# Northern CCG Joint Committee

Date of meeting: 12 November 2020

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

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**Title of report:** Update and Proposal - Breast Diagnostic Services

**Purpose of report** (brief description):
The attached report was presented and discussed at the ICS management group on Friday 23 October 2020. The proposals aim is to support the longer term sustainability of services. The report outlines an offer to the system to commission breast symptomatic services from breast screening units (BSU). The proposal includes the development of a manged clinical network across BSUs).There is further recommendations to progress the joint commissioning of screening and symptomatic services in the longer term.

**Recommendations**:
**Is the paper for** (please tick):

| | |
|---|---|
| Decision-making | ✓ |
| Information Sharing | |
| Discussion | ✓ |

**Actions required by Northern CCG Joint Committee**:
At the meeting on the 23 October 2020 the ICS management group endorsed the proposals.

There was agreement to progress the implementation of the proposals via the recently established provider network. Support and facilitation will be provided by the Northern Cancer Alliance.

The committee is asked to endorse the option to commission services differently in line with the proposals should it be necessary to support implementation for the system.

**Sponsor: Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer**
**NHS County Durham CCG, NHS Sunderland CCG and NHS South Tyneside CCG**
**Report Author: Michael Houghton**
**Job Title: Director of Commissioning Strategy and Delivery, Tees Valley CCG**
**Date: October 2020**

# ICS management Group Friday 23 October 2020
# Update and Proposal - Breast Diagnostic Services

1. A strategic review of the sustainability of breast symptomatic services across the NENC undertaken with the Northern Cancer Alliance (NCA) by Dr Tony Branson and Michael Carr was published in 2017 and proposed a number of options (appendix one). A further options appraisal report was produced by the NCA to inform discussions. Subsequent discussions between NHS Foundation Trusts across the system did not lead to agreement on a longer term proposals.

2. A commissioning task and finish group was established by the CCG Joint Committee and Optimising Health Board with reps from each CCG/ICP, NHSE/I commissioners and NCA. Neil O'Brien was identified as SRO. The TOR of the T&F group were to review the work to date and provide draft system commissioning intentions as a proposed way forward for the longer term.

3. Services delivery remains challenged and recovery and restoration from the Covid-19 pandemic has exacerbated their fragility. There are frequent asks for mutual support arising from workforce shortages resulting in delays to diagnostic appointments. Data was collected from all trusts across NCNE in regard to demand, capacity and performance. The current position is summarised below and the detailed analysis is shown in appendix two:
   - 2ww activity is still at a lower level than last year with all but 2 Trusts with August 20 activity being less than August 19
   - Demand for 2ww Appointments/Diagnostics across the ICS exceeds capacity by approx. 50 per month
     - individual providers vary from a surplus of 71 to a shortfall of 51 per month
     - there in inequity across the system
   - There are just under 2,000 patients awaiting a 2ww appointment (acknowledging that it's quickly changing).
   - Treatment capacity is below the 19/20 level (Drugs: -13%, Surgery: -37%), however the total number waiting on a 62 Day pathway with a decision to Treat and a breach date in less than 28 days across the ICS is 56. Some of these will be interim treatments not captured in the data e.g. hormones.

4. A provider engagement session was held on 12 October 2020 to discuss current capacity and demand with regards to the 2WW pathway. There are still shortages in Radiologists provision and although there is an increase in the recruitment of radiographer numbers, training is not completed. Services can't easily support increased training places. The age profile of the imaging workforce means the situation will get worse before it gets better. International recruitment has variable results (3 of 4 have not stayed). Physical space will be an issue if increased capacity is needed in services, there is no underutilised clinic space in the system (apart from weekend working).

