Greater Manchester Mastalgia Pathway

18th October 2023

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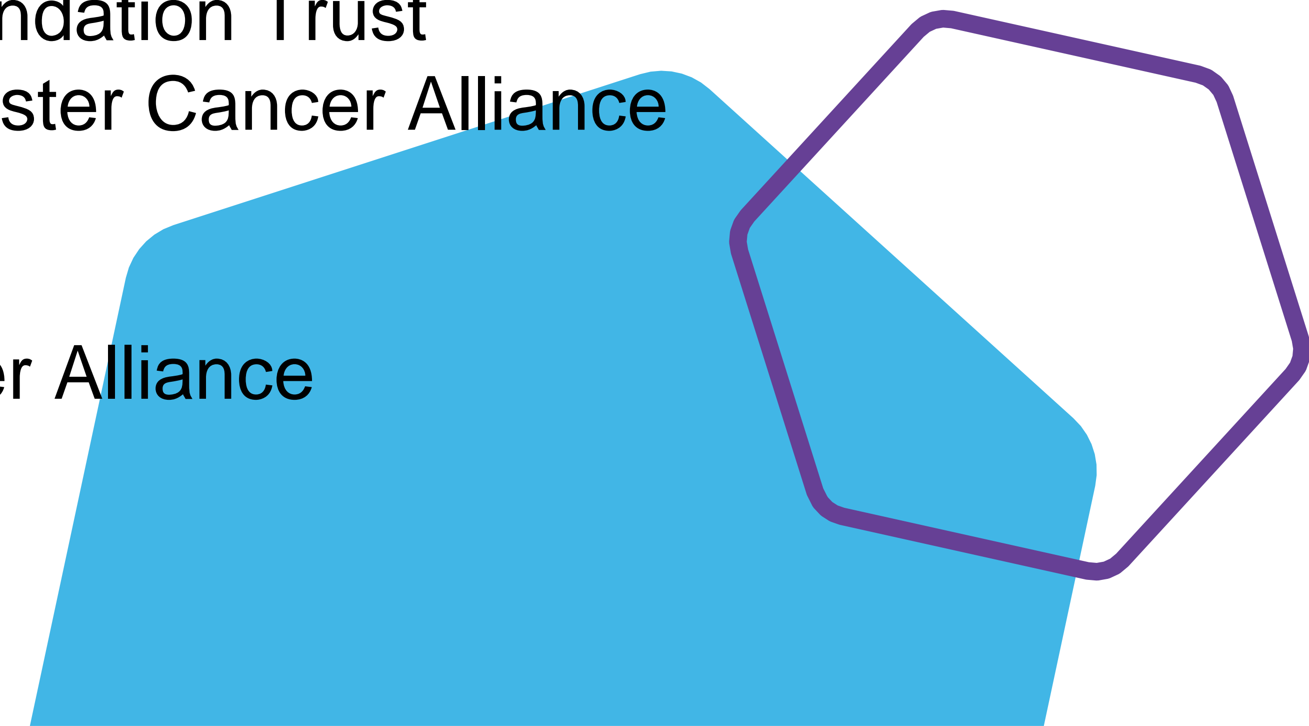
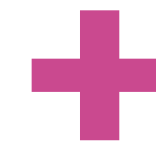


The threat to system sustainability

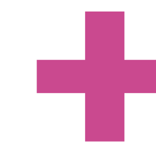
- Increasing breast referrals into secondary care
- More people are being diagnosed with primary and secondary breast cancer
- More treatment options and more complexity of treatments
- National workforce gaps and recruitment difficulties in specific specialties
- Workforce not working at the top of their skill set
- Challenge of CWT standards and cancer targets of the NHS Long Term Plan
- *'Cancer not suspected'* referrals were to be seen within 14 days and now included in FDS (Faster Diagnostic Standard)

More patients

More treatment



Less workforce



Less time

Delivering Cancer Waiting Time Standards

- Prior to COVID pandemic, 20% of breast referrals were for mastalgia[1]
- Manchester study showed 0.4% patients with mastalgia have breast cancer[2]
- 10% of breast referrals were for nipple discharge[1]
- 30% of women can elicit discharge on examination[3]

Opportunity to release significant capacity from resource intensive rapid diagnosis clinic

Opportunity to spare patients from unnecessary breast examination and imaging

1. Multi-centre local audit reported by providers to the Greater Manchester Cancer Alliance 2018-2019
2. Dave RV et al. No association between breast pain and breast cancer: a prospective cohort study of 10 830 symptomatic women presenting to a breast cancer diagnostic clinic. Br J Gen Pract. 2022 Mar 31;72(717):e234-e243. doi: 10.3399/BJGP.2021.0475. Print 2022 Apr. c
3. Leis HP, Greene FI, Cammarata A, et al. Nipple discharge: surgical significance. South Med J 1988; 81:22-5.

