3.0 ESTABLISHMENT OF A BREAST ASSESSMENT PROJECT BOARD

Following the regional clinical engagement workshop and the key messages emerging, the Department of Health asked the HSCB and PHA to undertake a substantive review of services, to include consideration of options for the future model of service delivery. It was agreed that this should take account of best practice and related guidance, an analysis of demand and capacity, the deliverability and sustainability of service options, the opportunity for skills mix initiatives and clinical and service user engagement. In regard to the provision of breast assessment, the priority to consolidate breast assessment services was identified, such that the service provision is sustainable and patients can be assured of equitable and timely access to care.

To progress this work the HSCB established a Project Board in April 2017 comprised of patient representatives, Trust senior clinical and managerial staff and senior management from the HSCB and PHA to ensure a cohesive approach to progressing the work required on this matter. A terms of reference was agreed in May 2017 and can be referenced in annex 1.

3.1 Project Board – Actions and Methodology

An open, transparent and collaborative approach was considered central to the work of the Project Board. Membership of the Project

Board is multidisciplinary and included representatives from all five provider Trusts.

Importantly, the Project Board also had substantive input from service users, with three patient/user representatives as members. The Project Board recognised the need for co-production in assessing the relevant issues and agreeing a preferred option for a future service model. To ensure that the views of service users were fully reflected in the work a service user engagement sub group was established to advise on what patient engagement activities would be required to inform the process. The sub group comprised of patient representatives, PPI advisors from the HSCB and PHA various representatives from the Trusts and the HSCB and PHA

Further detail on these engagement events is referenced in section 4.0.

The Project Board progressed its work in line with the Terms of Reference and a number of priorities were established including:

- to identify and agree a set of principles to guide decision making on a future service model.
- to understand the current service demand, activity and capacity.
- to identify and agree the options for a future service model.
- to identify and agree criteria by which all future service options could be considered and assessed.
- to identify and agree a weighting for each criterion.

- to agree a score for each service option against criteria
- to consider the optimum future model.

3.2 Site Visits

As part of the review the HSCB and PHA undertook site visits to breast assessment clinics throughout Northern Ireland. The aim of these site visits was to get an overview of the current service configuration and to understand the opportunities and constraints within each location. This involved a scoping of the demand, current activity and potential capacity associated with breast assessments services, the staffing complement and the infrastructure of current services. Members of the review group visited each of the current service providers to meet staff working in the breast assessment clinics, see the physical infrastructure within which services are provided and discuss the ability of providers to continue to sustain services and the potential for them to provide services to a wider population.

3.3 Develop and appraise options for the provision of breast assessment services

As part of the review process a range of options for the service model for delivering breast assessment services were considered and agreed. This approach of scoring and ranking options provided valuable quantitative information, which when considered alongside qualitative patient feedback and professional advice ensured a balanced and robust process for decision making.

Each option was appraised on how it would meet population needs and take account of key criteria (see further details section 5). Criteria development took account of key factors including sustainability, resilience arrangements; staffing models, accessibility and cost effectiveness.

3.4 Guiding Principles

As part of the review, the Project Board developed a set of guiding principles. It was agreed that these core principles should underpin future models of care:

- Service users should have equitable access to the breast assessment service.
- Service users referred to symptomatic breast assessment services, regardless of priority status, should be managed through a single referral route.
- Service users should be invited to attend a breast assessment clinic at which a range of diagnostics is available, subject to triage.
- Continuity of care should remain a priority for all service users attending a breast assessment clinic.
- Service users with a confirmed cancer who require follow up and treatment should have an identified key worker.
- Services should be monitored in regards to attendance rates, timeliness of assessment and outcomes.
- Any future model of breast services should ensure that screening assessment clinics meet the recognised QA

Standards of the Northern Ireland Breast Screening Programme.

- Any future model of breast services should promote a strong cohesive team working environment.
- Any future model of breast services should have the ability to provide service users with culturally appropriate services if required.

4.0 SERVICE USER AND PUBLIC ENGAGEMENT

The Project Board fully recognised the importance of the inclusion of service users throughout the review process. In order to formally gather patient views, on behalf of the Project Board, the HSC Leadership centre conducted a survey (questionnaires drafted and agreed by the engagement subgroup, see annex 6) and facilitated focus groups of service users.

4.1 Service User Survey

Each of the five Trusts in NI distributed questionnaires to a sample of 100 service users who had attended breast assessment clinics (both screening and symptomatic referrals) in March/April 2017. Those with a confirmed diagnosis of cancer were excluded from the sample as they were sampled via the focus groups instead.

Feedback was sought on a range of issues including travel time and distance, method of transport to clinic, the importance of travel time/timeliness of access to the service/duration of clinic and factors that would influence experience if they had to travel again for this service elsewhere in Northern Ireland.

4.2 Key findings

In total 185 responses were received equating to a response rate of 37%, with a fairly equal split across all Trusts.

177 respondents provided information on their age group, and the majority (55%) were aged 50-69 years. A further 24% were within the 41-50 years age range.12% were aged over 70 years old.

