

Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	Health Scrutiny Committee for Lincolnshire
Date:	12 June 2019
Subject:	Breast Services - Case for Change and Emerging Options

Summary:

The report describes the national and local context regarding the vision and strategy that will deliver an effective and accessible Breast Service for patients in Lincolnshire.

The paper sets out the Case for Change for Breast services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

1.1 What is Healthy Conversation 2019?

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019. It is an open engagement exercise which will shape how the NHS in Lincolnshire takes health and the health service forward in Lincolnshire in the years ahead. It is a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and is a way to get meaningful feedback from the public, their representatives, NHS partners and staff about what future services may

look like. It is planned that 'Healthy Conversation 2019' will run into the autumn, with a wide range of engagement events and discussions across the county.

It is important to remember that this stage is not a public consultation – this engagement exercise will help shape the options for a full public consultation, without which no permanent changes can be made to services.

1.2 Background for Breast Cancer

Breast care includes a number of services, including breast screening, family history clinics, but the most significant volume of activity in the United Lincolnshire Hospitals NHS Trust (ULHT) breast care service comes via referrals from GPs for patients they suspect may have cancer, or who have symptoms that need to be seen by a specialist breast care team.

The ONS (Office of National Statistics) advises that a total of 46,109 new diagnoses of breast cancer were made in England during 2017. These are summarised in the table below by geographic area.

	North East	North West	Yorkshire & Humber	East Midlands	West Midlands	East	London	South East	South West	Total
Males	22	40	37	28	36	33	30	57	36	319
Females	2289	5970	4338	4047	4741	5249	5727	8139	5290	45790
Total	2311	6010	4375	4075	4777	5282	5757	8196	5326	46109

The NHS England waiting times annual report for 2017/18 advises the following waiting times performance for patients accessing the breast cancer pathway in England between April 2017 and March 2018;

	Number of Patients	Performance	National Standard
2 Week Wait - Suspected Breast Cancer Referrals	347,323	95.4%	93%
2 Week Wait Symptomatic Breast Referrals	193,937	92.8%	93%
31 Day First Treatment Performance	46,271	98.4%	96%
62 Day Performance (Diagnosis & Treatment)	22,687	93.7%	85%

The national clinical guidelines for the management of breast cancer (published December 2016) state the following:

“Patients should only be seen by medical and clinical practitioners with a special interest in breast disease. Wherever possible, a non-operative breast cancer diagnosis should be achieved by triple assessment. This triple assessment should include clinical and radiological assessment followed by core biopsy and / or fine needle aspiration (FNA). Core biopsy is preferable due to the additional information it

can provide. However, it is recognised that there may be circumstances where only an FNA is possible. Where possible, clinical assessment and imaging should be completed before needle core biopsy”.

Best practice is to complete the triple assessment process during one visit to the hospital or diagnostic centre for the patient. This is sometimes referred to as a “one stop” clinic.

2. Breast Cancer Statistics for Lincolnshire

ULHT is one of the largest breast services in the UK in terms of total number of breast cancers treated by the service per year. Breast services are currently spread across ULHT sites with the majority of activity serviced at Lincoln.

The service made a £1.36m financial loss in 2017/18. This is due to a high use of locum and agency staff

The table below shows the number of patients and average waiting time performance against the national standard for patients accessing the ULHT breast service between April 2017 and March 2018.

	Number of Patients	Performance	National Standard
2 Week Wait - Suspected Breast Cancer Referrals	3407	81.8%	93%
2 Week Wait Symptomatic Breast Referrals	1649	77.6%	93%
31 Day First Treatment Performance	568	99%	96%
62 Day Performance (Diagnosis & Treatment)	228	94.2%	85%

In addition to the above, the table below gives the performance for the three month period of November 2018 to January 2019 inclusive.

	National standard	Number of patients	Nov 2018	Dec 2018	Jan 2019
2 Week Wait - Suspected Breast Cancer Referrals	93%	861	62.6%	72.0%	5.5%
2 Week Wait Symptomatic Breast Referrals	93%	230	56.2%	87.0%	18.4%
31 Day First Treatment Performance	96%	139	100%	100%	100%
62 Day Performance (Diagnosis & Treatment)	85%	50	86.4%	92.3%	86.7%

The most recent performance shown in the table above shows that for the three months; November 2018 to January 2019, performance against the 2-week wait standards has deteriorated, whilst the activity levels remain consistent when compared against 2017/18. Patients diagnosed with breast cancer are however, being treated within the national 62 and 31 day waiting times standard, but it is the patients who are being referred into the service that are waiting too long to be seen and receive their diagnosis.

