



## Pennington Suite

7th November 2025, 10:00 to 16:30

West Bromwich Albion Football Club

#### Working in partnership

Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust







### **Breakout Session**

Richardson Suite — (Main Room, 1st floor, Amit Rath)

(A)ENT: Mr. J. Murphy

(B)Ophthalmology: Mr. J. Barry

Millichip Suite (Main Room, 1st floor, Gurpreet Rai)

(A)Colorectal: Mr. Ben Liu/Mr. M.Tayyab

(B)Gynaecology: Mr. Ayman Ewies

Bassett Suite (2nd Floor – Lola Omotoso)

(A)General Surgery: Mr. S. Mirza

(B)Peri-operative Assessment: Dr A. Pierson

Pennington Suite (2nd Floor – Alima Bibi)

(A)Breast Unit/DIEP: P. Browne/A. Alam

(B)Lung Screening: E. Gilliland





## **Breast Network - Care & Collaboration**

**Philippa Browne** 

**Associate Director – Transformation & Improvement** 

**Syeda Alam BCPC System Matter Expert** 

**Dinah McLannahan** 

**BCPC Finance Lead** 



Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust



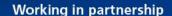






## Welcome & Introductions

- Mr. Martin Sintler Apologies on leave BCPC Clinical Lead, Consultant Breast Surgeon
- Philippa Browne Associate Director Transformation & Improvement
- Dinah McLannahan BCPC Finance Lead)
- Syeda Alam BCPC System Matter Expert)







## **Objectives**

A. Celebrate progress made in the Breast Clinical network.

- 1) DIEP service in the Black Country
- 2) Breast Unit Review





### **Breast Network**

**Aim** - to deliver **equitable**, **high-quality** breast DIEP reconstruction services to the population in addition to more **robust and resilient** Breast Unit service across the Black Country, addressing service disparities and **improving patient outcomes** through an integrated, sustainable, and patient-centred approach.





## **Background and Context**

- The BCPC breast clinical network has progressed a programme of work.
  - a) Commenced in June 2024 BCPC Executive agreement to proceed to Business Case.
  - b) Agreed as the breast clinical network priorities for 2025/26.
  - c) Agreed to a need for a Black Country DIEP service building on an emerging service at DGFT
  - d) Agreed to explore options for better use of breast unit resources
  - e) Explore options for a Radiology Alliance
  - f) Proposals align with NHSE, NICE, and GIRFT recommendations.





## Journey to date

- May 2024 Executive-approved Breast reconstruction paper & Breast Unit Paper
- March 2025 Engagement workshop focused on DIEP
- May/June/July 2025 Breast Network Meetings
- June 2025 DIEP BC Cancer Board and BC Elective & Diagnostic Board approval
- 4<sup>th</sup> Aug 2025 BCPC Exec Approval
- 11th September 2025 DIEP Business Case approved at ICB Delivery Board
- 15<sup>th</sup> October 2025 Breast Unit Review Workshop

1st April 2026 – Planned DIEP Implementation at DGFT for 50 DIEPs per year





## Why DIEP...

Gold standard in post mastectomy breast reconstruction

Considering survivorship and quality of life issues, it is the best choice if patient fits criteria

Multiple publications demonstrating and establishing this free flap as the best choice

Aligns with GIRFT, NICE, Association of Breast Surgery





### Guidance

#### NICE ...

- 1.5.1 Offer breast reconstruction to people after they have had mastectomy for breast cancer. [2023]
- 1.5.3 Offer both breast reconstruction options to women (immediate reconstruction and delayed reconstruction), whether or not they are available locally. [2018]

#### GIRFT ....

- Balanced and informed choice, unrestricted by resources with access to the full range of reconstruction techniques
- Where there is a true choice of all methods, up to 50% of women choose free flap reconstruction.
- In areas where there is no free flap service, most women accept the alternative of implant-based reconstruction.
- GIRFT strongly recommends that.....for women who opt for mastectomy... provide access to the full range of reconstruction techniques most appropriate for her needs.