COVID-19 Pandemic - opportunity to change

- Manchester University Foundation Trust (MFT) and Bolton NHS Foundation Trust developed Advanced Nurse Practitioner led telephone pathways for mastalgia patients during COVID

- Outcomes and patient reported satisfaction data was collected by MFT and recently published in Annals of the Royal College of Surgeons of England

- The study concludes that patients referred with mastalgia can be safely assessed through a telephone clinic

- Advanced Nurse Practitioners at MFT winners of Nursing Times award in the cancer nursing category

Publication

Efficient management of new patient referrals to a breast service: the safe introduction of an advanced nurse practitioner-led telephone breast pain service

Authors: KS Ellis, CE Robinson, R Foster, H Fatayer, and A Gandhi

Publication: The Annals of The Royal College of Surgeons of England
Ahead of Print https://doi.org/10.1308/rcsann.2023.0056

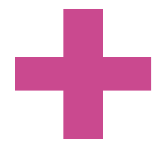
Results:

- Within 23 months, 1,427 women were assessed in the breast pain telephone assessment clinic
- 863 (61%) were aged over 40 and 564 (39%) aged under 40
- 1,238 underwent telephone assessment
- 7 women (0.6%) were diagnosed with a breast malignancy
- Patient satisfaction survey indicated that 93% of patients were satisfied with the care received and 97% said they would recommend the service to a family member or friend

The threat to system sustainability

More patients

More treatment



Less workforce

Less time

October 2021: Request from the system to consider solutions to improve the sustainability of breast services

System collaboration to sustain services

Leadership

- Provider Federation Board requested a review of breast transformation options
- Breast Steering Group chaired by Manchester Foundation Trust Medical Director
- Clinical Leadership through the Cancer Alliance

Clinical engagement

- Series of clinical engagement workshops
- Radiology
- Histopathology
- Surgery
- Oncology

System agreement

- Provider Federation Board
- Cancer Board
- Medical Directors
- COOs
- CFOs
- Cancer Alliance Breast Pathway Board

Regional implementation

- Delivery led by Cancer Alliance Breast Pathway Board
- Supported by the Cancer Alliance *'whole pathway'* structure
- All six breast providers implementing model simultaneously

Breast Service: Model of Sustainable Care

Greater Manchester
Cancer Alliance

This symbol indicates a part of the Model of Care that is supported by the regional GPER programme.

ETIP –Endocrine Therapy Improvement Programme
Increasing equity of access to risk-reducing endocrine medication and supporting patients to live well whilst taking endocrine treatment.

Mastalgia pathway
Primary care education
Referral management
ETIP
Estates
Radiology workforce expansion
NBIA
Workforce
Pathway efficiencies
Genomics
SACT sustainability
ETIP

Prevention
Early diagnosis
FDS
62-day treatment
Living better

NBIA – National Breast Imaging Academy
GM Cancer is working with the NBIA to produce an education programme for the regional team of breast GPERs.

NBIA – National Breast Imaging Academy
GM Cancer is working with the NBIA to accelerate the expansion of the breast radiology workforce, with a focus on the non-medical workforce.

Referral Management

Primary Care education programme

- **Standardised regional breast referral form**
- **Management algorithms embedded in primary care EPR**
- **Extensive education programme in collaboration with Cancer Alliance ED team, GatewayC and PCNs.**
- **Public engagement**

Safe reduction in unnecessary referrals into secondary care (20% to 8.5%)[4]

Reduction of 4305 secondary care appointments in Greater Manchester per year

Saving of **£839,475** per year in Greater Manchester (£195 unit price)

