# MIDDLESBROUGH COUNCIL

## FINAL REPORT OF THE HEALTH SCRUTINY PANEL

# BREAST RADIOLOGY DIAGNOSTIC SERVICES IN SOUTH TEES



## AIM OF THE INVESTIGATION

1. The aim of the review is to investigate the challenges facing breast diagnostic services across South Tees and consider the accessibility of service provision for South Tees patients.

## BACKGROUND INFORMATION

### Breast Cancer

2. Breast cancer is the most common cancer in the UK and one in eight UK women will be diagnosed with breast cancer in their lifetime. Each year over 50,000 women and around 350 men are diagnosed with breast cancer and around 1,000 women die from the disease every month. 1 in 5 cases of breast cancer are in women under 50 and breast cancer rates in England have increased by 99 per cent since records began in 1971. Many more women, however, are surviving thanks to better awareness, screening and treatments.[1]

3. In July 2015 the Independent Cancer Taskforce published a new five-year strategy for cancer services in England entitled 'Achieving World-Class Cancer Outcomes 2015-2020 – A Strategy for England.' The strategy contains some key recommendations related to the prevention of cancer, access to Clinical Nurse Specialists (CNS) and improving care for older people. Central to the report is the imperative to make better use of data to underpin service improvements.

4. The report sets out a number of key national ambitions for 2020 including establishing aspirations for incidence, survival, patient experience and quality of life. The first recommendation in the report is for the creation of an integrated cancer dashboard. This would bring together and make more readily accessible, data across the whole cancer pathway at Clinical Commissioning Group (CCG), provider and national levels.

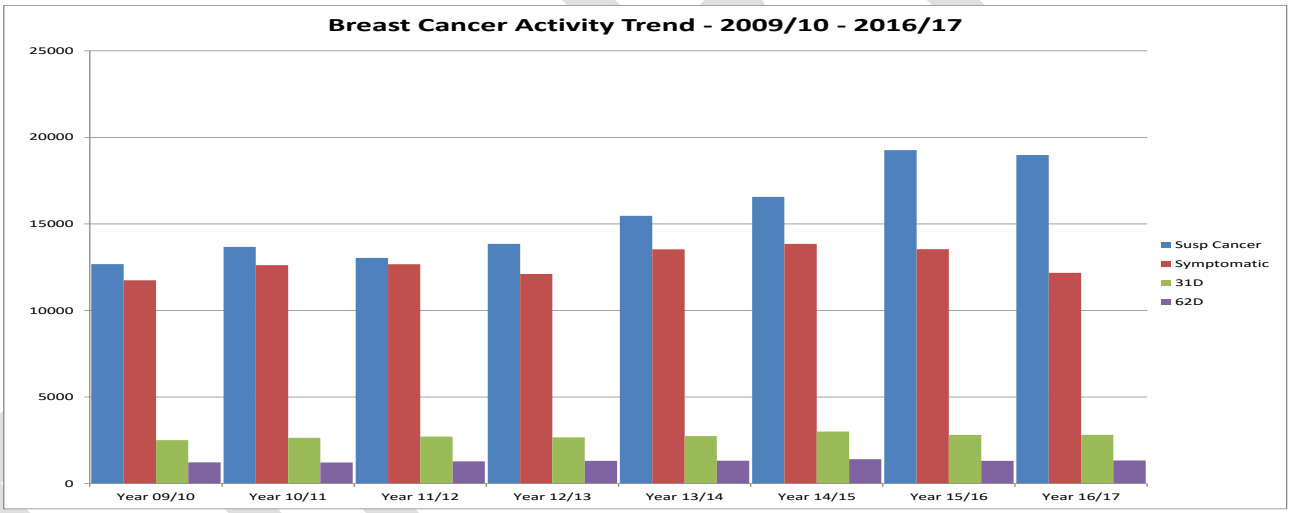
5. The strategy also highlights that up to four in 10 breast cancer cases could be prevented in the UK if women lead healthier lifestyles – for example, maintaining a

[1] Cancer UK

healthy weight, reducing alcohol consumption and being physically active. In the strategy it is recognised that the growth in demand for cancer services over the last few years has not been met by an associated growth in capacity. There are significant workforce deficits, particularly in diagnostic services, oncology and in specialist nursing support.

