

# **PE2128/A: Increase funding for post mastectomy (delayed) breast reconstructions and ensure that waiting time information is accurate**

## **Scottish Government written submission, 8 January 2025**

The Scottish Government is grateful for the opportunity to contribute towards the Committee's consideration of this petition.

Breast reconstruction following treatment for breast cancer is routinely performed by the NHS and can occur immediately following mastectomy in a single operation or may be delayed until a future date to allow time for full recovery from the first operation and any other treatments.

During the pandemic it was necessary for Health Boards to pause routine surgeries to concentrate efforts on caring for patients seriously unwell with COVID-19 and to mitigate the spread of the virus. In a [statement](#) on 27 April 2020, the Association of Breast Surgery (ABS) released recommendations for breast surgery practice. Benign breast surgery, prophylactic surgery and delayed reconstruction were put on hold, and immediate breast reconstruction was only offered under strict criteria based on the assessment of risk, leading to a number of women only having immediate cancer treatment with reconstruction to be undertaken at a later date.

Routine services, including breast and plastic surgery services, were remobilised following the pandemic.

Reconstructive surgery may involve placing an implant under the skin of the chest wall (implant-based reconstruction) or replacing the breast with tissue from another part of the body, most commonly the lower abdomen (free-flap reconstruction).

Implant-based breast reconstruction is generally a short procedure with short recovery.

The free-flap procedure is a complex surgery requiring highly specialised plastic surgery services which are only available at the four main plastic surgery centres across Scotland (Aberdeen, Dundee, Edinburgh and Glasgow). This can take many hours to complete, in some cases up to four theatre sessions, and requires significant operative skill, along with input from both breast and plastic surgery, with skilled aftercare and intensive flap monitoring and associated bed resource also required.

At the current time, Health Boards are continuing to see a growing volume of cancer and clinically urgent cases, including the number of immediate reconstruction cases for breast cancer. Plastic surgery services are therefore concentrating efforts on treating patients with trauma and/or active cancers.

For these reasons, it is difficult for Health Boards to only prioritise delayed reconstructive surgery, particularly for patients awaiting free-flap surgery.

Regrettably, this has meant that patients waiting for non-urgent reconstructive surgery are waiting longer for the care they need.

As part of our £30 million additional investment in planned care in 2024-25, the Scottish Government allocated funding to several Health Boards to treat patients awaiting risk-reducing mastectomy and immediate reconstruction. Building on this work, we are currently working with Health Boards to develop a plan for patients waiting for delayed reconstructive surgery.

The 2025-26 Scottish Budget proposes further performance improvements with almost £200 million to reduce waiting lists and help support reduction of delayed discharge. It is our intention to allocate a part of this funding towards delayed reconstructive breast surgery. However, we must also recognise that it may take some time for these procedures to return to acceptable levels due to the volume of theatre time required.

We expect clinicians to inform patients of the anticipated waiting time across all specialities and procedures before they consent to surgery. Following this, Health Boards are expected to write to patients when they are added to a waiting list for treatment to provide an estimation of their treatment date.

Our revised [Waiting Times Guidance](#), published in December 2023, includes a standard package of communications that all Health Boards should be providing. This will ensure that patients are provided with clear communications throughout their care journey setting out what they should expect and their responsibilities while they are waiting for their appointment.

The updated Waiting Time Guidance came into effect from 4 December 2023 and we expect the principles contained within the guidance to be followed from this date; however a transition period is required to allow full implementation of all changes by Health Boards and some recommendations may take longer to implement than others.