

**APPENDIX 1 –  
DRAFT COUNCIL RESPONSE TO DEPT OF HEALTH  
CONSULTATION ON  
RESHAPING BREAST ASSESSMENT SERVICES**



Comhairle Ceantair  
**Lár Uladh**  
**Mid Ulster**  
District Council

**DRAFT**

29 May 2019

Mr Pengelly  
Department of Health  
Annex 3  
Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

Dear Mr Pengelly

**Ref: Consultation, EQIA and Rural Impact on Reshaping Breast Assessment Services**

Mid Ulster District Council would like to take this opportunity to put forward views, opinions and concerns in relation to the proposed Reshaping Breast Assessment Services across Northern Ireland.

Specific views and concerns that Council has identified are set out in detail in the attached 'Response' document **Appendix A**, however, we would like to make the overarching comments below.

Council strongly opposes the proposed reduction from five to three-site model. The three-site model will see the complete removal of outpatient breast diagnostic services from the Southern Health and Social Care Trust area. Southern Health Trust at Craigavon Area Hospital saw the second largest number of new attendances at symptomatic breast clinics across all Health Trust areas in 2016-17. It begs belief

that the proposal is to remove this vital service from the hospital with the second largest Breast Assessment Clinic across all Health Trust areas.

Mid Ulster District Council is located in the Southern Health and Social Care Trust area. Southern Trust area has the second largest population across all Health Trust areas with 380,312 people. Removal of Breast Assessment Services seriously affects the lives of 60,775 Mid Ulster Citizens who live in this Trust area.

The consolidation of breast assessment services from five to three locations will result in unacceptable increased travel times for people living in Mid Ulster and the wider Southern Health Trust area. 190,802 females live in the Southern Trust area of which 30,102 belong to the Mid Ulster District. Many of these people who reside in Mid Ulster's rurally isolated areas will be expected to travel up to 2 hours each way to attend a Breast Assessment Clinic.

The HSCB Projects Board's own assessment of options found a four-location model to be the most favourable across all appraised options. Consultation material highlights that by moving from five services to four presents an option that could be more readily delivered than other options. The Department of Health need to explain their methodology for proposing a three-site model.

Recommendations by DOH are unclear and confusing. Consultation materials has failed to provide the full picture as to their future intentions for wider Breast Services across the five Health Trust areas, in particular Craigavon Area Hospital. It is imperative that the Department of Health outline their long-term vision for Breast Services and a plan of how they will realise this vision. Council are of the view that this proposal is the first step in a phased withdrawal of Breast Services from the Craigavon Area Hospital. Council strongly reject the withdrawal of any Breast Services from the Southern Health Trust area.

It is recognised by Council that some changes are required for the future delivery of Breast Assessment Services, so that a high quality and timely service are delivered. In making these changes, it is imperative that safe and equitable Breast Assessment Services are appropriately resourced and is delivered to all citizens. Department of Health need to consider other ways that will increase capacity for Breast Services across all areas.

Breast Services currently delivered at Craigavon Area Hospital include Assessment, Screening and Family History Services. Removal of Breast Assessment Services from Craigavon Area Hospital will mean that people from the Southern Trust area will be required to attend a hospital outside their area for Breast Assessment Services

and Treatment in another. Continuity of care must be delivered at one location throughout the patient pathway to prevent further hardship.

The cause for poor performance levels in achieving timely breast assessment services is mainly due to shortage of specialist staff, especially Consultant Radiologists. The Council are firmly of the view that, in order to address this issue the Department of Health need to consider the reasons for their inability to train and recruit more staff, and respond appropriately. It appears unusual that staff shortages are not being considered as part of this process, given it is the main reason given for the need to reconfigure services. Reconfiguring the entire Breast Assessment Services will not increase number of specialist staff or reach target times.

- Southern Trust has the **highest** projected growth in aged **65+** population between 2012 and 2037 of **95%**. Northern Ireland average population of **79%**

No other options has been provided in the consultation document that looks at additional ways of increasing capacity at Breast Assessment Clinic's. In addressing the shortage in specialist staff, DOH could consider a model on incentive to staff with the view of attracting more specialised staff to areas where they find recruitment most challenging.

