

Jonathan Best

Breast Service Review and Redesign: Implementation Update

Recommendation

CMT members are asked to:

- Recognise the significant work progressed to date by the clinical teams to implement the Breast Service Review and Redesign Recommendations
- Note the robust public engagement process undertaken to inform and support this redesign
- Note that discussions with the Scottish Government are ongoing but the Scottish Government has indicated satisfaction with the level of engagement in relation to the set of proposals. It remains the view of NHSGGC that this redesign does not represent major service change; and
- Support plans to move to full implementation of the preferred service configuration, Option 8, noting the financial implications of the redesign

Purpose of Paper

A review of NHSGGC Breast Services has been undertaken informed by national strategic direction, robust public involvement and in line with emerging local strategic direction contained within Moving Forward Together. The paper outlines the key redesign recommendations, progress to date in implementing these recommendations and the continued work required to complete this redesign programme.

Key Issues to be considered

- The funding of capital costs associated with the service redesign, in particular the requirement for replacement Mammography equipment within Clyde

Any Patient Safety /Patient Experience Issues

- This service redesign within NHSGGC Breast Services is based on establishing sustainable best practice and enabling those people referred quicker access to assessment, diagnosis and commencement of an appropriate management plan ('one-stop shop' approach)
- In terms of patient experience the redesign has focussed on assessing the balance of providing improved access with local access. Patient representatives were clear in their support for continuity of care and rapid access following referral even if that meant travelling beyond their local hospital
- This redesign requires some consolidation of existing outpatient services within south and Clyde sectors. This mirrors consolidation changes already made in outpatient services within the north sector. Outpatients would move from the Vale of Leven and Inverclyde, along with Day case and short stay inpatient services currently in Inverclyde, to the RAH in Paisley

- There is no impact for over 90% of Breast outpatient visits and a marked increase in quality for others

Any Financial Implications from this Paper

The financial implications are summarised below:

- 2x Mamography units at RAH - £276k per unit
- Capital costs for buildings changes at RAH - £40k. At the Acute Capital Forum on 6th July 2018 this was agreed for inclusion in the Acute Sector Capital Schemes

Any Staffing Implications from this Paper

- New Breast ANP roles are being established as part of this redesign funded through the NHSGGC Cancer Plan. Recruitment is underway in all Sectors
- All sectors have reviewed the relevant consultant job plans. Some minor changes to job plans are required to support the new service configuration but these changes have now been agreed and will be in place to support the reconfiguration. There are no financial implications from these job plan changes
- Concern has been highlighted throughout the Breast Service Review regarding the capacity for consultant radiologist reporting to support the new models of care. This remains a risk that will need to be closely monitored within each sector

Any Equality Implications from this Paper

- A Breast Services Review EQIA has been completed and published and is available via the following link <http://www.nhsggc.org.uk/media/246367/breast-services-review.htm>.
- To assist with the implementation process an EQIA is underway within Clyde to ensure changes being made fully recognise the needs of the population. This EQIA is due for completion shortly

Any Health Inequalities Implications from this Paper

- None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

- No requirement for a risk assessment has been indicated to date.

Highlight the Corporate Plan priorities to which your paper relates

- The Breast Services Review is a priority within the 2017/8 Local Delivery Plan addressing financial, sustainability and quality improvement priorities
- 'Moving Forward Together' was approved by the NHS Board at the recent Board Seminar. The Breast Service Redesign was used as an example to demonstrate how the principles of MFT can be delivered in practice

Jonathan Best
9 July 2018

Acute Services Committee

Breast Service Review and Redesign Implementation Update July 2018

1. Introduction and Background

In 2016 the Scottish Government published "Beating Cancer: Ambition and Action" setting out the national ambitions to improve the prevention, detection, treatment and aftercare for people affected by cancer. For Breast Cancer it sets an ambition to "stop anyone dying from breast cancer by 2050". To achieve this the national strategy focuses on the importance of supporting early detection and diagnosis of cancer and ensuring access to sustainable high quality and timeous treatment.

In response to the publication of this strategy NHSGGC agreed a review of Breast Services across NHSGGC which was initiated in late 2016. The review aimed to assess how local service models could be redesigned to deliver against the national desire for diagnosis and treatment to be delivered from ambulatory care facilities whenever possible, supported by the use of centralised centres of excellence for lower volume higher complexity work.