When considering their attendance at a breast assessment clinic:

- The majority (51%) of 176 respondents **rated length of time to wait for an appointment as the most important factor.**
- 27% of 176 respondents cited length of wait at the appointment as their second most important factor.
- 43% of 182 respondents stated that travel time or distance was not important in their decision to attend an appointment; 25% felt it was extremely important.
- 61% of 182 respondents stated that they would be prepared to travel further, if required, in a future model of Breast Assessment services. 21% were undecided as it depended on how far they would be expected to travel and the access to car parking and a further 18% stated that they would not be happy to travel further, even if they would be seen in a more timely fashion.

4.3 Patient Focus Groups

Focus groups were conducted to provide the opportunity for in depth discussions with patients, who had attended breast assessment and who had a diagnosis of cancer confirmed. The aim was to gain feedback about the essential components of continuity of care.

Focus groups were facilitated by a consultant from the HSC Leadership centre and held in community venues in each Trust area across Northern Ireland from 12th to 24th August 2017.

Method

Each Trust was asked to write 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.

4.5 Key findings

In total 33 patients and 8 carers attended the focus groups.

- Most reported that the length of time to wait for an appointment was the most important factor and emphasised the anxiety that women live with while waiting.

- There was variation in the maximum travel time patients would be willing to agree to, patients at focus groups cited a maximum of 1 hour.

- To maintain continuity of care the breast care nurse should continue to play a key role in providing a joined up service for patients.

- There was general consensus that the proposed criteria headings and content as drafted by the Project Board were appropriate.

Service users also provided several valuable suggestions on potential service improvements that could enhance patient experience. These have been shared with Trusts to inform current and future service delivery. A full summary of the engagement events and service improvement recommendations is available in Annex 6, The Leadership Centre Patient Engagement Report.

4.6 Wider public engagement

Throughout July and August 2017 a series of events were held to gather feedback on the review from patients and the public.

4.7 Public Meetings

A series of public meetings, facilitated by Local Commissioning Groups, were held across each Trust area from 3rd- 24th August 2017.To alert the public to these meeting a series of notices were put into local media. In addition to this direct mail was sent out to local stakeholders, including patients groups, voluntary sector organisations and community groups. Local charities facilitated further communication of events through social media and the HSCB Board advertised events through social media. A full breakdown of events, locations and dates can be referenced in Annex 7. At these meetings PHA and HSCB members of the Project Board explained the background and purpose of the review, outlined the suggested approach, and sought feedback on the draft criteria and potential equality implications. Comments and suggestions were welcomed from both LCG representatives and members of the public. These were considered by the Project Board when finalising the criteria and completing the review.

4.9 Community and voluntary sector meetings

Similarly in July 2017, Project Board members from the HSCB held individual meetings with a number of regional voluntary organisations to update them regarding the review and hear their feedback. This included meeting with colleagues from Age NI, Action Cancer, Cancer Focus NI, Macmillan Cancer Support.

5.0 CONSIDERATION OF SERVICE OPTIONS

5.1 Service options considered

The following options for the future provision of breast assessment services for the population of Northern Ireland were identified.

Option 1. Breast assessment and screening recall clinics provided at one location.

Option 2. Breast assessment and screening recall clinics provided at two locations.

Option 3. Breast assessment and screening recall clinics provided at three locations.

Option 4. Breast assessment and screening recall clinics provided at four locations.

Option 5. No change - breast assessment services provided at five locations, for those referred following symptoms (symptomatic referrals), and provided at four locations for those referred following breast screening (screening recall clinics), with networked arrangements.

5.2 Criteria for assessment/scoring of service options

The Project Board formed a multidisciplinary subgroup (criteria subgroup), which included service user representatives, to specifically develop criteria for assessing service options, propose criteria weighting

and subsequent option scoring. All of the proposals developed by the subgroup were discussed in detail at the Project Board and subsequently approved by the Project Board.

Throughout this process it was recognised that the process of appraising and scoring each potential option against agreed criteria provided a valuable quantitative tool by which it was possible to identify preferred options. The criteria subgroup acknowledged that the scoring of options helped to identify the potential service options which would best meet the needs of the people in Northern Ireland but that clinical views and stakeholder input must also be fully reflected. In that context the qualitative information from patient feedback and professional advice helped ensure a robust decision making process. The criteria subgroup met on three occasions and, following each meeting, presented their work to the wider Project Board for further scrutiny, discussion and agreement.

Throughout this iterative process, the criteria for assessment were refined in light of parallel feedback from patient surveys, focus groups, LCG public meeting events and Project Board discussions. Similarly the weighting of each criteria and final scoring were discussed and updated at each subgroup and Project Board meeting. A summary of how patient and public feedback helped shape the process is provided in annex 6.

As a result, the following finalised criteria and weightings were agreed by the Project Board for assessing/scoring the options for the future provision of breast assessment services. Subsequent to scoring against the criteria Project Board members agreed some minor changes to the

wording of criteria to provide better clarity of message. These were not scored against. It was agreed by Project Board members that this would not materially affect scores. The minor amendments can be referenced in annex 3.