To conclude, Mid Ulster District Council would like to strongly state its dissatisfaction to the proposed Reshaping of Breast Assessment Services in NI. Council request that the Department of Health provide a safe and equitable service to all citizens by retaining Breast Assessment Services at Craigavon Area Hospital. Alternative options should be considered for recruitment of specialised staff, and increasing capacity at Breast Clinics.

Yours sincerely

**Department of Health**

**Public Consultation – Reshaping Breast Services  
Proposals for the Future Model of Breast Assessment Services for the  
Population of Northern Ireland**

**A Response from Mid Ulster District Council**

The Council would like to highlight the following points as constituting its Response and requests the Department of Health consider these when reforming Breast Assessment Services in Northern Ireland.

It is the understanding of Council that the Department of Health are proposing to develop a reformed model of Breast Assessment Services, and the proposal has been developed within the following context:

- Breast Cancer is the second most common cancer among women in Northern Ireland (30% of all cancers in females). Breast Cancer risk is strongly related to age with 81% of cases occurring in women over the age of 50 years and incidence rates greatest for those aged 85-89 years. There has been a significant increase in the number of younger women over the age of 31 presenting with symptoms. It is anticipated that 1/3 of all women aged 50-70 years will require screening in the future. Breast Cancer is a condition that men can also get.
- Current configuration of breast assessment services does not meet the Ministerial standards for waiting times at Breast assessment clinics. There are difficulties in meeting waiting time standards due to shortage of specialist staff particularly consultant radiologists. DOH to consider issues relating to shortage of specialist staff separate to this review.
- Significant pressure on Assessment Services due to an increasing number of referrals. It is projected that female breast cancer incidence will continue each year to 2035.
- Currently there are Breast Assessment Services in all five Health and Social Care Trusts for patients with symptoms that are categorised as red flag and routine.
- Breast Screening Services are separate to Breast Assessment Services. Breast Screening is part of National Breast Screening Programme for women aged 50-70 years and 70+ upon request. Breast Screening Assessments currently take place

in four locations across Northern Ireland of which Craigavon Area Hospital is one. Currently there are no published plans to remove Screening Services from Craigavon Hospital however; the DOH confirmed that they will shortly commence a further review of wider breast services.

- The proposal involves Breast Assessment Services being consolidated on three hospital sites including Ulster Hospital, Altnagelvin Area Hospital and Antrim Area Hospital. The reconfiguration of Breast Assessment Services will see the removal of Assessment Services from Southern Health and Social Care Trust and Belfast Health and Social Care Trust areas. Belfast Trust area is to be served by South Eastern Trust at Ulster Hospital.
- Patients who are diagnosed with breast cancer may require further specialist treatment, which could include surgery, chemotherapy or radiotherapy. Currently there are no proposals to change the location of where breast surgery and oncology services are delivered and these will continue to be provided in all present locations.

## Data

Below are some statistics that must be taken into consideration in the process of planning for future service provision and in any Equality Impact Assessment:

### Key Data for Mid Ulster and Southern Health and Social Care Trust

- Mid Ulster District Council area represents a population of 146,427 (June 2017) people across 1,714km<sup>2</sup> i.e. 14% of the regional landmass. Mid Ulster's population *grew* by 18.7% between 2001 and 2013 against the regional average of 8.3%, making Mid Ulster the **fastest growing** of the new 11 council areas, this trend is projected to continue with population climbing to **165,000** by 2030)
- **72,865** of Mid Ulster population are **female** of which almost 20% are over the age of 60. Life expectancy of females in Mid Ulster is 83.5%
- **41.5%** (60,755) of Mid Ulster population live in the Southern Health and Social Care Trust area
- **20.6%** (30,102) of Mid Ulster **female** population live in Southern Health and Social Care Trust area
- **Two thirds** (almost 100,000) of Mid Ulster's 146,427 live in **rural areas**