For NHSGGC the initial focus of the review identified a number of challenges including:

- Patient experience feedback highlighting the importance speed of access to services, reliable quality of treatment, and continuity of care from a team they trusted
- A trend of increasing referral rates in recent years (30% increase) but no appreciable difference in the incidence of cancer or the need for treatment resulting from the increase in referrals
- Widespread use of Waiting List Initiatives to meet this high demand
- An inability to deliver consistently the optimal one stop outpatient model across the number of local sites currently offered at that time
- Difficulties at times in providing continuity of consultant and nurse staffing within each site
- Predictions of limited availability of skilled radiographer workforce in the next 3-5 years and known challenges in maintaining radiologist and radiographer staffing for the current configuration of one stop clinics
- Aging mammography imaging equipment within Clyde sites with replacement expected to be required within a short timescale
- A need to consider advanced roles for nursing staff to support new ways of future working

Subsequent work of the Breast Services Review has concentrated on service redesign opportunities to deliver consistent, effective and sustainable service delivery.

The recommendations of the Breast Service Review were presented to the Corporate Management Team in January 2018 where the redesign recommendations were approved subject to further clarification of the public engagement process and financial implications of staffing and capital changes. A further update was provided to the CMT in June 2018.

At its recent Board Meeting NHSGGC gave approval to the Moving Forward Together (MFT) Programme. These Breast Review recommendations are in line with the direction of travel outlined within MFT, describing person centred high quality care delivered as locally as possible with specialist care delivered from fewer locations with higher volumes to improve clinical outcomes. The Breast Service Redesign was used as an example demonstrating how the principles of MFT can be delivered in practice.

2. Breast Service Review: Recommendations for Redesign

The Breast Service Review looked at all elements of the patient journey through referral, assessment, investigation, treatment and follow-up including communication with patients and GPs. As the review progressed it identified areas for improvement and opportunities for redesign across the short and medium term:

Short Term Redesign Recommendations:

- **Implementation of New Referral Guidelines:** early in the review process it was clear there was an imbalance in all sectors between the number of patients referred into the service and the number going on to any form of investigation and treatment. A review of the referral criteria was conducted and new referral guidelines developed aligned to national guidelines. These revised referral guidelines have been approved for use by the Board's Referral Management Group and endorsed by the LMC for implementation across NHSGGC
- **Implementation of Standardisation of Administration Processes:** the review clearly identified a range of administration processes within Breast Services across the different Sectors. It was quickly agreed that the transfer of patients between Sectors, either due to clinical risk or to maximise the use of all available capacity, is safer and more efficient when there are standardised administration processes in place across NHSGGC
- **Implementing New Approaches to Follow-Up:** the Transforming Care after Treatment (TCAT) programme is a national programme established by the Scottish Government and McMillan Cancer Care to improve cancer care and support. The programme has enabled testing of new approaches to follow-up after treatment, using results from imaging to guide whether a return appointment is necessary as opposed to a 'one-size fits all' follow-up for everyone.

Medium Term Redesign Recommendations:

- **Reconfiguration of Services:** as outlined above the initial work in the Breast Services Review clearly identified a need to review the configuration of Breast Services to deliver sustainable high quality patient care. In December 2016 the NHSGGC Breast Review Steering Group agreed that a comprehensive options development and appraisal process would be the best way to agree on the optimum service configuration.

Any future service reconfiguration needed to provide shorter waiting times with faster diagnosis and no gaps in the diagnostic process, improved continuity of care and more coherent team working. Key to this is the model of 'one-stop' outpatient clinic providing access to specialist equipment and coordination care amongst multiple teams.

Informed by patient involvement, a series of possible site configurations were outlined with criteria and weighting to judge each option. As outlined in section 3 the public/patient engagement process was integral to developing the criteria and relative weighting.

9 options were considered ranging from the status quo of 'no change' (Option 1) to various different options for service configuration. These are all shown at Appendix 1. The options appraisal process provided a clear preferred option – Option 8. Under this option outpatient services will be concentrated onto fewer sites to provide consistent sustainable service delivery and establish the model of one-stop clinics within each sector. This service configuration (Option 8) is shown below alongside the current configuration (Option 1):

Option 8 - Rationalisation G							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							Low Risk
Return OP							
DC						Localisation	Non
Short Stay IP						Localisation	Non
Complex IP							
Option 1 - Status Quo							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							

In the North Sector this reconfiguration of services would see no appreciable change to the current service model which already delivers a one-stop clinic model.

In the South Sector this reconfiguration would see the outpatient high risk one stop clinics delivered only at GGH and surgery that requires localisation being delivered only at GGH. This configuration of services is intended to deliver quick access to high quality patient centred care and maximise efficiency of the available diagnostic resource.