Savings to secondary care much more if locum/agency rates are accounted for

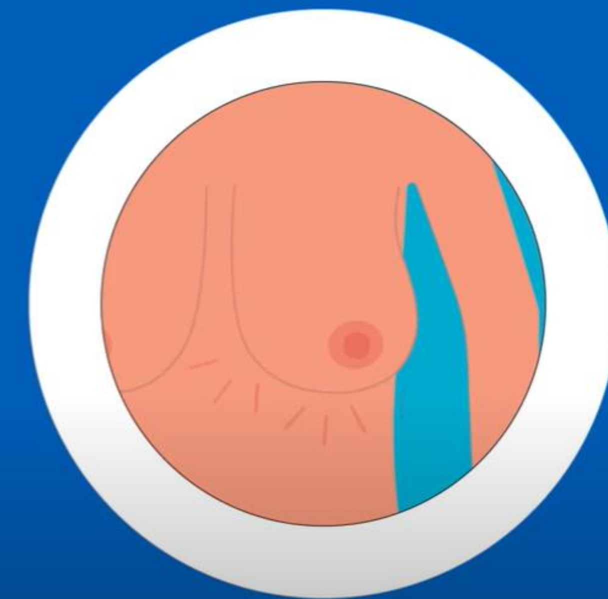
4. Multi-centre local audit reported by providers to the Greater Manchester Cancer Alliance 2023

Referral Management

Primary Care Education Programme

All materials can be found at www.gmcancer.org.uk

Breast pain is very common. But without other symptoms it is not known to be a symptom of breast cancer.



Cancer Suspected Please only use this section if you feel this patient is likely to have breast cancer	Yes	Symptomatic (aim to be seen within 2 weeks)	Yes
Suspicious Lump ▪ Discrete hard lump ± fixation ± skin tethering ▪ 30 years and older with a discrete lump that persists after period / patient post-menopausal ▪ Unexplained lump in axilla	☐ ☐ ☐	Lump ▪ Women aged <30 with a lump ▪ Asymmetrical nodularity or thickening that persists at review after menstruation	☐ ☐
Skin distortion / tethering / ulceration / peau d'orange	☐	Infection or inflammation that fails to respond to antibiotics	☐
Nipple discharge that is: ▪ Bloody, blood stained, or serous AND ▪ Spontaneous AND ▪ Unilateral	☐	Nipple discharge that is: ▪ Troublesome or persistent AND ▪ Spontaneous AND ▪ Unilateral	☐ ☐ ☐
Nipple retraction or distortion of recent onset (<3 month onset)	☐	Unilateral eczematous skin of areola or nipple. **Please do not refer unless no improvement after at least 2 weeks of topical steroid treatment**	☐
Previous breast cancer with: ▪ Suspicion of local or axillary recurrence (refer to treating hospital if possible) ▪ Suspicion of distant metastases (in some cases it may be more appropriate to investigate further in primary care, or, if proven metastases, to refer to acute oncology)	☐ ☐	Gynaecomastia with no obvious physiological or drug cause (e.g. anabolic steroids, cannabis, finasteride) See **patient.info/doctor/gynaecomastia**	☐
		Breast pain alone (no palpable abnormality). Please do not refer unless no improvement after at least 6 weeks of a supportive bra and topical NSAIDs. See **cks.nice.org.uk** or **breastcancercare.org.uk/information-support/benign-breast-conditions/breast-pain**	☐

BREAST CANCER THINK A-G

GatewayC

Supporting earlier & faster cancer diagnosis

A – ASSESSMENT
People with red flag symptoms of breast cancer, such as a breast or axillary lump, new unilateral nipple retraction or suspicious skin changes, need referral for triple assessment.

B – BREAST PAIN
Breast pain, without red flag symptoms, is not a symptom of breast cancer.

C – CONSIDER BREAST CANCER IN MEN AND TRANSGENDER PATIENTS
Breast cancer can occur in cisgender men, transgender men and transgender women. It is important to refer if symptoms are consistent with breast cancer.

D – DISCHARGE
- Nipple discharge can be pathological or physiological
- Refer people, using a suspected cancer pathway, who have a uniductal, unilateral nipple discharge that is bloody or clear and that occurs spontaneously (without pressing)
- Multiductal, bilateral milky, yellow, green, grey or brown discharge is not a cause for concern.

E – EXAMINATION
A breast examination is required before referral. Be alert to: breast and axillary lumps; pathological nipple discharge; new unilateral nipple retraction; unexplained skin changes such as tethering, indentation or erythema.

F – FAMILY HISTORY
A first- and second-degree family history should be taken in all patients with breast symptoms to assess risk. If a patient meets the NICE referral criteria, please refer in to the family history clinic at your local breast unit.

