



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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Public Consultation Document

RESHAPING BREAST ASSESSMENT SERVICES

Proposals for the Future Model of Breast Assessment
Services for the Population of Northern Ireland

Date of issue: 25 March 2019

Action required: Responses by 17 June 2019

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FOREWORD

By the Permanent Secretary

How we organise our health and social care services is of fundamental importance to the quality of those services.

That's very clear when it comes to breast assessment - the Ministerial standard is that people referred with suspected breast cancer should be seen and assessed within 14 days, however the way breast assessment services are currently delivered across five Trusts has been increasingly struggling to meet this, with women waiting longer than 14 days to be seen and assessed.

This is unacceptable, and without reform it will deteriorate further in future, despite the expertise and superb commitment of staff.

We also have a shortage of specialist staff, especially consultant radiologists. That is a UK-wide problem and while work is ongoing to train and recruit more staff, there are no quick or easy fixes.

With resources too thinly spread across our five Trusts, services are becoming fragile - staff sickness, staff departures and even staff leave can pose significant problems. That can mean longer waiting times, as we've already seen in recent years, increasing sometimes at alarming rates.

There is also a strong clinical consensus supporting the view that the current service provision is no longer sustainable. And while we could try to persevere with the current arrangements for breast assessment, maintaining a struggling system and hoping it will all hold together a little while longer, that would mean accepting an increasingly vulnerable level of service. And the projected growth in demand will only add to this fragility.

Put simply, unless we make changes, more of our citizens will face increased delays in receiving breast assessment, including delays in finding out if they have cancer. We simply cannot tolerate such a situation.

This is the reason for this public consultation, which sets out firm proposals for the future. The aim is to establish a model of care which will provide high quality, safe, sustainable, accessible and timely services. This is achievable with a modest level of consolidation – concentrating provision on three locations that will serve the whole of Northern Ireland.

These issues are not unique to Northern Ireland, and others are also in the process of reviewing how best to organise and deliver services across the UK.

Research carried out by independent experts commissioned by the Department indicates that services which have reorganised into larger centres, catering to greater numbers of patients, deliver more resilient and reliable services as they have greater numbers of personnel. There is evidence that small services have specific problems with insufficient key personnel and as a consequence often deliver poorer results than larger units.

While there will be no change to the breast screening service currently provided by the static and mobile units provided across all five Trust areas, the proposed changes to breast assessment services will, for some people, mean additional journey times. However, research suggests reasonable travel increases are acceptable to patients – if the result is more timely access to high quality care in regional centres of excellence.

My thanks go to the Breast Assessment Project Board for all its work leading up to today's report.

I would encourage as many people as possible to read this consultation document and make their voices heard.

Richard Pengelly
Permanent Secretary, Department of Health

RECOMMENDATIONS AND QUESTIONS

Recommendation 1: A regional Breast Assessment Network will be established by December 2019 to oversee implementation and ongoing delivery of the future model of Breast Assessment Services, to include all Trusts, commissioners and services working together to shape and support service provision for the population of Northern Ireland.

Question 1: Do you agree that a Breast Assessment Network should be established as part of the future service delivery model?

Recommendation 2: Breast Assessment Services for the population of Northern Ireland will be provided in no more than three locations by December 2020.

Question 2: Do you agree that Breast Assessment Services should be provided in no more than three locations?

Recommendation 3: The three breast assessment locations will comprise:

- Altnagelvin Area Hospital
- Antrim Area Hospital
- Greater Belfast (likely to be the Ulster Hospital subject to the development of appropriate patient pathways).

Question 3: Do you agree with the proposal to consolidate service delivery at these three locations?

Recommendation 4: Patient referrals to Breast Assessment Services in Northern Ireland will be managed through a central booking system by December 2020.

Question 4: Do you agree that patient referrals to Breast Assessment Services should be managed through a central booking system?

WHY WE ARE CONSULTING ON BREAST ASSESSMENT SERVICES

The current configuration of breast assessment services does not consistently provide appointments within the national standard waiting times. It is therefore unsustainable.

This document has been published by the Department of Health, referred to below as “the Department” or “DoH”, in order to consult the public, service users, patient representatives and other stakeholders on proposals to improve the timely delivery of breast assessment services in Northern Ireland.

It reflects the work and recommendations of the Breast Assessment Project Board (“the Project Board”) which was established in 2017 to consider future service model options in light of ongoing capacity constraints and projected increases in demand.