In the Clyde Sector the reconfiguration would see the consolidation of all breast outpatient, including one-stop clinics, day case and inpatient work onto the RAH site. As in the South Sector this configuration of services is intended to deliver quick access to high quality patient centred care and maximise efficiency of the available diagnostic resource. For patients requiring day case/short stay breast surgery this reconfiguration represents minimal change as most activity for IRH catchment patients is already carried out at RAH.

In recommending this service reconfiguration the options appraisal process considered postcode activity flows for patients using outpatient breast services between October 2015 and September 2016. These are shown in the maps included at Appendix 2. This snapshot is taken prior to the introduction of the new referral guidelines and the TCAT follow-up programme, both of which aim to reduce the number of patients requiring an outpatient appointment. Moving to a 'one-stop shop' approach also aims to reduce the number of outpatient attendances required as imaging, if required, is provided at the same time as the consultant outpatient appointment. Most patients attending breast outpatient appointments attend themselves and do not use SAS transport.

3. Public and Patient Engagement Processes Informing the Review and Redesign

NHSGGC recognises its duty to involve people in designing, developing and delivering the health care services they use. The guidance which frames requirements for patient and public engagement is set out CEL 4 (2010). Where service change is considered major there is additional process required.

The guidance requires appropriate and proportionate processes which reflect the scale and impact of the change proposed. Public involvement processes should provide clear

explanation of the case for change and engagement of all stakeholders to develop proposals. Public and patient representatives should be fully involved in the engagement and consultation processes.

Our assessment has been that this service redesign does not represent major service change. The reasons for this are as follows:

- Impact on patients and carers: fewer than 10% of outpatient visits will be affected by this change. Importantly the redesign changes propose the establishment of one-stop clinics and targeted follow-up both of which will reduce the overall number and frequency of visits required by patients
- Change in accessibility: patients may already require to attend multiple sites to access Breast services. As noted above this redesign aims to reduce the number and frequency of visits required by patients
- National strategy and any political implications: this redesign is firmly in line with national strategy published by the Scottish Government in 2016 "Beating Cancer: Ambition and Action". The redesign will support early detection and diagnosis of cancer through the delivery of shorter waiting times with faster diagnosis and no gaps in diagnostic process. The majority of service delivery will be within an ambulatory care model

With this in mind the Breast Service Review public engagement process has been designed to fully inform patient/public representatives about Breast services and ensure the views of service users are central to any changes inform decision making. The public engagement process undertaken is described below:

- In March 2017 a public/patient workshop was held to explore the experience of current services, explore what's important for people who use, or may in the future use, different aspects of the services, to explore where improvements could be made and to explore views on some centralisation of services. This session produced a wealth of information informing the review and agreed criteria and weighting for use in the options appraisal
- A follow up session was run in March 2018 with previous participants of the public/patient engagement process to review the outcome of the options appraisal. This session was less well attended, however subsequently all participants have received correspondence providing further feedback on the redesign and demonstrating how their views have informed recommendations. Participants were encouraged to provide further comment and feedback via email or free phone. No additional comments were received

The Breast Service Review recommendations and public engagement process described above have been shared and discussed with the Scottish Health Council and with the Scottish Government. The Scottish Government have indicated satisfaction with the level of engagement in relation to the set of proposals. On this basis NHSGGC propose to continue with the redesign and progress to full implementation of the site service reconfiguration.

4. Redesign Implementation Progress Update

The NHSGGC Breast Review Steering Group Services has directed each Sector to begin implementation of the short term redesign recommendations and to plan for implementation of the medium term redesign recommendations.

A summary report of progress in each sector is detailed below:

All Sectors:

- Administration processes within and across Sectors have been reviewed and harmonised. Standardised Multi-disciplinary Team (MDT) guidance has been agreed across NHSGGC and now informs MDT meeting activity in all sectors. Pan-GGC quarterly Mortality and Morbidity meetings have been established. This strengthened approach to team working also helps efficient coordination of the interfaces with the outreach services from Oncology and Plastic Surgery

North Sector:

- The new referral criteria have been implemented and are being supported by increased education for primary care to ensure a GP understands the reasons for their referral being returned. Early data from the north is showing 30 referrals (3%) returned to GPs between Dec 17 and Feb 18 and a greater number of patients being vetted to low risk clinics. This is improving access to one-stop clinics for patients referred with Urgent Suspicion of Cancer.
- The TCAT follow-up programme has been fully implemented and is showing good results with over 400 patients now on image led follow-up and further expansion planned

South Sector:

