

Reconfiguration of Breast Screening, Assessment and Symptomatic Services across Warrington & Halton



Public Consultation Outcomes Report 15th July 2021



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1. INTRODUCTION

1.0 The Breast Screening and Assessment Service

Warrington and Halton Teaching Hospitals (WHHNHS) is the lead provider for the Warrington, Halton, St. Helens and Knowsley Breast Screening Service (WHSKBSS) which is commissioned by NHS England Specialist Commissioning and the assessment (symptomatic) service is commissioned by the relevant borough commissioners.

For clarity, **Breast Screening service** refers to the periodic mammograms offered as part of the national programme to identify and treat breast cancers earlier. **Breast Assessment/Symptomatic service** refers to the diagnostic phase following a mammogram where any patients requiring further investigation are brought back to clinic for additional imaging and possibly a needle biopsy to obtain a timely diagnosis of any abnormalities detected during screening.

1.1 Breast Screening

WHSKBSS provides routine **breast screening, diagnostic and onward referral services** to a population of approximately 92,000 from across the four boroughs. Breast Screening is offered to all women aged 50 - 70 (up to their 71st birthday), in line with national programme/guidance where screening is conducted once every three years. Patients over the age of 70 able to self-refer for screening.

In 2019/20 the service invited over 28,000 people for screening and performed a mammogram on around 22,000. The WHSKBSS service is currently provided from the following locations:

- Warrington (Kendrick Wing Warrington Hospital and Bath St. Health & Wellbeing Centre (c.33k patients per annum)
- Halton Hospital (c.20k patients per annum)
- St Helens Hospital (c.29k patients per annum)
- Knowsley Whiston Hospital (c.9k per annum)
- Mobile Units (numbers counted in locations above)

1.2 Breast Assessment Service

Breast Assessment Clinics run twice weekly at Warrington and once per week at St Helens to ensure results are provided rapidly. Current Assessment Services are provided at Kendrick Wing Warrington Hospital and Burney Breast Unit, St Helens Hospital.

Assessment clinics are designed to enable patients to undergo additional more detailed mammogram views, an ultrasound scan and a needle biopsy (if appropriate) in a single attendance. Assessment clinics use a triple assessment:

- mammography/ultrasound scans

- clinical examination
- image-guided needle biopsy, if required

Approximately 50% of patients brought back (from routine screening) for assessment will require a biopsy and these patients are provided with the outcome of the biopsy at a results clinic approximately 1 week later. Those patients who will require treatment are seen by a breast surgeon and breast care nurse within that clinic.

In 2019/20 approximately 900 people were referred into the assessment service following routine screening. Around 200 of these patients per year are subsequently referred into the Breast Symptomatic treatment service following a positive cancer diagnosis from the assessment/results clinic.

1.3 Symptomatic Breast Services

The symptomatic services at WHH and STHK comprise outpatient rapid access breast clinics and inpatient surgical services. They do not currently form part of the Warrington, Halton, St Helens and Knowsley Breast Screening and Assessment Service.

These services are accessed by a direct referral, usually by a GP. All adults, regardless of age or gender can be referred to the Symptomatic Service. The first stage of the Symptomatic Service involves an outpatient meeting with a Consultant and undergoing similar investigations to the Screening pathway Assessment Clinics. Symptomatic service triple assessment comprises:

- mammography/ultrasound scans
- clinical examination
- Image-guided needle biopsy, if required

Treatment can include any combination of surgery, chemotherapy, radiotherapy and hormone tablet treatment.

1.4 Proposal for Model service change

1. There will be no change to the service offer for breast screening at this stage, however the Trust would, in future, like to consolidate the screening service offered at Bath St and Kendrick Wing to offer an expanded and more sustainable screening offer at Bath St. See below for more on this.
2. Assessment Clinics to relocate from Kendrick Wing to new Captain Sir Tom Moore Breast centre at Halton (Runcorn site)
3. Symptomatic Clinics to relocate from Kendrick Wing to new Captain Sir Tom Moore Breast centre at Halton (Runcorn site)
4. Patient choice for 1-3 will remain with patients able to choose one of four options for screening and one of two options for assessment/symptomatic service.

1.5 Case for Change

- The number of patients screened each year by the service has doubled over the last 20 years. However, the service provided from the base at Warrington Hospital's Kendrick Wing

has retained the same basic estate footprint, which is no longer fit for purpose and has no opportunity for obvious expansion.

- There are real opportunities to create a significantly enhanced patient experience and improve access, create a more efficient service and support the longer-term sustainability of the service by relocating to an alternative, superior location.
- The service at Warrington has become inaccessible to some patients due to aged estate and persistent issues with elevator outage.
- The current multi-site nature of the screening service and split-site nature of the assessment service creates inefficiencies in use of estate, equipment and workforce.
- The workforce challenges are significant with a local and national shortage of Breast Radiologists and Mammographers making recruitment into crucial posts challenging.

1.6 Options Appraisal

Five options were explored and scoped out by a multi-disciplinary working group, involving wide representation from clinical staff, estates, service managers and Trust executives.

1. Relocate Warrington Hospital's screening and assessment service at Kendrick Wing elsewhere on the Warrington Hospital site
2. Relocate existing Warrington Hospital screening and assessment service into the Captain Sir Tom Moore building (CSTM) at Halton and retain existing service at Bath St. Warrington
3. Relocate existing Warrington Hospital screening service onto Captain Sir Tom Moore Building (CSTM) at Halton Hospital and relocate the assessment service at St Helens to CSTM to create a regional breast service 'centre of excellence'.
4. Relocate existing Warrington Hospital screening and assessment service to Captain Sir Tom Moore Building at Halton Hospital while retaining current services at St Helens and increasing service provision at Warrington Bath Street.
5. Do nothing.

The options were extensively explored by the working group and the most viable option, delivering the most patient benefit, was option 4. This option enables:

- Significantly enhanced patient experience for those using Warrington Hospital – Kendrick Wing is over 100 years old, has significant maintenance issues associated with an aged building (location of serious fire in 2018) and expansion/reconfiguration of this estate is prohibitive. There are no alternative, suitable locations elsewhere on the Warrington Hospital site
- Significantly enhanced accessibility to a ground floor service at Captain Sir Tom Moore building. Accessibility at the current service at Kendrick Wing has deteriorated over the years as it is a first-floor service requiring movements through multiple doors, steep stair access and a small lift which has multiple service issues.
- Service and operational efficiencies ensuring the service is future-proofed, especially when both population growth and the change in population demographics (including ageing population) are factored into the service delivery.
- Provision of both screening and assessment clinics simultaneously - critical for patients experiencing anxiety following their breast screening where there are anomalies.

