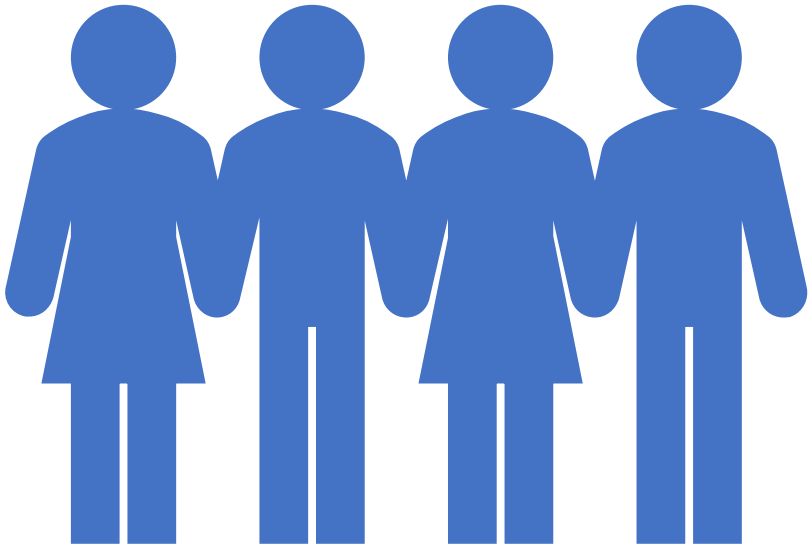
Mastalgia Pathway – East Midlands Transformation Model

East Midlands Mastalgia Pathway Implementation Team



Three presenters today

Dr Thilan Bartholomeuz

GP Partner and Clinical Director – Mid-Nottinghamshire Place Based Partnership

Mrs Veronica Rogers

Senior ANP, University Hospitals of Derby & Burton

Lead ANP of Mastalgia Pathway Implementation Team

Professor John Robertson

Professor of Surgery, University of Nottingham

Consultant Breast Surgeon, University Hospitals of Derby & Burton

The reason this innovation is important

"It is morally unacceptable to make a woman feel she is at increased risk of breast cancer for one day more than she is"

130,000 women each year

The Problem

Women with Breast Pain alone are not receiving best care

- **“breast pain alone is not a symptom of cancer”**
- referral to secondary care -
  - creates anxiety – attending a cancer diagnostic clinic
  - medicalises them – e.g. imaging +/- biopsies
- often don’t deal with a significant driver for their presentation: a breast cancer Family History (FH)

National Crisis with 2WW ‘bulge’

- rising demand for 2WW breast clinic referrals
- transformation of the current pathway is urgently needed

The Solution: East Midlands Mastalgia Pathway

Key components:

1) Community/Primary Care setting - specialist clinics

2) Breast pain – no relationship to breast cancer

3) Experienced breast clinician (GP or NP) confirms no clinical abnormality - Patient has no other symptoms

4) FH risk assessment – appropriate for Primary Care - NICE CG164 / FaHRAS - performed as part of initial triage

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

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)