ULHT has been monitoring performance carefully following the deterioration in performance, and has taken mitigating action to improve performance against the 2-week wait standard, and this is proving to be successful, however, it is not a sustainable solution.

The table below shows breast referrals for Lincolnshire patients referred to and seen by other providers during 2018/19.

Breast Referrals and Number of Diagnosed Patients - 2018/19

Provider	Referrals for Suspected Breast Cancer	Number of referrals resulting in Cancer	% Diagnosed	Percentage of Referrals seen within 2 Weeks
North West Anglia (Peterborough)	1,626	101	6.2%	88%
Nottingham University Hosps.	552	32	5.8%	99%
Northern Lincolnshire & Goole	495	22	4.4%	95%
Doncaster and Bassetlaw	208	10	4.8%	94%
Queen Elizabeth Hospitals (Kings Lynn)	207	11	5.3%	92%
Sherwood Hospitals (Newark / Mansfield)	128	1	0.8%	97%
Leicester University Hosps.	10	2	20.0%	81%
Other (<=5)	33	2	6.1%	n/a
Total	3,259	181	5.6%	87%

2WW position is that for referrals from Apr 18 to March 19

3. National Context

The NHS Long Term Plan was published in January 2019. The plan states that Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one year survival was 72% – over 11 percentage points higher than in 2000. Despite this progress, one of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival.

The key highlights in the long term plan for suspected and diagnosed cancer patients, which includes patients with breast cancer, are as follows:

- **We will begin introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.** For people diagnosed with cancer, it will mean they can begin their treatment earlier. For those who aren't, this will put their minds at rest more quickly at a very stressful time. To support the delivery of the new standard, we will align our Cancer Alliances with STP and ICS (Integrated Care System) footprints and NHS

England and NHS Improvement regions. They will implement a new timed diagnostic pathway for specific cancers, building on the timed pathways already being introduced in lung, colorectal and prostate cancer. Data collection for all patients will start in 2019, with full monitoring against the standard beginning in April 2020, and performance ramping up as additional diagnostic capacity comes online.

- **By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.** This will be delivered in line with the NHS Comprehensive Model for Personalised Care. This will empower people to manage their care and the impact of their cancer, and maximise the potential of digital and community-based support. Over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker
- **After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.** This stratified follow-up approach will be established in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023. From 2019, we will begin to introduce an innovative quality of life metric – the first on this scale in the world – to track and respond to the long-term impact of cancer.

Milestones in the NHS Long Term Plan that will impact on breast cancers

- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate

4. The Strategy for Breast Services in Lincolnshire

The strategy for Lincolnshire breast services has been developed using the clinical guidelines for breast screening, diagnosing and treating breast cancer, together with the recommendations put forward in the NHS Long Term plan.

4.1 Current Service Provision

Breast outpatient, diagnostic & treatment services are currently delivered as follows:

Lincoln Hospital	Pilgrim Hospital	Grantham Hospital
Non-elective care Elective care Day-case care Outpatient services	Non-elective care Elective care Day-case care Outpatient services	Very limited service due to capacity constraints. Was providing the same services as at Lincoln and Pilgrim, but now can only provide limited nurse-led follow up appointments.

Breast screening services are provided as follows: -

Lincoln Hospital	Pilgrim Hospital	Grantham Hospital	County wide
Static screening service at the hospital	Static screening service at the hospital	Static screening service at the hospital	Mobile screening units operate across the county

4.2 Case for change

There is a strong case for changing the way in which breast care services are delivered in Lincolnshire. The number of patients being seen by the service has increased significantly and the ULHT breast service is one of the largest in the country.

The model of care across the ULHT hospital sites is inconsistent and does not always comply with the clinical guidelines. The reason for this is primarily due to the lack of breast radiologists and wider workforce issues. The shortage of breast radiologists is a national issue.

ULHT are working hard to develop a workforce model that introduces a new “skill mix” so that this issue can be addressed, for example by training breast mammographers to perform more extensive clinical work. However, this takes time and investment. It is not a quick solution to the current issues.

In summary, the case for change is as follows: -

- A significant increase in demand (9% per annum)
- There is a lack of breast radiologists and this is a barrier limiting service delivery, emphasised by a national shortage
- The service is now having to train breast mammographers to do breast radiology work with no realistic possibility of recruiting breast radiologists under the current service model

- Nursing workforce issues, particularly around recruitment and retention of clinical nurse specialists
- Lack of standardisation of models of care between the hospital sites, we have shone a light on clinical practice with the aim to do better
- Lack of a multidisciplinary team assessment model and joined up treatment for patients
- Unable to achieve and sustain performance against the 2-week wait cancer performance standards, which means that patients referred into the service are waiting too long to be seen and diagnosed.