The document:

- describes what is meant by breast services and how these are currently delivered by Health and Social Care in Northern Ireland;
- provides the national standards for waiting times to be seen at breast assessment clinics;
- explains the ongoing challenges of meeting these standards through the current service model;
- summarises the work of the Project Board in engaging with stakeholders to develop and assess options for service improvement; and,
- provides recommendations for service reconfiguration with the objective of securing a service model which will provide a high quality, safe, sustainable, accessible and timely service.

We therefore invite all stakeholders to consider and comment on the recommendations and proposed model for improving breast assessment services. Responses can be submitted using the questionnaire or web link below (see Page 21).

The consultation will run from **25 March 2019** until **17 June 2019**.

Equality, rural, and regulatory considerations are contained at Page **20**.

Information on how to submit your views to the Department is set out at Page **21**.

A consultation response form is provided at **Annex A**.

Other annexes to this document provide further detail about the work of the Project Board to develop options and criteria for the assessment of options, analyse travel times, the outcome of the options appraisal, as well as detailed feedback from engagement carried out with stakeholders as part of this process.

NB. It should be noted that the material in this consultation document refers only to breast assessment clinics. These are the clinics at which people referred because of signs and symptoms of breast cancer are seen and assessed. It also includes the assessment clinics for those women recalled or referred for assessment following their breast cancer screening. Further information about the breast screening programme in Northern Ireland can be found at:

http://www.cancerscreening.hscni.net/Overview_of_Breast_Screening_Programme.htm

WHAT ARE BREAST ASSESSMENT SERVICES?

Breast assessment services provide a 'one stop' outpatient clinic appointment for patients referred with either:

- breast symptoms which may or may not be suggestive of cancer (**symptomatic referrals**); or
- requiring follow up of a breast screening mammography test (**screening referrals**). It is estimated that 4 in every 100 women who have screening will require referral for further assessment.

Those attending a breast assessment clinic can undergo a 'triple assessment', including a breast examination, radiological investigations (mammogram or ultrasound), and a biopsy test to further confirm the diagnosis.

Not everyone will require all tests and the majority of those attending will only require one appointment at the clinic.

Due to the range of assessment and investigations provided a multidisciplinary team of specialist staff, often including at least three different medical specialists (surgeon or breast specialist, radiologist and pathologist), and also including radiographers, breast care nurses, medical laboratory scientific officers (MLSOs) and chaperones is required to deliver a breast assessment clinic.

HOW LONG SHOULD IT TAKE TO HAVE A BREAST ASSESSMENT APPOINTMENT?

The national standards relating to waiting times to be seen at breast assessment clinics state that:

- patients referred with **signs or symptoms of suspected breast cancer** (red flag referrals) should be seen **within 14 days**¹;
- patients referred with **signs or symptoms not suggestive of cancer** (routine referrals) should be seen **within 9 weeks**;
- women who require **follow up of a screening mammography** (screening referrals) should be seen **within 3 weeks**².

¹ DHSSPSNI Guidance on completing SDR2 (BC): 'Reporting of the two week target for Breast Cancer Waiting Times' 2008
<https://www.healthni.gov.uk/sites/default/files/publications/dhssps/sdr2-guidance-14-day-breast-cancer-waiting-time-target.pdf>

² Public Health England NHS Breast Screening Programme Consolidated standards April 2017 available at:

HOW ARE BREAST SERVICES DELIVERED IN NORTHERN IRELAND?

Currently in Northern Ireland breast assessment services are provided by all five Health and Social Care Trusts at the following locations (see Figure 1 below):