6. Public Health England's report on Cancer in the North East (2016) highlights that there were almost 300 more breast cancers diagnosed in females in the North East on average per year over the last 10 years, which is similar to the increase in diagnosis in breast cancers seen in England. This may partly be due to increased diagnoses via breast screening, but also due to the overall increases seen in cancer diagnoses due to an aging population.[2]

7. The chart below shows annual trends for each of the 4 breast cancer waiting time targets; Suspected Cancer, Symptomatic, 31 day, 62 day. 2016/17 forecast is extrapolated from three quarters data and shows a small decrease on 2015/16. The increase in referrals is clearly seen since 2009/10 with an overall increase of over 50 per cent in that time.[3]



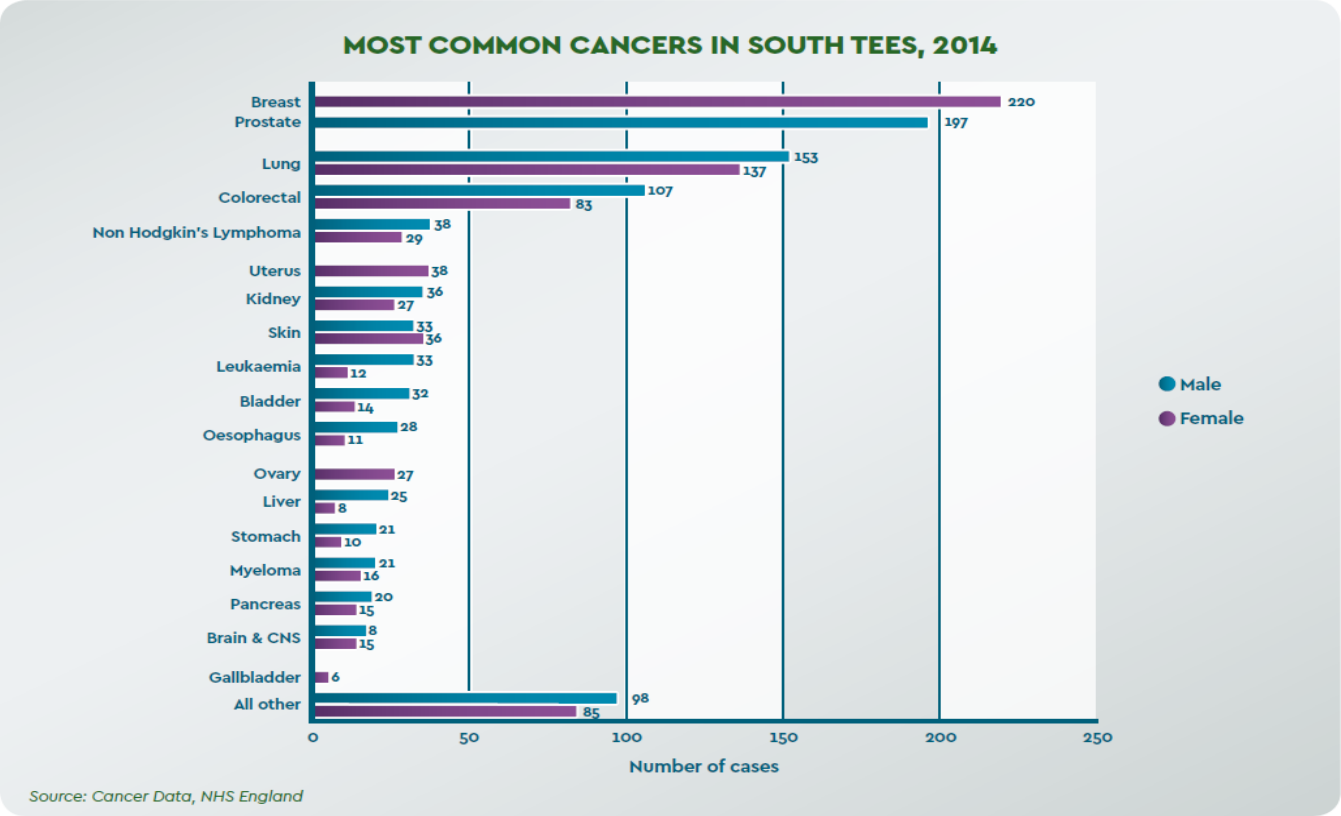

8. The importance of partners working together to ensure local approaches are tailored to the community, and appropriately target specific groups in which certain cancer types are particularly prominent (e.g. triple-negative breast cancer for BME groups) is also emphasised.

9. Following publication of the strategy Cancer Alliances have been established across England in addition to the three National Cancer Vanguard sites. The Alliances lead on local planning and delivery of the Cancer taskforce with a whole-pathway and cross-organisational approach. In the near future dashboard data will be available at alliance level.

[2] Cancer in the North East (2016), Public Health England

## Prevalence of Breast Cancer in Middlesbrough

10. Cancer is the biggest cause of premature mortality in people of all ages within Middlesbrough, and the town ranks 140th out of 150 local authorities in England.[4] In 2014 there were 1,699 new cases of cancer reported in South Tees and 817 people in South Tees died from cancer.[5] There are more than 200 types of cancer, however, breast, prostate, lung and colorectal account for 54% of all cases.