G – GREATER MANCHESTER REFERRAL PROFORMA
- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR
GM referral form
Examination
Medical history

Pathway for Management of Mastalgia (Breast Pain)

Primary Care

History and Examination
- Examine breasts to exclude RED FLAGS: breast or axillary lump; nipple discharge (refer to Greater Manchester Nipple Discharge Algorithm); new unilateral retracted nipple; skin dimpling, tethering or peau d'orange.
- Consider possible causes of breast pain – infection; periductal mastitis; costochondritis; injuries to neck, shoulder or back; medicines such as oral contraceptive pill and some antidepressants; pregnancy. Refer or manage as appropriate.

If there are no RED FLAG signs or symptoms, ask about personal history of breast cancer

- No personal history of breast cancer
- Pain in the other breast to previous breast cancer
- Pain in the same breast as previous breast cancer. Consider:
  - Radiotherapy side effects
  - Breast lymphoedema
  - Nerve pain

If no RED FLAG signs or symptoms and no personal history of breast cancer in same breast, ask about family history of breast cancer as NICE guidance CG 164 1.3.3 and 1.3.4 https://www.nice.org.uk/guidance/cg164/chapter/Recommendations#care-of-people-in-primary-care

If there is significant family history of breast cancer, refer to Breast Unit Family History Clinic or if already referred to a family history service, check patient is up to date with screening.

NOTE: The Breast Family History Clinic referral is not for managing the patient's breast pain; please follow the pathway below to manage breast pain

Management
- Cyclical and non-cyclical breast pain are both considered to be physiological/hormonal and are managed in the same way
- Offer reassurance that there is no association between breast pain (without red flag symptoms) and breast cancer - useful website: https://www.nhs.uk/conditions/breast-pain/
- If over 50 years old, please ensure patient is up-to-date with screening mammograms

Step 1: Ensure patient has had recent professional bra fitting and advise to use a soft support bra at night
Step 2: If onset of pain correlates with the start or change of oral contraceptive pill or HRT, consider discontinuing or changing the medication
Step 3: Advise lifestyle changes such as low fat diet, reducing caffeine and alcohol
Step 4: Advise topical NSAID gel or simple oral analgesia

If pain does not respond to 6 weeks of treatment and reassurance, and the patient is anxious, consider referral to secondary care breast service provider for reassurance

Secondary Care

If **RED FLAG** signs or symptoms are present, refer as **urgent 2WW** using Greater Manchester referral proforma.

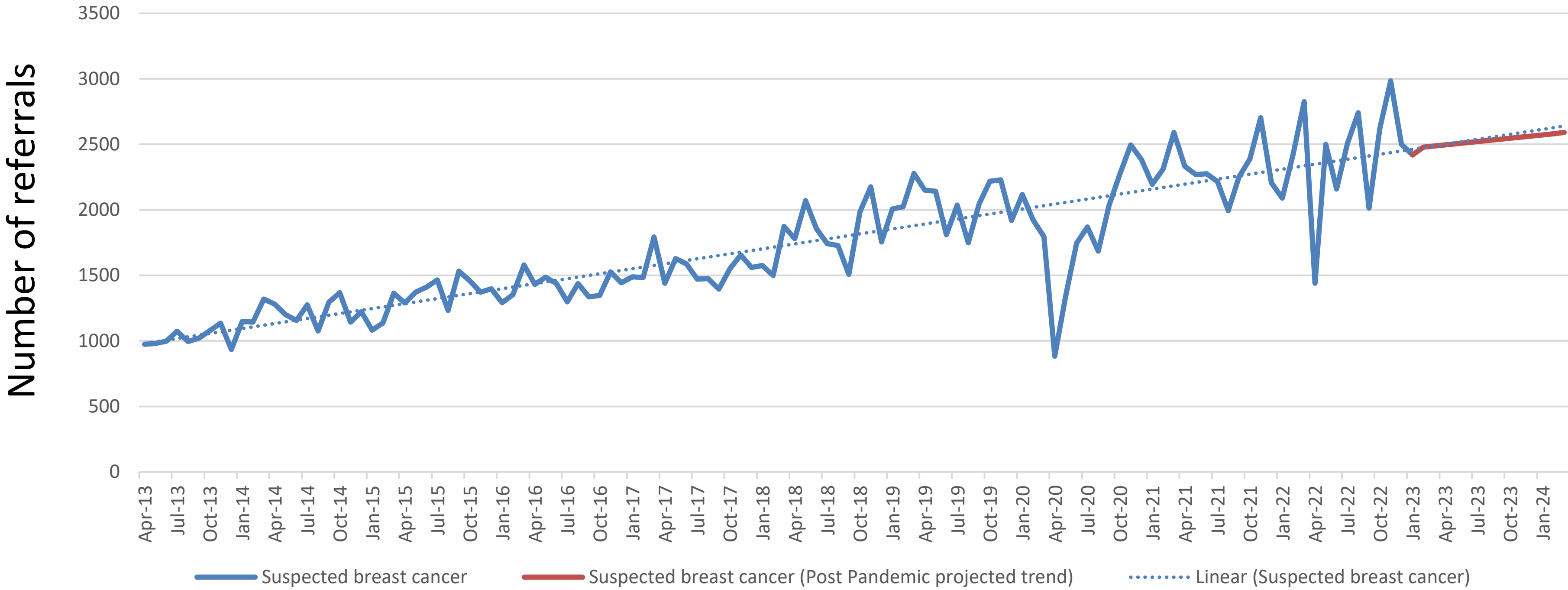
If the patient is within 5 years of breast cancer treatment, ask patient to contact their **Breast Care Nurse.** If the patient is over 5 years since diagnosis, refer **as non-urgent**

