Recommendations

In addition to the recommendations outlined below, we expect all teams to have reviewed their GIRFT breast surgery data pack and visit reports to:

- understand how they compare with national activity and outcome data;
- explore why their data may demonstrate variation; and
- take appropriate steps to ensure that their clinical coding and general data capture (e.g. appropriate use of relevant treatment function codes (TFCs)) reflects their service.

It is also anticipated breast surgery teams will have registered with the Model Hospital data platform (model.nhs.uk) and be able to monitor their activity and outcomes for key clinical metrics. Examples may include (but are not limited to): breast reconstruction rates and bilateral mastectomy rates. For index procedures: outpatient attendances at 1 and 5 years, day surgery rates and length of stay, as well as unplanned return to theatres within 30 days of surgery and implant removal rates at 12 months.

We have used GIRFT Hospital Episode Statistics (HES) derived national rates as benchmarks for activity and outcomes wherever possible. Quality standards from other sources are clearly indicated. Below outlines the supporting actions, target timescales and owners for each of our recommendations.

Recommendation	Actions	Owners	Timescale
Core Recommendation **1. Ensure that new breast patient referral and assessment pathways are timely and centred around the individual with the aim of providing the best outcomes and experience.**	**a** Provide primary care support and guidance to allow best use of the access pathway.	Trusts / commissioners / Cancer Alliances	For immediate action
	b Ensure that access and assessment pathways are evidence-based, risk-adapted and standardised to support safety and cost efficiency.	Trusts / commissioners/ Cancer Alliances	For immediate action
	c Redesign and pilot breast clinic access (referral) and assessment pathways to further reduce barriers to early diagnosis, support the Faster Diagnosis Standard and allow patient choice. Ensure new ways of working are audited.	Trusts / commissioners / Cancer Alliances	For immediate action
	d GIRFT to work with specialty associations and Cancer Alliances to identify the workforce requirements associated with pathway redesign.	GIRFT to work with specialty associations and Cancer Alliances	For immediate action
	e Ensure that breast MDTs have a link to a plastic surgeon.	Trusts / commissioners / Cancer Alliances	For immediate action
2. Support better self-management through public health messaging at both national and local levels which emphasises breast health and targets breast cancer awareness messages at those at greatest risk.	**a** Ensure that public health messaging focuses on groups underserved by existing initiatives (e.g. older age, BAME) in regard to breast health and awareness to encourage early healthcare engagement for any breast issues.	GIRFT to work with breast cancer charities, patient groups and primary care	For completion within 24 months of publication of the GIRFT report
	b Support and promote breast health awareness in the younger age groups.	GIRFT to work with breast cancer charities, patient groups and primary care	For completion within 24 months of publication of the GIRFT report
	c Align and collaborate with other health education initiatives aimed at supporting better understanding of women's and men's health.	GIRFT	For completion within 24 months of publication
	d Develop educational tools and materials to support public health messaging as outlined in the NHS Long Term Plan.	Primary care, NHS England and NHS Improvement, with support from relevant specialty associations	For completion within 24 months of publication of the GIRFT report