11. The Cancer Research UK local data is attached at Appendix 1.

## Temporary changes to Breast Radiology Services at JCUH

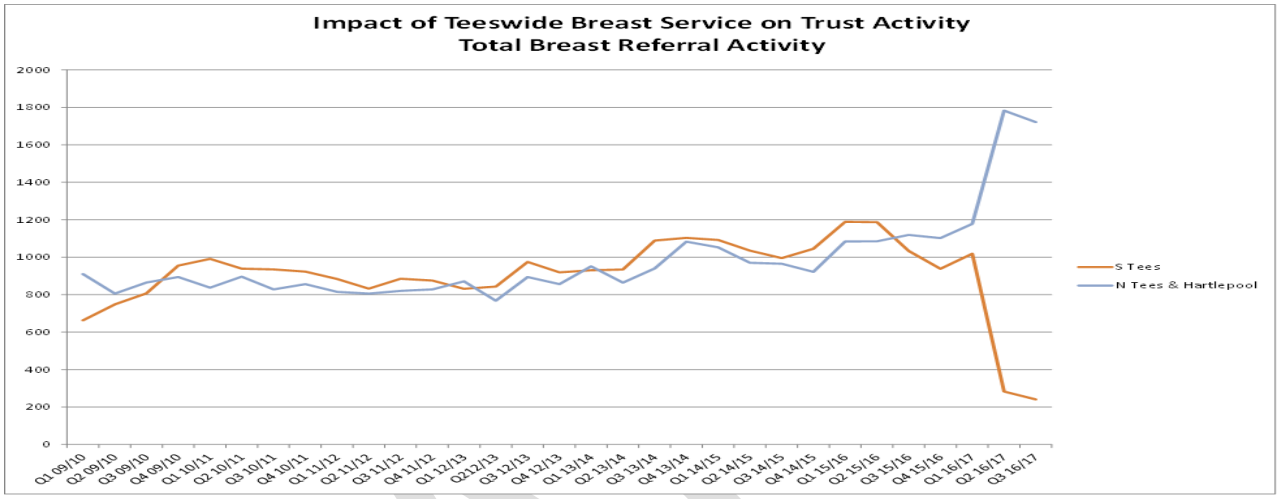
12. In October 2015 South Tees Hospitals NHS Foundation Trust announced temporary changes to the Breast Radiology Services at James Cook University Hospital (JCUH). This was due to a number of challenges facing the service including broken machinery and recruitment issues. Breast diagnostic services were to be temporarily carried out at North Tees University Hospital. There was an initial request from South Tees for North Tees radiology staff to attend the clinics at JCUH, however staffing levels were unable to permit this.

[4] Healthier Lives, Public Health England

[5] Dying before our time? Achieving longer and healthier lives in Middlesbrough, Middlesbrough DPH Annual Report 2016/17

13. Commencing in October 2015 new patient clinics for South Tees' GP referrals were transferred to North Tees and Hartlepool Hospitals NHS Foundation Trust. South Tees breast Cancer Nurse Specialist's (CNS) continue to provide support to their patients with cover for leave / absence provided by North Tees CNS's ensuring continuity of support for this cohort of patients.[6]

14. The affects from the Teeswide change in service is shown in activity returns Q2 2016/17 below.




15. On 31 January 2017 the Service Manager for the Planned Care Centre, Service Manager for Clinical and Diagnostic Support Services and Clinical Director for Urology at JCUH attended the panel to update Members. It was advised that the Breast Radiology Unit at JCUH had been out of use for approximately 18 months. There had been continued difficulties in recruiting Radiologists and patients currently had to travel to North Tees University Hospital for diagnosis. Treatment was still being delivered at JCUH, however, there was a recognised need to reopen the unit.

16. A report, detailing the timetable that South Tees Hospitals NHS Foundation Trust was committed too and the steps being taken to open a dedicated breast unit on the JCUH site from the 1st July 2017 was presented. It was acknowledged that in order to achieve the target significant work was required in relation to estates and facilities planning, equipment and joint workforce planning.

17. The plans were as follows:-

- The unit would be housed in the main outpatient department at JCUH and would consist of a dedicated L shape facility designed to protect the privacy of the patient whist undergoing diagnosis. The plans were at the draft stage, the Architect was in the process of producing the final drawings, which would be shared with North Tees colleagues for quality assurance purposes.
- Once the drawings were approved the mammography equipment would be ordered and quality assured by the staff at North Tees University Hospital. The mammography equipment would be used for x-raying breast tissue, undertaking

[6] Regional Breast Service Review , Cancer Alliance

ultrasounds / biopsies and provide a much better arrangement for patients in the South Tees. It was confirmed that the JCUH would be a spoke unit and funding was available to purchase the equipment. Once ordered it would take approximately twelve weeks for delivery.

