GIRFT breast pathways

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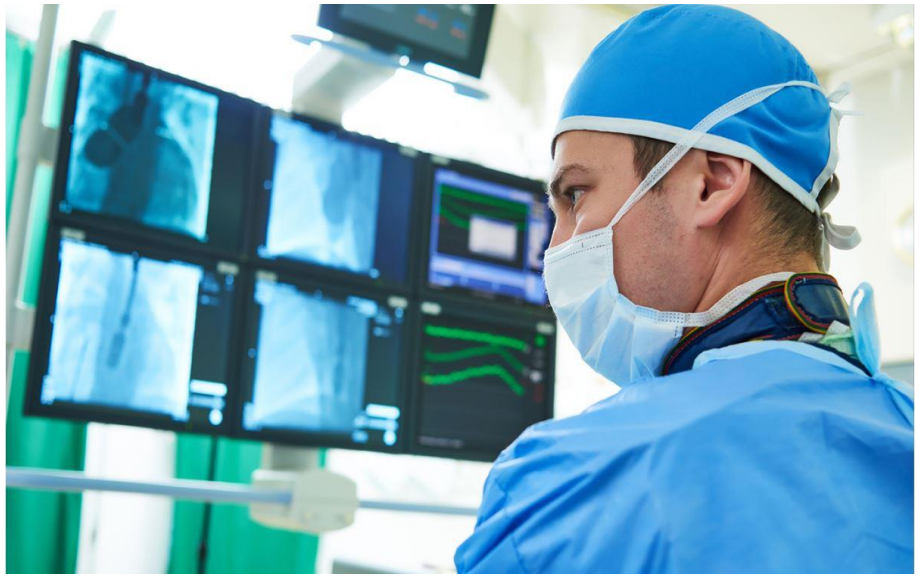

GETTING IT RIGHT FIRST TIME

Breast Surgery

GIRFT Programme National Specialty Report

by Fiona MacNeill, Clinical Lead
and Tracey Irvine, Senior Clinical Advisor

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GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust, NHS England and NHS Improvement

GIRFT visits

- Almost every unit struggling with volume of referrals
- Having to see patients outside one stop to meet two week targets
- Report data:
  - Over half a million referrals per year
  - Referrals increased 20% in 3 years 42000 to 50000 a month (2015-18)
  - Conversion remained relatively stable at 5%
  - No other possible routes for referral for non urgent symptoms
- Huge variation in performance
- Units developing their own solutions
- Direct access referrals, age specific pathways, mastalgia pathways in report

GIRFT core recommendation

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

Best Practice Timed Pathway (BPTP)

Faster diagnostic pathways: Implementing a timed breast cancer diagnostic pathway

Guidance for local health and social care systems. Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways, reduce variation, improve patient experience of care, and meet the Faster Diagnosis Standard (FDS). The guidance is intended for NHS organisations and their staff to adopt consistent, system-wide approaches to managing cancer diagnosis pathways and sets out how cancer diagnosis and treatment planning within 28 days can be achieved.

Version 1, 14 July 2023

GETTING IT RIGHT FIRST TIME

BPTP Philosophy

- Triage of referrals to protect one stop
- Improve pathway for those who need triple assessment
- Allow development of pathways within FDS for those who do not need intensive imaging assessment
- See the right patient in the right care setting
- Receptor status to be available at diagnosis
- Workforce planning to meet the FDS…

Breast cancer diagnostic pathway

Faster Diagnostic Standard

The new standard is intended to:

- reduce the time between referral and diagnosis of cancer. The timed pathway sets the expectation that a breast cancer diagnosis includes the tumour receptor status, including HER2. Communicating the cancer or non-cancer diagnosis to the patient is required to stop the 28-day clock as specified within the CWT guidance.
- help reduce anxiety for the cohort of people who will be diagnosed with cancer or have cancer ruled out.
- reduce unwarranted variation in England by understanding how long it is taking people to receive a diagnosis or have cancer ruled out.
- represent a significant improvement on the previous two-week wait to first appointment target, and a more person-centred performance standard.