	Criteria	**Weighting**
1.	**Ability to Meet Professional Standards** <u>Screening</u> -The service meets all applicable professional standards for the NI Breast Screening Programme. (timeliness will be considered under a separate criterion) -The service follows NHS Breast Screening Programme 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. <u>Symptomatic</u> -The service meets all aspects of quality. Specifically minimum volumes of activity applicable to each professional group, i.e. for 2017 standards include: - Each surgical core member to 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	**Pass/fail**

	imaging to include input to both screening and symptomatic services. -Breast care nurses to comply with best practice as set out in RCN guidance. ***Rationale: The overriding priority is to ensure that services are safe, sustainable and of high quality. This criterion is essential. Any option which failed to address it would be automatically ruled out of consideration***	
2.	**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. ***Rationale: It is important that the future model is responsive to changes in demand and unexpected changes in staffing levels. It is also important that that a cohesive team provides care and that contingency arrangements can be introduced as needed. Radiology and radiography screening staff must meet professional requirements, where appropriate, in***	**25**

	regard to screening mammography, screening needs and assessment.	
3.	**Timeliness** <u>Screening</u> 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%. <u>Red Flag</u> The service complies with 2 week waiting time target for all red flag patients. <u>Routine</u> The service complies with 9 week wait for all routine breast referrals. ***Rationale: It is important that the future model can respond to the volume of demand in a resilient and timely manner in accordance with existing waiting time standards***	**25**
4.	**Deliverability** The appropriate physical infrastructure can be in place to support the implementation of the new service model within 12 months of any decision being taken The appropriate diagnostic equipment can be readily	**20**

	available to support implementation of the new service model within 12 months of any decision being taken Staff are able and willing to participate in breast assessment clinics at a different location from where currently provided. ***Rationale: The Project Board recognise the importance of both securing the infrastructure required and ensuring staff are engaged throughout any consolidation process***	
5.	**Continuity** The option can deliver continuity of patient care, taking account of other related services, including imaging, breast surgery, pathology and oncology. The option can ensure continuity of care, with patients being managed, by one coherent team throughout assessment, surgical and oncological treatment. ***Rationale: Continuity of care is considered critical in providing high quality patient centred holistic care.***	**15**
6.	**Service Interfaces** The option ensures that any potential adverse impact on other services, including general surgery, general radiology, pathology and unscheduled care can be mitigated.	**10**

	Rationale: It is important that, for any future service model, the potential adverse impact can be identified and addressed in a manner that minimises any unintended impacts on other services.	
7.	**Geographic Access** For most patients travel time to breast assessment services will not be materially increased compared with current travel times**.** ***Rationale: The issue of accessibility is important for service users and families. The Project Board recognises the need for people attending breast assessment services to have reasonable access and not to travel for materially longer than is currently the case.***	**5**

5.3 Criteria scoring – summary

An overview of scoring against each criterion is provided in Annex 3. During the criteria assessment, each criterion was scored, with a potential total score of 1000 across all criteria. Option 1 (one site model) scored 350 and option 2 (two site model) scored 435, these low scores reflect the Project Board's concern about their deliverability, particularly challenges for staffing, which could impact upon sustainability.

Option 5 (no change - five site model for symptomatic service. Four sites for screening service with networked arrangements) scored 580. This score reflected the fact that although the service was readily deliverable, as it was already well established, it was not viewed as sustainable.

Only options 4 (four site model) and 3 (three site model) scored over 700, with scores close to one another, being 755 and 715 out of 1000 respectively.

The interpretation of criteria scoring and the considered view of the Project Board regarding the future service profile is discussed in more detail in Section 6.

6.0 PROJECT BOARD CONSIDERATIONS

The Project Board carefully considered all the relevant matters raised during the review period. This careful and detailed consideration was acknowledged as complementary to the scoring of service options against agreed criteria.

Specific matters considered by the Project Board are summarised as follows:

6.1 Need for Change

Throughout the review, Project Board members remained firmly of the view that change to the service profile for breast assessment was essential if services were to be provided in a timely sustainable manner. This need for change continued to be emphasised by the fact that, throughout 2017, pressures on services continue and in areas of Northern Ireland, most notably in the Southern Trust area, patients with suspected breast cancer experience unacceptable delays in being seen and assessed. The Project Board recognised that change would require a consolidation of breast assessment on to fewer locations across Northern Ireland and that maintaining the current service configuration was no longer possible if high quality timely care was to be provided.

6.2 Continuity of care

The National Institute for Health and Care Excellence defines continuity of care in terms of 'patient experience as, care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.[1]

The Project Board agreed that any future model should preserve continuity of care. The Project Board recognised this should be integral to the process and in that regard a separate sub group to focus on aspects of continuity of care was convened. Service users and patient engagement highlighted that continuity of care could be delivered in

[1] 'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.4.1.

many different ways. Feedback obtained through the sub group and wider patient engagement highlighted the following points in relation to the patient's perspective on continuity;

- Timeliness of access to breast assessment services and subsequent care is more important than seeing the same people and clinicians throughout the pathway.
- Service users and patient engagement also highlighted that for them, continuity was not attached to one single individual providing care, and continuity should be focused on the concept of team and a good standard of care and communication through that team.
- Patients felt that a team of breast care nurses could provide a good support in terms of continuity of care.

The clinical view within the Project Board was that continuity of care could be optimised by having aspects of care most notably, assessment, diagnosis and surgical services physically co located in the same centre.