2. APPROACH TO LOCAL INVOLVEMENT, ENGAGEMENT AND CONSULTATION

2.1 Requirement for Consultation

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to ‘make arrangements’ to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’). For CCGs this duty is outlined in Section 14Z2 (and Section 13Q for primary care services) of the Act to fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

Further to this the Consultation Institute states “...there are many statutory requirements for consultation, but the truth is that ALL significant changes to long-standing services need consultation.

The Courts provide their own incentive to engage. It’s called the ‘*doctrine of legitimate expectation*’. If the public has a sound basis for expecting to be consulted, then failure to do so can lead to losing a Judicial Review. And Judges have ruled that if people have been accustomed to the benefit of a service, then its withdrawal without consultation can in many circumstances, be unlawful”.

2.2 Local involvement, engagement and consultation plans

Working with NHS Halton and NHS Warrington CCGs, the Trust undertook a period of pre-consultation engagement prior to full public consultation on the proposed model. The process for this was as follows:

Defined objectives of pre-engagement and formal consultation

1. To ensure the local population is made aware of the proposals and provided with a number of platforms to engage and participate
2. To ensure the local population are able to make alternative recommendations and suggestions relating to the proposed development and relocation of the breast screening service at WHHNHS
3. To ensure any emerging issues and themes are taken into account and any potential mitigating actions are considered
4. To inform the Public Consultation documentation, questions and answers using initial feedback from the first round of engagement
5. To prepare engagement reports for the appropriate stakeholder and advisory groups.

Methodology

The methodology for the pre-engagement and consultation exercises was designed based on the Gunning Principles (see appendix 1) and comprised:

Pre-consultation engagement (1 April – 15 May 2021) 6 weeks

- Drafting of comprehensive communications plan, an information and engagement document, FAQs and questionnaire
- Development of Easy Read, Additional Language and other format materials
- Local engagement with patients attending Warrington and Halton breast screening and assessment sessions (Bath St, Warrington Hospital Kendrick Wing, Halton Hospital) and staff
- Patient panel workshop service design and wayfinding 9 April 2021
- Promotion of the proposed plans for initial input
- Media release
- Briefing to MPs and other key stakeholders
- Collation of feedback, analysis to inform public consultation
- Collection of respondent data for Equality Impact Assessment
- Report on the pre-engagement exercise to relevant governance bodies

The aims of the pre-consultation engagement were to ensure the local population were aware of the proposed model and service change, to ensure the local population were able to be involved in the development of the local model, to give an opportunity for the public to share their initial views of the proposals to relocate the breast assessment and symptomatic clinics to Halton and to feed into the formal consultation process. Please see appendix 6 for a summary of pre-consultation outcomes.

Formal Public Consultation 28 May 2021 – 8 July 2021 (6 weeks)

- Engagement at breast clinics with current patients across all sites
- Promotion of the proposed plans for initial input
- Media release
- Delivery of a number of virtual presentations (day/evening time and weekend) by the service on their plans with a Q&A session
- Briefing to MPs and other key stakeholders
- Collation of feedback, analysis to inform public consultation
- Collection of respondent data for Equality Impact Assessment
- Report on the outcomes of the consultation to relevant governance bodies

The aims of the formal consultation were:

- To inform and involve all current and new patients of the various elements of the Breast services of the proposals and seek their input and views
- To ensure the local population was made aware of the proposals and provided with multiple platforms to engage and participate by sharing their views and opinions
- To ensure the local population (including those people that were harder to reach) were able to make alternative recommendations and suggestions relating to the proposed changes to the services
- To ensure any emerging issues and themes were taken into account by the project team and any potential mitigating actions were considered
- To inform a final decision about the proposed changes following the conclusion of the consultation period.

Engagement

The formal public consultation took place over eight weeks (see timeline above). The methods of engagement and communications for the consultation were diverse, please see Appendix 2 for the completed log of engagement activity, key points:

- Comprehensive and inclusive communications plan
- Summary Document and on-line/paper survey
- Attendance at events and meetings
- Holding public drop-in sessions on Zoom and 'pop ups' at various breast clinics
- Stakeholder briefings
- Attendance at wellbeing boards and health scrutiny fora

Respondents

Details of respondents can be found at appendix 5

MAIN FINDINGS

The following section highlights the main findings from all the engagement activity. The information is from the survey results, attending various groups and meetings and the public engagement events and have been themed to form the findings.

There was some confusion about which services were relocating, despite attempts to resolve this in the consultation. This appeared to be as a result of people clicking straight on the survey link without reading the summary booklet, attending a meeting for more information or speaking with staff.

Responses

404 responses were received in total. 252 during the formal consultation period and a further 152 during the period of pre-consultation engagement:

- 208 from online survey (166 during consultation and 42 during pre-consultation).
- 196 from paper forms returned to Trust (86 during consultation and 110 during pre-consultation).

Service accessed:	Location accessed:					
	Warrington	Bath St	Halton	St Helens	Mobile	No Answer
Breast Screening	131	27	40	18	25	11
Breast Assessment	77			26		
Outpatient Symptomatic Breast Services	33			12		

- 83% of all respondents that provided an answer have accessed services in Warrington.
- 60% of respondents during the consultation period said they were aware of the proposed changes to the Breast Services at Warrington & Halton
- 68% said they had been given enough information to form an opinion on the proposed changes
- There was a range of responses to the question of where people would prefer to access Screening services. For clarity, screening will continue to be provided in Warrington, Halton, St Helens and via the mobile unit.

Preferred Location for Screening Services	Total Respondents	% of total
Warrington Hospital	78	40.4%
Warrington, Bath Street	46	23.8%
Captain Sir Tom Moore Building, Halton Site	105	54.4%
St Helens Hospital	27	14.0%
Mobile Breast Screening Unit	13	6.7%
None of these	6	3.1%
	275	

- 63% of all respondents during the consultation period said they would be either “Very Satisfied” or “Satisfied” to access Breast Assessment and Outpatient Symptomatic rapid access breast clinics at the Captain Sir Tom Moore Building.