One Stop Clinic (OSC)

One of the benefits of the new standard is optimised referral triage to ensure effective use of limited resources in the one stop breast clinic.

The challenge is to manage all patients referred with breast symptoms appropriately. Those with suspected cancer should be seen in a 'one stop clinic' with same day access to clinical examination, mammography, ultrasound and biopsy.

Non-suspected cancer pathways should maintain close links into OSC services and refer any patients on the pathway that present with red-flag symptoms. Pathways should be developed in line with existing models of care which have already been evaluated, as well as best practice more broadly.

Benefits of pathway change

For systems:

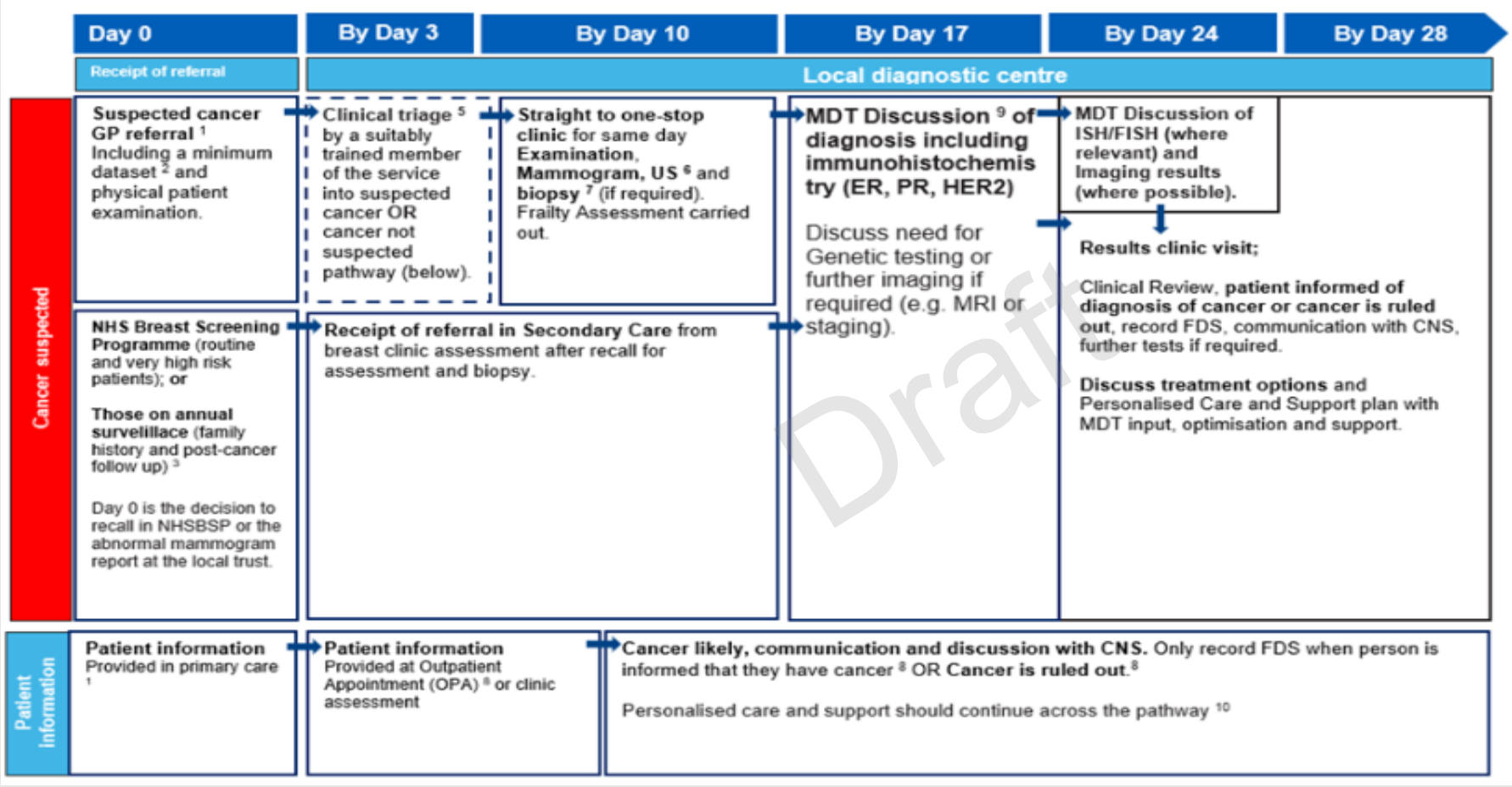
- Effective management of patients who are not suspected to have cancer will reduce demand on imaging and pathology services.
- Improved quality, safety, and effectiveness of care with reduced variation and improvement in outcomes.

