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Reshaping breast assessment services

Department of Health – Annexe 3
Castle Buildings
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Consultation on reshaping breast assessment services**Dear Sir/Madam**

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you. BMA Northern Ireland welcomes the opportunity to comment on the consultation on reshaping breast assessment services.

The extended deadline for this consultation allowed for a thorough review of the information by all interested parties and gave the BMA the ability to engage more widely with our members. This engagement with our members has informed this response.

As outlined in previous consultation responses we believe that any transformation must be planned, managed and adequately resourced. Additionally, we believe services reviews must:

- Be preceded by a thorough impact assessment, particularly addressing the safety of the proposed changes
- Be collaborative and transparent, involving all affected sectors and patient representatives
- Be clinically led
- Be based on good clinical evidence that quality of care will be enhanced, or at least not compromised
- Protect those least able or most deprived from a change of service that would otherwise widen inequalities, worsen outcomes or increase user dissatisfaction
- Be monitored, following implementation, for effectiveness and safety.

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BMA Northern Ireland is aware that reconfiguration of services may mean changes to working practices and terms and conditions. We look forward to engaging with the department on issues affecting our members as a result of this review.

We welcome the recognition of the growing pressures facing breast assessment services across Northern Ireland. Whilst we are supportive of the transformation programme we have a number of comments on this consultation which we have outlined below.

Reconfiguration criteria

Following consultation in November 2016 the department published reconfiguration criteria. As this has come after the publication of the proposals for reshaping stroke services we would welcome confirmation that the criteria were used for this review. It would be helpful if future consultations produced by the department included clear references to how the review has been carried out using the reconfiguration criteria.

We have made specific points around criteria two and accessibility later in this response.

Transformation

As stated, we have been supportive of the transformation programme since the publication of “Health and Wellbeing 2026”. At the time of its publication we described the plans as “radical” and stated we were encouraged by them and their potential. We believe the proposals in this document could be more transformational.

The proposals set out in the consultation document are focused on structures. The Expert Panel Report states “rationalising services is not the same as transforming the health and care system and the two should not be confused.” We believe a comprehensive review could truly transform the operation of breast assessment services, if the opportunity is seized.

The introduction of a central appointments system is a welcome step forward for patients and doctors. Before a final decision is taken on the implementation of changes, the department should take the opportunity to introduce standardised triage, across all sites. Our members believe this could reduce the burden on the one stop clinic for urgent breast assessment.

Finally, the department should ensure true networking across sites. This would remove silo working within trusts/hospital sites, allow dynamic management of patients and provide data which, in time, will allow the department to fully analyse and improve the effectiveness of this service.

Workforce

The review acknowledges the shortage of specialist staff required to provide breast assessment services, however an assessment of the reasons for this would be welcome. Effective workforce planning is essential for the transformation and operation of any service.

The commitment from the department to consider the shortage of radiologists as part of the imaging review is welcome, however we would caution against considering each of these issues in isolation. It is essential there is read across between each review and serious consideration is given to the impact one may have on another. Additionally, it is important that the department realise that the shortage is wider than just radiologists, as evidenced by the recent call by the Migration Advisory Committee to add all medical practitioners to the shortage occupation list.

Whilst we appreciate that the department is still undertaking the implementation of the workforce strategy, it is important that they recognise and urgently address the steps that can be taken to improve recruitment and retention in Northern Ireland. Staff shortages are creating unsustainable pressures on doctors as they try to keep pace with demand and maintain quality of care for patients. Steps to do this could include:

- effective medical workforce planning can only be achieved if underpinned by evidence and robust statistics, therefore the department should publish full and accurate vacancy data, not just posts currently being recruited to, in order to truly assess the full extent of the problem.
- working conditions need to be improved to ensure that Northern Ireland can attract, and retain, highly skilled doctors.
- the department should work with NIMDTA to ensure enough staff, across all specialties are being trained, this should be implemented via the workforce strategy.
- mitigating against the effects of changes to pension allowances currently being faced by our members.
- take steps to make Northern Ireland an attractive place to train by addressing the reasons junior doctors are less likely to take up a specialty training post. Our junior members have told us that 40% would not recommend Northern Ireland as a place to train.
- progress the establishment of a second medical school in the west.

Any changes implemented following this review must not adversely impact on junior doctor training in Northern Ireland. Services on a reduced number of sites could result in less exposure to this area of medicine for doctors in training, the department should work with NIMDTA to mitigate against this risk.

Sustainable services

The commitment to ensuring sustainable services in the review is welcome, this is understandably important to both doctors and patients.

