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Thursday 17 July

Access to breast assessment clinics without a GP appointment: Webinar Briefing

Welcome and rationale

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Partners

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Test Evidence Transition Programme (TET)
Commissioned by Cancer Research UK
Supported by Royal London

NHS Forth Valley

Forth Valley Royal Hospital, NHS Forth Valley, Scotland

UNIVERSITY of STIRLING

Faculty of Health Sciences, University of Stirling, Scotland

Centre for Sustainable Delivery | NHS SCOTLAND

Centre for Sustainable Delivery, NHS Scotland

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Objectives

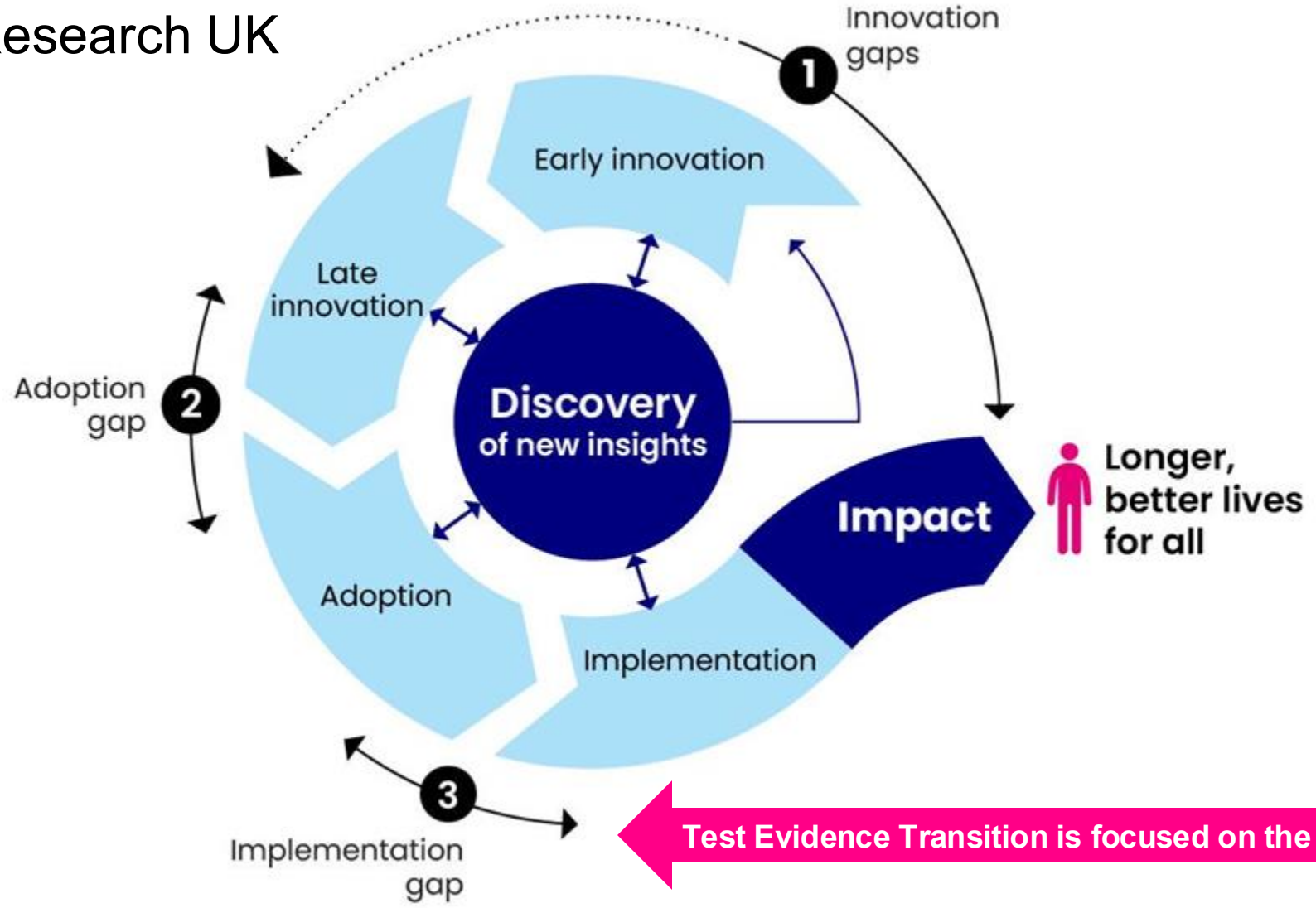
Share findings

Highlight opportunities

Provide practical insights

Encourage collaboration

‘Translate’ objective of Cancer Research UK strategy



Test Evidence Transition is focused on the implementation gap

Using England as a proxy:

516,000

The annual number of suspected breast cancer referrals*

75 – 83%

The estimated percentage of referrals with a symptomatic breast lump**

400,000

The estimated number of referrals with a symptomatic breast lump

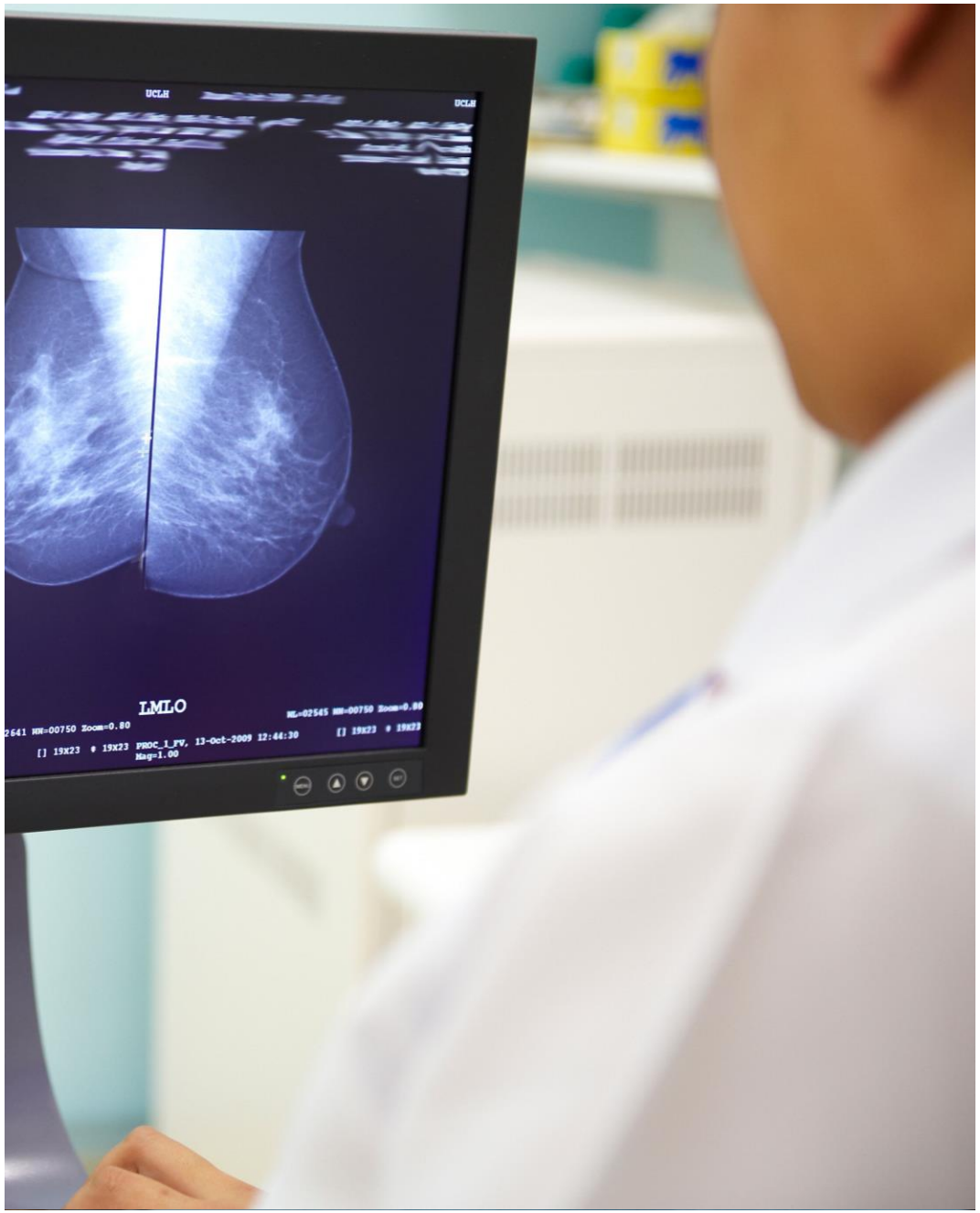
* May 2024 to April 2025 as latest year of data. Source: Cancer Waiting times, NHS England