- On average across all consultation respondents, the factors that people felt were most important for them with regards attending a Screening or Assessment location are ranked in order below:

Most important

1. Waiting time to access the service
2. Outcome of treatment
3. Staff expertise
4. The location of the service
5. Car parking
6. The environment and facilities

Least important

Key Themes from Public Comments – see next page

Themed Feedback

COMMON THEMES	REPRESENTATIVE FEEDBACK	PROPOSED SOLUTIONS/ACTION
TRANSPORT AND COSTS	<ol style="list-style-type: none"> 1. <i>Getting to Halton is very difficult in the first place when living in Warrington. I would struggle getting there. Bath Street is much nearer and a great service.</i> 2. <i>Ensure there is free transport service from Warrington to Halton hospital for breast screening patients.</i> 3. <i>Unfair there will be no service at Bath street and have to travel to Halton or St Helens as they are not easy places to get to from Warrington.</i> 4. <i>Bath Street and Warrington Hospital are easy to get to when living in the Warrington Area.</i> 5. <i>It would be either having to go on the bus or in the case of treatment a taxi each way which in total would cost £40.</i> 6. <i>Expand the parking spaces as an increase in number of clinics on site would make parking more difficult though the shopping facilities locally do provide some alternatives for those without mobility issues</i> 	<ol style="list-style-type: none"> 1, On publication of the consultation outcomes direct patients to map showing two routes from Warrington to the Runcorn Site with Captain Sir Tom Moore (CSTM) building postcode (one toll, one Daresbury) plus estimated travel time 2, Ensure that information relating to the free shuttle bus between Warrington and Runcorn site is included in patient appointment letters and on website 3, Reiterate the locations that breast screening is available 4, Patient parking and congestion is carefully monitored, a new staff permit system being introduced in August should ensure patient spaces are kept solely for patient use.
ACCESSIBILITY	<ol style="list-style-type: none"> 1. <i>The age group of people who mostly have screening is usually mature and aren't always able to drive so moving this service would cause many problems</i> 2. <i>I do not drive and it would make access very difficult to get to. My X had breast cancer treatment and has her symptoms progressively got worse she couldn't drive and it proved to be a nightmare to get over to Halton for treatment</i> 3. <i>Signage at Halton hospital is poor and I have found myself wandering around trying to find the department I am looking for.</i> 4. <i>It would make it more difficult for me as I am a carer for my son and mum and its difficult to get to appointments as it is so if it is further away this will make it more difficult for me</i> 	<ol style="list-style-type: none"> 1, Ensure that information relating to the free shuttle bus between Warrington and Runcorn site is included in patient appointment letters and on website 2, Continue to collect feedback from patients in the first year of operation of the service with particular reference to ease of access 3, Ensure patients are aware of Clatterbridge patient transport offer for those undergoing treatment and unable to get themselves to CanTreat 4, Audit of signage at both the Nightingale Building and CSTM has been undertaken, additional external signage being procured for Breast Centre 5, Reiterate concessions for carers and reiterate continuation of breast screening services at Warrington

<p>PATIENT CHOICE</p>	<ol style="list-style-type: none"> 5. <i>Continuity of care, is important. St Helens has a breast unit and chemotherapy unit together along with Macmillan</i> 6. <i>Removal of choice as would be unable to choose between attending Warrington & Halton NHS Trust and St Helens & Knowsley NHS trust</i> 	<ol style="list-style-type: none"> 1, On publication of the consultation outcomes ensure that information about the Macmillan Delamere Centre is included and describe its proximity to the new breast centre at CSTM 2, At time of booking ensure that patients are aware that they can choose to have their assessment/symptomatic appointment at either CSTM Halton or St Helen’s Burney unit
<p>TREATMENT AND CARE</p>	<ol style="list-style-type: none"> 1. <i>As someone who has had breast cancer and a mastectomy any improvement to the current services in both Halton and Warrington hospitals is very much necessary. The services I received were appalling and need vast improvement in treatment times, communication and staff - particularly Macmillan support</i> 2. <i>It's unclear how the treatment services i receive currently for my secondary breast cancer will be impacted</i> 3. <i>What's happening to the current can treat and can support building? Are other cancers going to be supported at the Tom building?</i> 4. <i>I have had breast cancer and I would prefer women who are diagnosed not to have to walk through a corridor where everyone is sat because you are very aware people are looking at you</i> 5. <i>A written outcome of results of tests as people with disabilities like myself find it hard to remember information and things that were discussed during the apt. Even if nothing is found it would be good to get it in writing</i> 	<ol style="list-style-type: none"> 1, Ensure that all patient feedback such as this is followed up by service manager and fed to the Head of Patient Experience who will invite patient to join the Breast Service ‘Experts by Experience’ panel 2, On publication of the consultation outcomes ensure that information about the Macmillan Delamere Centre is included and describe its proximity to the new breast centre at CSTM 3, On publication of the consultation, clearly describe how current treatments will be impacted 4, On publication of the consultation describe how the CanTreat facility, operated by Clatterbridge at Halton, remains unaffected and describe any other cancers that are now being treated at the CSTM 5, Highlight design of new unit and enhanced privacy and dignity arrangements 6, Discuss with service and Head of Patient Experience and Inclusion ways in which patients can be supported
<p>COMMUNICATIONS</p>	<ol style="list-style-type: none"> 1. <i>As treasurer of CANsupport and a volunteer, i feel annoyed that there isn't enough time for the consultation. More information should be given and relevant people notified as to the proposed changes.</i> 	<ol style="list-style-type: none"> 1, Service Manager to make contact with CanSupport to share outcomes of the Consultation report and the timelines and communications plans therein.
<p>TOLL COSTS</p>	<ol style="list-style-type: none"> 1. <i>Traveling to Halton would incur two charges I can't afford to go over & return via the Runcorn Widnes Bridge.</i> 2. <i>No charge to cross and return on the Runcorn Bridge.</i> 3. <i>Widnes Bridge also incurs a charge to go over and come back that I currently don't have to pay going to Bath Street.</i> 	<ol style="list-style-type: none"> 1, On publication of the consultation outcomes direct patients to map showing two routes from Warrington to the Runcorn Site with Captain Sir Tom Moore (CSTM) building postcode – describe routes in terms of South Warrington (via Walton/Daresbury) North Warrington (via new Slutchers Lane bypass) OR toll bridge options with estimated travel times.

4. NEXT STEPS

The consultation outcomes have been shared with Health and Wellbeing Board, Health Scrutiny Committee and with a multi-agency group comprising commissioners, specialist commissioners and the acute Trust.

- Share outcomes from formal consultation with Halton HWBB virtually – 13th July 2021 - model and the approach to consultation were endorsed by the Board
- Share outcomes from formal consultation with Warrington HWBB – 15th July 2021 - model and the approach to consultation were endorsed by the Board
- Final decision on proposed changes by WHH Executive Team – 16th July 2021 decision based on close scrutiny of public feedback throughout pre-consultation and consultation and feedback from HWWB, Scrutiny and the multi-agency interest group
- Full consultation report shared with CCG and Trust governance committees for assurance and completion
- Letters to all patients on active WHH caseload informing them of the outcome – week commencing 19th July 2021.

The main findings and appropriate mitigations will be shared as part of the publication and service change process to ensure that actions required are achieved.

APPENDIX 1. ADHERENCE TO THE GUNNING PRINCIPLES

When undertaking any public consultation in the UK the Gunning Principles must be applied. This has been confirmed by the Court of Appeal in 2001 (Coughlan case).

