Discussion

Patients reflected on the categories within the criteria. On the whole, they were satisfied with the headings given. Continuity of care was discussed at length. All patients felt this needed to be added into the criteria. This could be part of the 'Quality' section or a stand-alone section.

Breast Care Nurse Providing Continuity of Care

Many patients had received continuity of care through their breast care nurse and some other professionals. Most patients are content that the continuity of care is provided in the future by the breast care nurses and not necessarily the whole team providing continuity, irrespective of location. Continuity within the breast care nurse teams was also mentioned e.g. some patients knew all of the breast care nurses in their locality and received support from them all, whilst care was provided predominately by one. This made access in times of illness/emergency easier. Continuity of care on 1 site or provided by breast care nurse as a gatekeeper to other services, was felt to be invaluable. Accessing other services e.g. physio, psychotherapy via the breast care nurse expedited appointment times and access. Continuity of Care out of hours was problematic, especially when patients attended different hospitals for care and treatment. It would be preferable that any future service provided a minimum of 7 day access to advice/support/intervention while 24/7 would be ideal. Currently the only option, discussed by the patients in the focus groups, is to attend the local Emergency Department (ED) out of hours. EDs were not a positive experience, out of hours, for breast cancer patients.

Quality

Comments were made on some of the content within the main criteria headings. The 'Quality' section was discussed by all, in terms of the volumes of patients to be seen by specialists. This was felt to be low by the patients. The quality of communication with patients from clinical staff was seen as an important quality indicator. This included comments around patients being listened to and feeling empowered to be able to question without ridicule, and providing sufficient information and advice to aid patient decision making. Style of communication and information needs to be consistent. It was

also important that skills and behaviours when imparting bad news were recognised. Better 'psychology'/pastoral care when delivering bad news was seen as a Quality metric. Patients felt that staff communication skills should be added to the 'Quality' section.

Some patients felt that Quality and Sustainability criteria should be weighted more heavily, when comparing options, whilst others did not have an opinion on which were the most important criteria.

Timeliness

In the 'Timeliness' section, patients felt that it is vital that any change of service reduces the wait for assessment, with a maximum wait of 14 days from referral to assessment.

Patient Comments on Section 75

Males attending breast assessment services and patients with less mobility or no family/carer support (particularly those who could be adversely affected because of their age) were discussed by the patients as groups of people who could be negatively impacted upon, with a change to the current service provision. Concern was raised about older patients having to travel longer distances, particularly if they had no family support to drive them to clinics etc. Consideration of males attending clinics, the time of arrival, the layout of the clinic, pink gowns etc. were mentioned as needing to be addressed, irrespective of clinic location.

Conclusion

The themes emerging from the patient questionnaires and focus groups are similar. There is a variation of those who would be willing to travel any distance to ensure they are assessed quickly and those who would be unable/unwilling to travel further for this service. The longest journey time cited in the focus groups was 1 hour. The longest journey time cited in the patient questionnaires was 1 hour 30 minutes; responses to the questionnaire did not indicate a clear consensus for distances they would be willing to travel to receive assessment. Overall patient experience was positive with particular reference to the care provided by Breast Care Nurses. Practical elements such as appointment letter information, clinic layout and access to car parking where discussed as areas for improvement.

Some direct patient comments are compiled below.

"The breast care nurse was so supportive, phoning me the evening after my appointment and being there for me through my treatment and afterwards. She helped me to negotiate all the other services including physio, prosthetics and counselling."

"The staff were so good. They made the whole experience so much easier."

"You knew when you were still sitting there at the end of the day and all the women before you were coming out of the doctors room crying, that it was not going to be good news."

"I felt like just a number when I received a letter for routine screening, after I had been to the assessment clinic and been given a cancer diagnosis. This shouldn't happen. I was upset enough and then wasn't sure whether I needed to attend this as well as all the other appointments and interventions I had ahead of me. The 2 services need to communicate better."

The HSCLC team wish to thank all of the women who gave freely of their time, to complete questionnaires and attend the focus groups. Their honesty and openness were invaluable and we wish them all well for the future. Thanks are also due to the HSCB team and HSC Trusts, in their support in organising the questionnaire dissemination and focus group recruitment.