5. A system proposal to address longer term workforce gaps and strategic aim is to achieve a hub and spoke delivery model:
   a. The strategic review found that breast screening units (BSU) have a greater chance of attracting and recruiting radiologists compared to non-screening Trusts. BSUs are also able to develop more innovative job plans.

b. System commissions symptomatic services from BSU providers, NTHFT, NUFT, GHFT, and NCICFT. BSUs would continue to support a hub and spoke model where feasible. It is noted that some short term consolidation of services in the South and Central ICPs at NTHFT and GHFT BSUs will be required. The South ICP, via the Clinical Services Strategy has developed a proposal in support of the direction of travel. Further detailed work will be required across the ICS to understand the capital developments to support the above, MDT arrangements and operational pathways. Patients requiring treatment would be repatriated to their local hospital.
c. The above could be developed as a managed clinical network covering the ICS or at ICP level with a focus on ensuring adequate coverage across screening population geographies. This would enable all BSUs to work collaboratively to support the system and realise the longer term aim of a sustainable hub and spoke model of delivery. To support the changes an ICS/ICP level approach to performance reporting will need to be developed and agreed to enable management as a network.
d. In the longer term there is an opportunity at ICS level to more closely align the joint commissioning of symptomatic and screening diagnostic services via BSUs. Commissioners have expressed support to consider an integrated service specification and delivery framework.
e. All other optimum pathways, clinical guidelines and workforce development work via Breast Cancer Pathway Board would continue as planned to support the system.

6. Proposed next steps following ICS management board discussion:
    a. Consideration and endorsement by the ICS management to approve the proposals outlined above as a direction of travel for the system.
    b. Task the NCA (Alison Featherstone) to progress the detailed work in collaboration with commissioners and providers, including clinical engagement on behalf of the system. Utilise the ICP Cancer Facilitator posts to support this work
    c. Set up task and finish group and appropriate workstream governance to ensure effective delivery milestones and regular progress updates are provided via the NCA processes to the ICS management board.

October 2020
Dr Neil O'Brien, SRO breast diagnostics
Michael Houghton
Director of Commissioning Strategy and Delivery

Appendix one

**Summary of proposed options NCA report 2017**

**Do Nothing** – this means trying to maintain current service provision and managing present and future service vulnerabilities in each Trust. This might lead to some spoke services being suspended if current breast radiologists retire or leave a service.

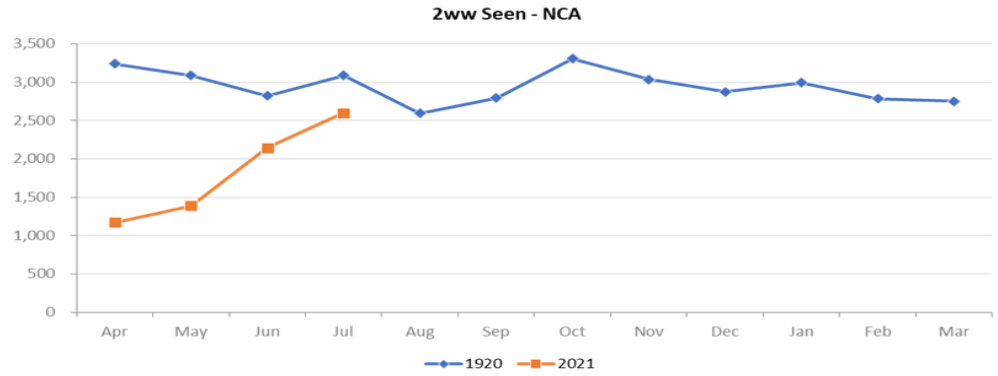
**Support to vulnerable services** – this means staff from breast screening units working out to support other services with workforce shortages to maintain some form of symptomatic service locally.

**Hub model** – this means consolidating all symptomatic services on the four hub sites

**Development of a hub and spoke service** – this means that the core service would be delivered from the 4 breast screening centres with symptomatic diagnostic service delivered at spoke sites at key locations across the region. Some of these might be current or new locations. The aim is to provide sustainable services at easily accessible, convenient locations that maintain good outcomes.

## Analysis of current capacity and demand

# 2ww Suspected Cancer & Breast Symptoms - Activity




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD Jul | Dif # | Dif % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1920 | 3,241 | 3,089 | 2,824 | 3,088 | 2,597 | 2,793 | 3,307 | 3,037 | 2,877 | 2,992 | 2,783 | 2,753 | 12,242 | -4,936 | -40% |
| 2021 | 1,173 | 1,391 | 2,144 | 2,598 | | | | | | | | | 7,306 | | |