When assessing this consultation the four principles will be applied as below.

1. When proposals are still at a formative stage - *Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.*

The model proposed was developed following NHS England's quality assessment of Breast Screening and Assessment services in the Halton, Knowsley, St Helen's and Warrington boroughs and was in response to the need to consolidate and build on scarce resources across the areas.

During the pre-consultation engagement general questions were asked to gather views and experiences that the Trust used to refine and develop the proposals. During the pre-consultation stage it became clear that people were unclear about the differences between screening, assessment and symptomatic services and we went to lengths to make this clearer. A service user joined the Trust's working group in 2018 and staff from a wide range of disciplines and services were involved in developing proposals.

The consultation questions enabled people to give their opinions on the proposals and discuss any potential impact.

The Trust was clear from the outset that development of the Captain Sir Tom Moore estate could proceed at pace since capital was available, on the premise that NO services would be relocated until conclusion of a public consultation.

2. Sufficient reasons for proposals to permit 'intelligent consideration' - *People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.*

The consultation documents made the reasons for the proposals clear, as below:

- The case for change
- Full description of what services were available and where
- Data on usage of the services that were proposed to change

Throughout the consultation a Frequently Asked Questions document was produced and added to, to ensure that any additional questions or concerns were addressed.

An Equality Impact Assessment was undertaken to determine where specific engagement should be undertaken and to consider any potential impact to protected characteristics. As well as general engagement and communications focused work was undertaken. This included:

- Attending a wide range of meetings, holding pop up and drop in sessions (Covid-19 restrictions were in place hence many virtual attendances)
- Targeted engagement at Third Sector Organisations who represent the wider community
- Targeted communications (paper copy) at service users on the Trust's current case load
- Electronic online questionnaire advertised via Trust channels incl. social media.
Face to face consultation at several current screening locations (adhering to current social distancing requirements) inc MS Teams Live sessions with an open invite to all interested parties.

3. Adequate time for consideration and response - *Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?*

There was a planned period of pre-consultation followed by an eight-week consultation. Halton's Health Policy and Performance Board and Warrington Health Scrutiny Committees were briefed on the pre-consultation and consultation plans.

The engagement and communications methods used were wide and varied. The full communications activity log can be seen in Appendix 2.

Full analysis of the outcomes of the consultation and the equality impact assessment informed a final decision ('go/no go') on proposed changes by WHH Executive Team. This followed close scrutiny of public feedback throughout pre-consultation and consultation and feedback from HWWB, Scrutiny and the multi-agency interest group

4. Must be conscientiously taken into account - *Think about how to prove decision-makers have taken consultation responses into account.*

Full analysis of the outcomes of the consultation and the equality impact assessment informed a final decision ('go/no go') on proposed changes by WHH Executive Team. This followed close scrutiny of public feedback throughout pre-consultation and consultation and feedback from HWWB, Scrutiny and the multi-agency interest group.

APPENDIX 2 ENGAGEMENT AND CONSULTATION – ACTIVITY LOG

Phase	Task	Date	Task lead	RAG
1	Warrington Health Scrutiny committee	23/03/21	Lucy Gardner	
1	Halton Health and Wellbeing Board	24/03/21	Lucy Gardner	
1	Warrington and Halton Joint PPGs/Engagement and Inclusion meetings presenting on	06/04/21	Lucy Gardner	
1	Service user group	09/04/21	Clare Boyd	
1	Stakeholder Brief	15/04/21	Comms	
1	Communications, Engagement and Involvement Plan	09/04/21	Comms	
1	Full suite of Engagement and Involvement materials	15/04/21	Comms	
1	Deploy Comms Plan	05/05/21	Comms	
1	Engagement commences (services, virtual)	05/05/21	Services/ Strategy team	
1	Mail out to 500 people – random sample of current caseload – including males – letters informing of engagement and engagement documents enclosed	05/05/21	Service/Comms	
1	Delivery of 2 x ZOOM presentations (weekday/weekend/am/pm/twilight) by each of three services with a Q&A session	11/05/21 @ 6.30pm 14/05/21 @ 10am	Services/ Strategy team	
1	Live engagement exercises (within social distancing/ (pop up/window posters)	04/05/21	Services/ Strategy team	
1	Evaluate feedback from qualitative and quantitative engagement	24/05/21	Strategy	
2	Share outputs from pre-consultation engagement shared with WHH Exec team and local CCGs	27/05/21	Strategy	
2	Approval of public consultation paper at WHH EXECS (SEOG) and partners	27/05/21	Lucy/Gardner/SEOG	
2	Public consultation commences	28/05/21		
2	Website updated with all consultation materials including consultation documentation and link to online questionnaire	28/05/21	Comms	
2	Email to CCG Engagement lead re start of public consultation – asking for suggestions of groups to contact to increase representation (<i>response</i>	28/05/21	Comms	

	<i>received 8th June and all suggested contacts already on WHH stakeholder list and contacted)</i> Followed up with email containing consultation resources			
2	Posters advertising consultation displayed in CSTM, Kendrick Wing, Bath Street, St Helens, Mobile Units	01/06/21	Comms/Strategy	
2	Stakeholder bulletin #1 announcing consultation starts – including to partners, advocacy groups, MPs	03/06/21	Comms	
2	Press release issued announcing start of consultation	03/06/21	Comms	
2	Attendance at GP forum for Warrington and Halton GPs to inform of proposals and consultation	04/06/21	Lucy Gardner	
2	Social media posts announcing consultation and inviting responses and also sharing details of the dates listed below where people can come and talk to us (see below)	28/05/21 to 07/07/21	Comms	
2	Face to face consultation (within social distancing) – Captain Sir Tom Moore Building, Halton	10/06/21	Strategy/Service	
2	Face to face consultation (within social distancing) – Breast clinic, Warrington Hospital	14/06/21	Strategy/Service	
2	Face to face consultation – Breast clinic, Bath Street HWB Centre	15/06/21	Strategy/Service	
2	Stakeholder bulletin #2 consultation reminder sharing details of virtual consultation event -to partners, advocacy groups, MPs.	16/06/21	Comms	
2	Face to face consultation – Breast clinic, Bath Street HWB Centre	22/06/21	Engagement	
2	Face to face consultation – Breast Clinic, St Helens Hospital	30/06/21	Engagement	
2	Promotion of virtual Consultation session scheduled for 24/06/21 via update message to Stakeholders on 21/06/21	21/06/21	Comms	
2	Promotion of virtual Consultation session scheduled for 24/06/21 on social media	15/06/21 onwards	Strategy/Service	
2	Follow up email to contacts suggested by CCG on 8th June to remind of the virtual consultation event and asking for suggestion of groups we could attend to ensure a representative response to consultation. Provided contact for responses - whh.communications@nhs.net	21/06/21	Comms	
2	Virtual Consultation session on MS Teams LIVE	24/06/21	Strategy/Service/Comms support	