- In May / June briefings with GPs would be undertaken to inform GPs that breast clinics would resume at the JCUH site from 1st July 2017. Public relations work would also be completed to ensure members of the public were aware of the changes.
- It was confirmed that unfortunately the plan to recruit Dutch Radiologists had been unsuccessful and integrated working between hospitals was becoming more common place; Trusts were increasingly competing for resources. All staff appointed in breast diagnostics were appointed Teeswide.
- Recruitment specialists had been engaged to identify the required specialists to strengthen the South Tees / North Tees collaborative position.
- Work was ongoing to appoint a third breast surgeon and the mammography equipment would be ordered in March. All of the funding for the building works was available and a go live date of 1 July 2017 was envisaged.
- An invitation would be extended to the panel to visit the unit once completed.
- Further recruitment would also be necessary to re-establish breast radiology services for South of Tees patients at the JCUH site.
- Collaborative agreement with North Tees and Hartlepool NHS Foundation Trust for the appointment of any staff related to the breast service at both Consultant and Advanced Practitioner (Radiographer) level would be needed.

18. All parties agreed to attend the panel's April meeting to confirm that plans remained on track. However, owing to the Purdah period it was later advised that it was not possible for the Trust to provide an update during the election period. The Chair requested that an invitation be extended to representatives from South Tees NHS Foundation Trust and South Tees Clinical Commissioning Group (STCCG) to attend the panel's September meeting to provide an update on this topic. The Chair was made aware, informally, in the interim period that the unit would no longer be opening on 1 July 2017, as previously advised. A regional review of Breast Services had been commissioned from Northern Cancer Alliance by STCCG and other commissioners in response to a number of concerns across the region.

**Northern Cancer Alliance – Regional Breast Service Review**

19. The Northern Cancer Alliance (CA) is a collaborative through which health, social care and third sector stakeholders can work together to develop and deliver new models of care to achieve a collective ambition. The CA covers the North East and North Cumbria, a population of about 3.1 million. In September 2016 Commissioners in Middlesbrough, Redcar and Cleveland, Hartlepool and Stockton raised concerns in regard to breast services and requested the CA to carry out a regional breast service review of current practice and explore future models for the services. The aim of the report was to provide an overview of current breast services for Cumbria and the North East.

20. As the review commenced the CA was informed that County Durham and Darlington Foundation Trust (CDDFT) had raised concerns regarding the sustainability of their breast service and whilst currently functioning, continued staffing pressures had

resulted in a fragile service. Currently, there was only one breast radiologist who had returned to work following early retirement, and one locum radiologist based in Darlington. Developing a plan to mitigate this risk at CCDFT has become another key challenge and concern. Should the CDDFT services become unviable the impact on the services at NTHFT and GHFT (Gateshead Foundation Trust) to respond effectively would be highly significant.

21. The CA Breast Service Review highlighted that the activity for 2015/16 for Suspected Cancer and Symptomatic Referrals combined show that most trusts receive between 13 and 17 per cent of the total. CCDFT which is not a screening unit see the greatest number of patients in the network. Any change to this model could have significant impact on any trust receiving more referrals.

22. In light of the above developments representatives from the Northern Cancer Alliance (CA), STCCG, South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust attended the panel's September meeting. The Clinical Lead for CA explained that it was commissioned in September 2016 to undertake a Regional Breast Cancer Service Review for the North East and Cumbria in response to a number of key concerns, namely:-

- The multi-disciplinary workforce was aging, especially diagnostic services
- Screening services were more able to recruit
- At least one symptomatic service was currently fragile
- Was the current service model the best for patient outcomes?

23. A regional solution was required and it was advised that currently there are 6 providers of symptomatic services across the North East and Cumbria. Sunderland's diagnostic services are now managed by Gateshead. In considering possible solutions four options were considered and these included:-

- Model 1 - Continue with the status quo
- Model 2 - Support services which are currently struggling
- Model 3 - Breast Screening Unit Hub (centralisation)
- Model 4 - Hub and Spoke

24. The Cancer Alliance review concluded that Model 1 was likely to lead to further service suspensions with need for crisis management. Model 2 was too informal for sustainability. Model 3 maybe necessary in the short term as an interim sustainable route to Model 4 for some services due to workforce challenges. Model 4 was the most patient centred (preferred model) but challenging to achieve universally in the near future with the existing diagnostic workforce.

25. Model 4 has been approved by both STCCG and Hartlepool and Stockton (HaST) CCG Executives as the preferred commissioning model for South Tees patients. Model 3 has also been approved as the interim model.