Project Board members acknowledged that if co-location of services represents the optimum service model, then the consolidation of breast assessment services, which is essential to improve sustainability, would mean a consolidation of other breast services. Specifically, this may mean that breast cancer surgery, currently provided by five Trusts, would be provided by fewer Trusts.

Project Board members recognised that any change in the provision of breast surgery should be considered carefully, as such a change may also have an impact on other surgical services including out of hours emergency services.

It was agreed by Project Board members, that to fully understand all the relevant implications of co-location and to carefully consider the best way forward in light of wider service implications, a detailed assessment would be required. This would involve numerous stakeholders, including a broad range of clinical disciplines who are involved in the provision of surgical services and other related specialties.

Therefore the Project Board recommends that a separate piece of work is pursued to fully explore the benefits of co-location of breast assessment and surgical treatment. However, in respect of the growing pressure within breast assessment services, the Project Board agreed that the priority should be to progress at pace with the consolidation of breast assessment services, ensuring that continuity of care is integral in the implementation of this.

> **Recommendation 1:** Given the importance of continuity of care and the clinical view that co-location optimises continuity, the Project Board recommends that the Department of Health consider the need for a wider review of breast services including breast surgery.

6.3 A Networked Approach to Care

Project Board members were firmly of the view that the future service configuration would require full participation of the five provider Trusts working cooperatively in the delivery of the service. All Trusts would be involved in shaping the future direction of the service and discussing and agreeing key service issues, such as care pathways, staffing levels and measures to respond to increased demands. This will facilitate greater collaborative working and membership will include service users, commissioners, and multidisciplinary staff from all Trusts, working across traditional Trust boundaries to help deliver and support breast assessment services for the population across NI. The Project Board considered that all Trusts, whether directly providing breast assessment services or not, should actively participate in shaping breast assessment services through a Breast Assessment Network. Such a network would strengthen collaboration, provide the opportunity for collective advice and decision making and, importantly offer significant and visible clinical leadership for this important diagnostic service.

Recommendation 2: ***The future model of breast assessment services will include the establishment of a Breast Assessment Network with all Trusts, commissioners and services working together to shape and support service provision for the population of Northern Ireland.***

6.4 Travel Times

The Project Board considered a detailed travel time analysis of the various configurations for a future service model (see annex 6), including for breast assessment services at three and four locations.

This analysis was conducted by the HSC Board using *MapInfo Pro*, a geographical information system (GIS) software package, with RouteFinder software using NavTeq17 road data was used for mapping and location analysis. This is a tried and tested methodology and reflects the approach that has been utilised in other recent service reviews in Northern Ireland.

Patient postcode data (as at January 2016) was obtained from the HSC Business Services Organisation (BSO) which manages registration of all patients registered with a GP in NI. The travel time is an average over 24 hours, using a range of vehicles based on an average driving behaviours, averaged sized vehicles driven at average speeds for each section of the road and takes into account one way systems. While the Project Board recognised that actual journey during peak time could take longer, while one during the night could take less, members acknowledged that the methodology was robust and permitted comparison of travel times for a range of service options.

On reviewing travel time information the Project Board recognised that any consolidation of breast assessment services on to fewer locations would inevitably result in some people having a longer travel time to reach assessment clinics and that this was supported by the travel time data.

Project members agreed a modest increase in travel times compared to status quo was not considered a material increase in regard to the ability of people to access services.

Feedback from service user focus groups and surveys highlighted the overarching priority of timeliness of assessment. In this context, the Project Board was of the view that the modest increase in travel times was acceptable if it meant more timely access to care.

6.5 Number of locations for breast assessment services

The Project Board considered that there is relatively little difference in scoring between four services (option 4 - 755/1000) and a three services (option 3 715/1000) model, but that all other options scored significantly less (350-580/1000). It was recognised that the scoring was exceptionally helpful in identifying preferred options but that those options must be evaluated alongside feedback from patients and professional advice to ensure a rigorous and balanced decision making process.

Therefore the decision on the number of sites to be recommended was subject to further discussion at the Project Board and took account, in particular, of the population needs and likely longer term sustainability associated with four or a three services model.

Given the vulnerabilities in the current model particularly in relation to staffing, the Project Board considered that a move from five services to

four may represent an option that could be delivered more readily than other options. The Project Board recognised, however, that such an approach would represent a service change that is not substantive enough to secure sustainable services for the population of Northern Ireland, in the medium to long term. This was emphasised by the experience of the breast assessment services for those referred from breast screening. This service is currently delivered at four locations, but the model continues to experience constraints and challenges in meeting waiting time standards.

Therefore, to ensure longer term sustainability of the service, the Project Board considered that the provision of breast assessment services in three locations represents the optimum future model.

Recommendation 3: It is the view of the Project Board that providing breast assessment services for the population of Northern Ireland in three locations represents the preferred future model.

6.6 Proposed locations for breast assessment services

As previously outlined, the Project Board gave detailed consideration to travel time analysis of the various configurations for models of a three location service. Travel time analysis was based on current sites, as it was the view and expectation of the Project Board that services would predominantly continue to be provided at existing sites.