Derbyshire Results

Community setting frees 2WW diagnostic breast clinic capacity

475 (97%) had a normal clinical assessment

FH risk assessment addresses an unmet need in primary care

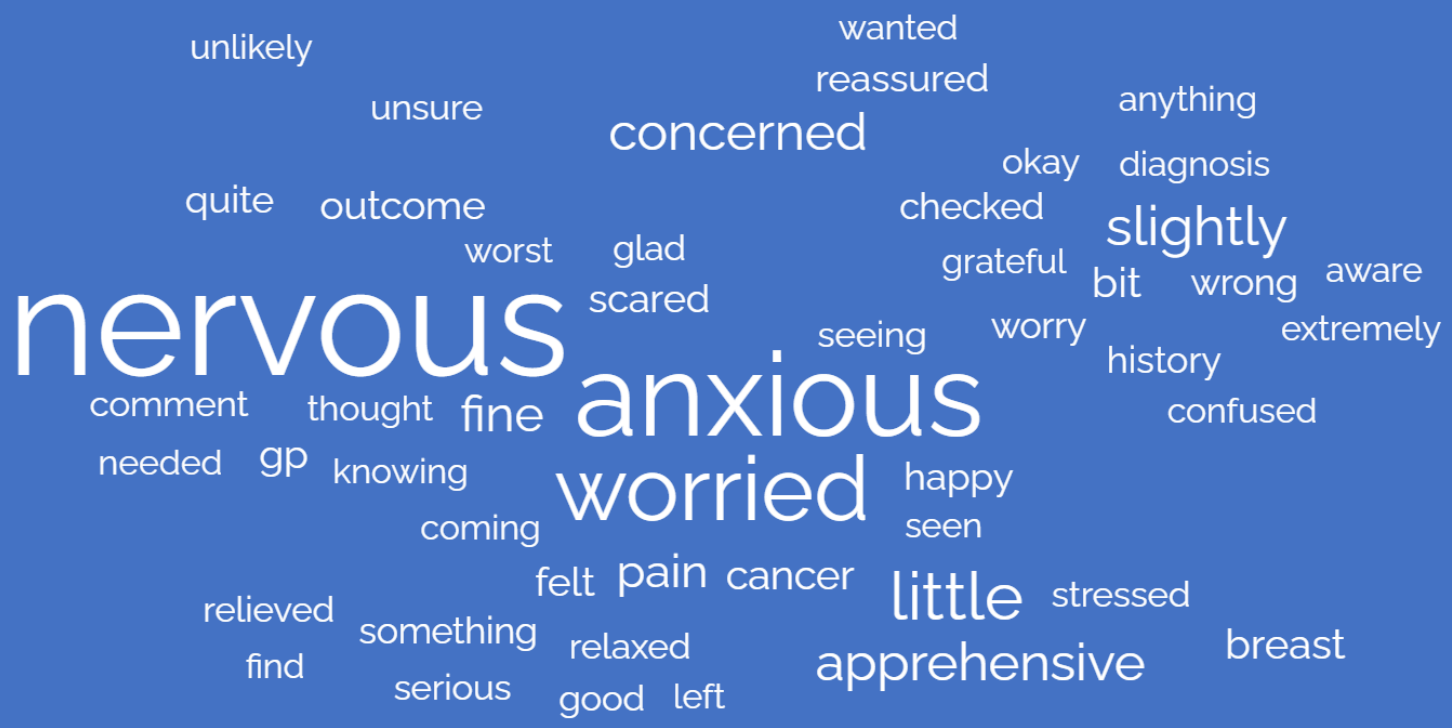
143 (31%) had a family history of breast cancer:

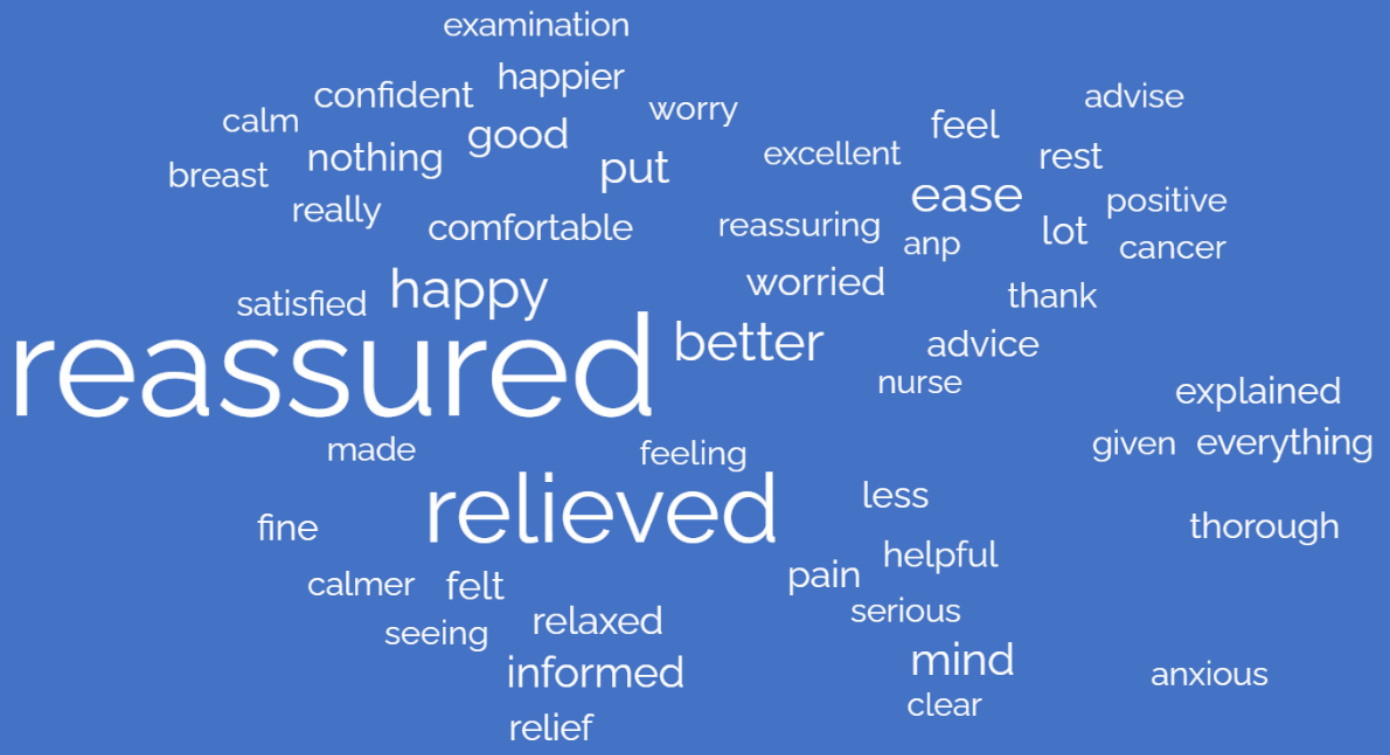
- 11% - moderate / high risk
- 20% - near population risk

