

## Clinical model for Bristol Breast Care Service Review Project

### Version 1.0

#### Version Control

Version No.	Date	Status
0.1	10/06/09	First draft sent to Project Team for comments
0.2	11/06/09	Revised with Project Team comments and sent to Project Board
0.3	08/07/09	Revised with section on Weston as per Project Board's comments
0.4	09/09/09	Revised to reflect agreed changes during project development with input from Simon Cawthorn, Monica Lamont and Helen England. Sent to Project Board
0.5	02/10/09	Revised with Project Board comments and input from Simon Cawthorn and Helen England.
1.0	07/10/09	Agreed by Project Board

#### 1 Vision

Design and delivery of a breast care service for Bristol, North Somerset and South Gloucestershire, that positions Bristol breast care services at the forefront of breast care practice, development and research and makes best use of available resource.

#### 2 Hub and spoke proposal – summary description

- The hub and satellite hub will see all breast referrals
- A team of specialists, all with their own skills, will work together to share expertise and allow a faster, more effective process of care to be provided
- This hub team will be linked directly into the community providing a local, convenient and safe modern service for those who don't need to travel for more complex tests and/or treatment
- Screening will be central to, and done in, the hub and satellite hub and also in the community in a combination of static sites and mobile vans
- Patients with screen-detected abnormalities will go to the hub and satellite hub
- Follow-up appointments (after completion of treatment episode) will be carried out in the spokes apart from patients in research trials
- Flexibility for the future – a model able to adapt to reflect best practice as new evidence becomes available.

## 2.1 The hub

The hub and satellite hub will act as a one stop clinic for all patients suspected of having cancer, with all patients:

- Triple assessment as appropriate
- Examined / imaged by ultra sound and, where appropriate mammography
- Imaging to be reported by radiologists who are involved directly with screening
- Biopsied by specialists
- Receiving results the same day including cytology in addition to core biopsy.

All screening patients requiring further assessment will also be seen in the hub and satellite hub.

All patients will have breast care nurse support and psychological support.

All patients will receive information about breast reconstruction of all types, including plastic surgery specific operations ie DIEP/TRAM flap in addition to the implant and Lat Dorsi based reconstructions.

The service will have a single multi-disciplinary team with video links to Weston.

Integration of breast surgery with plastic surgery as part of the outline clinical model was agreed to by all stakeholders at the 6<sup>th</sup> April 2009 workshop. The decision on co-location of plastic surgeons and breast surgeons at the hub to enable the desired integration to take place is to be fully determined in the work stream on location of the hub.

All oncology first appointments will be at the hub and satellite hub. The co-location of oncology with the hub has yet to be decided (clinical adjacency issues to be fully determined in the work stream on location of the hub).

The team will have full access to the clinical trials team who are at the hub and who will attend the multi-disciplinary team meetings.

The hub team will have a role in delivering continuous service improvement and evaluation of new technologies to inform commissioners of potential benefits for patients.

## **2.2 The spokes**

All routine follow-ups will be carried out at the spokes.

Holistic/alternative support including diet/exercise/therapies etc (see cancer reform strategy - survivorship) including lymphoedema will be provided at the spokes.

As part of the model there is an intention to develop assessment clinics for non-urgent referrals at the spokes. This development will be agreed once evidence is available to provide assurance on clinical safety and effectiveness.

## **2.3 Avon Breast Screening Service**

Work has started to confirm the potential overlap between the current Avon Breast Screening spokes and the future breast care follow-up spokes within the symptomatic service.

## **2.4 Support requirements for the hub**

IT support will allow all imaging, including screening mammograms, past and present, to be available for assessment of all women, whether screen-detected or symptomatic.

IT support will enable full electronic patient record, including pathology results and images, to be available at both the hub and satellite hub and in the spokes.

Research facilities will be available to undertake translational research plus clinical psychology (quality of life) research supported by the universities.

Teaching will take place for all health care professionals including surgeons, radiologists, pathologists, nurse specialists radiographers, nurses in extended roles and primary care teams.

Administrative staff will be available to support all of the above, including screening.

## **2.5 Future developments**

The hub and spoke model will be flexible enough to accommodate new developments as future research and evidence becomes available.

### **3 Weston**

The creation of a single breast cancer centre in Bristol, linked to Weston will strengthen Weston, not undermine it.

Firstly, bringing the Weston team into the weekly multi-disciplinary team in the centre via video link will allow their patients to be discussed at the central multi-disciplinary team where all of the disciplines will be present, including plastic surgeons. The majority of patients in Weston, whose surgery can be done just as effectively in Weston as in Bristol, will have benefited in the knowledge that their cases were discussed by the whole team to ensure they get exactly the same treatment as those treated in Bristol. Patients whose surgery or subsequent treatment is more complex for a variety of reasons, such as recurrent cancer following previous surgery, and those requiring mastectomy and reconstruction, will get the benefit of the truly multi-professional team in Bristol including Plastic Surgeons, advising on best treatments. Small numbers of complex Weston patients may require transfer to Bristol for surgery. In addition, there will be patients who live close to Weston, for example residents of Clevedon, who may be assessed at the Bristol hub, but might prefer to have their surgery in the Weston satellite hub. This will be of benefit to patients and their relatives and will maintain the critical numbers of cancer being treated in Weston (greater than 100 per annum) for the Weston Unit to remain viable.

**Simon Cawthorn, on behalf of the Project Team**

**Work Stream 1 Clinical Lead**