It was considered that due to the implications of travel time in the Greater Belfast area, a location for a breast assessment service in the Greater Belfast area would be required. There are currently three services located within the Greater Belfast Area at the Belfast City Hospital, the Ulster Hospital Dundonald (both symptomatic services) and Linenhall Street (screening assessment service which serves both the population of Belfast and South Eastern Trust areas.) As each of these locations are in very close proximity, it is anticipated that a consolidation to a single service would not adversely impact geographical accessibility. It would, however, consolidate the teams which currently work across the three sites and in doing so this would help to provide a high quality, sustainable service for people in the Greater Belfast and North Down area. The location of this service will be determined by the Breast Assessment Network as part of the implementation process.

It was also recognised that given the geography of the West, and associated travel times, it would be reasonable to provide a location for a breast assessment service in the Western Trust area. Detailed travel time analysis showed that:

- Having no provision in the Greater Belfast area will result in more patients travelling beyond 30 minutes (with a Belfast location five out of ten patients would be within 30 minutes travel time and without a Belfast location four out of ten patients would be within 30 minutes travel time).
- Options that excluded the West (Altnagelvin) resulted in more patients travelling up to 90 minutes and beyond (with an Altnagelvin location nine out of ten patients would be within 90

minutes travel time and without an Altnagelvin location eight out of ten patients would be within 90 minutes travel time)

Therefore, the Project Board was of the view that there should be a breast assessment location in the Greater Belfast area provided by South Eastern Trust, Belfast Trust or collectively by both Trusts. It was also considered that there should be a service in the Western Trust area, in Altnagelvin Area Hospital. It was recognised by the Project Board that this would also build on the consistent performance in relation to waiting time standards and success of skills mix initiatives in this service.

Various proposals for the third assessment location were considered including:

- A second site in Greater Belfast (South Eastern Trust or Belfast Trust)
- Northern Trust (Antrim Area Hospital)
- Southern Trust (Craigavon Area Hospital)

Each option was considered in terms of ability to provide sustainability, timeliness, accessibility and deliverability. In this context, the Project Board agrees that the Northern Trust is in the strongest position to provide the service. The Northern Trust is the preferred option for the third location due to a number of factors including:

- Demonstrated ability to take on stepped change in activity
- Current provision of the regional Higher Risk Screening service
- Stable coherent team already in place

- Proven recruitment and retention of staff
- Overall performance against 14 day breast cancer target of 97% in 2016/17
- 25%[2], of the population of NI reside in the Northern Trust area which represents the largest proportion of all the Trust areas.

Recommendation 4: The three breast assessment locations would comprise;

- ***Greater Belfast area, with consolidation of the current three service locations to a single service. The location of this service will be determined by the Breast Assessment Network as part of the implementation process.***
- ***Western Trust (Altnagelvin Area Hospital).***
- ***Northern Trust (Antrim Area Hospital).***

6.7 Implementation

The Project Board recognised that the successful implementation of the proposed service change will require a carefully managed phased process by the Breast Assessment Network.

The Breast Assessment Network will have responsibility for overseeing the implementation of the final recommendations in regard to the future service provision of breast assessment including the following:

[2] Source: NISRA, Based on 2016 Population Mid-Year Estimates

- *The phasing of the consolidation.*
- *Ensuring available capacity meets anticipated demand both now and in the longer term.*
- *The care pathway for patients requiring surgery.*
- *The opportunities to optimise staff skill mix.*
- *Take due account of HR matters particularly those affecting staff who may work across sites.*
- *Opportunities to improve the patient experience of care.*
- *Ensuring the infrastructure is correct at each location.*
- *Effective arrangements to manage referrals, ensuring equity of access.*
- *The implications of the change in breast assessment clinics on the wider breast screening programme.*

Recommendation 5: The Breast Assessment Network, with multidisciplinary membership from Trusts, regional HSC bodies and service user representatives, will oversee the implementation of the final recommendations arising from this review.

7.0 THE WAY FORWARD

The Project Board recognised that the consolidation of breast assessment services will require a systematic rigorous approach that takes due account of the personnel matters pertaining to staff, the administrative and organisational aspects of the service and the need to ensure that capacity within the service can effectively respond too

demand. Therefore the Project Board considered that robust implementation arrangements were required.

Annex 1. Terms of Reference

HSC Public Health Agency

nican northern ireland cancer network

HSC Health and Social Care Board

Review of Breast Assessment Services NI

Terms of Reference

Release/Status	Draft
Version	0.1

Date 27/04/2017

Prime Authors

1. Summary

The Project Board has been established by the Health and Social Care Board and Public Health Agency, to undertake a review of the provision of breast assessment services to identify the optimum model for the future delivery of services.

2. Background

Symptomatic breast assessment services are currently provided by five sites: Belfast City Hospital; Craigavon Area Hospital; Altnagelvin; Antrim Area Hospital and Ulster Hospital. Breast screening is currently provided across four sites (the Belfast HSC Trust provides the service for women resident in the South Eastern HSC Trust). There are a number of emerging pressures within breast assessment services which compromise the ability to provide care consistent with prevalent standards. These include:

- An increasing demand for breast assessment services, particularly an increasing number of referrals because of signs and symptoms suggestive of breast cancer;
- Increasing challenges meeting the Ministerial target in regard to timely assessment of people with suspected breast cancer;
- Challenges in meeting the 3 week recall standard for breast screening; and
- Increasing challenges in ensuring the necessary professional staff are available to provide sustainable services.