- By 2037 **83%** will be aged **65+** (against an NI average of **68%**)
- Mid Ulster residents (and most especially Cookstown) have **poorest** access to acute hospital care provision across all Health Trust areas.
- Southern Health Trust area has the second **largest** resident population of **380,312** (2017) compared to other trusts (**20%** of NI population)
- **190,802** (50.2%) of Southern Health and Social Care Trust area are **female**. **79,616** are over the age of 45 years.
- Southern Trust has the **highest** projected growth in aged **65+** population between 2012 and 2037 of **95%**. Northern Ireland average population of **79%**
- Southern Health and Social Care Trust has seen **18.9%** growth in population between 2000 and 2013, compared to NI average of **8.7%** with projected growth of a further **25%** by 2023, compared to NI average of **10%**

### **Rationale for New Consolidated Service**

Mid Ulster District Council strongly reject that, in the context of meeting national standard waiting times for breast assessment services, a future configuration of a 3-location model will achieve the desired outcomes and deliver a safe and equitable service to all citizens. Reconfiguring the entire Breast Assessment Services will not increase the number of specialist staff available to deliver the required services.

Mid Ulster District Council accept that some changes are required to Breast Assessment Services so pressures on staff are alleviated, recommended waiting times are achieved, and capacity for projected growth in demand for services is created. Council recommend that DOH look at other ways of increasing capacity at Breast Assessment Clinic's.

Council does not accept that removal of Breast Assessment Services from the Southern Health and Social Care Trust area will provide a safe and equitable service to all citizens.

Currently Breast Services at Craigavon Area Hospital includes Breast Screening, Symptomatic Assessment Clinic and Family History Clinic. Breast Surgery and Oncology at the location further support this. Continuity of care throughout the patient pathway should be a priority and must be maintained.

## **Responses to Recommendations for Reshaping Breast Assessment Services**

Recommendations by DOH are unclear and confusing. Consultation materials has failed to provide the full picture as to their future intentions for wider Breast Services across the five Health Trust areas, in particular Craigavon Area Hospital. It is imperative that the Department of Health outline their long-term vision for Breast Services and advise how they plan to realise this vision. Council request that the DOH make known their vision at the earliest possible time.

The HSCB Projects Board's own assessment of options found a four-location model to be the most favourable across all appraised service options. They recognised that the three-location model might possibly not offer a long-term solution to the waiting list problem or shortage of specialist staff. In addition, the document highlights that by moving from five to four services presents an option that could be more readily delivered over other options. No rationale has been provided as to how the three-location model will meet the needs of the service. The Department of Health need to explain their methodology for proposing a three-site model – what are the real reasons?

Craigavon Area Hospital saw the second largest number at 4,378 of new attendances at Breast Assessment Clinics across all Health Trust areas in 2016-17. Given this high level of attendance, Council strongly disagree with the proposed reconfiguration from five to three-location model that excludes Craigavon as a location. The three-site model will see the complete removal of outpatient breast diagnostic services from the Southern Health and Social Care Trust area resulting in many people needing to travel excessive journey's outside their area to achieve a diagnosis. This scenario presents a high risk of many choosing not to attend. Last year 311 people were diagnosed and treated for Breast Cancer in Craigavon Area Hospital.

The number of women who attended breast assessment clinics in NI has steadily increased annually since 2013/14. The age profile of new patients who attended a Breast Assessment Clinic in Craigavon area hospital in 2016-17 tended to be younger than those routinely invited for breast screening. 892 patients were aged 21-40 and 1155 patients were 41-50. The increased figures are cause for enhancement to the Assessment Service delivered at Craigavon Area Hospital to enable staff deal more efficiently with the greater demand and deliver the required service with the appropriate staffing level in a timely and sustainable manner.

The proposal for 3-location provision for Assessment Services will mean that people living in the Southern Health and Social Care Trust area will require investigation and treatment by two different Health trusts. This approach goes against the clinical view of the Project Board which states, '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'. In addition, the Project Board visited sites across UK that have recently reformed their Breast Services and found the need to have co-location of therapeutic breast surgery and assessment services for patients. Given these recommendations, it appears unusual that reconfiguration proposals for separating services are being made. Mid Ulster Council strongly oppose the separation of Breast Services between Craigavon and other Health Trust areas.

