

## **Out-patient breast surgery service review – Patient/Public involvement briefing paper**

### **Purpose and Outcomes**

The review is to consider different options with the purpose of making recommendations to the Trust Executive and to the Board to create a sustainable out-patient breast surgery service.

### **Background**

The outpatient breast surgery service sees new patients and follow up patients, and has historically seen these patients at the same clinics.

The out-patient breast surgery service has historically been provided from four sites:

- Shotley Bridge Hospital
- University Hospital of North Durham
- Bishop Auckland Hospital
- Darlington Memorial Hospital

The clinics are now provided by four breast surgeons and their clinical teams, supported by radiology staff.

In May/June 2014, as a result of clinical pressures, the Trust made a temporary change to reduce the number of sites from which outpatient services were delivered.

This meant that out-patient breast services (both new patients and follow ups) have, for the last six months, been delivered from Bishop Auckland Hospital and University Hospital of North Durham.

The Trust is in the process of re-scheduling follow ups so that these can take place in the four sites which have historically offered breast clinics.

However, issues remain relating to “new presentation outpatients”, ie patients newly referred by their GP for investigation, because the GP or patient is concerned about a breast abnormality.

### **Criteria for the review**

The review must take into account the following criteria for a sustainable service:

1. Meets national and local commissioning priorities i.e. the type of service that the NHS nationally and our local clinical commissioning groups want to pay us to provide, to provide an accessible, high quality service which meets waiting time targets so that patients are seen and treated as quickly as possible
2. Meets the Trust's goals of providing the right care in the right place at the time, and getting the best outcomes and experience for patients
3. Is able to meet the following operational criteria:
  - a. Delivers best practice clinical and quality standards.
  - b. Provides a good patient experience
  - c. Meets/exceeds national waiting time standards
  - d. Is financially sustainable
  - e. Can recruit and retain suitable staff
  - f. Can be fully supported by radiology staff.
  - g. Provided using a good standard of buildings and equipment

## **Clinical pressures on the service**

### **Radiology**

The out-patient breast surgery service is reliant on radiology staff for providing scanning and diagnostics to patients. These include radiographers who perform the scans and consultant radiologists and their juniors who review these.

There is a national shortage of consultant radiologists, and this has made it difficult to recruit to vacancies following departures from the team. Although we are seeking to recruit to these vacancies, the radiology service advised the need to consolidate the breast outpatient service onto fewer sites until more radiology staff could be recruited.

### **Equipment**

The radiology service advised that, as University Hospital of North Durham and Bishop Auckland have newer equipment than Darlington and Shotley Bridge, which takes digital images, it would be most appropriate to consolidate the service temporarily on these two sites. Bishop Auckland Hospital's radiology equipment will also require replacement very soon.

## **National targets/standards**

National targets require GP breast referrals to be seen within two weeks and to begin treatment within 62 days of their GP referral.

Compliance with this standard is much more difficult if the service is delivered from four sites because:

- Some patients choose to wait longer than two weeks for an appointment in order to attend a clinic at their local site. This puts their health at increased risk, and makes it difficult for the Trust's breast team to see all patients within two weeks.
- Economies of scale and centralisation are lost. For example, at a site which only has one clinic per week, the cancellation of that clinic through sickness or leave makes it difficult to see patients within 2 weeks. It is much easier for other clinical staff to cover absences if clinics are on fewer sites.

Since the move to two sites, the service has seen a reduction in the number of patients choosing to wait longer than two weeks for an appointment.

### **Quality and consistency**

Currently the service that we offer is not the same on all sites. Some diagnostic tests are not available on all sites, and the imaging is not to the same standard on all sites. It would be challenging to provide a service to a consistent high standard while it is offered across four sites.

### **Options for the future**

Members of the out-patient breast surgery service review steering group carried out an evaluation of the available options (1, 2, 3 or 4 sites) against four Trust (CDDFT) priorities for services:

1. **Best outcomes** – delivering evidence-based care, using best practice to achieve the best results for patients
2. **Best experience** – a service which is as convenient as possible, where patients are treated with compassion and dignity and have a positive experience of care
3. **Best efficiency** – making the best use of resources so we provide high quality, low cost services for commissioners
4. **Best employer** – recruiting and retaining the best staff so that care is delivered by a flexible, skilled and motivated workforce.

This showed a preference for providing the service from two sites in the future for “new presentation outpatients” ie patients newly referred by their GP for investigation, because the GP or patient is concerned about a breast abnormality.

As stated above, the Trust is in the process of re-scheduling follow ups so that these can take place in the four sites which have historically offered breast clinics.