## Establishing a BC Breast DIEP service

#### **Current service arrangements**

- There is no DIEP flap reconstruction available to patients from SWBT and WHCT
- RWT access DIEP services via the private sector which is being slowly withdrawn from Nov 2025
- DGFT offer a limited delayed DIEP service, as capacity and capability has become available.

#### **Known Constraints**

- Workforce shortages e.g. type of consultant
- Capacity/Infrastructure e.g. theatre space
- Health inequalities e.g. no access from SWBT and WHCT

#### **Future expected benefits may include**

#### **Patient Benefits**

- Enhanced access to gold-standard reconstructive options
- Reduced waiting times, Improved health outcomes
- Improvement in **health inequalities** & patient experience

#### **Provider Benefits**

- Efficient use of resources
- Pooling of medical and clinical workforce into centres of expertise
- Improvement in workforce planning and staff development
- Reputation improvements resulting in staff retention and research opportunities

#### System-wide gains

- Cost savings by reducing reliance on private providers
- Improvement in health inequalities
- Improved workforce satisfaction and recruitment prospects
- Aligns with national policy
- Builds capability and a sustainable system approach





## **Business Case approved for:**

- New service agreed at 40 immediate unilateral and 10 immediate bilateral procedures
- Activity plan to be included in contract for 26/27 financial year
- Total new cost of service in the business case £709k, before any contribution to overheads
- New costs include;
  - 1.6wte Plastics Consultant
  - Anaesthetic and theatre time
  - 1wte SHO
  - 1wte Registrar
  - 1wte Clinical Nurse Specialist
  - 1wte Admin Support
  - Consumables, Pharmacy and cost of capital budget





## Local price agreement:

- Local price agreed with ICB, more than national tariff which has not caught up with the specialist cost of the service
  - Unilateral price £14,454
  - Bilateral price £21,682
  - Total income therefore expected to be circa £795k which provides a small contribution to the cost of establishing the elective hub or related costs
- The activity will be included in the activity plan for next year's contract and will be monitored through contract performance oversight processes during 26/27





## **Next steps for DGFT:**

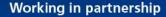
- Mobilisation Oct 2025 to March 2026
- Recruitment Nov 2025 to March 2026
- Implementation Q1 2026/2027 (t.b.c)





## Breast Unit Workshop Review

Syeda Alam
BCPC System Matter Expert



Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust







## The purpose of the workshop

- Strengthen breast service partnerships across the four Black Country Breast Units,
- Explore options and opportunities for workforce sustainability
- Enhance collaboration and improving sustainability
- Explore how equitable access of breast care provision across can be enhanced across the Black Country.





## **Objective**

To consider potential **collaborative** strategic options for future configuration, focusing on improving resilience across the region.



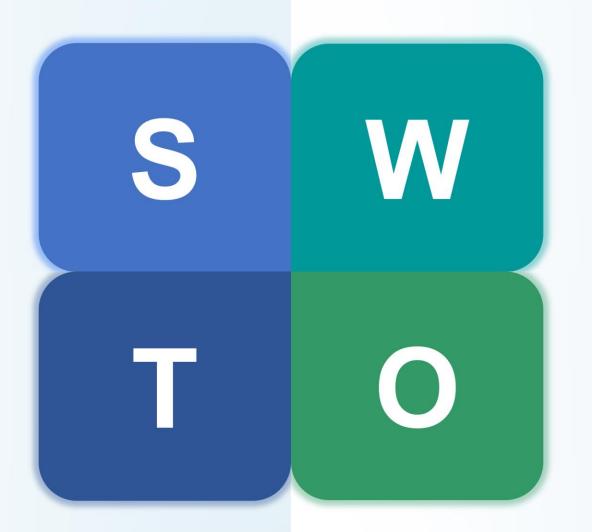


#### **Strengths**

- Comprehensive service provision by all 4 units
- Strong clinical performance
- Workforce expertise
- Mutual aid & SLAs
- Innovation & research