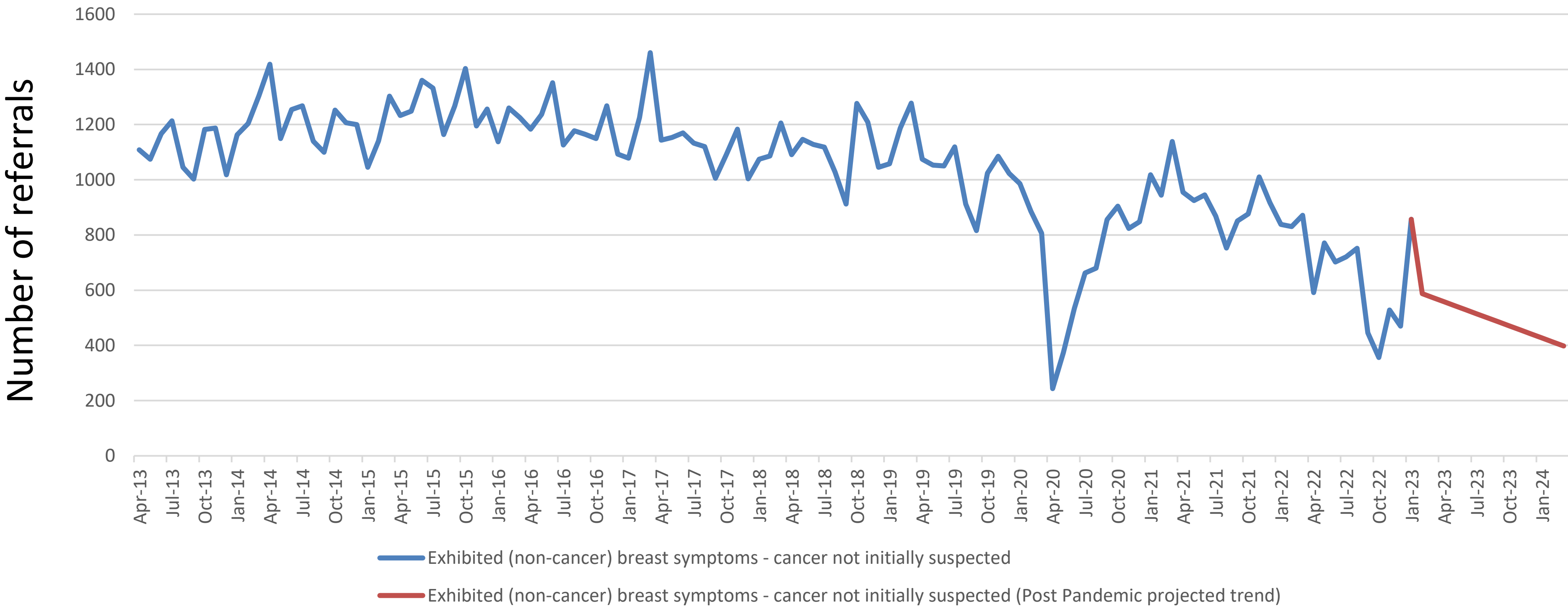
If the patient is not already known to a family history service, refer to **Breast Family History clinic.**

If the patient is already known to family history service, ensure patient is up-to-date with high/moderate risk screening, and then proceed to standard breast pain advice

Refer as non-urgent referral using Greater Manchester referral proforma

Greater Manchester Breast Referral Trends





With cancer diagnosis incidence remaining at national average

5. NHS Greater Manchester Cancer Alliance Business Intelligence Team internal unvalidated data taken from NHS Tableau. www.gmtableau.nhs.uk.