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?	95%
• Extremely likely or likely to recommend the service to friends and family if they had troublesome breast pain?	99%

“How did you feel before coming to the breast pain clinic?”





“How did you feel after seeing the advanced nurse practitioner?”

Primary Care / Community Breast Pain Clinics free 2WW clinic capacity

Breast Pain forms up to 20% of 2WW referrals

Number of 2WW Referrals	Saved 2WW Referrals	Saved 2WW Clinics (per Week)
Small Population (5000+)	1000 referrals	1.5 clinics
Medium Population (8000+)	1600 referrals	2.5 clinics
Large Population (20000+)	4000 referrals	6.5 clinics

Financial Efficiencies of Community Breast Pain Clinics

(East Midlands CCG calculations)

Each weekly half day clinic (12 patients)

- saves £45k - £85k per annum
- 806 less inappropriate imaging scans – 416 less ultrasounds & 390 less mammograms

(Compared to referral of those patients with breast pain alone to 2WW Breast Unit Clinic)

Derbyshire @ 3 Community Clinics per week is calculated to –

- save £135K - £255K pa
- 2,418 less inappropriate imaging scans – 1248 less ultrasounds & 1170 mammograms

East Midlands (EM) Audit

- Prospective audit from October 2022
- Supported by EM Cancer Alliance
- Funded by EM Academic Health Science Network
- Clinical and Health-economic assessments

