

East Midlands Breast Pain Pathway



Faster Diagnosis Pathway

Share/learn session

18th October 2023

Professor John Robertson
on behalf of the East Midlands BPP Implementation Team

East Midlands Mastalgia Pathway: Summary

Pathway supported by multiple professional groups/institutions

- EM ECAG
- EM Primary Care Transformation Group
- Cancer Alliance (EM & other CAs)
- Association of Breast Surgery (ABS)
- GIRFT (NHSE&I) – exemplar case study in Breast Report 2022
- Faster Diagnosis Pathway – Case Study 2023

Prospective pilot implementation with audit data (Mid-Notts)

- Invited presentation at ABS annual meeting (2021)
- Presented at RCGP annual meeting (2021)
- Published in peer-reviewed journal (BMJ Open Quality 2022)

Population based implementation with audit data (Derbyshire)

- Presented at ABS annual meeting (May 2022)
- Presented at RCGP annual meeting (July 2022)
- Submitted for publication (Sept 2023)

East Midlands Breast Pain Pathway

Key components:

- 1) Breast pain – no relationship to breast cancer
- 2) Community/Primary Care setting
- 3) Experienced breast clinician (GP or NP) confirms
no clinical abnormality Patient has no other symptoms
- 4) FH risk assessment

NICE CG164 - performed as part of initial triage

Breast Pain Pathway (MP)

(Patient with 'Breast Pain Only')

GP

GP manages on mastalgia pathway (~3 months)

If symptoms persist

GP refers to Primary Care Breast Pain Clinic

Exclusion criteria

- Personal history of breast cancer
- Mammary implants
- Male patients

Specialist Community Breast Pain Clinic

ANP/GPSI

Pain history/ clinical examination

Family history risk assessment

Abnormal (Clinical)

1. ANP to refer to 2ww pathway
2. Abnormal letter template to GP

Normal

1. Discharge to GP with advice if symptoms or FH change
2. Family history assessment documented
3. ANP to treat pain as per mastalgia pathway

Abnormal (moderate/high risk FH)

1. Refer to FH Clinic (abnormal letter template)
2. Family history assessment documented

Breast Clinic
Co-ordinator

1. Send GP appointment outcome
2. Patient given an A4 wallet/pack containing:

- Outcome letter (as above), family history assessment outcome
- Breast pain leaflet, key facts about breast cancer, Touch, Look, Check booklet
- Over 70's NHS breast screening programme (referral for mammogram) or Helping you decide booklet (screening age)
- Patient experience questionnaire to complete before leaving
- If needed, 2ww referral appointment booked
- If referred to Family History Clinic, patient leaves with family history form with SAE

Transforming the 2WW pathway: management of breast pain in primary care

Open access

Quality improvement report

BMJ Open Quality

Transforming the 2-week wait (2WW) pathway: management of breast pain in primary care

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CONCLUSION

The pilot Primary Care Breast Pain Clinic has been implemented and shown to provide service improvement across all levels of care (Primary, Secondary and Tertiary). Most importantly it provides improved patient care. The next step is widespread implementation and this has already ongoing across a number Cancer Alliance regions, CCGs and ICPs in England.

Mid Nottinghamshire Pilot

Community breast pain clinic
n = 177
No safety issues
11% moderate / high risk
Excellent PROMS

Community Breast Pain Clinic (CBPC)

Derbyshire Pilot

(Derbyshire Population ~1million)

Derbyshire Results: Summary

(1st year CBPC with 12 months follow-up)

Community setting frees 2WW diagnostic breast clinic capacity

96.5% (575/596) had a normal clinical assessment

FH risk assessment addresses an unmet need in primary care

31.2% (186/596) had a family history of breast cancer:

- 11.2% - moderate / high risk
- 20% - near population risk

Improved experience for women with breast pain – patient reported outcomes from anonymised questionnaires:

- | | |
|--|-----|
| • Did you find the pain advice you received helpful? | 99% |
| • Did you feel reassured by the breast pain advice? | 98% |
| • Did you find the personal risk assessment helpful? | 94% |
| • Extremely likely or likely to recommend the service to friends and family if they had troublesome breast pain? | 99% |

Derbyshire Results: Safety (Cancer Diagnoses)

Cancers detected in cohort ≤ 12 months after CBPC attendance

- Low incidence of Breast Cancer – 5 / 1,000 (3 / 594pts)
- (In keeping with literature review of 4.9 / 1,000)

CBPC diagnosed breast cancers promptly

- Direct onward referral to 2WW
- Signposting to NHSBSP at clinic & diagnosed ≤ 2 months of their CBPC attendance
- GP re-referral to 2WW with a new symptom

Exclusion criteria to be applied strictly

- Personal history of breast cancer

East Midlands Audit

- Supported by East Midlands Cancer Alliance & funded by EM AHSN
- Start date varies for each area:
Dby: Jun 2021, Leic: Jan 2022, Linc: May 2022,
Northants: Sept 2022, Notts: Oct 2022
- Common 6/12 audit timeframe: Oct'22 – Mar'23
- Completed & Report should be available in Oct/Nov.