2	Targeted emails and social media to directions4men and Wolves foundation – in response to feedback from virtual consultation event about how to increase male representation	24/06/21	Comms	
2	Email follow up to virtual consultation event attendee – thanking for input and offering the opportunity to visit current facility re accessibility provision	24/06/21	Comms	
2	Website updated with questions and responses from virtual consultation sessions	25/06/21	Comms	
2	Reminder – one week to go to have your say – to be updated on social media/press/stakeholders advocates	1/07/21	Comms	
2	Outputs from engagement - Warrington HWBB/Health Scrutiny – 29th June 2021.	29/06/21	Strategy	
2	(Interim) outputs from formal consultation shared with Halton HWBB	07/07/21	Strategy/Lucy Gardner	
2	Public consultation ends	08/07/21		
2	Write up consultation outcomes	08/07/21 - 10/07/21	Strategy/Comms	
2	Consultation outcomes for approval to proceed by WHH Executive Team	13/07/21	Strategy/Lucy Gardner	
2	Consultation outcomes to Warrington HWBB	15/07/21	Lucy Gardner	
2	Publish consultation outcomes	16/07/21	Strategy/Comms	
2	Issue letters to patients on current symptomatic case load informing of consultation outcome and changes to service with effect from... and links to further information. # letters required to be confirmed.	16/07/21	Comms/Strategy/Operations	
2	If supported, proceed with movement of services	19/07/21	Strategy/Operations	

Key:

1: Phase 1 – pre-consultation engagement

2: Phase 2 – public consultation

Appendix 3 – Stakeholders involved

ADVOCATES/THIRD SECTOR GROUPS
Red Cross
Halton Red Cross
Halton Carers
Wired Carers
Deafness Resource Centre
Warrington Disability partnership
Warrington Disability partnership
Speak Up, Warrington
Speak Up, Warrington
Wellbeing enterprise
Healthwatch Warrington
Healthwatch Halton
Council of Faiths
Age UK Mid Mersey
Warrington MENCAP
Warrington Voluntary Action
Halton and St Helen's VCA
Halton and St Helen's VCA
Halton Older People Empowerment Network (OPEN)
Warrington Deaf Centre
Warrington Lifetime (older people)
Bipolar Group
Alternative Futures
Deafness Support Network
Older Persons Forum
Warrington MS Society
Warrington Mencap Leisure
Cheshire Autism Practical Support ChAPS
Citizens Advice Warrington
Clair's Parents Meeting Parents ADHD Supp
Community Integrated Care
Healthwatch Warrington
MNDA South Lancs Branch
Muscular Dystrophy Lymm & Warrington
Room at the Inn
Spinal Injuries Association
SWAN uk syndromes with no name
Talking Matters Warrington
The Brain Charity
Torch Trust for the Blind
Warrington & Vale Royal College
Warrington BSL Signing Choir
Warrington Stroke Association
Warrington Wolves Charitable Foundation
Wired
Veterans Hearing Support
Autism Together

Young Disabled Persons Forum
Warrington Parents & Carers
Home Start Warrington
Families United
WYC - Warrington Youth Club
Arty Smarty
Accent Warrington & Halton Music Ed Hub
Young Carers Service
Warrington Speak Up
Warrington Armed Forces Community Support
WECA - Warrington Ethnicity Community Assoc
The Proud Trust Warrington
Conservative Cllr and Helping Hands
Directions for Men (male group)
Offload via Wolves Foundation
CAB Halton
CAB Warrington
Arthritis Action.

MEMBERS PARLIAMENT	Party	Constituency
Andy Carter	CON	Warr South
Charlotte Nichols	LAB	Warr North
Derek Twigg	LAB	Halton
Mike Amesbury	LAB	Weaver Vale

PARTNERS	ORGANISATION
Prof Steven Broomhead	Warrington Borough Council
Cllr Russ Bowden	Warrington Borough Council
David Parr	Halton Borough Council
Cllr Rob Polhill	Halton Borough Council
Dr Andy Davies	Warrington CCG and Halton CCG
Maria Austin	Warrington CCG and Halton CCG
Simon Kenton	Warrington Together
Colin Scales	Bridgewater Community Healthcare
Simon Barber	North West Boroughs/MerseyCare
Jackie Bene	C&M Healthcare Partnership Chief Officer
Alan Yates	C&M Healthcare Partnership Chair
General	C&M Healthcare Partnership
Edna Boampong	C&M Healthcare Partnership
Enquiries Team	University of Chester

Appendix 4 Equality Impact Assessment

The law requires that any new service, significant change in service, reduction or removal of service has an equality impact assessment to see if there are negative impacts, i.e. direct or indirect discrimination on particular people because of their protected characteristic, relating to the action.

Any change to function, provision or policy that may have an effect on people would automatically be subject of the Equality Act 2010. The parts of the acts that are 'engaged' (i.e. that would be active in relation to this proposal) would be:

- Section 4 – protected characteristics
- Section 13 - direct discrimination
- Section 19 – indirect discrimination
- Section 20 – duty to make adjustments
- Section 29 – provision of a service
- Section 149 – Public Sector Equality Duty

Equality Impact Assessment documents:

- Set out the detail of the change in relation to the equality legislation.
- Analyse the input from interested parties.
- Identify any concerns and worries related to equality issues.
- assess the impact of change against the health inequalities duty
- Propose recommendations for committees to consider.
- Determine if the Public Sector Equality Duty (PSED), section 149 Equality Act 2010 has been met.

Summary: Equality Assessment (EA)

- The majority of consultees supported the proposal and rich feedback provided relating to equality concerns
- Public Sector Equality Duty will be met subject to actions and mitigations being actioned.
- Consultation was conducted and responses were received across the demographic spectrum
- No appreciable discrimination was discerned although people who were unsure or disagreed with the proposal had legitimate concerns about accessibility – chiefly transport, and mitigations have been set out to resolve this, predominately awareness raising of the alternative methods available
- Further awareness raising relating to the continuation of breast screening services is required to reassure those who misconstrued that the entire service was relocating

Respondent data public consultation (for pre-consultation engagement data see appendix 5)