- New referral guidelines have been partially implemented. Consultant vetting has not yet seen any rejection of referrals but the redistribution and management of referrals is effective; for example good use of low risk clinics, with pre clinic mammograms; some referrals dealt with telephone advice alone
- Implementation of the TCAT programme will begin in Summer 2018

Clyde Sector:

- Implementation of the new guidelines was temporarily halted in 2017 following concerns raised by local GPs and MSPs. Following further discussion and reassurance with local stakeholders, it is hoped to re-start implementation of the new guidelines by August 2018
- Implementation of the TCAT programme will begin in Summer 2018

5. Site/Service Reconfiguration: Implementation Risks and Issues

In planning for implementation of the recommended site/service reconfiguration each Sector has considered the implications of the redesign in terms of staffing, equipment and buildings. This has highlighted a number of issues and these are described below. The details of any subsequent financial implications are described in the following section 6.

• Developing New Roles – the Advanced Nurse Practitioner:

In common with the rest of the UK, NHSGGC has identified a shortfall in the availability of Specialty Doctors to support breast activity. This shortage in Specialty Doctors has led to the development of extended nursing roles. Proposals to develop Breast Advanced Nurse Practitioner (ANP) roles in NHSGGC have been set out and discussions have taken place with Glasgow Caledonian University to scope a suitable training course similar to that developed for other specialty ANPs. A proposal for 6 new posts Breast ANPs (2 within each sector) has been supported with funding from the NHSGGC Cancer Plan. A standard Breast ANP job description has been agreed for use across NHSGGC and recruitment has now begun in each of the sectors

• Radiologist Support:

Concern has been highlighted throughout the Breast Service Review regarding the capacity for Consultant Radiologist reporting to support the new models of care. This remains a risk that will need to be closely monitored within each sector.

- **Consultant Staffing:**

All sectors have reviewed the relevant consultant job plans. Some minor changes to job plans are required to support the new service configuration but these changes have now been agreed and will be in place to support the reconfiguration. There are no financial implications from these job plan changes.

- **Equipment Replacement Requirements:**

In the Clyde Sector the site reconfiguration will require 2 working mammography machines at RAH. At present there is one mammography machine at RAH, one at VoL and one at IRH. The existing single machine at RAH ideally requires replacement. The existing machines at VoL and IRH are old and could not be transferred to the RAH. If this site reconfiguration does not go ahead both the IRH and VoL mammography machines will require replacement by end of 2018.

- **Building Requirements:**

Clyde: Changes to accommodate Breast Services concentrating activity on the RAH site are linked with wider plans for moves amongst a number of specialties in the RAH. Scoping work has been completed within Clyde and capital costs identified.

South:

Site reconfiguration in the South Sector links to the wider changes amongst a range of specialties at the WACH and GGH sites. Outline plans are being discussed to relocate the breast unit at GGH to the 4th floor GGH.

North:

All changes in the North have been completed and there are no building or financial implications.

6. Financial Implications of Site/Service Reconfiguration

The financial implications of the Breast Service Redesign site/service reconfiguration are outlined below:

Requirements	Comment	£'s
Clyde Equipment	2x mammography machines: Basic unit (£113k/unit) Stereo unit (£30k/unit) Tomo (£75k/unit) Service (£12k/unit) Vat (£46k/unit)	£552k
Clyde Capital Build	Acute Capital Forum 6/7/18: agreed for inclusion in the Acute Sector Capital Schemes	£40k

The Diagnostics Directorate continue to review capital requirements for all Diagnostic equipment in use across NHSGGC. Given that the current equipment at IRH and VoL is coming to the end of its lifetime, the costs of equipment for this redesign are the same as would be required for the replacement of the existing equipment within Clyde.

7. Summary

Already there has been significant work undertaken within each sector to deliver on the recommendations of the Breast Service Review.

Within the North Sector the key recommendations have been fully implemented.

Within South and Clyde Sectors implementation of the key recommendations is underway. The Scottish Government have indicated satisfaction with the level of engagement in relation to the set of proposals. On this basis NHSGGC propose to continue with the redesign and progress to full implementation of the site service reconfiguration within Clyde and South Sectors. Operational Managers in South and Clyde Sectors will continue to work through the practical issues associated with this service redesign.