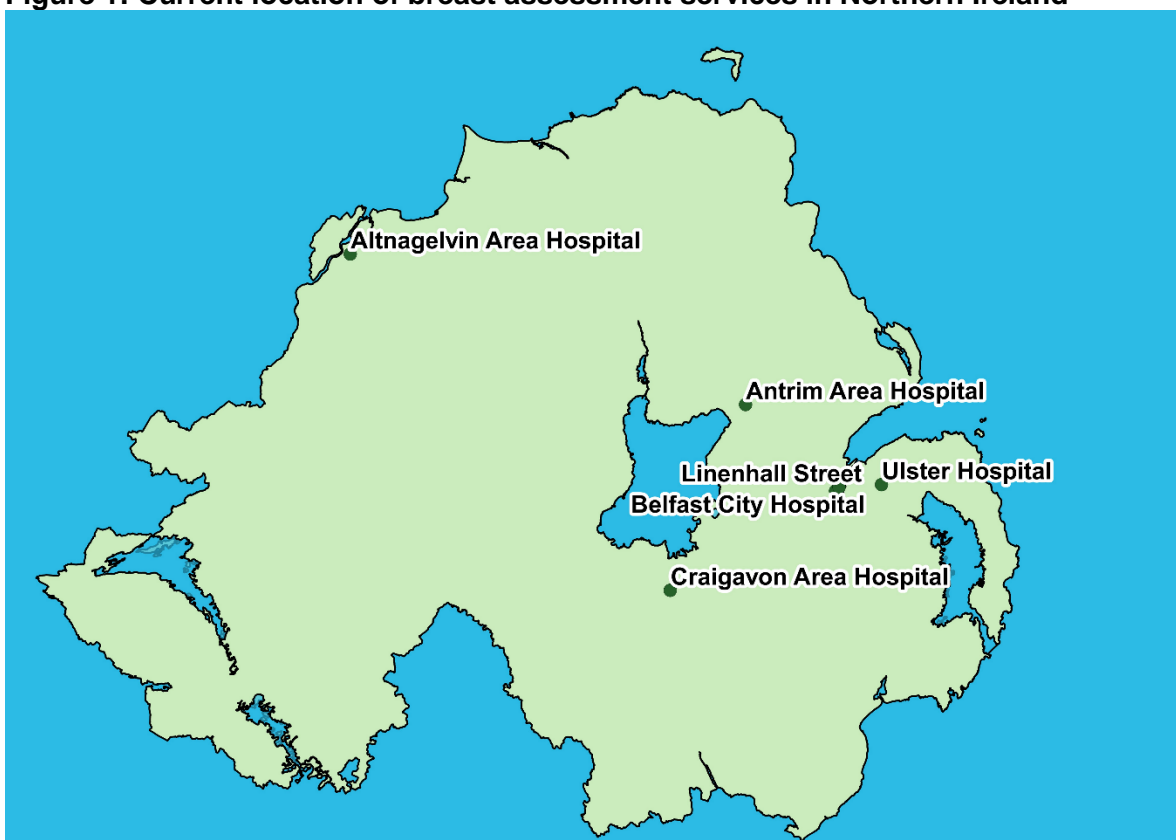
Symptomatic Assessment in 5 locations:

- Altnagelvin Hospital (Western Trust)
- Antrim Area Hospital (Northern Trust)
- Belfast City Hospital (Belfast Trust)
- Craigavon Area Hospital (Southern Trust)
- Ulster Hospital (South Eastern Trust)

Screening Assessment in 4 locations:

- Altnagelvin Hospital (Western Trust)
- Antrim Area Hospital (Northern Trust)
- Craigavon Area Hospital (Southern Trust)
- Linenhall Street (Belfast Trust also serving residents of South Eastern Trust)

Figure 1: Current location of breast assessment services in Northern Ireland



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612739/Breast_screening_consolidated_standards.pdf

WHY DO WE NEED TO CHANGE THE SERVICE MODEL?

Over recent years there have been a number of growing pressures and challenges facing breast assessment services across Northern Ireland, which can compromise the ability to provide timely care in line with the above standards. These issues are not unique to Northern Ireland, and other regions across the UK have also reviewed how they organise and deliver breast services.

➔ Pressures and Challenges

Factors contributing to these challenges include:

- An increasing demand for breast assessment services, particularly an increasing number of referrals because of signs and symptoms suggestive of breast cancer (also known as red flag referrals);
- A shortage of specialist staff required to provide timely breast assessment services, in particular consultant radiologists. This is reflective of the shortage of radiologists both nationally and internationally, which will be considered separately as part of the Department's regional review of imaging services for Northern Ireland.

➔ Increasing Demand for Symptomatic Referrals

Figure 2 shows the steady rise in the number of referrals for assessment of breast symptoms (symptomatic referrals) over recent years, with an increase of 33% (to 23,701 patients) from 2011/12 to 2016/17 across Northern Ireland.

The number of referrals to breast assessment services is also expected to continue to increase (see Figure 3 below). A report on cancer incidence and projected trends in Northern Ireland, by the Northern Ireland Cancer Registry³ advised that:

*'The combined impact of the projected increase in rates and the increase in the elderly population is expected to be a **significant increase in the number of female breast cancers diagnosed**. In 2009-2013 there were 1,268 cases of female breast cancer diagnosed each year. By 2020 this is expected to increase to 1,589 cases; a 25% increase. By 2035 the number of cases is forecast to increase to 2,077 per year; a 64% increase on 2009-2013 levels.'*

³ Gavin A Donnelly T. Cancer incidence trends and projections Cancer Incidence Trends 1993—2013 With Projections To 2035 NICR Belfast available at: <http://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/NIrelandReports/Filetoupload,531911,en.pdf#page=47>

