



Commencement of Regional Booking System: Breast Assessment Services		
<u>For Decision</u>	<u>For Discussion</u>	<u>For Noting</u>
Requires majority decision prior to implementation or action.	Requires consideration and debate.	Contains information Members should be made aware.

1.0 Background

Timely access to the most appropriate services is considered a key indicator of quality and patient experience. People rightly have an expectation they will be seen and treated within a reasonable time. These principles are reflected in the standards and targets set out in the Commissioning Plan Direction (CPD) Northern Ireland. The CPD includes a target that all urgent suspected breast cancer referrals should be seen within 14 days.

On 25 September 2024, Minister Nesbitt announced his desire to create a single waiting list relating to red flag breast cancer assessment. On announcing the proposal, Minister Nesbitt said this proposal would: *“help address the disparities in waiting times between different Trust areas. It is not acceptable for women in one Trust area to have to wait significantly longer to be assessed than women in another Trust area.”*

On 8 May 2025, in line with the encompass go live in Southern and Western Trusts, a new regional approach to the initial assessment of red flag breast patients commenced. As our clinicians have noted, this is the single biggest change in the provision of breast assessment regionally in decades. Whilst it will not address the current gaps in capacity and demand on the assessment service, it will provide much greater equity across the region in relation to waiting times.

2.0 Key Issues

The working group to deliver this project have overcome significant challenges in getting to this point, which are detailed below:

Workflow – through the Breast Clinical Reference Group (CRG), chaired by a SET surgeon, agreement has been reached on a consistent, single referral pathway for all patients across HSCNI

Staffing – working with colleagues in SPPG, the Trust has secured to necessary resource, and recruited into a specific team to deliver this work

Waiting List – whilst the current backlog on those waiting for initial assessment has not been eliminated, significant work has been undertaken to increase clinical activity prior to go live

encompass – SET teams, along with encompass colleagues, have delivered a new workflow within encompass to support the new pathway. This has required significant build and testing ahead of go live.

Culture – Southern and Western Trusts had understandable anxieties of going live with this pathway on the same day as their encompass go live. The attentive and supportive approach from SET staff had given both Trusts the assurances required to support the timelines that are in place.

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

SET stepped forward to be the single provider of this service. We have the people, knowledge and expertise in breast cancer care that allows us to do so. Working with SPPG and Trust colleagues, we secured the relevant resource to develop a small, dedicated team to deliver this service for HSCNI. The team sits within the Unscheduled Care, Medicine & Cancer Directorate, under the leadership of Mary Jo Thompson (AD, Cancer and Outpatients Services, LVH).

4.0 Impact on Safety, Quality and Experience (SQE)

Timely assessment and treatment for anyone referred for breast cancer assessment is important in relation to outcomes. It is unclear the overall impact these changes will have on waiting times. Currently, there is significant disparity in waiting times for assessment across the region, with only the Western Trust meeting the 14 day standard for first appointment.

Currently, all Trusts individually report the 14 day performance but this will be replaced by a regional target following introduction on the new service. This is a new approach in HSCNI with one Trust hosting the booking process for a service delivered by each individual trust. The success of this project and service will inform regional colleagues in taking this approach in further specialties.

5.0 Acknowledgement

The success of taking this project from concept to operational in just four months is testament to the skill, dedication and leadership of management and clinical teams within SET. I would like to formally acknowledge the work of the following in the successful delivery of this work:

- Mary Jo Thompson, AD, Cancer and Out Patient Services, LVH
- Robert MacCormac, Operational Manager, Cancer Services
- Julie McBurney, Patient Admin Services Manager
- Ms Lyn Darragh, Clinical Lead, Breast Cancer
- Ms Ruth Johnston, Regional Chair, Breast Clinical Reference Group

There have been many others involved in the teams of those names above, and I thank them for their work. Furthermore, I will acknowledge the leadership of David McCormick, Co-Director, SPPG, for his support through this project.

The Minister is planning to visit the team in June 2025.

Lead Director: Marc Neil, Director of Unscheduled Care, Medicine & Cancer

Date: 15 May 2025