The Acute Services Committee is asked to:

- a) Recognise the significant work progressed to date by the clinical teams to implement the Breast Service Review and Redesign Recommendations
- b) Note the robust public engagement process undertaken to inform and support this redesign
- c) Note that discussions with the Scottish Government are ongoing but the Scottish Government has indicated satisfaction with the level of engagement in relation to the set of proposals. It remains the view of NHSGGC that this redesign does not represent major service change; and
- d) Support plans to move to full implementation of the preferred service configuration, Option 8, noting the financial implications of the redesign

Jonathan Best
Interim Chief Operation Officer – Acute
9 July 2018

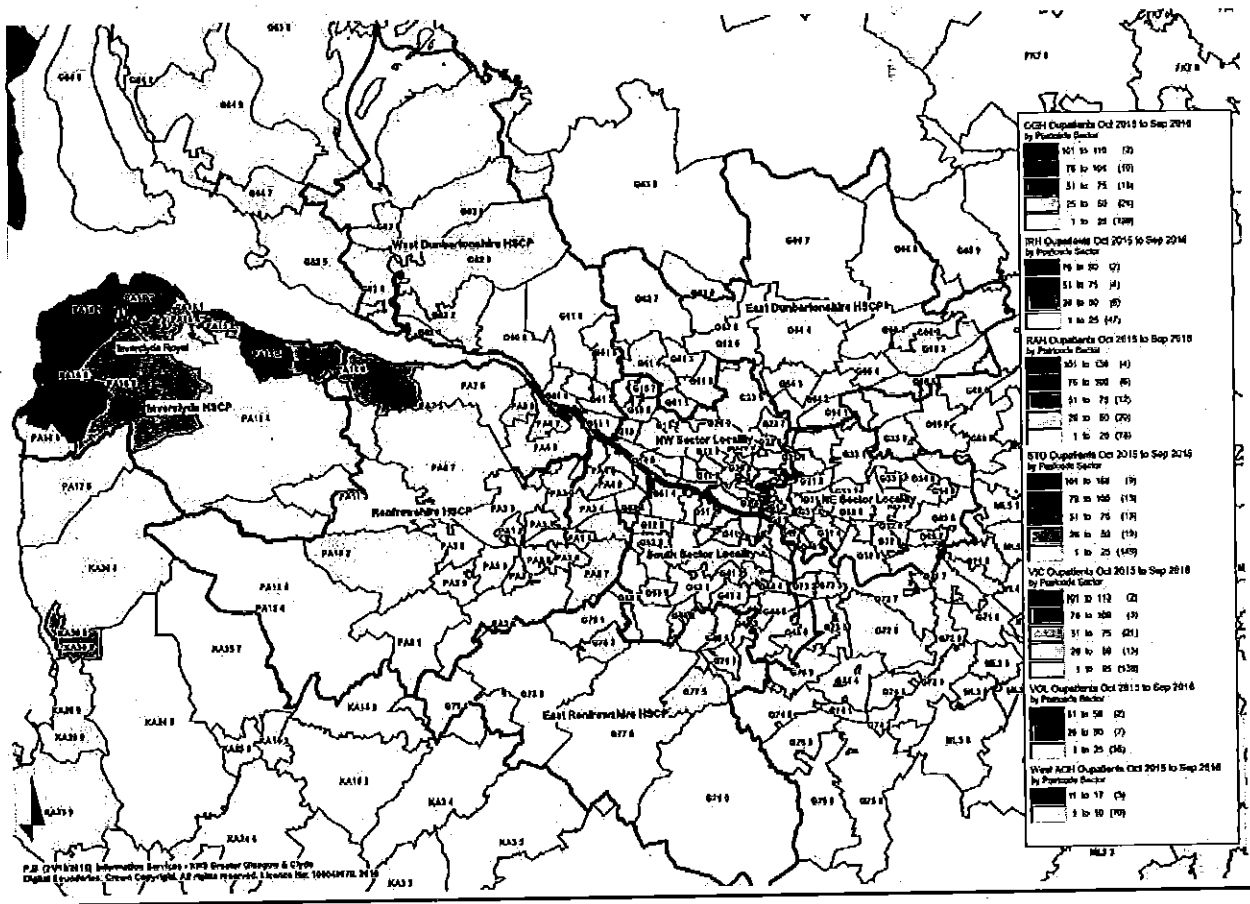
Appendix 1

Option 1 - Status Quo							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 2 - Rationalisation A							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 3 - Rationalisation B							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 4 - Rationalisation C							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 5 - Rationalisation D							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 6 - Rationalisation E							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 7 - Rationalisation F							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							
Option 8 - Rationalisation G							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP						OSS	Low Risk
Return OP							
DC						Localisation	Non
Short Stay IP						Localisation	Non
Complex IP							
Option 9 - De-centralisation							
	Vale of Leven	Inverclyde	RAH	STO	GRI	GGH	Vic
New OP							
Return OP							
DC							
Short Stay IP							
Complex IP							