Figure 2: Number of referrals to breast assessment services in Northern Ireland for red flag/urgent and non-urgent symptoms 2011-2017

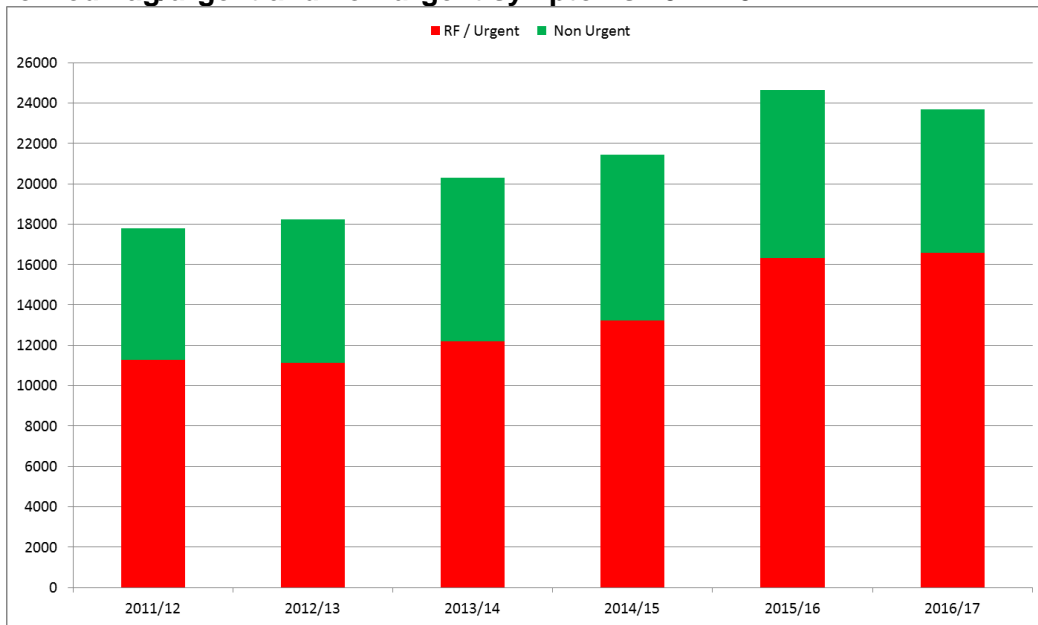
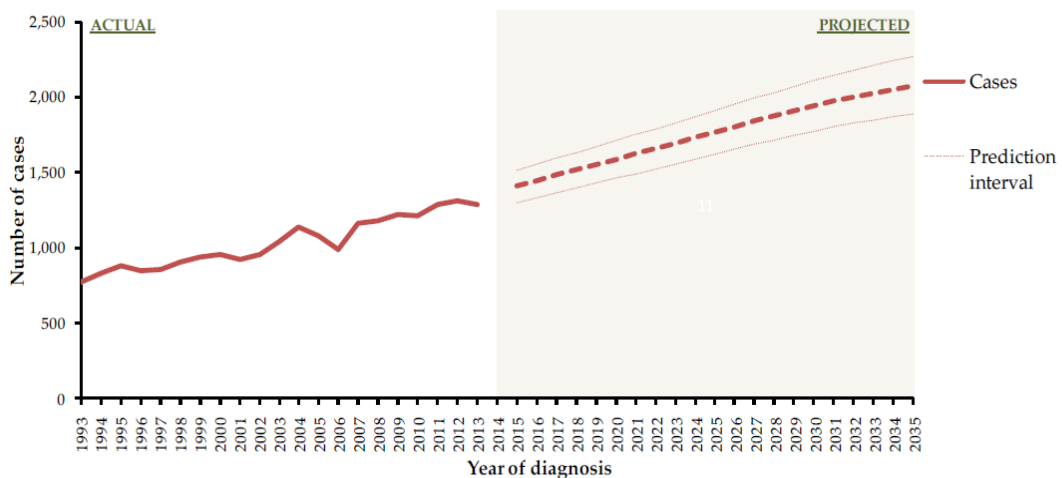


Figure 3 Female breast cancer incidence projections to 2035⁴



➔ Increasing Demand for Screening Referrals

Within breast screening, the number of women who attended screening and are subsequently invited to a breast assessment clinic has also demonstrated a

⁴ Gavin A Donnelly T. Cancer incidence trends and projections Cancer Incidence Trends 1993—2013 With Projections To 2035 NICR Belfast available at: http://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/NIrelandReports/Fileupload_531911,en.pdf#page=47

steady increase over recent years (Figure 5), which has an impact on the workload within breast assessment clinics.