East Midlands Mastalgia Pathway wider implementation

Widespread implementation

15/21 Cancer Alliances engaged in implementation

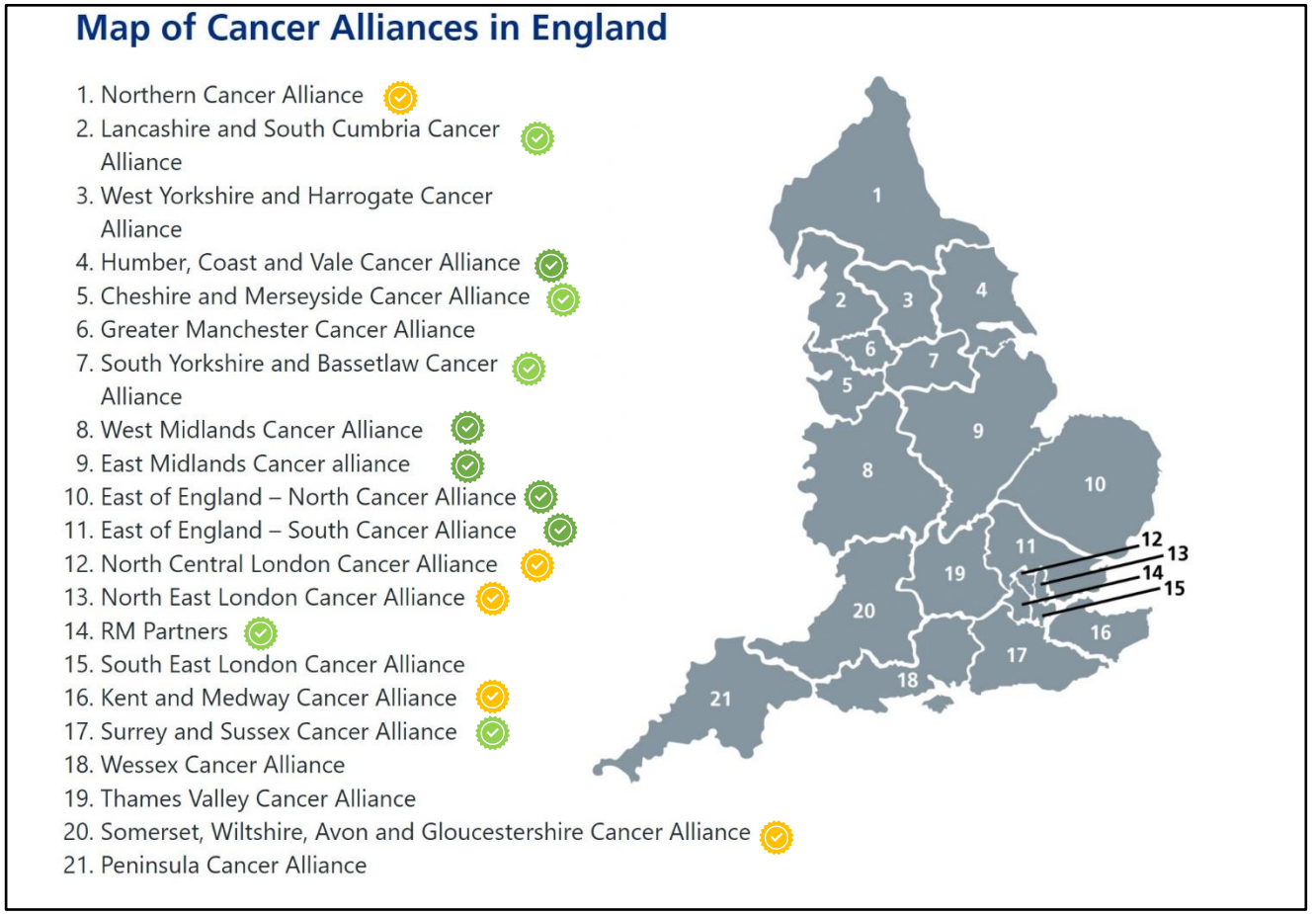
x 5 implemented

x 5 currently implementing

x 5 discussing and deciding on implementation

Cancer Alliance-wide audit

All Cancer Alliances which implement the Pathway



Reasons to win

1. **Improved** patient care in the community through an innovative, new pathway

For patients with breast pain only

- Not medicalising (community setting)
- Reduce anxieties (word clouds)
- Enhanced Patient experience (PROMS – qualitative & quantitative)
- FH assessment as unmet need

For 2WW patients with ‘red flag’ symptoms

- Earlier diagnosis of cancer
- Earlier treatment if diagnosed with breast cancer

Reasons to win

2. Built significant **collaborations.**

Multiple stakeholders bringing together different health-care sectors

- **Primary & Secondary Care** - Service integration - Appropriate alternate pathway
- **Within NHS** - Clinicians and Managers across Primary & Secondary care – Organizational integration
- **NHS & Private sector** (FaHRAS Ltd, Roche Products Ltd & Health Improvement Transformation Strategies [HITS])
- **‘Partnership working’ within Commercial sector-** between a pharma (Roche), a spinout company (FaHRAS) & a 'Not-for-profit' Community Interest Company
- **Academia** (Univ. of Nottingham) **and the NHS** (Trusts, AHSN & Cancer Alliance)
- **Cancer Alliances, Primary & Secondary Care** across country – Letters of Support

Reasons to win

3. Transformed

service delivery across

Primary & Secondary

Care

- **Empowered Primary Care to provide effective gatekeeping services**
  - Improving capacity for rapid referral from primary care of patients with ‘red flag’ symptoms
  - Safely removes inappropriate imaging for patients with breast pain only.
- **Improve quality of referral from Primary Care to familial cancer services**
- **Financial efficiencies and increased productivity** for ICB/PBP
- **Widespread uptake across multiple Cancer Alliances** with a prospective audit to support national rollout of the EM Mastalgia Pathway
- **System wide transformation** across Primary & Secondary care
- **Exemplar of service transformation** – Get it Right First Time (GIRFT)

Acknowledgements

East Midlands AHSN
East Midlands Cancer Alliance
East Midlands Breast Cancer ECAG
EM Primary Care Transformation Group
Association of Breast Surgery

Derby Breast Surgeons
Mid Notts BP Pilot Team
Derbyshire BP Pilot Team
University of Nottingham
FaHRAS

Implementation of the East Midlands Breast Pain Clinic Model has been facilitated through a collaborative agreement between Roche Products Limited and HITS (Health Improvement Transformation Strategies), a Community Interest Company