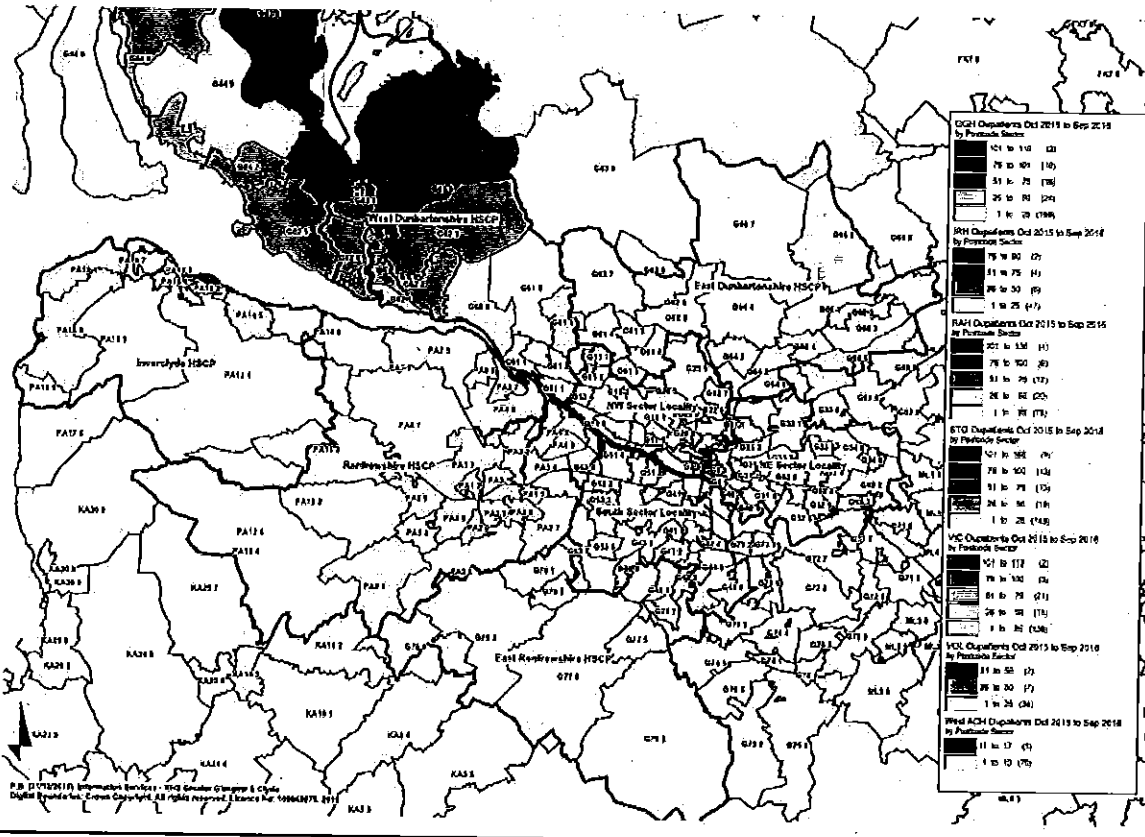
Appendix 2

The following maps show the patient distribution by postcode of patients attending breast outpatient clinics at each site. In each map the darker the colour the more patients attended from that postcode.