Recommendation	Actions	Owners	Timescale
3. Reduce unnecessary outpatient attendances for follow-up.	**a** Trusts to complete or implement the introduction of personalised stratified follow-up.	Trusts / commissioners	For completion within 12 months of publication of the GIRFT report
	b All trusts to have robust, up-to-date and highly digital Remote Monitoring Systems for patients on a personalised stratified follow-up pathway with 'call and recall' and 'right-results' systems or capabilities.	Trusts	For completion within 12 months of publication of the GIRFT report
4. Ensure that no breast surgery patients stay in hospital longer than is medically necessary.	**a** Increase day surgery rates for key index procedures to meet or exceed BADS target of 95% for simple breast excision and 75% for both oncoplastic excisions and mastectomy.	Trusts	For completion within 12 months of publication of the GIRFT report
	b Reduce median* and long length of inpatient stay for breast reconstruction by, for example, introducing enhanced recovery programmes with the aim of enabling patients to return home sooner. **In regard to implant-based reconstruction, the GIRFT benchmark is a median of two days, with less than 20% of patients at three days or more. In regard to free flap reconstruction, the GIRFT benchmark median is six days, with less than 20% of patients staying seven or more days.*	Trusts	For completion within 12 months of publication of the GIRFT report
	c Trusts to consider day case surgery for selected patients undergoing mastectomy and implant-based reconstruction, if deemed appropriate for the patient.	Trusts	For completion within 12 months of publication of the GIRFT report
Core Recommendation **5.** Ensure equity of access to: • oncoplastic surgery to support safe breast conservation; and • breast reconstruction, with the aim of reducing variations in immediate reconstruction rates and variable access to free flap econstruction techniques. (Breast MDTs should have a link to a plastic surgeon).	**a** Establish oncoplastic MDTs in every breast and plastic surgery unit (virtual/real).	Trusts / commissioners	For immediate action
	b MDTs to support breast conservation regardless of age whenever safe and desirable. They could for example consider using: • primary systemic therapies to support conservation when clinically indicated. • oncoplastic breast conservation when appropriate. Where access is not available on site, alternative providers must be offered through oncoplastic networks.	Trusts	For immediate action
	c Trusts to provide access to all index methods of reconstruction, (following NICE guideline NG101) and outsourcing reconstruction where necessary.	Trusts	For immediate action
	d ICS/STPs to work with oncoplastic MDTs to examine facilitators and barriers to immediate reconstruction and free flap reconstruction.	ICS/STPs	For immediate action
	e ICS/STPs to conduct needs assessments and plan capacity between breast and local plastic surgery units with the aim of: • achieving an immediate breast reconstruction rate of 25% (GIRFT national rate), whether performed onsite and/or outsourced • ensuring at least 30% (GIRFT national rate) of immediate breast reconstructions are free flap.	ICS/STPs	For immediate action

Recommendation	Actions	Owners	Timescale
6. Reduce unplanned readmissions and returns to theatre.	**a** Oncoplastic surgery teams to ensure 30- and 90-day unplanned admissions and return to theatres rates are within the median quartile (GIRFT national benchmark).	Oncoplastic surgery teams within trusts	For completion within 12 months of publication of the GIRFT report
	b Oncoplastic surgery teams to ensure unplanned implant removal rates at 1 year are 7.5% or below (GIRFT national benchmark). (The target is 5% or less in accordance with the oncoplastic guidelines.	Oncoplastic surgery teams within trusts	For completion within 12 months of publication of the GIRFT report
	c Plastic surgery teams to reduce unplanned free flap return to theatres to UKNFR rates of 7%.	Plastic surgery teams	For completion within 12 months of publication of the GIRFT report
7. Incorporate PROMs for all oncoplastic, reconstructive and related surgery as well as for aesthetic breast surgery.	**a** Trusts to consider the adoption of the BreastQ questionnaire, or similar, as a standardised means of gathering PROM data.	Trusts	For completion within 12 months of publication of the GIRFT report
Core Recommendation **8. Ensure that no patients undergo more surgery than is necessary.**	**a** Reduce excisional surgery rates for benign/normal conditions to 25% or less of total excisional surgery (GIRFT national rate) by following ABS guidelines and GIRFT best practice exemplars.	Trusts	For immediate action
	b Reduce repeat surgery after wide excision for cancer, aiming towards repeat surgery rates of 10% or less (as recommended by the American Society of Breast Surgeons).	Trusts	For immediate action
	c Minimise adjustment and revision surgery, following ABS, BAPRAS and Breast Cancer Now 'Guidance for the Commissioning of Oncoplastic Breast Surgery'.	Specialty associations	For immediate action
	d Limit bilateral mastectomy for unilateral cancer to when clinically indicated and ensure ABS guidelines and NICE guideline CG164 Familial breast cancer are followed. There must be clear documentation regarding the rationale and benefits (e.g. symmetry) and more specially: • all trusts must provide clear information to patients with unilateral breast cancer to support shared decision making regarding the benefits and risks of bilateral mastectomy +/-reconstruction • all requests or recommendations for bilateral mastectomy (for unilateral cancer) and immediate breast reconstruction must undergo MDT review.	Trusts	For immediate action