For clinicians:

- Access to appropriate pathways that better meet the needs of people referred with breast symptoms where cancer is not suspected, and allow for imaging and pathology resources to be focused on urgent referrals where cancer is suspected.

Breast cancer diagnostic pathway

28-day best practice timed pathway (cancer suspected)



Key points

Any urgent GP referrals for suspected cancer that are diagnosed as metastatic disease with an unknown primary are still covered by the FDS.

A referral for Breast Screening Assessment would only be made after there is consensus that the patient needs to be assessed, whether this is by the initial two readers or after arbitration.

NB: numbers on the pathway link to the detailed information section of the Breast Cancer Best Practice Timed Pathway Guidance document.

Breast cancer diagnostic pathway

Cancer not suspected

The purpose of the 'cancer not suspected' pathways is to reduce unnecessary and inappropriate imaging, to make the most effective use of limited resources.

A number of different models have been suggested and examples can be found in the GIRFT Breast Surgery National Specialty Report. Any new models need robust evaluation to ensure they meet the needs of patients. The Association of Breast Surgery (ABS) are developing a platform to support the evaluation of breast pain pathways (see link below).

Patient experience of care

One of the benefits of the pathway for patients is care and support that meets the needs of those in whom breast cancer is not suspected but are experiencing significant issues with their breasts, using evidence based clinically robust models of care delivery and subject to evaluation.

See ABS position statement on Breast Pain.

Cancer Alliances should ensure that any pathways set up to manage patients with breast pain, gynaecomastia and other non-suspected cancer referrals meet the needs of those patients and are delivered in the most clinically appropriate setting.

Conversion rates

For England in 2020/21 the percentage of urgent breast referrals which resulted in a diagnosis of cancer was as follows:

- 5.7% for TWR/urgent breast cancer referrals
- 1.3% for breast symptomatic referrals