5. Emerging options for the future

There are two emerging options:

- Option 1: Consolidate the majority of breast services onto the Grantham Hospital site
- Option 2: Consolidate the majority of breast services onto the Lincoln Hospital site

Following an extensive evaluation of the revised short list of options for the services covered within the scope of the Acute Services Review, including workshops with a wide range of stakeholders, including members of the public, a preferred option for the future provision of acute services provided by ULHT was identified that best meets the agreed design principles. The change proposal for breast services under this NHS preferred option is as follows:

- Lincoln Hospital to become a centre of excellence providing all first outpatient appointments (including the triple assessment appointment – consultation/imaging/ biopsy) and day case and elective surgical procedures.
- Screening mammography, follow-up outpatients and community support will stay the same and continue to be provided locally. Mobile screening will also continue as it currently does.
- For those patients who require a call back for further assessment following their screening appointment, the assessment will take place at the centre of excellence at the Lincoln Hospital.

It should be noted that oncological treatment for breast cancer e.g. chemotherapy and radiotherapy would continue as it does currently, with day case chemotherapy available at Lincoln and Pilgrim Hospitals, and across the county using the mobile chemotherapy unit. Provision of Radiotherapy remains unchanged and would continue to be delivered at the Lincoln Hospital.

This proposed option would address the following speciality issues, by:

- establishing a centre of excellence and seeks to standardise models of care;
- improving multidisciplinary team assessment models and services ability to align delivery with NICE [the National Institute for Health and Care Excellence] guidelines regarding implementing a one stop diagnostic service; and

- improving workforce sustainability by aiding recruitment and bringing together resources (especially Breast Radiologists).

5.1 Impact to patients in the preferred option

If the option of consolidating the majority of breast care services at Lincoln Hospital were to proceed, modelling of patients who would be displaced to an alternative provider of breast services closer to where the patient lives, indicates that 1,151 patients per annum would be displaced from the current ULHT Breast Service.

This equates to 22.7% of the current referrals into ULHT for suspected breast cancer, and symptomatic breast issues.

6. Financial Investment Required

Investment would be required to expand the breast unit at the Lincoln Hospital; the capital funding required is estimated at £4.7m. At this point in time, the funding source has not been identified, but work continues to identify these funds.

7. Themes and Issues Raised During the Healthy Conversations 2019

The following question was raised during the Healthy Conversations 2019; the response that has been provided is also included;

Q - In the 1990's Boston was the European epi-centre for the worst breast cancer rates. I would imagine that figures for the area are still high - have these been taken into account when deciding to 'centralise' them in Lincoln? Moving services to Lincoln will cause implications for transport - public transport is very poor. I would like to know what the correct figures are, compared to other parts of the country and county.

A - When the emerging options were shaped senior clinicians looked at a substantial amount of data, including county breast cancer rates. We think that a centre of excellence approach would work well in Lincolnshire, and has already proven so in rural Cornwall. We think this will help us address the quality of care issues and shortage of specialist staff. In practice this emerging option would mean that all follow-up outpatient appointments and routine breast mammography screening services would continue to be available across the county as they are now.

Breast cancer data is available to all at this site, (at CCG level):

<https://www.cancerdata.nhs.uk/dashboard#?tab=Overview>

We fully appreciate how crucial transport is so that patients can access NHS services, therefore we are working closely with Lincolnshire County Council on a joint transport strategy to improve public transport and look at other viable options to supplement patient travel. We have worked to a principle of the most regular care requirements remaining close to home, such as routine screens in cancer care for example. It is when care needs become more complex and specialised that we introduce further travel; we have heard from Lincolnshire's public that the right care, first time is the priority, even if that means further travel. A large consideration for our clinicians as they review services is how to best spend NHS funding, including

whether we divert some of our funds away from care in order to supplement patients' travel, and we would welcome your continued input into this consideration.

We are also working on digital solutions so where possible, we can prevent the need for travel and for example a face to face consultation could happen by the internet. Please see our technology and information section:

<https://www.lincolnshire.nhs.uk/healthy-conversation/what-conversation-about/information-technology-it>

8. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

9. Conclusion

The Healthy Conversation 2019 campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

Breast cancer priorities continue to be to achieve the 2-week wait Constitutional standard.

10. Background Papers

The following documents were used to inform this report:

- NHS Long Term Plan published January 2019
- NHS England Clinical guidelines on the management of breast cancer, published December 2016

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