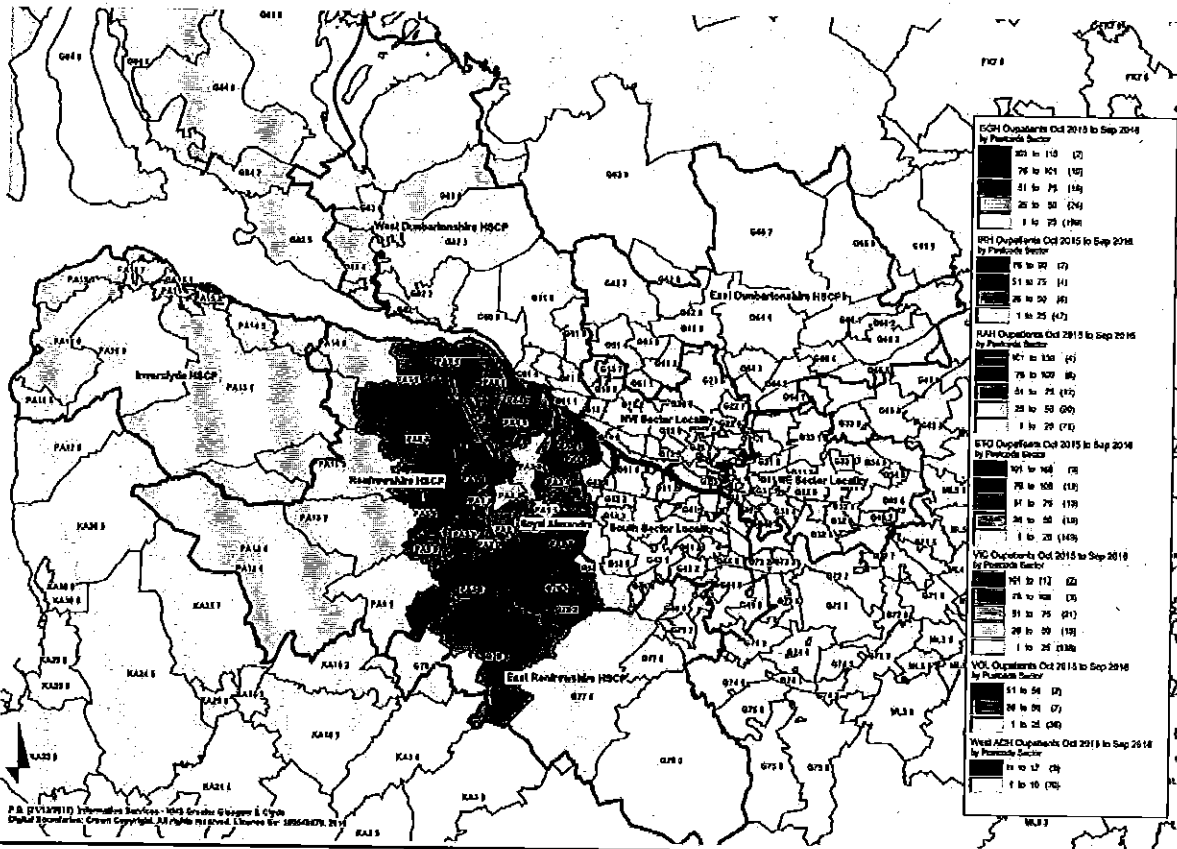
IRH OP Attenders



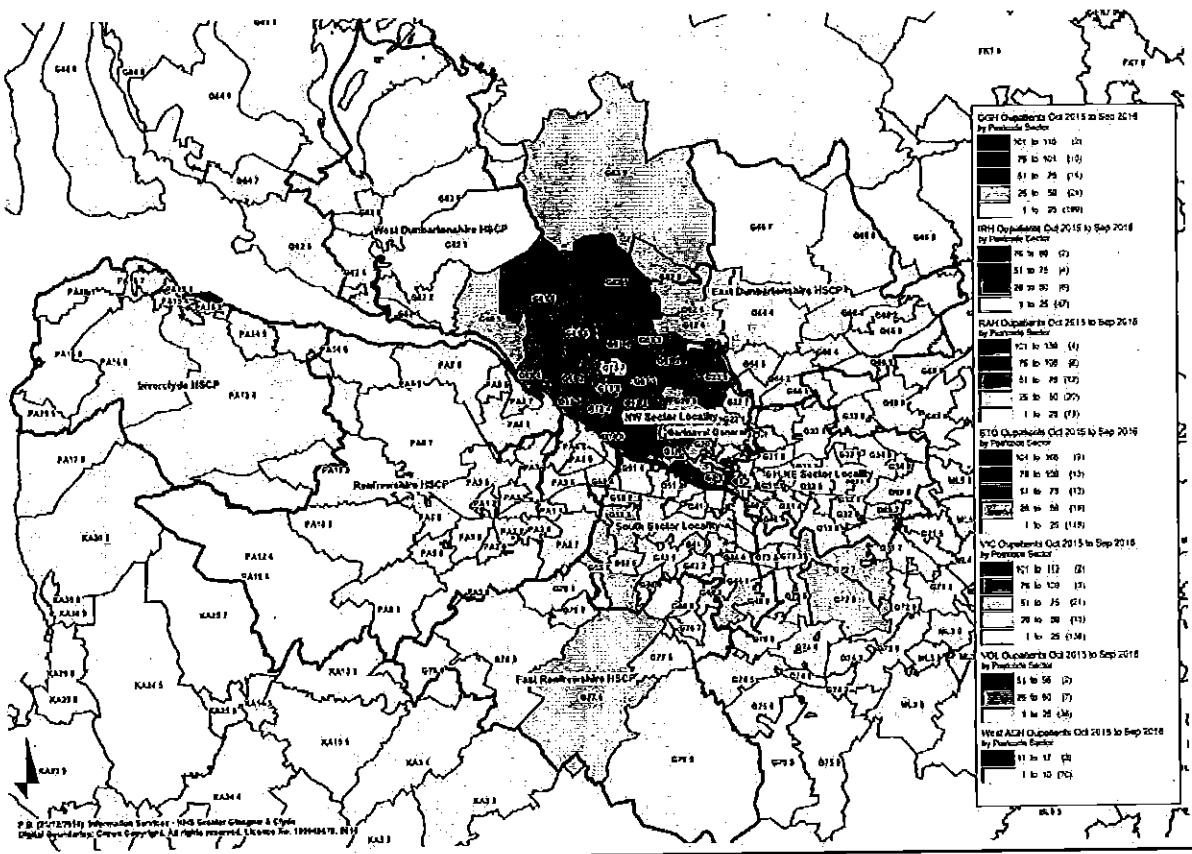
VOL OP Attenders