**Model 3 – Breast Screening Unit Hub (centralisation)**

26. Breast Screening Units (BSU) will provide a diagnostic service with clinics being delivered centrally from the BSU. Local surgeons and breast CNS' will travel to the BSU

to support a ‘one-stop’ clinic for their local patients. Those patients requiring treatment can be repatriated to their local trust for further management. The Multi-Disciplinary Team meetings will be hosted at the BSU site with all Trust breast disciplines inputting into the discussions.

27. Although commissioners agree that a hub and spoke service is the ultimate aspiration and should be progressed within a reasonable timeline. Commissioners also agree that the fragility of the service across all providers is such that a process of consolidation is urgently required, and consequently the agreement has been to develop a model for services at North Tees and Hartlepool Foundation Trust, with consideration given to the future continuation of diagnostic services at Darlington Memorial Hospital and Hartlepool Hospital, as part of that consolidation review.

28. In terms of current service provision by NTHFT it was explained that screening services are provided for the whole of Teesside and parts of Durham and North Yorkshire (55,000 patients per year). Symptomatic services are provided for Stockton, Hartlepool, South Durham, Redcar and Cleveland and Middlesbrough (7,000) per year and the diagnostic symptomatic service is provided as a Teeswide service from North Tees and Hartlepool sites.

29. All diagnostic tests are undertaken by NTHFT and it was queried as to how a South Tees patient's experience differs from before. It was explained that previously the patient would have gone to JCUH for the initial diagnostic appointment. However, patients are now sent to North Tees for a triple assessment, which includes clinical examination and patient history, imaging and pathology. The service received at North Tees is very good and all tests are completed on the same day. If the results are negative it is the end of the patient's journey.

30. If the results are positive the patient is discussed at the joint Multi-Disciplinary Team (MDT) meeting for decision on a treatment plan. The MDT includes staff from North and South Tees. Once MDT has agreed a plan the patient will meet with the clinical nurse and specialist consultant to talk through the treatment plan (South Tees). Treatment will then commence (surgery, chemotherapy, radiotherapy at South Tees NHS Foundation Trust). Once treatment finishes the patient is passed to the 5 year surveillance programme. Currently this programme is undertaken at North NHS Tees Foundation Trust and the Friarage. The vast majority of South Tees patients receive treatment from the South Tees NHS Foundation Trust. The patient's postcode is considered when allocating a clinic appointment.

31. Reference was made by Members to the importance of early intervention and the fact that putting in barriers only prevents people from accessing services. The point was made that they are a number of deprived areas in Middlesbrough and travelling to North Tees University Hospital by bus takes over an hour. It also takes a lot of courage to attend the appointment and the distance is an added issue.

**Patient Feedback**

32. The Head of Radiology and Breast Services and the Breast Imaging Service Manager provided patient feedback to date in respect of the current arrangements.

33. A questionnaire had been developed to understand the experience of patients attending the symptomatic breast clinics at North Tees and University Hospital Hartlepool. A total of 350 surveys had been distributed to patients at both hospitals during August 2017. A total of 122 surveys were completed, a response rate of 35%. The results highlighted that the majority of patients travelled between 10 and 20 miles to attend their diagnostic appointment, 55 per cent were happy to travel to the specialist breast clinic, 32 per cent were happy to some extent, 9 per cent were not happy and 3 per cent provided no response.

**Radiology workforce**

34. In terms of the current and future constraints it was that advised that the key issues are as follows:-

35. Radiology Workforce

- National shortage of radiologists
- Age profile of current radiologists
- Recruitment difficulties due to geographical area
- Alternative workforce implemented however, 5 year training and still required consultant radiologist mentorship
- Interdependencies for supporting other aspects of the service.

36. In January 2017 the assertion was made that work would be undertaken to upskill radiographers, with a view to effectively 'growing our own' Consultant Practitioners in the region. It was explained that work has been undertaken in partnership with Leeds and Nottingham University, as well as the School of Radiology to assist with this work.

37. With regard to the current workforce position there are 1.75 whole time equivalent Radiology Consultants to run the Breast Service across North and South Tees. This figure is made up as follows:-

(a) 6 Breast Radiologists employed in the Teeswide service

(b) 4 have retired and returned to work on a part time basis and their hours make up the equivalent of 1 whole time Consultant.

(c) The remaining 2 also undertake other general radiology duties to maintain their skills and make up 0.75 of a Consultant post.