Data from the speaker's own experience

Greater Manchester Mastalgia Pathway

- Clinical Leads from all breast units in Greater Manchester and East Cheshire, along with the Cancer Alliance Breast Pathway Board, agreed to deliver a regional mastalgia pathway
- Other mastalgia pathways considered in depth
- Reasons for supporting this pathway included:
  - Familiarity from pilots during the COVID-19 pandemic
  - Avoid undermining extensive engagement and education programme which encourages management of mastalgia within Primary Care
  - Avoid face-to-face appointments, patient travel time/cost, demand on estates
  - Avoid unnecessary breast examination
- Agreement that patients over 40 should continue to be offered mammogram whilst further evidence is gathered to provide assurance of extremely low incidence of cancer in the mastalgia population
- Agreement that pathway should be rolled out across Greater Manchester at all units simultaneously
- Concerns regarding workforce and capacity

Referral Management

Primary Care education programme

- Standardised regional breast referral form
- Management algorithms embedded in primary care EPR
- Extensive education programme in collaboration with Cancer Alliance ED team, Gateway C and PCNs.
- Public engagement

Safe reduction in unnecessary referrals into secondary care (20% to 8.5%)[4]

Nurse or GPER led telephone mastalgia clinic

- HEE-funding to support implementation
- Subject expert project manager employed for 2 years
- Standardised documentation
- Evaluation through national ASPIRE audit

Improved patient pathway

Release 8.5% of resource intensive one-stop clinic capacity

De-escalation of **2652 secondary care appointments** in Greater Manchester per year.

4. Multi-centre local audit reported by providers to the Greater Manchester Cancer Alliance 2023

Standardised documents

- Mastalgia pathway standard operating procedure
- Telephone clinic clinical history proforma
- Primary care referral feedback letter
- Post consultation letter for over 40's
- Post consultation letter for under 40's
- DNA first appointment standardised letters
- DNA second appointment standardised letters
- Patient information leaflets on breast pain
- Patient information leaflets on bra fitting

Making implementation as easy as possible for over-stretched clinical teams

Supporting new members of staff to deliver high quality care

Delivering standardised, equitable care

Standard Operating Procedure

Primary care referral

Clinical triage

Exclude / identify red flags

One-stop / triple assessment clinic

Mastalgia telephone clinic

>40 reassure

Refer for mammogram

Standard letter 2

ASPIRE data collection + patient satisfaction

Mammogram results letter

ASPIRE data collection

<40 reassure and discharge

Standard letter 1

ASPIRE data collection + patient satisfaction

Consider referral to family history clinic if eligible

Referral Management

Initiative	Actions	Outcomes
Primary Care education programme	• Standardised regional breast referral form • Management algorithms embedded in primary care EPR • Extensive education programme in collaboration with Cancer Alliance ED team, Gateway C and PCNs. • Public engagement	Safe reduction in unnecessary referrals into secondary care (20% to 8.5%)[4]
Nurse or GPER led telephone mastalgia clinic	• HEE-funding to support implementation • Subject expert project manager employed for 2 years • Standardised documentation • Evaluation through national ASPIRE audit	Improved patient pathway Release 8.5% of resource intensive one-stop clinic capacity
Workforce remodeling	• 0.4WTE GPER recruited into every provider for 12 months • Online breast education programme developed in collaboration with the National Breast Imaging Academy (NBIA)	Rapid workforce expansion Workforce retention

4. Multi-centre local audit reported by providers to the Greater Manchester Cancer Alliance 2023

Next steps

- Mastalgia telephone clinic expected in all breast units by Q3 2023/24
- Continue GPER workforce pilot to support service sustainability
- Continue Primary Care engagement programme to support referral management
- All units to participate in ASPIRE service evaluation
- Standardising triage processes, to direct referrals appropriately e.g. mastalgia, gynaecomastia, family history, aesthetic surgery
- Assess EDI aspects of the pathway
- Assess cancer incidence in the mastalgia population throughout the region to determine safety/risk of omitting mammograms in over 40 year olds

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