Rising demand is set to continue as the Northern Ireland breast screening population is projected to steadily increase over the next decade. Figure 6 illustrates the expected growth in the screening population.

Figure 5: Numbers assessed and Cancers Detected 2007-2016⁵

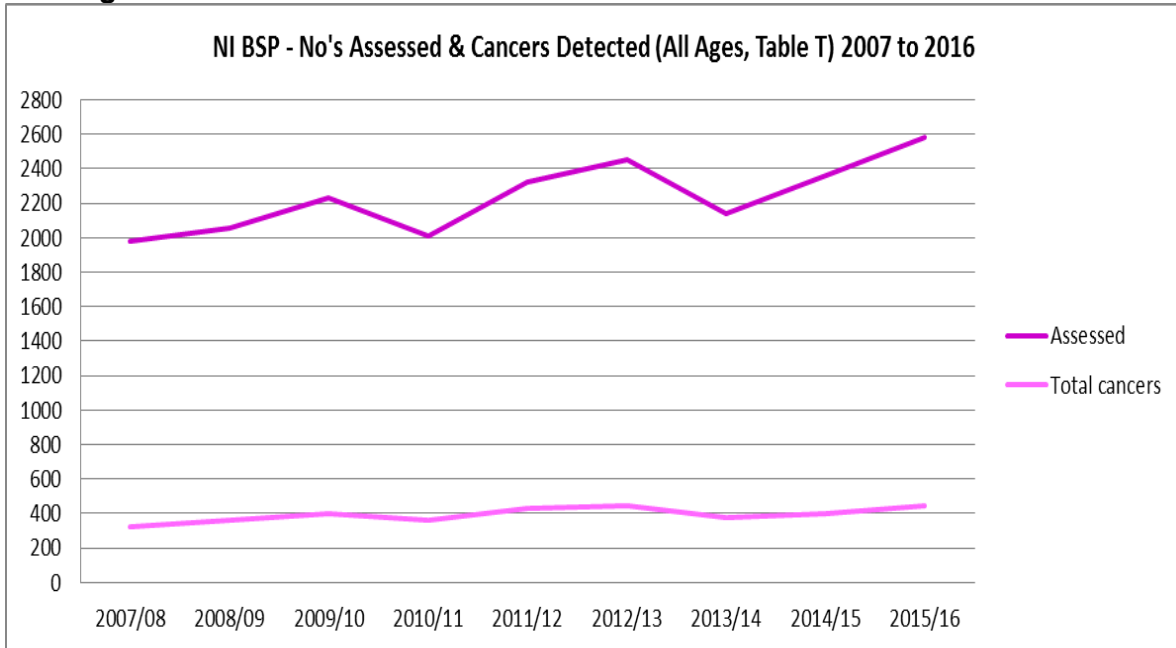
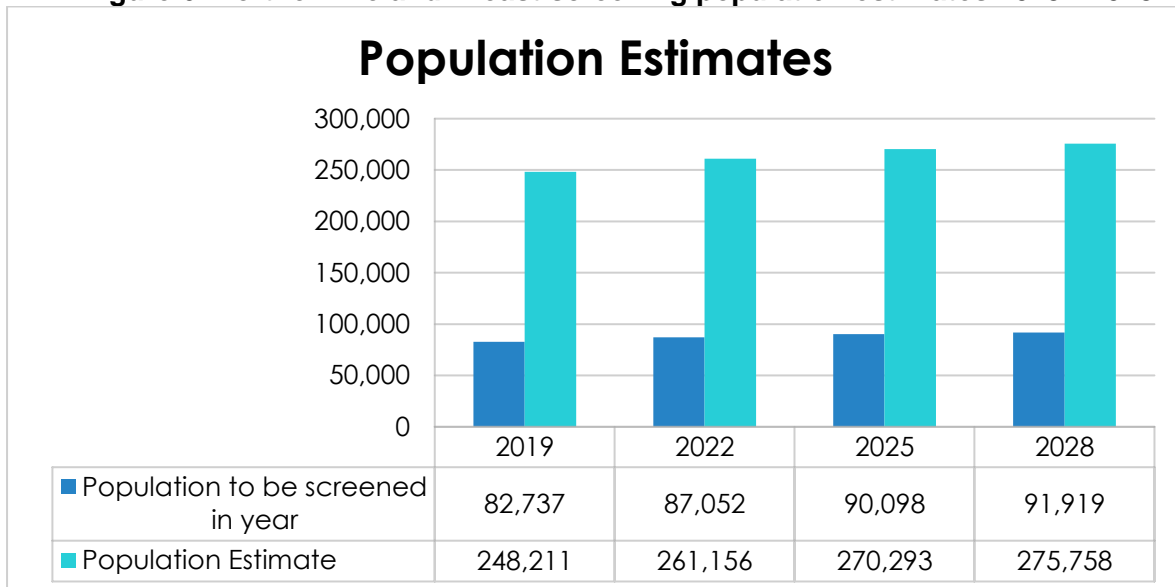