38. In terms of workforce planning for the future the following plans are in place:-

- A Consultant Radiologist (breast/general) has been appointed (September 2017).
- A Clinical Fellow has been (breast/general) appointed with the possibility of consolidating knowledge for a possible Consultant post in 2018.
- The skill mix of Radiologists v Consultant Practitioners has been maximised (lowest per cent of Radiologists in the North East & Cumbria region).
- A Consultant Practitioner has been appointed (September 2016) and is currently undergoing a preceptorship (a period of supervision).
- An additional Trainee Consultant Practitioner also commenced the 2 year training

programme in October 2017.

- A training programme for Radiographers in advanced clinical practice is in place. Close links have been established with Leeds and Nottingham Universities where mammography training is provided.
- The School of Radiology, which provides sub specialist training in Breast Radiology provides training for the Trusts' Radiographers.
- Nationally there are only a handful of Consultant Radiologists qualifying each year and all hospitals are competing to attract the same individuals.

**Model 4 - Aspiration Hub and Spoke**

39. The Commissioning Manager for Early Intervention and Prevention at STCCG advised that the aspiration is still to work towards Model 4, which is the 'Hub and Spoke' model. Work is continuing in collaboration with partners to ensure patients receive the best service while planning for Model 4. Estate plans are being progressed to provide a 'spoke' unit at South Tees NHS Foundation Trust in the future. However, at present workforce recruitment and retention remain the key priorities.

40. The panel queried the amount of time it will potentially take to achieve the ambition of delivering a 'spoke' unit at JCUH. The Director of Programmes and Primary Care Development at STCCG advised that it was not possible to answer this question at present, as ultimately it depends on the workforce.

41. A suggestion was put forward that a brave decision needs to be taken on a date to work towards delivering a 'spoke' unit at JCUH given that it is known what is needed to achieve this ambition. The Director of Programmes and Primary Care Development at STCCG advised that North Tees and Hartlepool NHS Foundation Trust is continuously recruiting and it is not possible to put a date on the delivery of this service. In response to the question as to when South Tees patients could expect to receive breast cancer diagnostic services in the South of the region it was advised that at this stage it is simply unknown. No single organisation controls all variables and with the main medical schools located in Leeds and Newcastle, once people graduate they tend to stay in the big cities.

42. In terms of regional employment the question was posed as to whether it would be possible to have a 'moveable hub' with diagnostic services being delivered in the south of the region. North Tees and Hartlepool NHS Foundation Trust advised that unfortunately there are constraints in that the Consultant Radiologists are required to undertake theatre work and therefore it is not simply a case of arranging for them to hold a clinic in the south of the region. In terms of treatment, however, patients are still able to receive their treatment at JCUH and the majority of South Tees residents undergo treatment at their local hospital. In terms of how much money is following South Tees patients to North Tees for the diagnostic assessment it was advised that the annual figure is in the region of £300,000.

43. The message was reiterated that the challenges faced in relation to delivering a Hub and Spoke model are not financial. Numerous collaborate financial agreements are in place between North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust. It was emphasised that the 2 week wait from GP to assessment continues to be monitored and despite the changes the clock never stops

for cancer.

44. In respect of extending the screening service to include younger women it was advised that women across Teesside are already screened from the age of 47, and have been for a number of years. It was acknowledged that although there has been an increase in the aging population resulting in increased demand for screening services, the figures for symptomatic screening are not affected.

45. The question was posed by the panel as to why the NHS is making it harder to access services when it needs to be making it easier. STCCG advised that its concerns are no less than those expressed by the panel and that STCCG continues to work towards the delivery of a Hub and Spoke model at JCUH.

**Accessing breast diagnostic services**

46. Information on the time individuals wait for cancer services are monitored regularly by commissioning and provider organisations. This includes the number of people who attend outpatient appointments within two weeks of an urgent referral by their GP for suspected cancer or breast symptoms, people who start treatment within 31 and 62 days and the number of people who started some types of subsequent treatment within 31 days. The importance of these targets is to help improve early diagnosis and support to maximise survival or potential cure.

**2 Week Wait Performance**

47. Patients are either referred through the 2 week suspected cancer pathway or through the symptomatic service (non cancer). Irrespective of the type of referral all patients should be seen within 2 weeks. The target rate for all 2 week wait referrals is 93%. All cancer two week rule patients are tracked and appointments are checked daily to ensure patients have arrived for their appointment.

48. For non-cancer referrals patients will be re-appointed if clinically appropriate, or discharged back to the GP. This process is in place to ensure GPs are aware that the patient has not been seen by the Trust's clinical team and has not progressed to treatment.