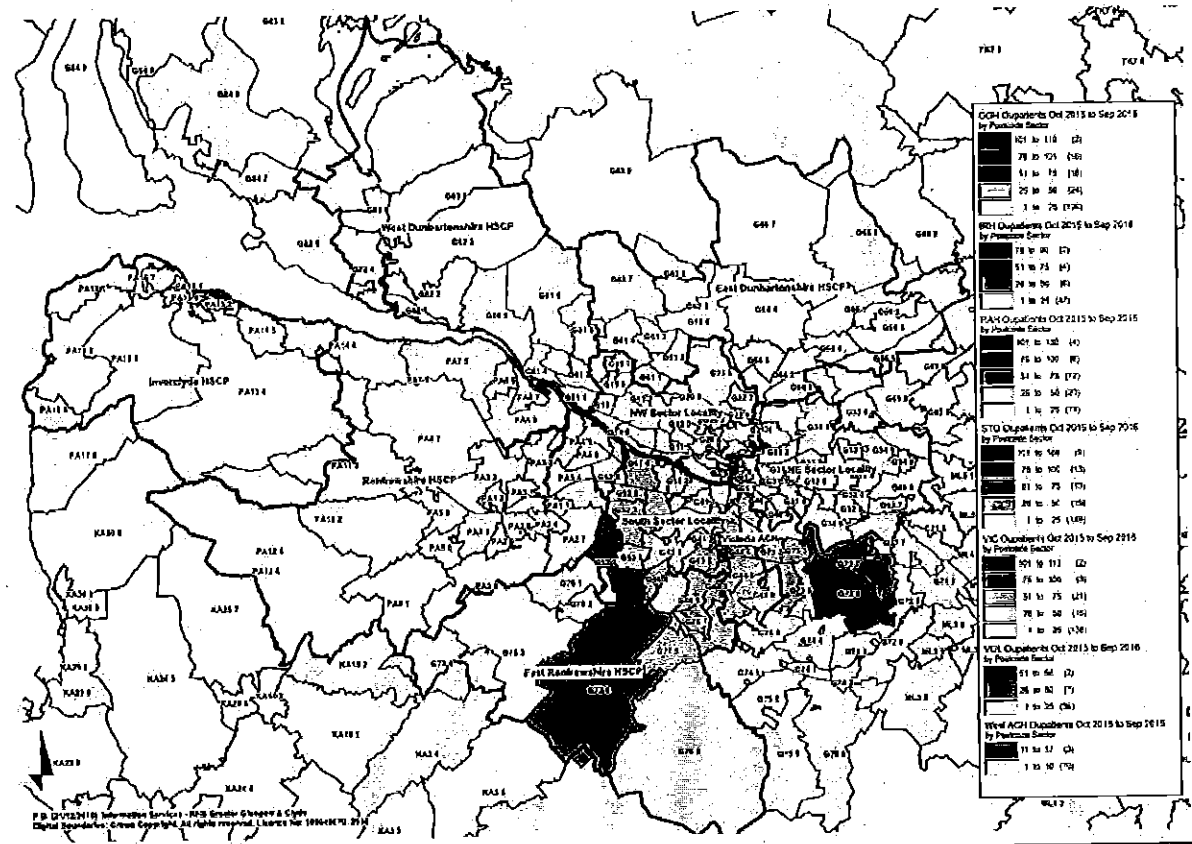
RAH OP Attenders



GGH OP Attenders



VIC OP Attenders



STO OP Attenders