Figure 6. Northern Ireland Breast screening population estimates 2019 - 2028⁶



⁵ Data source: NBSS. This includes self-referrals to the Breast Screening Programme in women aged 70+ routine invitations are for women aged 50 -70.

⁶ Data source: BCE (NHAIS) Please note; Population estimate is the whole population of women aged 50 -70. The population to be screened in year is estimated by dividing this figure by 3. This figure includes women aged 50-70 registered with a GP and excludes self-referrals of women aged 70+. These estimates change daily, with changes in population.

➔ The Impact on Service Delivery

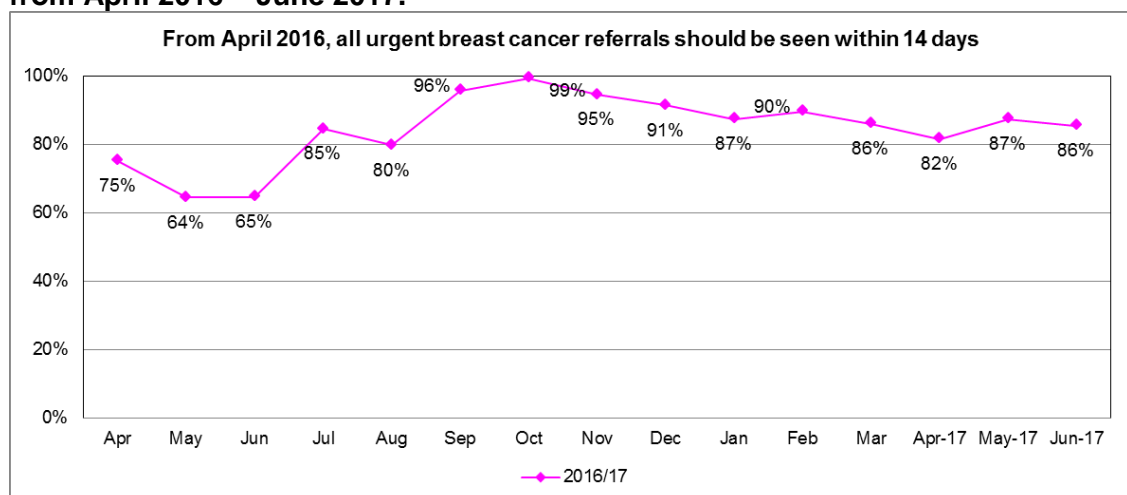
As a consequence of these issues locally, pressures on waiting lists for red flag, routine and screening referrals have continued to mount, with unacceptable impacts on the length of time patients have had to wait for their assessment. For example:

- In one month in 2016, performance in one Trust area fell to 7% of red flag referrals seen within 14 days⁷;
- Similar challenges were seen in the assessment service for women referred from screening, due to a reduction in radiology capacity impacting on service delivery;
- In other areas some patients waited for a routine referrals in excess of a year⁸.

It should be noted, however, that these challenges and impacts are not unique to any Trust. The variation in performance level illustrated in Figure 7 demonstrates the ongoing pressure in breast assessment services across the region. Also, as vulnerabilities, particularly regarding radiology staffing, exist across all five Trusts the current position remains difficult to sustain in the longer term.

We are spreading our expertise too thinly across too many centres, preventing us from delivering the reliable and sustainable service that patients across Northern Ireland should be able to expect.

Figure 7: Collective performance of breast assessment services in Northern Ireland against the national standard for red flag (urgent) symptomatic referrals from April 2016 – June 2017.



⁷ HSCB Performance Management and Service Improvement (PMSID), 14 day Performance matrix 14 day 2016-17

⁸ Outpatient Waiting List (Daily Universe) – DWH 13/12/2017

MEETING THE CHALLENGE

In the past, we have aimed to address the immediate challenges through cooperation across the five Health and Social Care Trusts, however it was recognised that these short term measures would not provide a sustainable model of care in which patients could be consistently assured of timely assessment. This is reflected by the ongoing challenges faced today. This section summarises the engagement approach that has led to the consultation recommendations.

