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# **Tees Valley Integrated Care Partnership Breast Symptomatic Service**

**Michael Houghton – Director of Commissioning Strategy and Delivery**

**Craig Blair - Director of Commissioning Strategy and Delivery**

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# Elective Care – Breast

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A number of clinical workstreams have been looking at which vulnerable non-specialist acute services were facing the most severe challenges and risks.

For breast symptomatic services a team of senior management and clinicians have been meeting on a monthly basis from South Tees FT; North Tees FT and CDDFT to consider all options available and the interdependencies of the options on service delivery.

The team have undertaken a series of clinical service reviews across key hospital services including elective (non-urgent, planned) care for breast services.

These have reviewed service current configuration and made suggestions for developing new ideas for where and how services are delivered by joining up some of our processes 'do once' and deliver more with the same resources.

Taking into account learning from other areas of the country.

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# Elective Care – Breast

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The workstream has examined data on the number of referrals going through the service from the trusts to identified what pressures other models would place on existing services if another model was to be implemented. To inform decision making on a future model, the following is being taken into consideration:

- national shortage of radiologists
- age profile of current radiologists (retire and returns)
- recruitment difficulties within the geographical area.
- alternative workforce implemented, however, there is 5 year training programme which still requires consultant radiologist mentorship
- Innovation from other services
- interdependencies and flexibility for supporting other aspects of the service. screening service, i.e. the breast screening service

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# Breast Symptomatic Services

- Hub and spoke ambition

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# Communication and Engagement in Middlesbrough<sup>1</sup>

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Engagement takes place from 1<sup>st</sup> October until end December 2019. (Dates may be subject to purdah)

This will gather public, patient and staff views during a listening exercise to inform a case for change and develop proposed models

Planning:

- Develop all collateral and 'listening' document based on evidence and drivers for change
- Stakeholder mapping
- General - event design and scheduling, commissioning of advice and activity
- Joint Health Overview and Scrutiny briefing and discussion re approach
- Any next steps i.e. further pre-engagement and formal consultation

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# Communication and Engagement in Middlesbrough<sup>2</sup>

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Range of engagement activity – public, stakeholders and staff

Ideas for models informed by the insights from engagement

Focus around asking people for ideas about how breast services could be provided and what is important from a patient perspective when developing and implementing a new model.

Better understanding of the experience of patients using the current service.

Understand any implications of change from the perspective of patients, including any perceived barriers or challenges to using services that the proposed service models might bring.

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# Communication and Engagement Plan

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Key stakeholders:

Patients, carers and members of the public

Staff and Clinicians

GPs

Breast Cancer Support Group

Patient Reference Groups

Voluntary and community sector groups and organisations (including those linked to the CCG)

Healthwatch

Northern Cancer Alliance

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# Next Steps

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Communications and engagement plan

Publicity and communication to Middlesbrough residents

Implementation of communication and engagement plan from 1 October 2019

Regular updates to Health Scrutiny Panel

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Thank You

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