49. The table below details the South Tees CCG patients who attended North Tees & Hartlepool Trust under the **2 week suspected cancer standard** since the commencement of the Tees-wide Breast service in July 2016:

| Year | Metrics | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2016 / 17 | Target | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% |
| | Performance | 98.7% | 91.7% | 89.5% | 94.2% | 96.8% | 93.5% | 98.6% | 99.3% | 100.0% | 99.2% | 93.3% | 94.6% |
| | No. Breaches | 2 | 12 | 13 | 8 | 5 | 8 | 2 | 1 | 0 | 1 | 11 | 8 |
| 2017 / 18 | Target | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | | | | |
| | Performance | 93.1% | 91.7% | 92.8% | 94.7% | 96.8% | 98.5% | 98.1% | 96.7% | | | | |
| | No. Breaches | 10 | 13 | 9 | 7 | 5 | 2 | 2 | 3 | | | | |

50. The table below details the South Tees CCG patients who attended North Tees & Hartlepool Trust under the **2 week breast symptomatic standard** since the commencement of the Tees-wide Breast service in July 2016:

| 2016/17 | Breast Symptomatic Two week Rule (New Rules) | | % Treated within target |
|---|---|---|---|
| **Qtrly** | Treated in Target | Treated | |
| **QTR 1** | 112 | 117 | 95.7% |
| **QTR 2** | 254 | 263 | 96.6% |
| **QTR 3** | 266 | 269 | 98.9% |
| **QTR 4** | 325 | 331 | 98.2% |
| **CUMULATIVE** | **957** | **980** | |

| 2017/18 | Breast Symptomatic Two week Rule (New Rules) | | % treated within target |
|---|---|---|---|
| **Qtrly** | Treated in Target | Treated | |
| **QTR 1** | 317 | 338 | 93.8% |
| **QTR 2** | 314 | 322 | 97.5% |
| **QTR 3** | | | |
| **QTR 4** | | | |
| **CUMULATIVE** | **631** | **660** | |

51. In terms of the distance travelled in order to attend an appointment at North Tees the panel was concerned that for many women in South Tees, especially those without their own transport, distance and cost could act as a barrier in preventing them accessing the service. The panel requested the 'did not attend' (DNA) figures for South Tees CCG breast symptomatic patients in 2016/17 and 2017/18.

52. STCCG advised that North and Hartlepool NHS Foundation Trust commenced managing the service in July 2016 and therefore data is provided from this time. The information is split between over 35 and under 35 to represent the potential different diagnostic pathway for these patients.

53. The 'did not attend' figures for 2016/17 are as follows:-

| Count of CRN | Column Labels | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | New Patient | | New Patient Total | Return Patient | | Return Patient Total | Grand Total | | |
| Row Labels | Arrived | Not Attended | | Arrived | Not Attended | | | New DNA rate | Review DNA rate |
| 35 and over | 1137 | 48 | 1185 | 620 | 14 | 634 | 1819 | 4.05% | 2.21% |
| Under 35 | 383 | 59 | 442 | 34 | 10 | 44 | 486 | 13.35% | 22.73% |
| **Grand Total** | **1520** | **107** | **1627** | **654** | **24** | **678** | **2305** | 6.58% | 3.54% |

The 'did not attend' figures for 2017/18 (April to October) are as follows:-

| Count of CRN | Column Labels | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | New Patient | | New Patient Total | Return Patient | | Return Patient Total | Grand Total | | |
| Row Labels | Arrived | Not Attended | | Arrived | Not Attended | | | New DNA rate | Review DNA rate |
| 35 and over | 911 | 46 | 957 | 365 | 14 | 379 | 1336 | 4.81% | 3.69% |
| Under 35 | 336 | 38 | 374 | 18 | 6 | 24 | 398 | 10.16% | 25.00% |
| **Grand Total** | **1247** | **84** | **1331** | **383** | **20** | **403** | **1734** | 6.31% | 4.96% |

54. It is evident from the figures above that there is a clear disparity in the DNA figures when comparing under 35s with over 35s. In 2016/17 the overall DNA figures for new patients under 35 was 13.35 per cent compared with 4.05 per cent for over 35s. Similarly the DNA rate for 2017/18 (April to October) was 10.16 per cent for under 35s and 4.8 per cent for over 35s. The review appointment DNA rates also show a similar correlation. In 2016/17 22.73 per cent of under 35s and 2.21 per cent of over 35s DNA their review appointment. In 2017/18 25 per cent of under 35s and 10.16 per cent of over 35s DNA their review appointment.