➔ Clinical Engagement

In October 2016 a workshop involving clinical leaders from across the region led to consensus on the approach that would be required to improve and sustain the service model. It was agreed that:

- The current service provision is no longer sustainable and that small teams across five Trusts created vulnerabilities in the system;
- Continuity of care between the team assessing a patient and the team undertaking any subsequent treatment for service users is a priority;
- A maximum of three breast assessment service locations would meet the needs of the population, and would provide greater service sustainability;
- Services provided at fewer than three sites would enhance sustainability, but may be challenging to deliver in the short term, with a balance to be struck between resilience and deliverability.

➔ Breast Assessment Project Board

The Project Board was established in April 2017 to review services and develop options for the future model of service delivery. It comprised patient representatives, Trust senior clinical and managerial staff and senior management from the HSCB and PHA.

Further detail about the work of the Project Board, including the approach to developing and assessing options for reconfiguration, site visits, and engagement with service users and patient representatives, can be found at **Annex B**.

In summary, the Project Board developed, appraised and scored a range of options for the future configuration of symptomatic and screening assessment services at one, two, three, or four locations, as well as the status quo (as described at Page 8 above), taking account of quality and safety, sustainability,

timeliness, deliverability, continuity, service interface and geographical access, resilience, staffing models, accessibility and cost effectiveness.

This led to the development of the consultation recommendations, which are described in further detail at Pages 16-19 below.

In developing these options, it was agreed that the following guiding principles should underpin any future model 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.

Service User and Public Engagement

This section provides a summary of the service user and public engagement undertaken by the Project Board, and the key findings which have led to the development of the consultation recommendations.

In summary, feedback was sought on a range of issues including: travel time and distance; method of transport to clinic; the importance of timely access to the service; duration of clinics; and other factors that would influence patient experience if travelling elsewhere for this service. A variety of methods were used, including:

- Service user questionnaires were distributed by five Trusts in March/April 2017;
- Service user focus groups were facilitated by the HSC Leadership in venues across Northern Ireland in August 2017;
- Public meetings were facilitated by Local Commissioning Groups throughout July and August 2017;
- Project Board members met with community and voluntary sector organisations in July 2017.

The quantitative and qualitative feedback received from the engagement exercises clearly demonstrates that the length of time to wait for an appointment is the most important factor for people who require breast assessment.

Whilst there was variation in the length of time that patients would be willing to travel, there was strong support for travelling further for a timely appointment.

Further detail about the approach is available in the excerpt from the Project Board's draft report at **Annex B**, and the HSC Leadership Centre's Patient Engagement Report at **Annex C**.

RECOMMENDATIONS FOR THE FUTURE SERVICE MODEL

The recommendations set out below take account of the Project Board's appraisal of options and their recommendations (see **Annex B**), and the outcome of a subsequent Project Assessment Review (PAR) commissioned by the Department of Health in 2018.

Please note that the Department fully recognises the ongoing shortage of specialist staff required to provide timely breast assessment services, in particular consultant radiologists. This issue will be considered separately as part of the Department's regional review of imaging services for Northern Ireland.

The consultation questionnaire at **Annex A** seeks stakeholder views on each recommendation.

Recommendation 1: A regional Breast Assessment Network will be established by December 2019 to oversee implementation and ongoing delivery of the future model of Breast Assessment Services, to include all Trusts, commissioners and services working together to shape and support service provision for the population of Northern Ireland.

The future service configuration will require the full participation of the five provider Trusts working as part of a regional network to deliver the service.

All Trusts, whether directly providing breast assessment services or not, would be involved in shaping the future direction of the service, and discussing and agreeing key service issues, such as standardised care pathways, staffing levels and measures to respond to increased demands.

This will facilitate greater collaborative working and provide the opportunity for collective advice and decision making and, importantly, offer significant and visible clinical leadership for this important diagnostic service.

Membership will include service user representatives, commissioners, and multidisciplinary staff from all Trusts, working across Trust boundaries to help deliver and support breast assessment services for the population across Northern Ireland.

Recommendation 2: Breast Assessment Services for the population of Northern Ireland will be provided in no more than three locations by December 2020.

The Project Board considered options for the future configuration of symptomatic and screening assessment services at one, two, three, or four locations, as well as the status quo (as described at Page 7 above), taking account of quality and safety, sustainability, timeliness, deliverability, continuity, service interface and geographical access, resilience, staffing models, accessibility and cost effectiveness.