Recommendation	Actions	Owners	Timescale
9. Reduce admissions/ surgery for mastitis to 1% or less of admissions captured under the OPCS codes for excisional breast surgery.	**a** MDTs to develop a plan to reduce their admissions for non-surgery related breast infections and breast interventions.	Trusts and primary care	For completion within 12 months of publication of the GIRFT report
	b MDTs to work with local healthcare providers, A&E departments and on call surgery teams to reduce the need for emergency hospital admissions for non life-threatening breast infections.	Trusts and primary care	For completion within 12 months of publication of the GIRFT report
	c Specialty associations to develop a best practice pathway for the management of non-surgical breast infections which reflects the NICE guideline CG37 Postnatal care up to 8 weeks after birth.	Specialty associations	For completion within 24 months of publication of the GIRFT report
10. Reduce inequity in access to aesthetic breast surgery for congenital, developmental and acquired anomalies.	**a** Commissioning criteria for aesthetic breast surgery for congenital, developmental and acquired anomalies to be consistent, and applied consistently.	Commissioners	For completion within 24 months of publication of the GIRFT report
11. Improve the consistency and accuracy of data capture in HES.	**a** Trusts to capture at least 95% of admissions for (oncoplastic) breast surgery using TFC 103 or TFC160.	Trusts	For completion within 12 months of publication of the GIRFT report
	b Trusts to capture at least 95% of breast excision procedures under the appropriate breast surgery or radiology TFC.	Trusts	For completion within 12 months of publication of the GIRFT report
	c Specialty associations, coding bodies and others to work together to identify a solution that enables trusts to capture at least 95% of outpatient attendances for (oncoplastic) breast surgery using TFC103.	Specialty associations, coding bodies and others	For completion within 24 months of publication of the GIRFT report
	d NHS Digital to develop means of accurately recording and coding cross-disciplinary/multi-disciplinary surgery, for example by allowing the use of multiple appropriate TFCs for a single procedure.	NHS Digital	For completion within 24 months of publication of the GIRFT report
	e GIRFT to work with specialty associations and NHS Digital to develop guidance on standardising the use of OPCS and ICD codes with particular regard to oncoplastic reconstructive surgery, where necessary.	GIRFT, specialty associations, NHS Digital	For completion within 24 months of publication of the GIRFT report
12. Ensure that HES and NCRAS patient level data is linked to support outcome monitoring.	**a** GIRFT and NHS England to work together to continue to link NCRAS and HES data, to enable better case mix adjusted comparison of breast conservation, repeat surgery rates and the impact on local recurrence rates.	GIRFT and NHS England	For completion within 24 months of publication of the GIRFT report

Recommendation	Actions	Owners	Timescale
13. Improve the consistency and accuracy of data capture in the BCIR and UKNFR with the aim of 95% completeness within three months of surgery.	**a** BCIR and UKNFR data submission to become mandatory for all providers who use breast devices/flaps, including data about surgical meshes used in breast surgery.	Trusts / commissioners	For completion within 12 months of publication of the GIRFT report
	b GIRFT to work with NHS Digital and others to consider options to improve data capture processes	NHS Digital	For completion within 24 months of publication of the GIRFT report
	c Specialty associations to work with trusts and commissioners to develop a framework to allow the safe introduction of new devices and techniques – 'No innovation without evaluation'.	Specialty associations, trusts, commissioners	For completion within 24 months of publication of the GIRFT report
	d GIRFT to explore how BCIR and UKNFR data can be linked to HES and Spend Comparison Service, to avoid duplication and enrich data collection on outcomes.	GIRFT	For completion within 24 months of publication of the GIRFT report
	e CQC to support GIRFT in ensuring that providers capture and enter at least 95% of data into the breast implant and flap registries.	CQC	For completion within 24 months of publication of the GIRFT report
14. Enable improved procurement of devices and consumables through cost and pricing transparency, aggregation and consolidation, and by sharing best practice.	**a** Use sources of procurement data, such as Spend Comparison Service and relevant clinical data, to identify optimum value for money procurement choices, considering both outcomes and cost/price.	GIRFT	Within 24 months of publication of the GIRFT report
	b Identify opportunities for improved value for money, including the development of benchmarks and specifications. Locate sources of best practice and procurement excellence, identifying factors that lead to the most favourable procurement outcomes.	GIRFT	Within 24 months of publication of the GIRFT report
	c Use Category Towers to benchmark and evaluate products and seek to rationalise and aggregate demand with other trusts to secure lower prices and supply chain costs. At least 80% of NHS spend in breast surgery to be channelled through NHS Supply Chain, and market dominance issues addressed.	Trusts, commissioners, GIRFT	Within 24 months of publication of the GIRFT report
15. Reduce litigation costs by application of the GIRFT programme's five-point plan.	**a** Clinicians and trust management to assess their benchmarked position compared to the national average when reviewing the estimated litigation cost per breast surgery admission. (Trusts will receive this information in the GIRFT 'Litigation data pack').	Trusts (clinicians and trust management)	For immediate action
	b Clinicians and trust management to discuss with the legal department or claims handler the claims submitted to NHS Resolution included in the data set to confirm correct coding to that department. Inform NHS Resolution of any claims which are not coded correctly to the appropriate specialty via *CNST.Helpline@resolution.nhs.uk*	Trusts (clinicians and trust management)	Upon completion of 15a