#### **Threats**

- Patient access & equity
- Recruitment & retention risk
- Service interdependencies
- Transition disruption
- Public & political perception



#### Weaknesses

- Workforce fragility
- Small capacity in some units
- Variability in performance
- IT fragmentation

#### **Opportunities**

- Collaborating into two Units
- Workforce redesign
- Digital integration
- Economies of scale
- Patient-centred pathways



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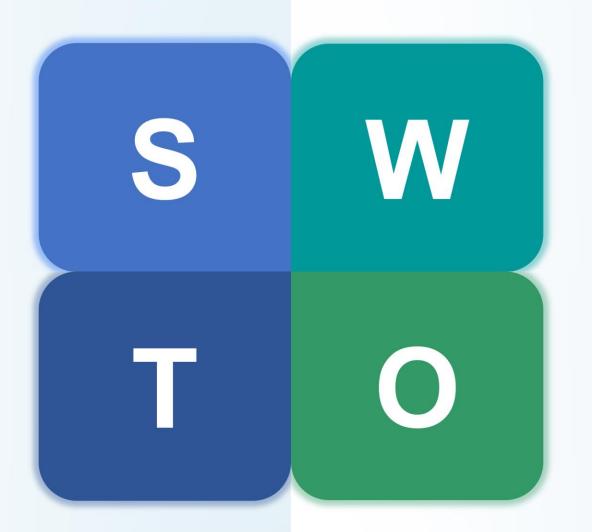


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#### Workshop Output Themes: Emerging challenges and key priorities



<ul> <li>Shared IT access and a live centralised regional dashboard for 2WW, theatre, GP (e-referral Service, ERS) and radiology capacity</li> </ul>
<ul> <li>Standardised job descriptions for CNS/SCP roles, navigator funding and cross-trust training, staff retention, staff rotation, succession planning, mentoring and secondments</li> </ul>
<ul> <li>Establish a Black Country Radiology Leadership Group and unified imaging protocols</li> </ul>
<ul> <li>Streamline oncology SLAs and strengthen governance for shared surgical planning</li> </ul>
<ul> <li>Implement a single regional 2WW triage and referral process</li> </ul>
<ul> <li>Celebrate success, share good practice and formalise network oversight through a centralised shared leadership BC Breast Network Board</li> </ul>

- These issues create duplication, uneven workloads and operational fragility, particularly within smaller units.
- It is anticipated that there will be positive outcomes to our key stakeholders; patients, trusts and the system if the key priorities are actioned.





## **Options Appraisal**

Option 1: Do nothing - Maintain current arrangements.

Option 2: Strengthened Partnership through collaborative working

**Option 3:** Consolidation of Breast Units





## **Next Steps**

- a) Utilise the Black Country Breast Network to oversee development of task and finish groups covering priorities identified.
- b) Review with the Breast Network any quick wins.
- Develop an outline partnership agreement defining shared standards, data metrics and escalation processes.
- d) Engage with the Cancer Alliance and Trusts to secure recurrent funding for key support roles.
- e) Evaluate progress quarterly during 2026 to inform any future options.





- 1. Were you aware of these developments?
- 2. How might we better promote the Breast DIEP service to our professionals and patients locally?
- 3. Are you and would like to be engaged with these ongoing developments





## Thank you.

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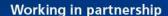


## Implementation of the system-wide lung cancer screening programme

Improving Early Detection of Lung Cancer in The Black Country

#### **Elaine Gilliland**

System Lead - Diagnostics Black country ICS



Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust







### **LCS Programme Overview**

To improve early detection of lung cancer among high-risk individuals in the Black Country

#### **Eligibility Criteria:**

Age: 55-74 years

Smoking history: Current or former smokers

Registered with a GP who is currently participating

Eligible participants will receive a letter inviting them to a lung screening appointment

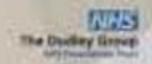




## Early Detection Saves Lives – Collaboration makes it possible

Collaboration is key — the programme's success relies on collective effort across the community.