Service reviews are an anxious and stressful time for doctors and patients and it is important that the correct decisions are taken now, for the correct reasons, to ensure sustainable services for the future. We do not want to be in a position where we are repeating the exercise in the near future. Worse than repeating the review would be arriving at a situation of 'closure by collapse' which our members, and patients, have experienced too often.

We recognise the need to consult on individual service reviews however, we caution against considering reviews in siloes. The department must ensure that removing one service from a hospital does not destabilise remaining services. Additionally, consideration must be given to ensuring services at other locations do not become overwhelmed by the additional patient load.

Access for patients

The commitment in the document to "modest" increases in travel times for patients is welcome. However, there is a significant disparity in the scoring assigned to travel times compared to each of the other factors. We would welcome more information on how the scoring matrix was developed.

Whilst we hope that the changes implemented by this review will result in shorter waiting times for patients, which may compensate for "modest" increases to travel times, we have concerns around the travel data used in this response. Public transport links are a concern in relation to the proposals in this document. The consultation has not considered options for those who use public transport to access appointments. We hope that the department will reconsider the public transport links in line with these proposals and will continue to give them the necessary consideration in future relevant service reviews.

For some patients the proposals as outlined would result in the need to take three buses to reach appointments, this will obviously have an impact on the times at which they can access appointments.

BMA members have highlighted that the introduction of the glider service in Belfast as a positive example of infrastructure investment which has made more hospital sites easily accessible to more patients. For future large-scale infrastructure projects, we would strongly urge the department to work closely with the department for infrastructure to ensure that access to health care sites forms part of these considerations. The department could also look at innovative or bespoke transport solutions to allay the fears of patients in relation to these proposals.

For this, and any future service review, we would like to see serious consideration given to the ability for patients to access follow up appointments in their local areas, this could include the use of technology where it is appropriate, available and reliable.

We note that this consultation has not considered the possibility over cross border options. These may suit some patients, particularly those in border areas. They have also been proven to be effective in other services.

Evidence base and scoring

We are pleased to see the evidence base used to come to conclusions, and the criteria used laid out in the annex to the consultation document. It would have been helpful to see the full report of the breast assessment project board however, rather than the excerpt provided.

The document provides clarity on why the Northern Trust was selected as the location for the proposed third site. Comparable information on other options that were considered would have been helpful. Similarly, it would be helpful to see the evidence-based reasons for the preference to move services to the Ulster Hospital over Belfast City Hospital.

We also note that whilst a clearly explained, evidenced based, scored approach was taken, the highest scoring option was discounted in favour of the three centred option and we would welcome further explanation on this decision.

Finally, on the evidence base, we note for the urgent and emergency care review the department commissioned a population health needs assessment. We believe the department should take a similar approach for each service review.

Moving forward

The department plans to have the proposals in place by December 2020, we hope to see further, more detailed timelines once responses to this consultation have been fully considered and a final decision is taken. This is clearly a challenging timeline, with under 18 months once the consultation has ended to implement the decisions. We would like to have further clarity on whether final decisions can be taken in the absence of a health minister.

The consultation document does not indicate whether the department has secured the budget required to implement the necessary changes and adequately fund a transition period. Additionally, the consultation document does not outline how the implementation of proposed changes will be monitored to ensure they are delivering as hoped. It would be helpful to see confirmation that a formal evaluation of the changes will be carried out.

Throughout the document there is no mention of prevention or encouraging patients to make choices that may reduce the need for these services. We understand that the department is taking prevention

forward as a separate issue. Again, we would question considering any issue in a vacuum and missing the opportunity to make important points and inform the public through the consultation.

Finally, as this review progresses it is essential that the department commits to meaningful engagement with doctors. As we have stated, services reviews are a stressful and anxious time for doctors and any changes will obviously impact on staff. Therefore, it is essential they are continually engaged and kept informed throughout this process. BMA members have indicated they do not feel this has been the case up to this point. We would hope this could be rectified by the department moving forward.

Once again, we would like to thank the department for the opportunity to respond to this consultation. We look forward to receiving a response to some of the issues we have raised. We remain committed to working with the department to improve breast assessment services for doctors and patients. If you require any clarification on any of the points we have raised please do not hesitate to contact, Jenna Maghie senior policy executive on (028) 9026 5676 or jmaghie@bma.org.uk, we would be happy to discuss any aspect of this response with you.

Yours sincerely,



Dr Tom Black
BMA Northern Ireland Council Chair