A regional workshop was held with clinicians and managers on 26 October 2017 to consider the future configuration of the service. There was consensus among participants that the current service model was unsustainable and that consideration should be given to providing the service on fewer sites. The Project Board has been established to take forward that work.

3. Objectives of the Review

- The review will explore options for the provision of breast assessment services to ensure the delivery of sustainable, equitable and timely breast assessment for patients referred to symptomatic assessment clinics by their GP or for women recalled after a screening mammography.

- The Review will assess and document each option in regard to
    - How it meets population needs;
    - Service sustainability / resilience;
    - Workforce / skills mix;
    - Timeliness of access;
    - Geographic Accessibility.
- The Review will also assess each option against the agreed Departmental criteria for service reform.
- The Review will ensure that service users views are incorporated from the outset and these views are represented in any process going forward.
- The Review's primary deliverable will be a consultation document on the future service model for breast assessment.

4. Structure

The review will be undertaken by a regional Project Board, chaired by Michael Bloomfield, Deputy Chief Executive, HSCB. The Project Board will comprise of members with the relevant expertise to oversee the review and provide appropriate input and strategic context. This will include clinical, managerial and patient representation. Members are expected to represent a regional rather than organisational perspective.

5. Communication

It is the expectation that Project Board members will, where appropriate, communicate with their wider peer group in relation to this work through established fora (e.g. MRCN, Cancer Operations Meeting)..

A further regional workshop will be organised in the Autumn to allow the input of the wider stakeholder community.

6.Reporting Arrangements

The Project Board will report through to the Chief Medical Officers (CMO) workstream on service reconfiguration to the Transformation Implementation Group (TIG). When agreed by the Project Board, a draft consultation document will be considered and approved through the CMO's work stream and TIG prior to going to public consultation.

7. <u>Frequency of Meetings</u>

The Project Board will meet every four to six weeks.

8. <u>Record of meetings</u>

All meetings will be minuted and action notes issued.

9. Public and Patient Involvement

In addition to patient representation on the Project Board, the Leadership Centre will be commissioned to deliver service user surveys and run a series of focus groups across the region, the results of which will inform the Project Board's deliberations.

10. Timescale

The timescale is subject to change and will be adapted following the first meeting of the Project Board.

	Month/Duration
Project Board Meetings	May - October 2017
Consultation Document signed off by Project Board	October 2017
Public Consultation	November - Feb 2018
Summary sent to TIG for consideration	March 2018

Annex B: Excerpts from the Breast Assessment Project Board's *Draft Report on the Future Model of Breast Assessment,* January 2018

Annex 3. Assessment of Service Options against Criteria

Options considered

The following options for the future provision of breast assessment services for the population of Northern Ireland have been identified.

This section sets out the implications of the proposed criteria on the generic options identified of this document.

5.1 Option 1 – Breast Assessment services provided on 1 Trust site

Option 1 Breast Assessment Services located **in one Trust**	**Raw Score**	**Weighted Score**
Quality & Safety The Project Board considered that this criterion would be fully met.	PASS	PASS
Sustainability The Project Board considered that this criterion would be substantially met, with some reservations that if staff were unable to travel to a single site or spent significant time doing so this may ultimately undermine sustainability In relation to a single site having a larger team of staff, there were also some reservations that this would not necessarily create more flexibility and could potentially impact on teamwork.	6	150
Timeliness Ability to meet waiting time targets may be affected by: lost staff time because of need to travel to a single location; more time required from patients and carers to travel to attend appointments and consequently less flexibility in accommodating appointments; less flexibility in assigning time for appointments as those travelling significant distances should not be expected to have very early (or very late) appointments at clinic.	5	125

Deliverability The Project Board considered that the significant impact in regard to infrastructure, equipment and willingness of staff to travel meant this option was not deliverable within a 12 month timescale.	1	20
Continuity The Project Board considered that as the number of sites decreases delivering continuity of breast care for patients becomes increasingly difficult. There were significant reservations about a one site model in this regard.	2	30
Service Interface The Project Board considered that the very significant service interface issues—with an impact on 4 Trusts – meant that it would be exceptionally difficult to minimise impact on other services	1	10
Geographic access The Project Board considered that additional travel time meant that this option may not offer a good service user experience.	3	15
	TOTAL	350