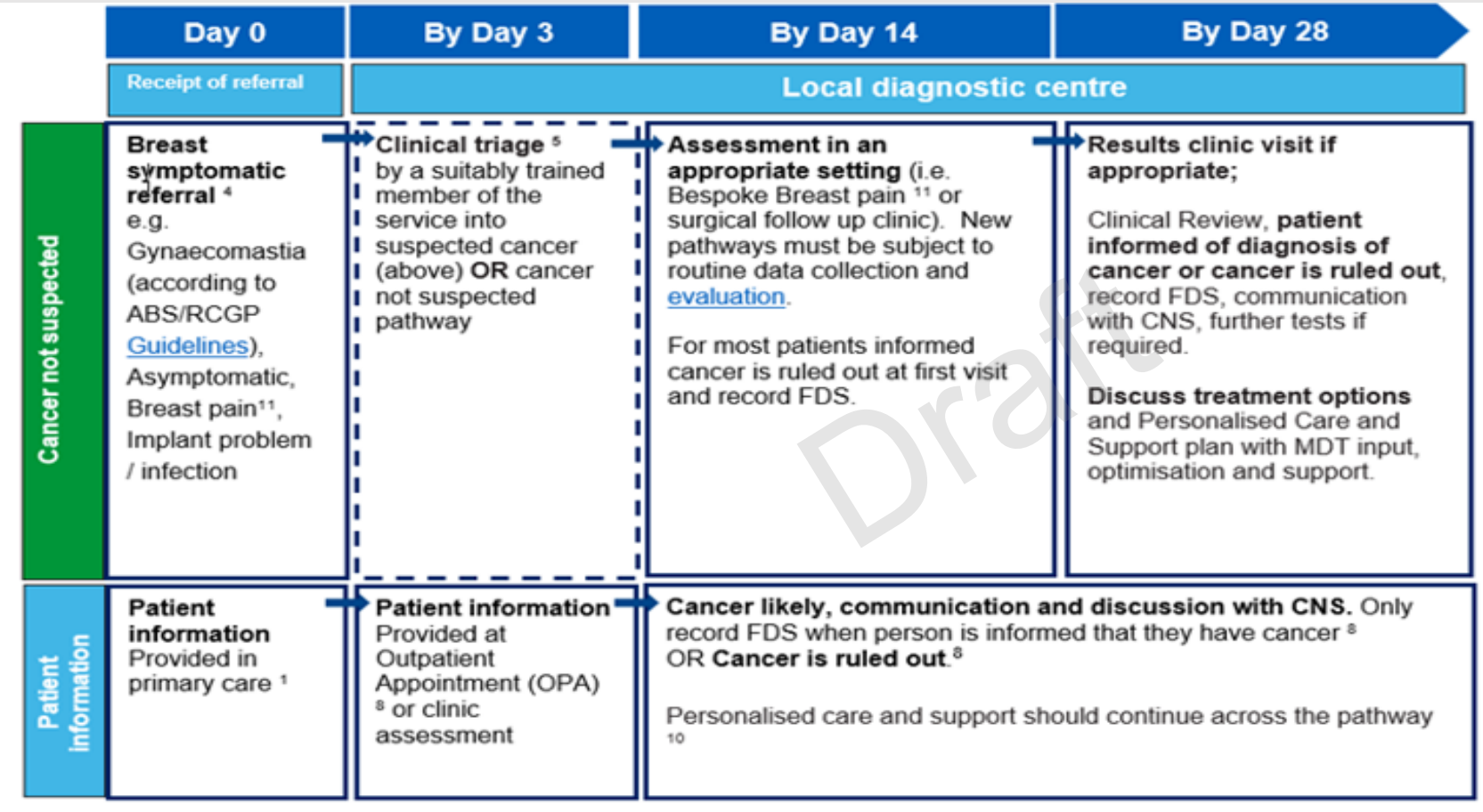
This was in comparison to a national rate of 7% for all tumour sites during the same period.

The lower conversion rate for referrals for breast symptoms shows that triage is effective.

Resources

- NHSE Implementing a timed breast cancer diagnostic pathway
- ABS Breast Pain Pathway Rapid Evaluation
- Cancer Conversion Data
- GIRFT National Report on Breast Surgery
- ABS Summary Statement: Gynaecomastia
- Cancer Alliance FutureNHS workspace

28-day best practice timed pathway (cancer not suspected)



If cancer is suspected, refer straight to one-stop clinic / MDT on same day (parallel clinic) or next available.

These patients should still receive their cancer diagnosis as per FDS, by Day 28.

Clinical triage

Clinical triage can be done by a suitably trained member of the service. People who attend an outpatient appointment should, if possible, have same day investigations to reduce repeat visits and improve experience.

NB: numbers on the pathway link to the detailed information section of the Breast Cancer Best Practice Timed Pathway Guidance document.

Resources

https://associationofbreastsurgery.org.uk/professionals/audit/getting-it-right-first-time-girft/

www.gettingitrightfirsttime.co.uk

https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fcanc%2Fview%3FobjectId%3D164174853

https://www.england.nhs.uk/publication/rapid-cancer-diagnostic-and-assessment-pathways/
https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/10/BestPracticeTimedDiagnosticCancerPathwaysSummary-Guide-FINAL-V2-Oct-23-1.pdf