

 <b>manx care</b> Kiarail Vannin	<b>SUMMARY REPORT</b>	Meeting Date:	28/9/21
		Enclosure Number:	11

Meeting:	<b>Manx Care Board</b>		
Report Title:	<b>Update on Breast Cancer Access</b>		
Authors:	Oliver Radford		
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Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	FP&C	20/9/21	Report to the Board

<p><b>Summary of key points in report</b></p> <p>Manx Care is committed to delivering cancer diagnostic and treatment services that are in line with the NHS England access standards for cancer, namely:</p> <ul style="list-style-type: none"> <li>To receive an appointment within two weeks of referral from a GP</li> <li>No more than 2 months (62 days) wait between the date the hospital receives an urgent referral for suspected cancer and the start of treatment</li> <li>No more than 31 days wait between the meeting at which you and your doctor agree the treatment plan and the start of treatment</li> </ul> <p>Performance against these standards are monitored on a weekly basis at a Cancer Tracking Meeting, where access to all cancer services are reviewed and necessary operational changes made in order to manage where standards are being breached.</p> <p>The pandemic has had a particularly negative impact on our ability to deliver the two weeks standard for patients referred for review for suspected breast cancer – this is mainly due to workforce challenges, which the team have struggled to mitigate due to lack of locum cover being available from the UK. As a result, we have been unable to meet our 93% standard of patients seen within two weeks since mid-2020 with the average performance of 36.9% of patients being seen within two weeks with the lowest performance reported in January 2021 where on 21.5% of patients seen within two weeks – this is the equivalent of a nine week wait to be seen which is unacceptable.</p> <p>Since April 2021, the Breast Multidisciplinary Team (including Surgeons, Radiologists, Breast Care Nurses, Histopathologists and Mammographers) have been working on a plan to increase capacity in order to be able to work through the backlog of patients so that the two week access standard could be achieved. Actions included:</p> <ul style="list-style-type: none"> <li>Extension of the existing ‘triple assessment’ (review by surgeons, radiologist and mammogram) breast clinic on a Wednesday to increase the number of appointments available</li> <li>Introduction of an additional Friday morning triple assessment clinic</li> <li>Introduction of an additional Saturday morning double assessment (review by surgeon and radiologist) clinic for patients under 40</li> </ul>
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These additional sessions were supported by the employment of an additional locum breast surgeon however in the main were facilitated by a significant additional effort that was put in by the whole of the breast multidisciplinary team to provide this additional capacity throughout the treatment pathway.

In addition to the increase in on island capacity facilitated by the Manx Care Breast Team, support was also secured from Spire Murrayfield, an independent hospital based in the Wirral. The Spire team provided a number of additional clinics, staffed by Miss Anne Tansley, Consultant Breast Surgeon and Dr Asha Shivaram, Consultant Breast Radiologist, supported by their in house Breast Care Nurse and Mammography team. All patients awaiting an appointment at the Manx Breast Unit were offered the opportunity to be seen at Spire Murrayfield, as well as new referrals coming in where the wait to be seen was more than 14 days. 27 patients took the opportunity to be seen at Spire and feedback on the assessment at Spire as well as the transfer arrangements was overwhelmingly positive.

The Breast Team are now reporting a position where all referrals received are seen within the two weeks access standard without the need for additional clinics or continued use of Spire. However arrangements are still in place to activate the additional capacity on island should referrals exceed capacity in any given week which could result in someone exceeding the two week waiting time.

In order to ensure long term sustainability of the service without the need to rely on ad hoc clinic capacity, Manx Care has funded an additional Consultant Breast Radiologist to work alongside our existing substantive Consultant to provide additional capacity and resilience to the service. We are also reviewing our surgical establishment to provide additional consultant level resilience particularly within the oncoplastic (reconstructive) field. We are also securing funding to provide an additional Breast Care Nurse and are about to advertise for an additional Mammographer. These additional posts working within the service will mean that the capacity of the service can increase overall meaning that we won't be in a position where demand significantly outstrips supply again and we can reliably deliver our commitments to patients referred into the service with suspected breast cancer.

**Recommendation for the Committee to consider:**

Consider for Action  Approval  Assurance  Information

It is recommended that the Board note this update on the breast service.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
Data Security and Protection Toolkit	No	
Others (pls specify)	No	
Impacts and Implications?	YES OR NO	If yes, what impact or implication
Patient Safety and Experience	Yes	Restoration of access to breast services
Financial (revenue & capital)	No	
Workforce & Culture including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	