<ul style="list-style-type: none"> Gender reassignment 	<p>Yes</p>	<ul style="list-style-type: none"> Provide a patient toilet that meets accessible toilet requirements. <p>It should be noted that representatives from Warrington Disability Partnership were specifically invited to attend the virtual consultation session held via MS Teams during the consultation period and did join the call. They asked numerous questions relating to service provision for people living with disabilities during the consultation session, all of which were answered during the session. In addition, the representative was invited to come and tour the proposed new location for the services alongside the existing location to provide direct feedback on the facilities and improved environment.</p> <p>Positive Impact - Mental health support has been a significant focus of the scheme development and design with input from patient focus groups (previous patient users) and staff as well as incorporating lessons learnt from other schemes delivered by the design team, this has resulted in:</p> <ul style="list-style-type: none"> Inclusion of 2 counselling rooms ensuring optimum privacy and dignity provision and environmental factors that can create a calm and safe environment for ‘breaking bad news’ and difficult/upsetting discussions: <ul style="list-style-type: none"> One that is to the back of the unit with no line of sight by the public or other patients One that has direct access of the waiting room but also has a further exit from the room out of the unit and immediately through the front door, should patients wish to vacate the department without being seen A dedicated patient beverage bay to enable the staff to provide hot drinks for patients Consideration of artwork locations, colours and size throughout the department to create a calm, safe and welcoming environment Introduction of wall lit pictures for patients undergoing mammography providing a light within the room when main lights are turned down, but also a distraction for what can be a distressing and uncomfortable experience Inclusion of ceiling back lit picture tiles within waiting rooms space to give the appearance of outside light in areas where windows are not possible Inclusion of the ceiling back lit picture tiles within the ultrasound room, again to provide a light
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<ul style="list-style-type: none"> Race 	<p>No</p>	<p>within the room when main lights are turned down, but also a distraction for what can be a distressing and uncomfortable experience for some pictures</p> <ul style="list-style-type: none"> Ease of wayfinding, to reduce stress and anxiety of trying to locate the unit: <ul style="list-style-type: none"> The unit is located on the ground floor to the left of main reception, as part of the design the main receptionist will be located at the front desk to greet patients on arrival and direct them to the department door The signage has been considered with the patient focus group and will be clear and visible from the main entrance The CSTM building has adequate parking available for patients reducing anxiety of trying to find a parking space that is experienced at other Trust sites
<ul style="list-style-type: none"> Religion or belief 	<p>No</p>	<p>Positive Impact – Transmen will access this service and all privacy and dignity aspects will be considered as they are for all patients, there will be no negative impact.</p> <p>Privacy and dignity for all patients has been a key focus of the design, this is reflected through:</p> <ul style="list-style-type: none"> The access to and from the counselling rooms without entering a waiting room directly Location of the main clinic rooms down a corridor off the main wait area with no direct lines of site or acoustic issues identified Dedicated accessible patient toilet provision without leaving the department
<ul style="list-style-type: none"> Sex 	<p>No</p>	<p>None - No impact positive or negative has been identified for any patient on the basis of race.</p> <p>It is acknowledged that respondents to the public consultation were predominantly white, heterosexual females of Christian beliefs and this was also true of the responses received during the pre-consultation engagement. The Trust directly reached out to all known BAME community groups across Warrington and Halton during the consultation period to ensure they were aware of the proposals and the various ways through which they could get their views heard. The Trust also made the offer to come and consult directly with representatives from these communities separately if that was desirable.</p>

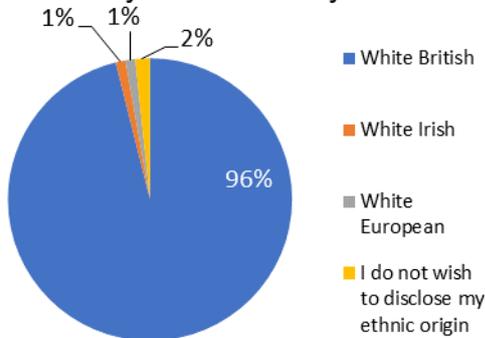
<ul style="list-style-type: none"> Sexual orientation including lesbian, gay and bisexual people Marriage and civil partnership Pregnancy and maternity 	<p>No</p> <p>No</p> <p>No</p>	<p>All consultation materials were made available in alternative (non-English) languages.</p> <p>None - No impact positive or negative has been identified for any patient on the basis of religion or belief.</p> <p>It is acknowledged that respondents to the public consultation were predominantly white, heterosexual females of Christian beliefs and this was also true of the responses received during the pre-consultation engagement. The Trust directly reached out to all known community groups covering different religious beliefs across Warrington and Halton during the consultation period to ensure they were aware of the proposals and the various ways through which they could get their views heard. The Trust also made the offer to come and consult directly with representatives from these communities separately if that was desirable.</p> <p>All consultation materials were made available in alternative (non-English) languages.</p> <p>Neutral impact - Predominantly the female sex would be the main cohort of patients that would utilise this service (99%), however the service is available to all adult patients and there is no specific negative or positive impact of the scheme from a gender perspective. Privacy and dignity elements as explained above in ‘gender reassignment’ apply to all patient accessing the service.</p> <p>Feedback was received during the pre-consultation engagement around ensuring that male patients felt comfortable using the spaces and it was felt that the current location in Kendrick Wing felt quite “female orientated”. This was discussed with the wider project team during the subsequent consultation period. The estates project team confirmed that the interior design of the new location was deliberately gender neutral and the operational team have identified alternative sub-waiting areas for male patients who perhaps feel less comfortable waiting in the main waiting areas with a number of female patients.</p> <p>None - No impact positive or negative has been identified for any patient on the basis of sexual orientation.</p> <p>It is acknowledged that respondents to the public consultation were predominantly white, heterosexual females of Christian beliefs and this was also true of the responses received during the pre-consultation engagement. The Trust directly reached out to all known</p>
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		<p>community groups covering different sexual orientations across Warrington and Halton during the consultation period to ensure they were aware of the proposals and the various ways through which they could get their views heard. The Trust also made the offer to come and consult directly with representatives from these communities separately if that was desirable.</p> <p>None - No impact positive or negative has been identified for any patient due to marriage and civil partnership status.</p> <p>Positive impact – The new service will increase capacity for ultrasound examination, which is used heavily in the under 40 age group, rather than a mammogram. Therefore, there would be faster access to the service for patients under 40 as there will be double the ultrasound capacity that is currently available, there will not be any additional mammogram capacity provided as part of the scheme.</p>
<p>Is there any evidence that some groups are affected differently?</p>	<p>Yes</p>	<p>It has been identified that should patients from Warrington wish to access the CSTM site for their treatment there would be travel involved and this would potentially include toll charges on the Runcorn bridges. For those patients who have limited funds available this could be a barrier to choosing the new purpose designed facility.</p> <p>The Trust can provide significant mitigation to anyone likely to see a negative impact through the provision of the free shuttle bus service which travels frequently between the Warrington and Halton sites.</p> <p>No other groups have been identified that may be affected differently.</p>
<p>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</p>	<p>No</p>	<p>None – No potential discrimination has been identified</p>
<p>Is the impact of the document likely to be negative?</p> <ul style="list-style-type: none"> • If so can the impact be avoided? • What alternatives are there to achieving the document without the impact? 	<p>No</p>	<p>Consultation to date with patients, staff and members of the public has been very positive and it is not anticipated that this document will affect that.</p> <p>Responses to both the pre-consultation engagement and the formal consultation have indicated that a good majority of people (>63%) are either “in favour” or “strongly in favour” of the proposals.</p>