| Trust | April - July 1920 | April - July 2021 | Dif # | Dif % | August 1920 | August 2021 | Dif # | Dif % |
|---|---|---|---|---|---|---|---|---|
| NORTH CUMBRIA IC FT | 1,032 | 816 | -216 | -21% | 290 | 249 | -41 | -14% |
| GATESHEAD HEALTH FT | 2,270 | 1,313 | -957 | -42% | 484 | 486 | 2 | 0% |
| THE NEWCASTLE UPON TYNE HOSPITALS FT | 1,475 | 1,207 | -268 | -18% | 271 | 358 | 87 | 32% |
| NORTHUMBRIA HEALTHCARE FT | 1,929 | 1,245 | -684 | -35% | 458 | 370 | -88 | -19% |
| SOUTH TEES HOSPITALS FT | 421 | 235 | -186 | -44% | 89 | 73 | -16 | -18% |
| NORTH TEES AND HARTLEPOOL FT | 2,837 | 1,475 | -1,362 | -48% | 604 | 542 | -62 | -10% |
| COUNTY DURHAM AND DARLINGTON FT | 2,318 | 1,237 | -1,081 | -47% | 407 | 314 | -93 | -23% |
| Total | 12,282 | 7,528 | -4,754 | -39% | 2,603 | 2,392 | -211 | -8% |

Aug 20 Data based on provisional data from Providers.
Note: NCA includes only patients resident within NCA boundary – Total from Providers includes patients resident in other NCA area

**Comments**

- Data based on Patients referred under a 2 week rule Seen in the month.
- This is determined by capacity available.
- 20/21 Activity from April – July is 4,936 less than the equivalent period in 19/20
- April – July shows steady increase back to usual levels of activity.
- In August, NuTH & Gateshead have seen more patients than they did in August last year all other are below 19/20 levels. ICS average is 8% below.

# 2ww Suspected Cancer & Breast Symptoms
# Demand & patients waiting

**Comments**

- Data from the previous slide shows that almost 5,000 less patients were seen April- July in 2020 than in 19/20 however there has also been a reduction of the number of patients referred therefore 5,000 patients could be a proxy for latent demand that is yet to present at primary care but **does not** represent actual the current number of waiting.
  - Using August as an example: Aug 20 is 253 less than last year however Fig. 1 (right) shows the shortfall to only be 48 per month based on referrals received.
- Trusts have provided Local data on the number of patients waiting for a 2ww appointment (either Appointed or on an Appointment Slot issue list). Fig 2.
- Due to differences in Provider systems ,it has not been possible to create a snapshot of patients waiting in previous months to see if this is a worsening position, however using the data from Fig1. it would suggest the system is still in a capacity shortfall and will continue to worsen.

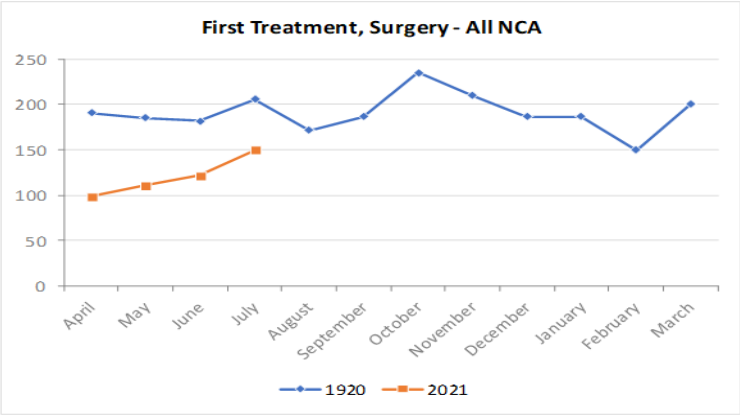
*Fig 1. Referrals received and seen in July and August 2020*

| Trust | Rec Jul-Aug | Seen Jul-Aug | Shortfall/ Surplus | Per month |
|---|---|---|---|---|
| NORTH CUMBRIA IC FT | 569 | 548 | -21 | -11 |
| GATESHEAD HEALTH FT | 855 | 996 | 141 | 71 |
| THE NEWCASTLE UPON TYNE HOSPITALS FT | 821 | 748 | -73 | -37 |
| NORTHUMBRIA HEALTHCARE FT | 822 | 822 | 0 | 0 |
| SOUTH TEES HOSPITALS FT | 186 | 144 | -42 | -21 |
| NORTH TEES AND HARTLEPOOL FT | 1137 | 1137 | 0 | 0 |
| COUNTY DURHAM AND DARLINGTON FT | 893 | 792 | -101 | -51 |
| Total | 5283 | 5187 | -96 | -48 |