- GPs: Crucial for identifying eligible participants and encouraging screening through trusted conversations.
- Community groups: Bridge the gap between services and underserved populations, build trust, and reduce stigma.
- Local businesses: Support awareness, promote workplace wellbeing, and remove access barriers (e.g., time off for screening).
- All partners have aligned goals, shared data responsibly, learned together, and coordinated efforts to save lives.



You may be offered an appointment to have a CT scan for further investigation.







## Performance August 2024 – September 2025

- The programme is 'live' across Sandwell Kingswinford & Wordsley, Brierley Hill, and Dudley & Netherton Primary Care Networks
- Current uptake rate 56.9% (national rate ≥50%)
- Conversion to high risk
   (following Telephone Triage)
   51% (national rate is 48%)
- Attendance rate F2F 95.2% (national rate ≥90%)
- Attendance of CT scan99.4% (national rate ≥90%)

Dudley	
Total Patients in Programme as of 30/09/2025	31,550
Eligible Patients (Smoking history recorded)	18,485
Ineligible Patients	13,065
Eligible patients (Smoking history recorded) invited to a Targeted Lung Health Check	18,463
Eligible patients (Smoking history recorded), invited, who completed a Health Check	10,283
Uptake Rates (99-05 / 99-04)	55.7%
Eligible patients (Smoking history recorded), invited, who had a Health Check with High-Risk Outcome	5,083
High Risk Conversion (99-07 / 99-05)	49.4%

Sandwell & West Birmingham	
Total Patients in Programme as of 30/09/2025	50,084
Eligible Patients (Smoking history recorded)	26,816
ineligible Patients	23,268
Eligible patients (Smoking history recorded) invited to a Targeted Lung Health Check	26,759
Eligible patients (Smoking history recorded), invited, who completed a Health Check	15,750
Uptake Rates (99-05 / 99-04)	58.9%
Eligible patients (Smoking history recorded), invited, who had a Health Check with High-Risk Outcome	8,342
High Risk Conversion (99-07 / 99-05)	53.0%





#### 18 Months - Confirmed Cancers

105 cancers have been detected in total to date (as of 31st August 2025) of which: -

- 81 Lung cancers 67% @Stage 1 & 2 all receiving rapid intervention.
- 24 Other Cancers e.g Breast, Renal, Upper GI, Lymphoma, Colorectal





### Incidental Findings – secondary care intervention

Bronchiectasis 14 Interstitial Lung
Abnormality
81

Consolidation 47

Pleural Effusion and Thickening 35

TB 2

Mediastinal Mass 66

Aortic Aneurysm 59

Breast Lesion 48

Liver or Splenic Lesion 80

Renal Lesion 96

Bone or Spinal Lesion/Fracture 98

Thyroid Abnormality 10

Adrenal Lesion 53

Upper GI Lesion 48 Pericardial Effusion 30

Lung Nodule 782 Aortic Valve Calcification 134

Other Lung Abnormality 9

Total 1985 Total Without Lung Nodules 1204





## Black Country LCS – An Integrated Care System Approach



#### **System-Wide Collaboration**

NHS, councils, Cancer Alliance, and community partners act as one system.



Shared data and governance across the ICS to ensure no community is left behind.

#### **Connected Pathways**

Screening embedded within Community
Diagnostic Centres and rapid access cancer services.

#### Prevention & Support

Lung health checks linked to smoking cessation and wider ICS prevention programmes.

Lives saved – earlier diagnosis & effective treatment Inequalities reduced – system targeting highest-need groups Healthier communities – prevention at the heart of ICS strategy







# Thank you & Questions.

https://blackcountryprovidercollaborative.nhs.uk/