Loss of Breast Assessment Services from Craigavon Area Hospital is viewed as the first step in a phased withdrawal of wider Breast Services from the Southern Health Trust area. Craigavon Area Hospital currently offers a comprehensive range of Breast Services, which include Symptomatic Assessment Clinic, Family History Clinic and Screening Services that is provided in two specialist digital mobile sites in the Trust area. DOH documents state that this consultation refers only to breast assessment clinics. However, in a recent statement from the DOH they confirmed that 'the Department will shortly commence a further review that will consider wider Breast Services'. It is vital that full Breast Services remain in Craigavon Area Hospital with increased capacity and appropriate staff levels to deliver the required service.

The consolidation of breast assessment services from five to three locations will result in unacceptable increased travel times for people living in Mid Ulster and Southern Health Trust area. 190,802 females living in the Southern Trust area will be seriously implicated by this proposal, as people living in rurally isolated areas of Mid Ulster will be expected to travel up to 2 hours to reach a Breast Assessment Clinic.

People living in Mid Ulster areas will be expected to travel the following distances to one of the three proposed location:

- Fivemiletown to Altnagelvin Hospital – 51 miles x 2 = 102 miles
- Fivemiletown to Ulster Hospital – 73 miles x 2 = 146 miles
- Fivemiletown to Antrim Hospital – 69 miles x 2 = 138 miles

This is further complicated by attending Breast Assessment Services in one Trust area and Screening or Treatment in another Trust area. Council see this approach as having significant negative impact on continuity of care throughout the patient pathway. Project Board recommended that cancer assessment and treatment services need to be co-located to ensure continuity of care.



Women predominantly use breast assessment services. As women are more likely to have caring responsibilities, extended travel times for up to two hours each way is unacceptable. Furthermore, many older service users may be required to rely on public transport to travel on these lengthy journeys' resulting in many choosing not to attend Breast Assessment Clinics. Mid Ulster 65+ year's population is estimated to rise from 14% to 21% by 2037. This is further complicated by additional travel costs and living in rural areas.

It is fundamental to ensure that shortage of specialist staff is addressed as a priority going forward, given this is the main reason attributing to the current crisis. Increased levels of specialist staff, Radiologists and Consultant Radiologists will create increased capacity across all Health Trust areas. Resolving this matter will have a positive impact on meeting increasing demand and recommended time targets. Council are of the view that building radiography capacity and development of radiographic advance practice could be achieved through the offer of incentives to attract people to areas where recruitment is currently challenging.

### **Equality Screening and Rural Proofing**

The Council also requests that an Equality Screening, Rural Proofing and Rural Needs Assessments be completed, in accordance with the Statutory Framework.

### **Conclusion**

Mid Ulster District Council strongly oppose the proposal of reconfiguring Breast Assessment Services from five to three location model that will see the complete removal of outpatient breast diagnostic services from the Southern Health and Social Care Trust area. Southern Health and Social Care Trust has the second largest resident population of 380,312, of which 190,802 are female, and 76,616 over the age of 45 years. DOH figures for symptomatic Breast Assessment Clinics in 2016-17 shows this Trust as having the second largest attendances for new patients.

The HSCB Projects Board's own assessment of options found a four-location model to be the most favourable across all appraised service options. No rationale has been given as to how the three-location model will meet the needs of the service. The Department of Health need to explain their methodology for proposing a three-site model and tell us the real reasons for making these decisions.

The cause for poor performance levels in achieving timely breast assessment services is mainly due to lack of specialist staff. It is fundamental to ensure that shortage of staff is addressed as a priority going forward, given this is the main

reason attributing to the current crisis. Considering staff shortages in a separate review does not make sense. Reconfiguring the entire Breast Assessment Services to three locations will not get more specialist staff than if in five locations.

Council demand that the Department of Health consider other options that will adopt a long term approach to increased capacity and sustainability of Breast Assessment Services.