Appendix 1: Patient Questionnaire

IDNUM

HSC Public Health Agency

HSC Health and Social Care Board

Access to Breast Assessment Clinics

Service User questionnaire

Dear Service User,

You recently attended an appointment at your local breast assessment clinic.

Northern Ireland currently provides breast assessment clinics for patients with symptoms across 5 sites (Belfast City Hospital, Ulster Hospital, Antrim Area Hospital, Craigavon Area Hospital and Altnagelvin Hospital).

Breast Screening Assessment Services are provided in the four Breast Screening Units, in Belfast, Antrim, Craigavon and Altnagelvin.

Breast assessment clinics require input from a wide range of health professionals, including radiologists. Unfortunately ongoing shortages of radiologists across Northern Ireland mean that it may be difficult to continue to provide access to breast assessment services on the same number of sites.

Providing the service on a smaller number of sites will allow more women to be seen in a timely way.

We are keen to understand from service users what is important to them when considering attending their breast *assessment* appointment.

Your feedback is voluntary but it would be extremely valuable in helping us shape breast care services for women in Northern Ireland. Your responses are strictly confidential; no individual will be identified in any reports produced.

Thank you

Q.1 When thinking about your breast assessment appointment, please rate the following factors in order of importance (where 1 is the most important):

Access to transport ☐

The length of time I have to wait for an appointment ☐

Time it takes to travel to hospital ☐

Cost of travel to hospital ☐

Time of the appointment (i.e. daytime on a work day) ☐

Length of time I had to wait to be seen by staff when at the clinic ☐

Appointment coinciding with other responsibilities e.g. work, caring responsibilities, other appointments. ☐

Other please specify _____ ☐

_____

Q2. Thinking about your decision to attend the breast assessment appointment, how important was the travelling distance or travel time in your decision to attend? *Please rate importance on a scale of 1 to 5, where 0 equals "not at all important" and 5 means "extremely important".*

Q3a. How far did you have to travel to attend the breast assessment clinic?

_____miles

Q.3b How long did it take you to travel to the clinic?

_____hours and minutes.

Q.4 How did you travel to your appointment. If you used more than one form of transport tick all that apply?

Car (not taxi)	☐
Taxi	☐
Public transport (bus or train)	☐
Walking	☐
Rural Community transport	☐
Other please tell us	☐ _____

Q5. Would evening or weekend clinics have made it easier for you to attend?

Yes	☐
No	☐

Q6. If we provide the service on a smaller number of sites, you may need to travel further to attend a clinic. Would you be prepared to travel further for your breast assessment appointment if it meant you could be seen more quickly?

Yes ☐ No ☐ Not sure ☐

If “yes”, how much further would you - be prepared to travel?

_____

_____

_____

Q.7 Are there any other comments you would like to make in relation to your experience when you attended the breast assessment clinic? ?

Q8. What age are you (please tick)?

- Aged 18-30years ☐
- Aged 31-40years ☐
- Aged 41-50years ☐
- Aged 50-69years ☐
- Aged 70 or over ☐

Many thanks for taking the time to complete the questionnaire.

Please return in the prepaid envelope provided no later than Friday 28th July.

We are undertaking workshop events on this issue in your area during August. If you are interested in coming along, please note your name and contact details below.

Appendix 2: Patient Focus Group Invite

Health and Social Care Board

INVITATION

Having Your Say on Breast Assessment Services

Service User & Carer Event

Insert venue, date & time

The Health and Social Care Board is in the process of reviewing how breast assessment services are provided and is keen that service users and carers are able to input to that process. As a service user or carer who has experienced breast cancer, we are particularly interested in hearing about what was important to as you embarked on your cancer journey.

If you and a carer / friend would be willing to join us for tea and a conversation, we would be grateful if you could confirm attendance with, Laura Molloy, laura.molloy@hscni.net, 02895 363329

Please note, expenses for travel and replacement care or individual support can be reclaimed. If you require the support of a language interpreter or a BSL Interpreter, please let us know in advance.