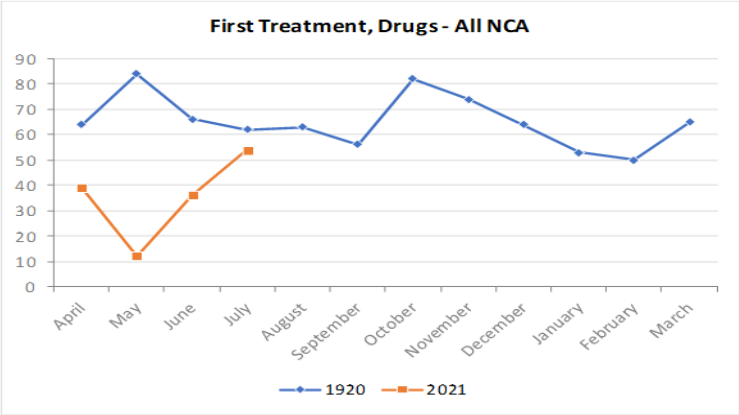
*Fig 1. Patients already referred waiting to be seen as at September 20*

| Trust | Waiting for 2ww |
|---|---|
| NORTH CUMBRIA IC FT | 84 |
| GATESHEAD HEALTH FT | 219 |
| THE NEWCASTLE UPON TYNE HOSPITALS FT | 193 |
| NORTHUMBRIA HEALTHCARE FT | 361 |
| SOUTH TEES HOSPITALS FT | 120 |
| NORTH TEES AND HARTLEPOOL FT | 536 |
| COUNTY DURHAM AND DARLINGTON FT | 451 |
| NCA | 1964 |

# Treatment Capacity




| | April | May | June | July |
|---|---|---|---|---|
| Cumulative Shortfall | -92 | -166 | -226 | -282 |




| | April | May | June | July |
|---|---|---|---|---|
| Cumulative Shortfall | -25 | -97 | -127 | -135 |

- As with Clinic and diagnostic capacity there was a significant reduction in fist treatments during phase 1 of the COVID response despite cancer treatments being prioritised of other planned care.
- July activity remains below 19/20 baseline therefore a backlog requiring treatment is accruing.

| | July Run rate Shortfall/Surplus | |
|---|---|---|
| **Trust** | **Surgery** | **Drugs** |
| NORTH CUMBRIA IC FT | -8 | 0 |
| GATESHEAD HEALTH FT | -18 | 3 |
| THE NEWCASTLE UPON TYNE HO | 3 | -3 |
| NORTHUMBRIA HEALTHCARE FT | -1 | -10 |
| SOUTH TEES HOSPITALS FT | -10 | 2 |
| NORTH TEES AND HARTLEPOOL F | -30 | -1 |
| COUNTY DURHAM AND DARLING | -6 | -2 |

# 62 Day PTL

| Trust | 62 Day PTL <=28 days to breach date | | Movement from Prev Month |
|---|---|---|---|
| | DTT | No DTT | |
| NORTH CUMBRIA IC FT | 12 | 11 | ▼ -2 |
| GATESHEAD HEALTH FT | 0 | 48 | No data |
| THE NEWCASTLE UPON TYNE HOSPITALS FT | No Data | No Data | No Data |
| NORTHUMBRIA HEALTHCARE FT | 24 | 46 | No Data |
| SOUTH TEES HOSPITALS FT | 14 | 11 | ▼ -2 |
| NORTH TEES AND HARTLEPOOL FT | 4 | 31 | No data |
| COUNTY DURHAM AND DARLINGTON FT | 2 | 71 | ▲ +43 |
| Total | 56 | 218 | ▲ +39 |

- The patients on the 62-day pathway are all patients who are referred via an urgent referral for suspected cancer from a GP or GDP (known as two week wait patients) where cancer has not been excluded.
- A 2ww patient is added to the PTL once they have been first seen and is only removed from the 62-day pathway when a cancer diagnosis is excluded, the patient has received a valid first treatment or (exceptionally) the patient dies before treatment.