

Northern CCG Joint Committee

Date of meeting: 5th July 2018

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Breast symptomatic services

Purpose of report : To update the Committee on the current provision of breast services in CNE and to agree the next steps required to ensure a sustainable model for their future delivery.

Recommendations:

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee: to agree a programme of work that develops a sustainable model for breast services, and an outline timetable for staff and public engagement ahead of a formal decision by the Joint CCG Committee on the future of this service.

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Date: 21st July 2018

Background

1. In response to ongoing fragility in breast symptomatic services (which includes the closure of the service Sunderland in 2014 and the merger of the Tees services in 2015) a report was commissioned by the CCG Forum from the Northern Cancer Alliance (NCA) to recommend a future model of delivery of breast symptomatic services.
2. This review was conducted with input from providers and commissioners of the breast symptomatic services and ultimately recommended a move towards a hub and spoke model of delivery. This recommendation was presented to the CCG Forum in July 17 and was accepted as the most appropriate way forward.
3. The commissioning responsibilities for the symptomatic breast service pathway are split with NHS England being responsible for the breast screening service and CCGs for the commissioning of the remainder of the pathway.
4. As such, a further update paper was presented to the CCG Forum (December 18) which proposed a joint approach with NHS England in order to secure the current configuration of breast screening to allow the development of this hub and spoke model.

Update on Breast Symptomatic Services

5. The hub and spoke model of delivery was chosen as it continues to provide symptomatic services in local DGH's, close to home for patients, while recruitment and retention of key staff groups is easier with the scope of work of hub sites.
6. As this approach used the Breast Screening centres (Newcastle – which manages the centre in Carlisle, Gateshead and North Tees) as the 'hubs' it was then necessary to secure the commissioning of the breast screening centres for a period to allow the development of this model of delivery. The breast screening programme is commissioned by NHS England Public Health commissioning team under the section7a agreement.
7. After negotiation with NHS England commissioners, the agreement to secure the commissioning of the breast screening centres in their current configuration until April 2021 was achieved and this decision was shared with all providers in April 2018. This alignment of CCG commissioning of Breast symptomatic services with NHS England commissioned breast screening services is positive as the

screening and symptomatic services are highly inter-dependant, especially in their staffing.

Progress towards Hub and Spoke Model since agreement on commissioning the breast screening hubs

8. Following the commissioning agreement in April, the outline hub and spoke model proposed in the regional Breast Service review was shared with the NCA Breast Expert Advisory group in May and with Breast Screening providers and commissioners at a workshop in June. This was to allow further clinical input and development of the model by the end of June. It is likely that due to the challenges outlined below that ability and timescale to move towards the hub and spoke delivery may differ at the 3 hubs.
9. The NCA has also tasked the clinical lead and radiology project manager to benchmark existing Hub services which offer spoke arrangements to assess the necessary workforce, and other service levels needed, for a Hub to be able to move from consolidated delivery to delivery at hub and spoke sites. This report which will look at Gateshead (currently offers a spoke service into Grindon for City Hospitals Sunderland trust patients) and York (spokes at Friarage for South Tees Trust patients) will be due to report findings at end of July.
10. At the NCA board meeting on 20th June an action plan with proposed timescales for delivery of the hub and spoke model was requested.

Public Engagement

11. To date there has been no public engagement or communication on the development of the hub and spoke model. This is because the proposed hub and spoke model would look the same as current delivery from a patient perspective. That is however dependent on the Hubs being able to provide spokes into local DGH's for assessment and treatment.

Challenges

12. There is challenge within the system to further development/implementation of the hub and spoke model:
 - a) Workforce pressures, particularly in diagnostic staff, continue to be a significant factor in the sustainable delivery of the breast symptomatic services. These pressures are now starting to be recognised in the delivery of the breast screening service too which did not form part of the initial review but is significant as these services will form the base of the

Hub. Several services across the STP would be impacted in their ability to continue to deliver these services by the loss of a single staff member. At the recent breast screening workshop all three hub services voiced concern over their ability to provide spoke services given shortages of diagnostic staff and a perception that staff at spoke services are able to work less effectively due to isolation and lack of support. Work is continuing between NCA and Health Education England (HEE) to address workforce issues however most solutions are medium to long term.

- b) Breast cancer is the most common form of female cancer with around 3,000 new cases per year in the North East and North Cumbria so there are significant patient numbers in most trusts/local authority areas. Commissioners will need to balance any consolidation of delivery (to ensure service resilience) with preserving equitable access and care as close to home as possible for patients across the region.
- c) Ability of provider trusts to deliver on 62 day performance without the provision of breast symptomatic services. If further consolidation of services is necessary (with some trusts potentially losing the provision of breast symptomatic services) then that will challenge those trusts ability to meet their 62 day performance targets. This is due to the relatively high numbers on this pathway which positively contributes to the provider denominator. This standard is measured both as a provider and commissioner standard and the national cancer transformation funding is also dependant on the achievement of this 62 day standard.

13. The Joint Committee is asked to note the challenges to the development of the hub and spoke model of delivery of Breast symptomatic services as outlined above. Further joint working is planned between screening and symptomatic service providers and commissioners in the near future to ensure full engagement in the proposed hub and spoke model. A further update on this work will be brought back to the CCG Forum in due course.

Next steps and recommendations

14. For the Joint CCG Committee to task the Cancer Alliance with developing a timetable for the formal review of these services. This will need to factor in the NHS England-led re-commissioning of breast screening services (to be completed by 2021) with a simultaneous review of how breast symptomatic services are delivered (this will need to include timescales for any public engagement and consultation).