EMCA Results: Summary

Community setting frees 2WW diagnostic breast clinic capacity

91.3% (1767 /1935) had a normal clinical assessment

FH risk assessment addresses an unmet need in primary care

30% (553/1935) had a family history of breast cancer:

- 10.5% - moderate / high risk
- 19.5% - near population risk

Improved experience for women with breast pain – patient reported outcomes from anonymised questionnaires:

- Did you find the pain advice you received helpful? **99%**
- Did you feel reassured by the breast pain advice? **98%**
- Did you find the personal risk assessment helpful? **94%**
- Extremely likely / likely to recommend the service to friends and family if they had troublesome breast pain? **99%**



Other Benefits

- Reduced costs
- Reduced pressure on 2WW system for urgent suspected cancer referrals
- Shorter waiting times could impact time to treatment & long-term outcomes
- Environmental benefits

East Midlands Breast Pain Pathway Wider Implementation

Widespread implementation

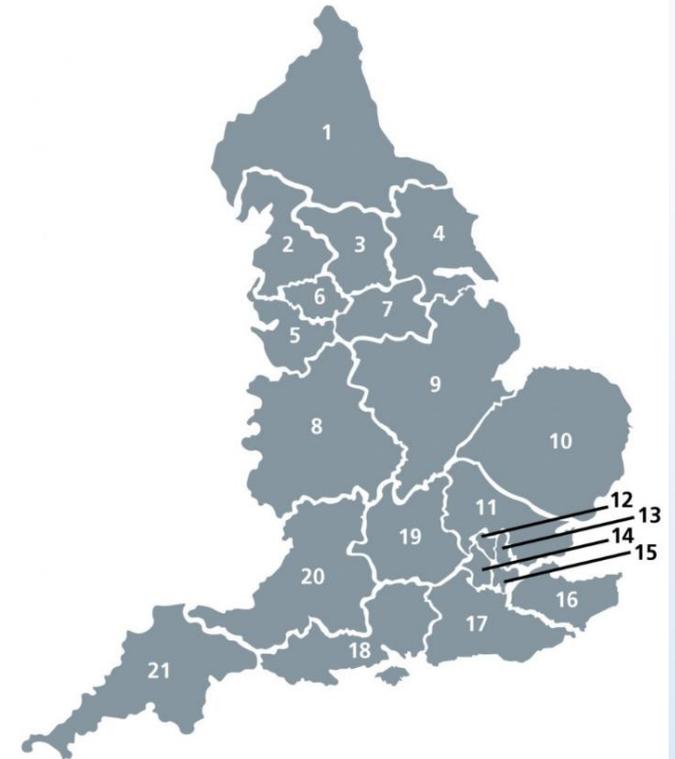
- 13/21 Cancer Alliances engaged in implementation
- X9 implemented 
- X1 currently implementing 
- X3 discussing and deciding on implementation 

Cancer Alliance-wide audit

- All Cancer Alliances which implement the Pathway
- Individual CCGs/Trusts
- Association of Breast Surgery

Map of Cancer Alliances in England

1. Northern Cancer Alliance 
2. Lancashire and South Cumbria Cancer Alliance 
3. West Yorkshire and Harrogate Cancer Alliance
4. Humber, Coast and Vale Cancer Alliance 
5. Cheshire and Merseyside Cancer Alliance 
6. Greater Manchester Cancer Alliance
7. South Yorkshire and Bassetlaw Cancer Alliance 
8. West Midlands Cancer Alliance 
9. East Midlands Cancer alliance 
10. East of England – North Cancer Alliance 
11. East of England – South Cancer Alliance 
12. North Central London Cancer Alliance 
13. North East London Cancer Alliance
14. RM Partners 
15. South East London Cancer Alliance
16. Kent and Medway Cancer Alliance
17. Surrey and Sussex Cancer Alliance 
18. Wessex Cancer Alliance
19. Thames Valley Cancer Alliance
20. Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance 
21. Peninsula Cancer Alliance



Evaluation: Single pathway and multiple audits

- Core Data set – safety, improved outcomes, PROMs, H-E analysis
- Initial ‘Trust’ pilot
- Population-Based pilot
- Cancer Alliance – validation, reproducibility, issues for review and improvement
- ‘National’ audit - validates widespread implementation. More detailed analysis.

Every stage of implementation has been prospectively audited and evaluated to show improved patient care and expected cost efficiencies

Recognition: Awards & Case Studies

- GIRFT Breast Surgery 2022
- Faster Diagnosis Pathway Case study 2023
- HSJ awards: Runner-up 'Community and Primary Care Innovation of the Year, 2022
- Various local NHS Trusts awards

Primary and Community
Care Innovation of the Year
HIGHLY COMMENDED

**East Midlands Mastalgia
Pathway Implementation
Team**

**Mastalgia Pathway - East
Midlands Transformation model**



HSJ AWARDS
2022

Faster Diagnosis Pathway: Draft guidance

- ‘Ensure that appropriate, properly resourced, timed and **fully evaluated pathways** are in place **for those patients with breast symptoms where cancer is not suspected.**’
- ‘**Minimum amount of anxiety and increased breast health awareness for referrals where cancer is not suspected**’
- ‘**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**’
- ‘**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**’

East Midlands Breast Pain Pathway

- Website for more information

<https://eastmidlandscanceralliance.nhs.uk/transforming-services/best-practice-pathways/breast>

i) EMBPP

ii) BMJ Open Quality publication

iii) Derbyshire results presented at ABS in 2022

[iv) EM results– will be on website as soon as report released]

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- FaHRAS

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