Given the ongoing vulnerabilities in the current model for symptomatic assessment at five locations, particularly in relation to staffing, a substantive consolidation of sites will be required to sustain services for the population of Northern Ireland in the medium to long term. This is further emphasised by the experience of the breast assessment services for those referred from breast screening – this part of the service is currently delivered at four locations but continues to experience constraints and challenges in meeting waiting time standards.

Therefore, to ensure longer term sustainability of the service, the provision of breast assessment services in no more than three locations represents the optimum future model.

In relation to travel times, the Project Board recognised that any consolidation of breast assessment services on to fewer locations will inevitably result in some people experiencing a modest increase in their journey to reach assessment clinics, however members agreed that this was not a material increase in relation to the ability of people to access services.

Feedback from service user focus engagement (see HSC Leadership Centre report at **Annex C**) highlighted the overarching priority of timeliness of assessment. In this context, the Project Board was of the view that a modest increase in travel times was acceptable if it meant more timely access to care.

A detailed analysis of options including travel times for the various configurations for a future service model is included within **Annex B**.

Recommendation 3: The three breast assessment locations will comprise:

- Altnagelvin Area Hospital
- Antrim Area Hospital
- Greater Belfast (likely to be the Ulster Hospital subject to the development of appropriate patient pathways).

Travel time analysis was based on an assumption that consolidated services would continue to use some of the existing sites.

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. 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 continue to provide a location for a breast assessment service in the Western Trust area.

The 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)
- Antrim Area Hospital
- Craigavon Area Hospital

Each option was considered in terms of ability to provide sustainability, timeliness, accessibility and deliverability. In this context, the Project Board agreed that the Antrim Area Hospital is in the strongest position to serve as 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%⁹, of the population of Northern Ireland reside in the Northern Trust area which represents the largest proportion of all the Trust areas.

Recommendation 4: Patient referrals to Breast Assessment Services in Northern Ireland will be managed through a central booking system by December 2020.

Currently GPs across Northern Ireland refer patients electronically to one of the five Trusts, usually based on geography. This may mean that one Trust continues to receive referrals when it has no capacity, yet other sites may have additional capacity. The PAR team commented that there is not currently a consistent process to address this challenge.

In other health systems, e.g. NHS England, a centralised e-referral '*choose & book*' system is in operation. The clinic appointment slots are released to the system so that the GP and patient can choose a suitable slot at their preferred hospital. The patient has the option to choose to travel further for an earlier or more convenient appointment time.

In the Project Board's draft report, evidence suggested patients were willing to travel further for a timely, high quality service. In addition, the PAR team found that there was considerable support for this concept.

⁹ Source: NISRA, Based on 2016 Population Mid-Year Estimates

EQUALITY, RURAL AND REGULATORY IMPACTS

➔ Equality Screening

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the proposed options have been equality screened and a preliminary decision has been taken that a full equality impact assessment is not required at this stage. The preliminary decision is subject to change following analysis of feedback received during the consultation.

➔ Rural Proofing

Rural proofing is a process that aims to make sure that Government policies are carefully and objectively examined to make sure they treat those in rural areas fairly and to make public services available in a fair way, no matter where people live in Northern Ireland. Where necessary, policy adjustments might be made to reflect rural needs and in particular to ensure that as far as possible public services are accessible on a fair basis to the rural community. Throughout the consultation process, careful consideration will be given to the needs of rural communities.

➔ Regulatory Impact Assessment

Any requirement for a Regulatory Impact Assessment will be revisited when there is more clarity on a preferred option as an outcome of this consultation exercise.

GET INVOLVED

You can share your views on Breast Assessment Services in a number of ways.

Our website <https://www.health-ni.gov.uk/consultations/reshaping-breast-assessment-services> provides full details of the consultation, including panel meetings and ways to get in touch.

A separate questionnaire is available to help you to record your comments and views. This can be completed and submitted in the following ways:

- Submit to us online at: <https://consultations.nidirect.gov.uk/>
- Download and Email us at: BreastAssessmentConsultation@health-ni.gov.uk
- Download, print and post to:

**Reshaping Breast Assessment Services
Department of Health
Annexe 3
Castle Buildings
Stormont Estate
Belfast BT4 3SQ**

You can also request a meeting with a panel of experts in your local area to ask questions about the proposals and share your views in person. Further details of events in your area will be made available at the above website.

This document is also available in alternative formats on request. Please contact the Department, at the address above or by phoning 9052 0551, to make your request.

NEXT STEPS

Following the public consultation, a consultation analysis report will be prepared to inform the identification of a preferred option.

This preferred option will then be subject to an Equality Impact Assessment alongside further consideration of the impact on rural communities.

Implementation of the preferred model is subject to the development and approval of relevant business cases.