Option 2 Breast Assessment Services located in two Trusts	**Raw Score**	**Weighted Score**
Quality & Safety The Project Board considered that this criterion would be fully met	PASS	PASS
Sustainability The Project Board considered that this criterion would be substantially met, with some reservations that the two locations may have different capacity. If this was the case the smaller one may be difficult to sustain and consequently the service model may not be sustainable. Scoring assumes some differential in size/capacity and scores would increase if each location was of similar size.	7	175
Timeliness Ability to meet waiting time targets may be affected by: lost staff time because of need to travel to one of two locations; more time required from patients and carers to travel to attend appointments and consequently less flexibility in accommodating appointments; less flexibility in assigning time for appointments as those travelling significant distances should not be expected to have early (or late)	6	150

appointments at clinic. Ability to meet this criterion was considered to be higher than for option 1.		
Deliverability The Project Board considered that the significant impact in regard to infrastructure, equipment and willingness of staff to travel meant this option was not deliverable within a 12 month timescale.	1	20
Continuity The Project Board considered that as the number of sites decreases delivering continuity of breast care for patients becomes increasingly difficult. There were some reservations about a two site model in this regard; however it was felt to be more deliverable than option 1.	3	45
Service Interface The Project Board considered that as more Trusts would be impacted , it would be more difficult to minimise impact on other services.	2	20
Geographical Access The Project Board considered that additional travel time compared with options 3, 4 and 5 meant that this option may not offer a good service user experience.	5	25
	TOTAL	435

Option 3 Breast Assessment Services located in three Trusts	**Raw Score**	**Weighted Score**
Quality & Safety The Project Board considered that this criterion would be fully met	PASS	PASS
Sustainability The Project Board considered that this criterion would be substantially met, with some reservations that if the three locations were of very different capacity then if one was difficult to staff and sustain, consequently the service model may not be sustainable. However it was considered that 3 sites would be more likely to equate to similar sized units than option 2, and therefore would be more sustainable.	9	225
Timeliness Ability to meet waiting time targets may be modestly affected by: lost staff time because of need to travel to one of three locations; more time required from patients and carers to travel to attend appointments and	8	200

consequently less flexibility in accommodating appointments; less flexibility in assigning time for appointments as those travelling significant distances should not be expected to have very early (or very late) appointments at clinic. Ability to meet this criterion was considered to be higher than for option 1 or option 2.		
Deliverability The Project Board considered the significant impact in regard to infrastructure, equipment and willingness of staff to travel meant this option would be challenging to deliver within a 12 month timescale. Ability to meet this criterion was considered to be higher than for option 1 or option 2	5	100
Continuity The Project Board considered that as the number of sites decreases delivering continuity of breast care for patients becomes increasingly difficult. It was considered that a 3 site model would be better for improved continuity of care as opposed to option 2, or option 1**.**	8	120
Service Interface The Project Board considered that the significant service interface issues with an impact on 2 Trusts meant that it could be difficult to minimise impact on other services.	4	40
Geographic access The Project Board considered that additional travel time meant that this this option may not offer as good an experience for service users as option 4 or 5.	6	30
	TOTAL	715

Annex B: Excerpts from the Breast Assessment Project Board's *Draft Report on the Future Model of Breast Assessment,* January 2018

Option 4 Breast Assessment Services located in four Trusts	**Raw Score**	**Weighted Score**
Quality & Safety The Project Board considered that this criterion would be fully met	PASS	PASS
Sustainability The Project Board considered that this criterion would be substantially met, with some reservations that it may rely on relatively small teams at each site and therefore similar vulnerabilities and challenges with sustainability as those currently experienced with service provision on 5 sites.	7	175
Timeliness Substantially met but the ability to meet waiting time targets may be very modestly affected by: lost staff time because of need to travel to one of four locations; more time required from patients and carers to travel to attend appointments and consequently less flexibility in accommodating appointments; less flexibility in assigning time for appointments as those travelling significant distances should not be expected to have early (or late) appointments at clinics. Ability to meet this criterion was considered to be higher than for option 1 or option 2	8	200
Deliverability The Project Board considered that in regard to infrastructure, equipment and willingness of staff to travel this option would be deliverable within a 12 month timescale	8	160
Continuity The Project Board considered that as the number of sites decreases delivering continuity of breast care for patients becomes increasingly difficult. It was considered that a 4 site model would significantly improve continuity compared to options 1,2, and 3.	8	120
Service Interface The Project Board considered that the significant service interface issues—with an impact on 1 Trust – meant there may be some difficulty in sustaining all related services, including breast surgery, on existing sites. However this would be less of an impact than options 1, 2 or 3.	6	60

Geographic access The Project Board considered that there would be relatively little impact on travel time therefore this option would substantially meet the criterion	8	40
	TOTAL	755

Option 5 Breast Assessment provided on 5 Trust sites – Status Quo	Raw Score	Weighted Score
Quality & Safety The Project Board considered that current services met the prevalent quality standards.	PASS	PASS
Sustainability The Project Board considered that the current service model is no longer sustainable, primarily as a consequence of the significant challenges staffing breast assessment clinics across all Trusts.	2	50
Timeliness The Project Board recognised that timely access to care is not being delivered in the current service model, despite collaborative networking with other Trusts.	3	75
Deliverability The Project Board considered that this criterion was fully met as services were already in place and therefore no deliverability matters are outstanding	10	200
Continuity The Project Board considered that as the number of sites decreases delivering continuity of breast care for patients becomes increasingly difficult. It was considered that the current networking arrangements to support the 5 site model, whilst improving timeliness for all service users, mean that continuity is suboptimal for a proportion of patients.	7	105

Service Interface The Project Board considered that this criterion was fully met as service interface issues in each Trust supported the ongoing provision of other services.	10	100
Geographic Access The Project Board considered that this criterion was fully met as current geographic access is already in place.	10	50
	TOTAL	580