All enquiries to be directed through Laura Molloy, Health and Social Care Board, 12-22 Linenhall Street, Belfast BT2 8BS, Telephone 08295363329

Appendix 3: Context Presentation for Patient Focus Groups

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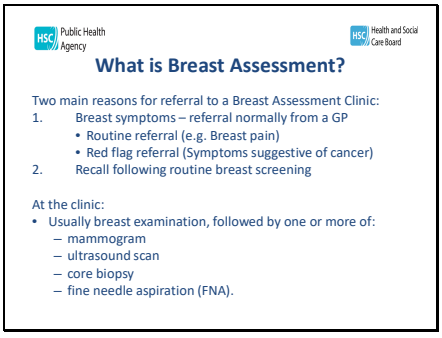
Slide 2

Slide 3



Slide 4

Staffing at clinics

- Consultant Surgeon
- Breast physician
- Consultant Radiologists
- Consultant Pathologists
- Breast care nursing staff
- Radiographers
- Medical laboratory scientific officers (MLSO)
- Outpatient nurses
- Chaperone
- Administrative and clerical staff

Slide 5

Location of Breast Assessment Clinics

Symptomatic

Located at 5 sites

- Belfast City Hospital
- Antrim Area Hospital
- Altnagelvin Hospital
- Craigavon area Hospital
- Ulster Hospital

Screening

Located at 4 sites

- Linenhall Street, Belfast
- Antrim Area Hospital
- Altnagelvin Hospital
- Craigavon area Hospital

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Why do we need to review our breast assessment services?

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Public Health Agency

Health and Social Care Board

Review of Breast Assessment Services

- 33% increase in referrals over the last 5 years – population projections suggest this trend will continue
- Challenges meeting waiting time targets for symptomatic patients and for those attending breast screening recall clinics
- Challenges sustaining necessary staffing across all Trusts

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Overview of the review process

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Objectives of the review

- To explore options for the provision of **breast assessment** services
- To assess and document each option
- To ensure that service users views are incorporated
- To deliver a consultation document on the future service model for breast assessment.

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Possible Service Options

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Service Configuration Options

5 site model with networked arrangements	4 site model	3 site model	2 site model	1 site

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Criteria to Assess Service Options

For discussion

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Quality

Screening

-The service meets all applicable professional standards for the NI Breast Screening Programme (timeliness will be considered under a separate criterion)

-The service follows NHSBSP Clinical Guidance for breast cancer screening assessment.

-Each surgeon involved in the NHS BSP should maintain a surgical caseload of at least 10 screen-detected cancers per year, averaged over a three year period

Symptomatic

-The service meets all aspects of quality. Specifically minimum volumes of activity applicable to each professional group, i.e. for 2017 prevalent standards include:

- Each surgical core member should undertake a minimum of 30 breast cancer procedures a year.

-Pathologists to undertake 50 primary cancer resections per year (screening or symptomatic).

-Radiologists to undertake a minimum of 3 PAs per week dedicated to direct clinical care in breast imaging to include input to both screening and symptomatic services.

-Breast care nurses should be able to provide specialist nursing advice and support for patients attending both screening and symptomatic clinics.

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Sustainability

- The service has, at each location, a team of sufficient size to ensure scheduled clinics are not cancelled because of staff absences.

-The service is sufficiently flexible and resilient and can effectively respond to modest increases in demand or decreases in capacity (e.g. through networked arrangements and skills mix).

-The service complies with the required radiologist/ radiographer rotation through screening and assessment.

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Timeliness

Screening

The service consistently complies with the screening standard; the percentage of women who are offered an appointment at an assessment centre within three weeks of attendance for the screening mammogram. Acceptable >98%, achievable 100%.

Red Flag

The service complies with 2 week waiting time target for all red flag patients.

Routine

The service complies with 9 week wait for all routine breast referrals.

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Deliverability

How readily could we have appropriate physical infrastructure in place to support the service model within 12 months of any decision being taken?

Can the appropriate diagnostic equipment be readily available within 12 months of any decision being taken?

Is there staff readiness to work within the model?

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Service User Experience

- Maximum travel time for the majority of service users of 1hour 30 minutes
- Site(s) should be accessible by public transport
- Is car parking accessible?

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Service Interfaces

A change in the model of breast assessment services should not compromise another service e.g. breast surgery services, imaging, general surgery and screening.

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Equality implications

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Section 75 groups

- People with different religious belief
- People of political opinion
- People of different racial groups
- People of different ages
- People of different marital status
- People of different sexual orientation
- Men and women generally
- People with a disability and people without
- People with dependents and people without

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End of Presentation

Thank you