55. The panel was interested in establishing whether there was any correlation between those who DNA their first appointment and the level of deprivation in the ward they lived. For the under 35s the table below highlights that those wards ranked in the top 10 per cent nationally in the indices of deprivation had a DNA rate of above 10 per cent. In contrast those ranked lower in the indices of deprivation had a much lower DNA rate of 0 per cent in many cases. The data would suggest that although the numbers are low young women (under the under age of 35), living in the most deprived communities, are more affected by the changes in access than women over 35 living in less deprived communities.

| Postcode | General Location | Shortest Time To North Tees (by bus / train) | Longest Time to North Tees (by bus/ train) | IMD Rank | % | New DNA rate | Review DNA |
|---|---|---|---|---|---|---|---|
| **TS1** | **Town Centre - Middlesbrough** | **42 mins** | **52 mins** | **64** | **Top 10** | **22.22%** | **0.00%** |
| **TS3** | **Berwick Hills - Middlesbrough** | **59 mins** | **1hr 11 mins** | **492** | **Top 10** | **16.39%** | **0.00%** |
| **TS10** | **Town Centre - Redcar** | **1hr 14mins** | **1hr 16 mins** | **499** | **Top 10** | **14.00%** | **100.00%** |
| **TS4** | **Town Centre - Middlesbrough** | **58 mins** | **1hr 4mins** | **81** | **Top 10** | **10.71%** | **33.33%** |
| TS6 | Eston/ Normanby - Redcar | 1hr 16mins | 1hr 32 mins | 12327 | Top 40 | 9.09% | 50.00% |
| TS5 | Ayresome / Acklam - Middlesbrough | 1hr | 1hr 11 mins | 3731 | Top 20 | 5.13% | 0.00% |
| TS8 | Hemlington - Middlesbrough | 1hr 36 mins | 1hr 43 mins | 19490 | Bottom 40 | 4.00% | - |
| TS7 | Nunthorpe - Middlesbrough | 1hr 8 mins | 1hr 37 mins | 28535 | Bottom 10 | 0.00% | 100% |
| TS9 | Stokesley - North Yorks. | 2hrs 16 mins | 3hrs 26 mins | 8870 | Top 30 | 0.00% | 33.33% |
| TS11 | Marske by the Sea - Redcar | 1hr 15 mins | 1hr 42 mins | 14629 | Top 50 | 0.00% | 0.00% |
| TS12 | Saltburn | 1hr 27 mins | 2hrs 3mins | 14037 | Top 50 | 0.00% | - |
| TS14 | Guisborough | 1hr 1min | 1hr 43 mins | 7082 | Top 30 | 0.00% | - |

## CONCLUSIONS

Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

1.

2.

3.

4.

## RECOMMENDATIONS

5. The Health Scrutiny Panel recommends to the Executive:

   a.

   b.

   c.

   d.

   e.

   f.

## ACKNOWLEDGEMENTS

6. The Health Scrutiny Panel would like to thank the following individuals for their assistance with its work:

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Dr Tony Branson – Clinical Oncologist
Alison Featherstone – RGN, Cancer Alliance Manager

**South Tees Hospitals NHS Foundation Trust**
David Chadwick – Medical Director for Planned Care
Sam Peate – Service Manager, General Surgery and Urology

**North Tees and Hartlepool NHS Foundation Trust**
Jayne Pailor - Head of Radiology and Breast Services
Amanda Firby - Breast Imaging Services Manager
Philip Woolfall – Consultant Radiologist
Mohamed Tabaqchali - Consultant Surgeon

**South Tees CCG**
Alex Sinclair – Director of Programmes and Primary Care Development

Michele Dickens – Commissioning Manager Early Intervention and Prevention

**Hartlepool and Stockton CCG**
Andy Copland – Commissioning / Delivery Manager, Hartlepool and Stockton on Tees CCG
Katie Mcleod - Commissioning / Delivery Manger, Hartlepool and Stockton-on-Tees CCG

**ACRONYMS**
A-Z listing of common acronyms used in the report:

- 

**BACKGROUND PAPERS**

The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Health Scrutiny Panel meetings held on 31 January 2017 and 26 September 2017.
- South Tees Cancer Strategy.
- Mayor's 2025 Vision for a *Fairer, Safer and Stronger Middlesbrough*
- Regional Breast Service Review, Cancer Alliance.
- Achieving World-Class Cancer Outcomes 2015-2020 – A Strategy for England, Report of the Independent Cancer Taskforce.
- Cancer Workforce Plan, Health Education England, December 2017.
- Longer Lives, Public Health England.
- Cancer in the North East (2016), Public Health England.
- Live Well Middlesbrough, Prevention Strategy for Adults and Older People.
- Dying before our time? Achieving longer and healthier lives in Middlesbrough, Middlesbrough DPH Annual Report 2016/17.

**COUNCILLOR EDDIE DRYDEN**

**CHAIR OF THE HEALTH SCRUTINY PANEL**

**Membership**

**Councillors E Dryden (Chair), S Biswas (Vice-Chair), A Hellaoui, C Hobson, J McGee, G Purvis, M Saunders and M Walters.**

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