

Submission to the Department of Health's Public Consultation 'Reshaping Breast Assessment Services' by the Women's Resource and Development Agency

Friday 30th Aug 2019

Introduction

The Women's Resource and Development Agency (WRDA) is a regional organisation operating across Northern Ireland, with a mission to advance women's equality and participation in society by working to transform political, economic, social and cultural conditions. The organisation was established in 1983 and focuses on working with women and community organisations located in disadvantaged and rural areas. WRDA is a membership organisation with over 190 members including women's groups, organisations and individual members.

WRDA welcomes the opportunity to provide our views to the Department of Health on the proposed changes to the delivery of breast assessment services in Northern Ireland. As any changes that are subsequently implemented will primarily impact on women, it is important that the voices of women are given due consideration in the decision making process, particularly those with lived experience of accessing the service.

WRDA is a member of the Women's Regional Consortium and as such we endorse the Consortium's comprehensive evidence as submitted by Siobhán Harding. This substantive response contains an excellent analysis of the concerns of women that engage with the community based women's sector. Indeed, the richness of the first hand qualitative data compiled by Siobhan through focus groups is to be commended. Paired with robust statistical analysis, the report is an excellent example of truly participative, high quality consultation. We urge the Department to carefully examine its contents.

WRDA wishes to supply some additional organisational views in light of our role delivering breast screening awareness raising workshops with women in the community. We are currently contracted by the PHA as part of their remit to address health inequalities through the delivery of a screening awareness programme. Each year around 30 women are trained by WRDA as Community Facilitators, to deliver breast, cervical and bowel cancer screening awareness sessions to groups in their own communities around Northern Ireland. As a result of participating in these awareness raising sessions, people have been prompted to make informed choices and present for screening, self-examine, pass information on to family and friends or seek advice and guidance from medical practitioners.

Working on statistics from the PHA, who identify geographical areas where screening uptake is low, we train women from within these targeted communities to deliver vital messages about cancer screening and health promotion, using a peer-to-peer model that ensures deeper engagement as community facilitators are viewed as role models or trusted and credible sources of information. They are seen to have an awareness of local issues, sharing similar life experiences and the same cultural norms as the participants they will work with. The sessions include identifying barriers that prevent women taking advantage of screening opportunities, explaining how to self-examine, describing what is involved in the screening services, and information on why screening saves lives.

Given our role addressing health inequalities and barriers relating to breast cancer diagnosis we are extremely concerned by this consultation. When we consider the proposal to reduce the number of assessment centres from 5 to 3 and in particular when we look at the locations of the 3 proposed centres, the central issue for us and the women that we work with is accessibility.

WRDA believes that the proposed model of delivery of breast assessment services would result in growing health inequalities for women from rural and disadvantaged communities in Northern Ireland, with particular impacts on women living in the South and South West, those without access to private transportation and those with dependents.

We echo the concerns raised by the Women's Regional Consortium that no consideration has been given to the barriers faced by women in rural areas, particularly those without access to a car. Women in rural areas are much less likely to own a car than their male counterparts and rely more heavily on public transport. Rural transport infrastructure is not meeting the needs of women in terms of enabling access to public services and it is consistently one of the top issues raised by rural women as evidenced in research by the Northern Ireland Rural Women's Network. Rural poverty is often under recognised and has been described as a 'hidden' poverty within Northern Ireland. Childcare availability is also reduced in rural areas with the Employers For Childcare survey revealing that Fermanagh is the county in which the highest percentage of families (86%) felt that there is not enough available childcare in their area. Given that women in the South West of NI will have to make the longest journeys for breast assessment services under the new proposals, those with dependents in that region are going to face additional barriers to being able to access the service.

We don't agree that the 3 locations proposed are enough to provide accessible care to every woman in Northern Ireland and in fact women in a large geographical area would be at severe disadvantage. Whilst we acknowledge that there are staffing pressures, we don't agree that simply reducing the number of assessment clinics is the best way to address these. Rather than reducing services to reflect the current level of resource, the department

should be allocating resources to meet the current level of demand for the service. That is the fundamental basis on which a health service should be designed.

WRDA believes that the proposals will lead to the fragmentation of breast cancer services and be detrimental to ensuring person-centred care with the level of continuity that women need.

While our awareness raising work deals primarily with screening, we regularly engage with women who have been through all stages of the screening, diagnosis and treatment of breast cancer. As is reflected in the Women's Regional Consortium paper, these women are very clear that continuity of care is vitally important while going through one of the most frightening and difficult experiences in their lives. We are concerned that the fragmentation of the assessment service will introduce barriers to women getting the best outcome from breast cancer services. There is also strong feeling among women we have spoken to who have direct experience of the services in the Belfast City Hospital and Craigavon Area hospital that it would be extremely counter-productive to close these high quality centres. In particular, removing assessment from the City Hospital, a centre of excellence in cancer care, seems completely nonsensical and definitely not an example of person-centred decision making.

WRDA believes it would be wrong of the Department of Health to use these proposed changes to the assessment service as a first step towards reducing breast cancer treatment locations.

We are concerned by the statement from the department that consultation on treatment services is likely to follow in the future. We share the suspicions of many of the women we have spoken to that these proposals mark a first step towards further reductions in breast cancer services and we would caution the department that the issues raised around accessibility, health inequality and poorer outcomes for women in rural and disadvantaged areas will be vastly increased if treatment services are to be concentrated in a similar way. We believe that if this is the direction of travel, women will die as a direct result and many others will suffer additional stress, financial hardship and disruption to their recovery.

WRDA urges the Department of Health to completely reconsider the proposed changes to breast assessment services. Alternative solutions to the sustainability challenges can be found if the department works in a more genuinely participative way with both service users and the medical practitioners who deliver the service on the ground.

As an organisation that is pleased to work with the department through the PHA to support women's access to breast cancer services and reduce health inequalities, we are saddened to see the amount of distress these proposals have caused to women, particularly those we work with who already face additional barriers to accessing services. We hope that the department will take on board the evidence that these proposed changes are not welcome and will cause more inequality of outcome for women in the long term.