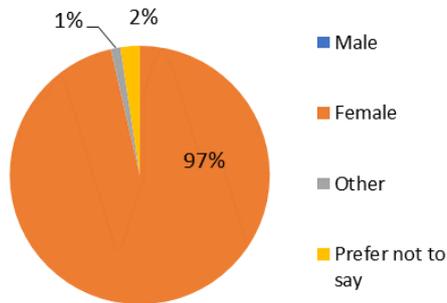
<ul style="list-style-type: none"> Can we reduce the impact by taking different action? 		
<p>Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.</p> <p>If you have identified a potential discriminatory impact of this procedural document, please refer it to the Human Resource Department together with any suggestions as to the action required to avoid /reduce this impact. For advice in respect of answering the above questions, please contact the Human Resource Department.</p>		
<p>Was a full impact assessment required?</p>	<p>No</p>	<p>It has been determined that a full impact assessment is not required at this stage. However, as part of the public consultation this EIA will be revisited and if any aspects are identified that require a full assessment that will be completed at that stage</p>
<p>What is the level of impact?</p>	<p>Medium/High</p>	<p>Positive impact</p>

Respondent data

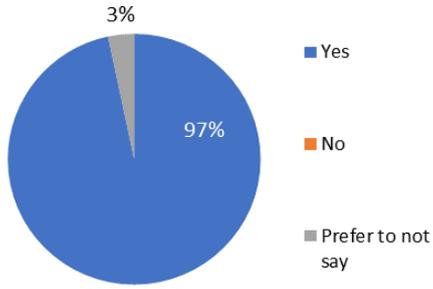
What is your ethnicity?



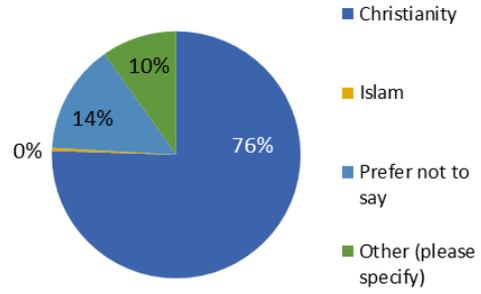
What is your gender?



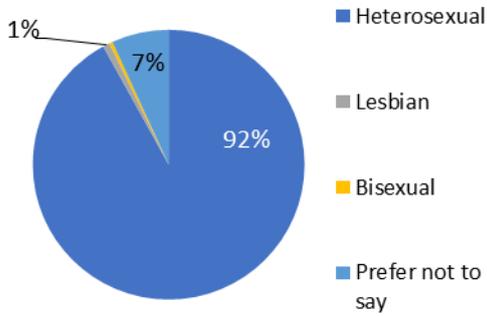
Do you identify as the same gender you were assigned at birth?



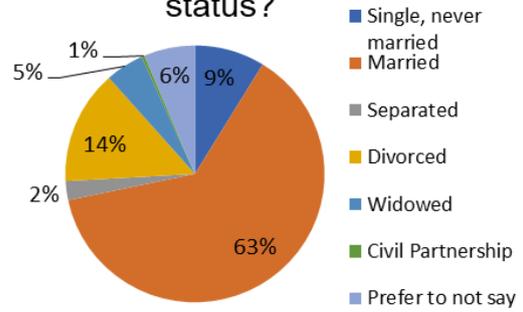
What is your religion or belief?



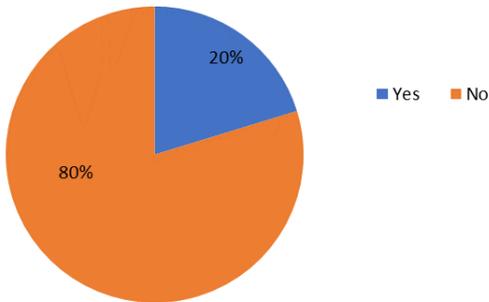
What is your sexual orientation?



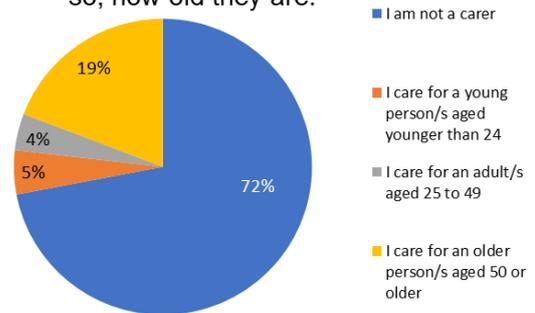
What is your relationship status?



Do you consider yourself to have a disability?



Please tell us if you care for someone and if so, how old they are.



APPENDIX 5 PRE-CONSULTATION ENGAGEMENT OUTCOMES

Pre-consultation engagement has taken place during April and May using the following three methods:

- Electronic online questionnaire advertised via Trust channels incl. social media.
- Hard copy paper questionnaire sent to a large sample of patients from the current caseload.
- MS Teams Live sessions with an open invite to all interested parties

Total Responses

152 responses were received

42 from online survey

110 from paper forms returned to Trust

82% of all respondents that provided an answer have accessed services in Warrington

Service accessed:	Location accessed:					
	Warrington	Bath St	Halton	St Helens	Mobile	No Answer
Breast Screening	70	22	21	18	7	15
Breast Assessment	42			12		
Outpatient Symptomaic Breast Services	12			6		

Awareness

- 55% of respondents said they were aware of the proposed changes to the Breast Services at Warrington & Halton
- 79% said they had been given enough information to form an opinion on the proposed changes.

Preferred Location

- There was a range of responses to the question of where people would prefer to access Screening services (the highest % chose the CSTM building)
- In total, 73% of all respondents said they would be either “Very Satisfied” or “Satisfied” to access Breast Assessment and Outpatient Symptomatic rapid access breast clinics at the Sir Captain Tom Moore Building

Preferred Location for Screening Services	Total Respondents	% of total
Warrington Hospital	54	28.0%
Warrington, Bath Street	40	20.7%
Captain Sir Tom Moore Building, Halton Site	56	29.0%
St Helens Hospital	22	11.4%
Mobile Breast Screening Unit	19	9.8%
None of these	2	1.0%
	193	

Critical Factors

On average across all respondents, the factors that people felt were most important for them with regards attending a Screening or Assessment location are ranked in order below:

Most important

- Waiting time to access the service
- Outcome of treatment
- Staff expertise
- The location of the service
- The environment and facilities
- Car parking

Least important

Most common themes from comments in response to question ‘If we were to implement our proposals to relocate Breast Screening and Assessment and Symptomatic services, please could you tell us how this would affect you or your family/loved ones, or if there is anything else you would like us to consider?’