Annex 4: Drive time analysis for Symptomatic

		Drive Times (Cumulative)				
No. Sites	**Sites**	**<30mins**	**<45 mins**	**<60 mins**	**<75 mins**	**<90 mins**
2	Altnagelvin & Ulster	26.9%	47.9%	64.3%	82.8%	92.8%
	Altnagelvin & Belfast City	36.9%	59.4%	77.6%	91.6%	95.9%
	Altnagelvin & Antrim	25.5%	52.1%	70.2%	84.7%	93.0%
	Altnagelvin & Craigavon	15.2%	33.6%	64.4%	84.6%	94.9%
	Antrim & Belfast City	37.1%	56.6%	72.0%	83.0%	91.3%
	Belfast City & Ulster	35.1%	51.9%	66.0%	76.0%	83.1%
	Belfast City & Craigavon	37.7%	57.9%	71.9%	80.3%	86.1%
	Antrim & Craigavon	26.5%	57.3%	74.2%	85.1%	92.6%
	Craigavon & Ulster	28.0%	54.0%	68.9%	78.5%	83.1%
	Antrim & Ulster	31.4%	51.3%	63.4%	77.1%	87.1%
3	Altnagelvin, Antrim and Ulster	38.5%	60.8%	73.9%	87.0%	93.7%
	Antrim, Belfast City & Ulster	42.3%	58.6%	72.8%	83.2%	90.3%
	Belfast City, Craigavon & Ulster	42.9%	59.9%	72.6%	80.6%	86.1%
	Altnagelvin, Belfast City & Ulster	42.1%	61.4%	78.4%	91.8%	95.9%

	Altnagelvin, Belfast City and Craigavon	44.7 %	67.4%	84.3%	94.3%	96.9%
	Altnagelvin, Craigavon and Ulster	35.0 %	63.5%	81.6%	93.7%	96.4%
	Altnagelvin, Antrim and Craigavon	33.6 %	66.8%	84.6%	93.6%	96.7%
	Antrim, Belfast City and Craigavon	44.9 %	64.6%	77.1%	86.6%	93.0%
	Antrim, Craigavon and Ulster	39.6 %	65.7%	77.4%	86.6%	92.9%
	Altnagelvin, Antrim and Belfast City	44.2 %	66.1%	82.5%	92.8%	96.1%
4	Antrim, Belfast City, Craigavon and Ulster	50.2 %	66.6%	77.8%	86.9%	93.0%
	Altnagelvin, Antrim, Belfast City & Ulster	49.4 %	68.1%	83.2%	93.1%	96.1%
	Altnagelvin, Belfast City, Craigavon & Ulster	50.0 %	69.5%	85.1%	94.6%	97.0%
	Altnagelvin, Antrim, Belfast City and Craigavon	52.0 %	74.0%	87.5%	95.2%	97.1%
	Altnagelvin, Antrim, Craigavon and Ulster	46.6 %	75.2%	87.8%	95.2%	96.9%
5	Altnagelvin, Antrim, Belfast City, Craigavon and Ulster	57.2 %	76.0%	88.3%	95.4%	97.1%

Annex 5: Drive time Analysis for Screening[3]

		Drive Time				
Options	**Hospitals**	**<30mins**	**<60 mins**	**<60 mins**	**<60 mins**	**<60 mins**
Option 1	Altnagelvin, Antrim, Craigavon &	1,032,594	1,446,173	1,694,748	1,836,811	1,871,277
		53.7%	*75.2%*	*88.1%*	*95.5%*	*97.3%*

[3] Postcode and population - BSO (FPS), MapInfo Pro v15, RouteFinder v5

	Linenhall Street					
Option 2	Altnagelvin, Antrim & Craigavon	646,693	1,285,127	1,628,456	1,801,626	1,859,838
		33.6%	*66.8%*	*84.7%*	*93.7%*	*96.7%*
Option 3	Altnagelvin, Antrim & Linenhall Street	887,100	1,307,920	1,610,558	1,796,298	1,854,191
		46.1%	*68.0%*	*83.7%*	*93.4%*	*96.4%*
Option 4	Altnagelvin, Craigavon & Linenhall Street	919,121	1,341,075	1,643,729	1,820,753	1,870,843
		47.8%	*69.7%*	*85.5%*	*94.7%*	*97.3%*
Option 5	Antrim, Craigavon & Linenhall Street	896,524	1,264,008	1,493,568	1,672,437	1,792,609
		46.6%	*65.7%*	*77.7%*	*87.0%*	*93.2%*

Annex 7 LCG public meeting events, locations and dates

LCG	**Location**	**Date and time**
South Eastern	Ballynahinch Methodist Church	Thursday 3rd August, 2.00pm

	Ards Town Hall	Thursday 10th August, 6.00pm
Western	Great Hall, Tara Centre, 11 Holmview Avenue, Omagh, BT79 0AH	Wednesday 9th August, 3.15pm
Belfast	Amy Carmichael centre	Thursday 17th August, 12-1pm
Northern	Northern Office, County Hall	Thursday 24th August 11.30am
Southern	Boardroom, Health & Social Care Tower Hill, Armagh	Thursday 24th August 3.00pm