Recommendation	Actions	Owners	Timescale
15. (continued) Reduce litigation costs by application of the GIRFT Programme's five-point plan.	**c** Once claims have been verified clinicians and trust management to further review claims in detail including expert witness statements, panel firm reports and counsel advice as well as medical records to determine where patient care or documentation could be improved. If the legal department or claims handler needs additional assistance with this, each trusts panel firm should be able to provide support	Trusts (clinicians and trust management)	Upon completion of 15b
	d Claims should be triangulated with learning themes from complaints, inquests, and serious untoward incidents (SUI)/ serious incidents (SI) / patient safety incidents (PSI) and where a claim has not already been reviewed as SUI/SI/PSI we would recommend that this is carried out to ensure no opportunity for learning is missed. The findings from this learning should be shared with all front-line clinical staff in a structured format at departmental/directorate meetings (including Multidisciplinary Team meetings, Morbidity and Mortality meetings where appropriate).		Upon completion of 15c
	e Where trusts are outside the top quartile of trusts for litigation costs per activity, GIRFT will be asking national clinical leads and regional hubs to follow up and support trusts in the steps taken to learn from claims. They will also be able to share with trusts examples of good practice where it would be of benefit.	GIRFT	Ongoing
16. Identify breast surgery clinical negligence claims at a national level to allow early detection of variation in breast surgery.	**a** NHS Resolution, supported by GIRFT, to categorise clinical negligence claims related to the specialty of breast surgery to enable these claims to be differentiated from general surgery and improve taxonomy of claims so that surgery of the breast can be easily identified when carried out by other specialties outside of breast surgery.	NHS Resolution, supported by GIRFT	For immediate action as part of the review of NHS Resolution's clinical coding of claims and core system review supported by GIRFT.
17. Align breast surgery workforce recommendations to the NHS People Plan	**a** Oncoplastic breast and plastic surgeons to practice at the top of their licence which includes: • all WTE oncoplastic breast surgeons to be allocated at least two, and ideally three operating sessions a week. • trusts to address over-reliance/utilisation of oncoplastic breast surgeons to support non-surgical activities.	Trusts	For completion within 24 months of publication of the GIRFT report
	b Ensure training for breast and plastic surgery trainees is fit for purpose.	HEE, the GMC and Royal Colleges	For completion within 24 months of publication of the GIRFT report
	c Address the shortage of trained microvascular plastic surgeons, so that free flap reconstructions are available more widely and equitably.	Specialty associations, working with HEE and the GMC	For completion within 24 months of publication of the GIRFT report
	d Specialty associations to work with the GMC to develop a road map for the further development of training in oncoplastic breast surgery.	Specialty associations to work with the GMC	For completion within 24 months of publication of the GIRFT report

Statements of principle

Statements of principle which relate to the core recommendations have been included in the report at appropriate points to set the tone of the evidence discussed.