- A number of comments regarding additional distance to travel but balanced out by the same volume commenting on improved travel times.
- A number of comments regarding car parking availability – need to emphasise that parking on the Halton site is much better than at Warrington in formal consultation.
- Some confusion around Screening availability in Warrington – need to clarify the point around screening remaining in Warrington as part of formal consultation.
- A couple of negative comments relating to accessing Halton from North Warrington (e.g. Birchwood) – deemed to be a significant journey. Balanced out by shorter travel times for those travelling from South Runcorn. Need to emphasise that patients will retain the ability to choose assessment/symptomatic sites in the formal consultation.
- A few comments around cost of travelling over to Halton – need to emphasise the availability of the shuttle bus service in the formal consultation.
- A few specific comments regarding accessing the Halton site for those with disabilities – need further exploration with the project team during the consultation period.

Most common themes in response to Q: Do you have any reasonable adjustments that you would like us to make if we were to relocate Breast Assessment and Symptomatic Services to The Captain Sir Tom Moore building?

- Signage on the CSTM site to ensure patients are able to navigate effectively.
- Mobility/wheelchair access on the Halton hospital site.
- Consideration around creating a separate waiting area for male patients.
- Consideration around communication methods and providing consultation documents in different languages.

General Response themes: In general, there appears to be a largely positive view from current patients around the proposed changes:

Issues for further consideration:

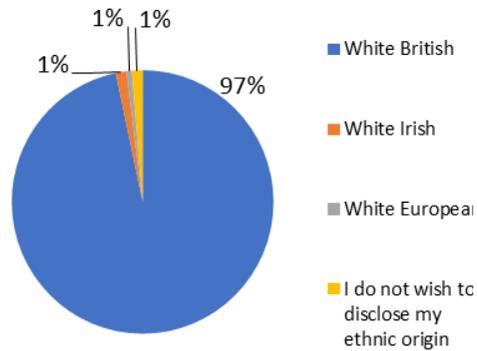
- Diversity of respondents – can we find a way to get views of minority ethnic groups/more men?
- Ensure good access for people living with disabilities.
- Need to emphasise and clarify access to shuttle bus service.
- Need to emphasise and clarify retention of screening services in Warrington.
- Need to emphasise and clarify patient choice for those unwilling/unable to travel to Halton site.
- Some useful feedback for consideration around CSTM set up and service offer.

These areas will be addressed through improvement of the consultation documents and FAQs.

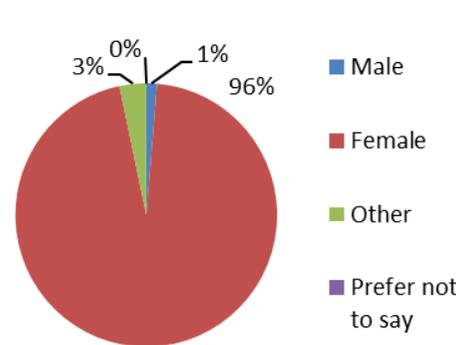
Respondent demographics

Respondent Demographics (1)

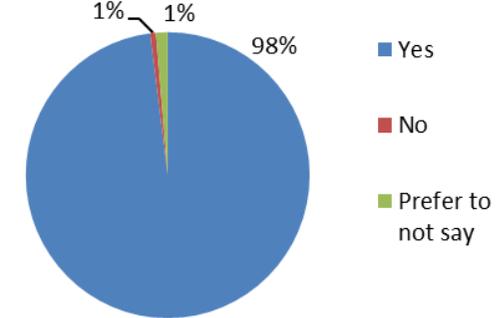
What is your ethnicity?



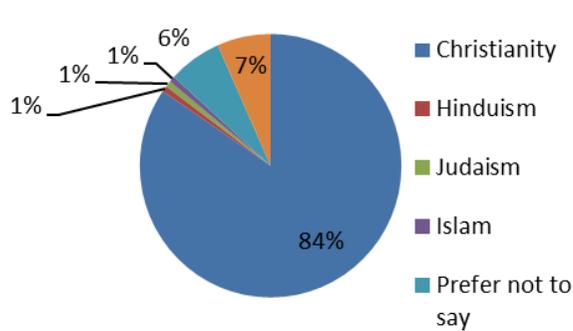
What is your gender?



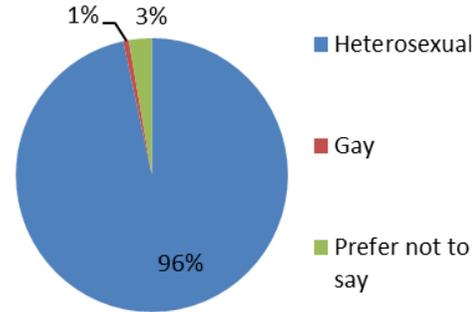
Do you identify as the same gender you were assigned at birth?



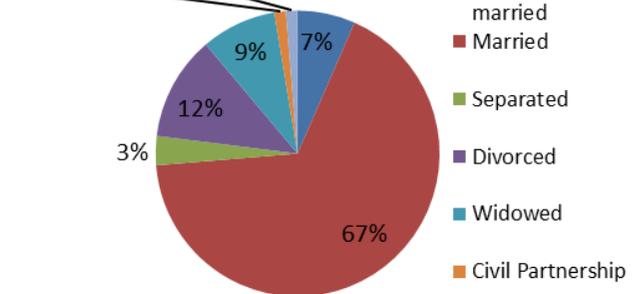
What is your religion or belief?



What is your sexual orientation?

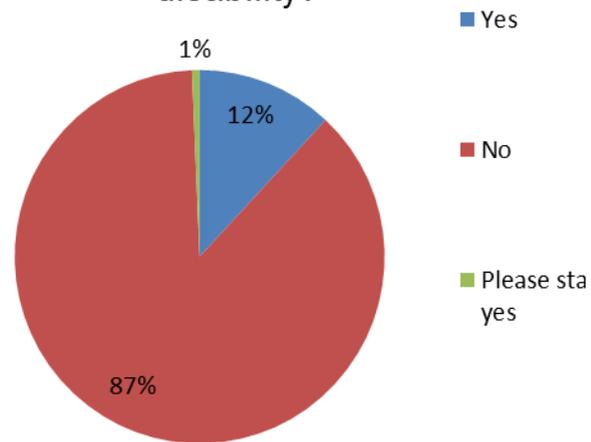


What is your relationship status?



Respondent Demographics (2)

Do you consider yourself to have a disability?



Please tell us if you care for someone and if so, how old they are.