** The presenting symptom signatures of incident cancer: evidence from the English 2018 National Cancer Diagnosis Audit

Intervention in focus

Pathway opportunities

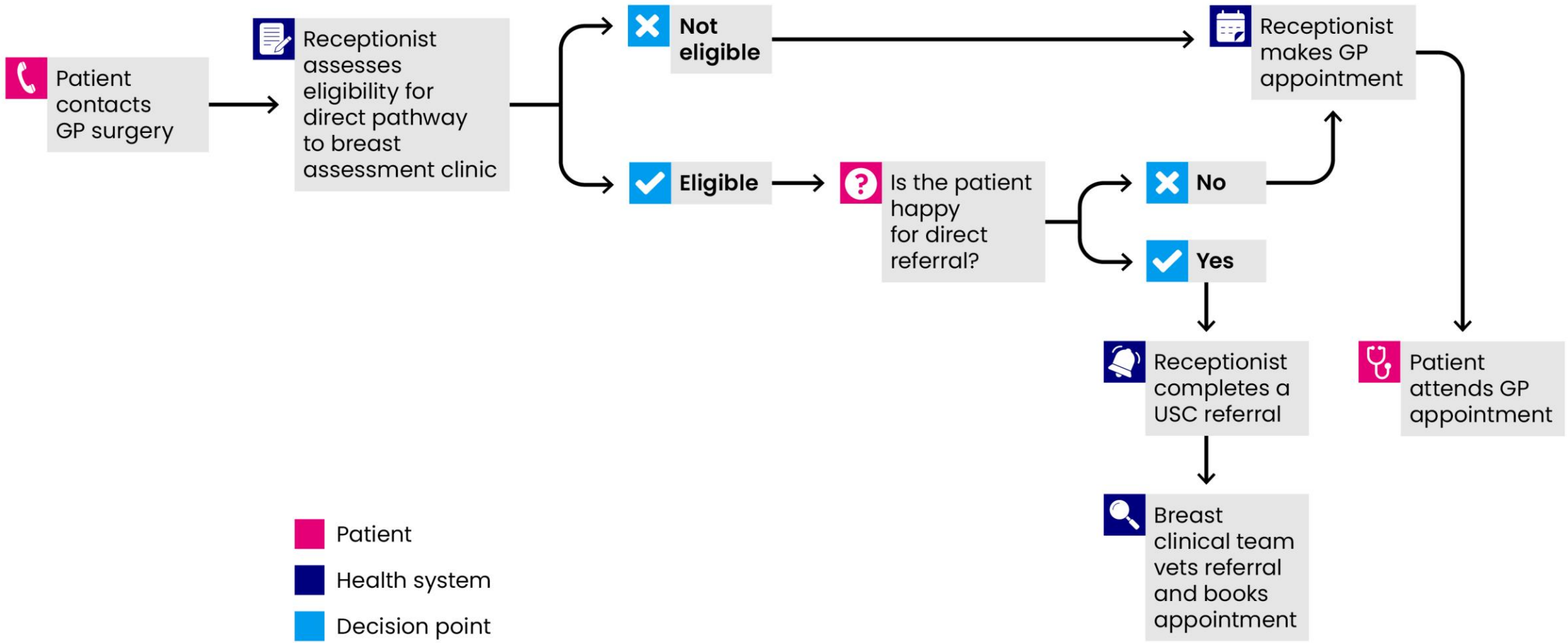
- Most patients with a breast lump typically visit their GP first, who then refer on to a breast clinic
- Patients report difficulties with booking GP appointments and hesitation regarding intimate examinations by their GP
- Timely investigation of symptoms of a breast lump is crucial for clinical outcomes and survival
- NHS Forth Valley already has a well-established one-stop diagnostic breast assessment clinic previously accessible via GP appointment referral



New direct pathway to breast assessment clinic would mean:

- patients with a breast lump present to primary care
- trained receptionists triage patients using three questions
- if criteria is met, they’re directly referred to the breast assessment clinic
- they bypass the need for an initial GP consultation

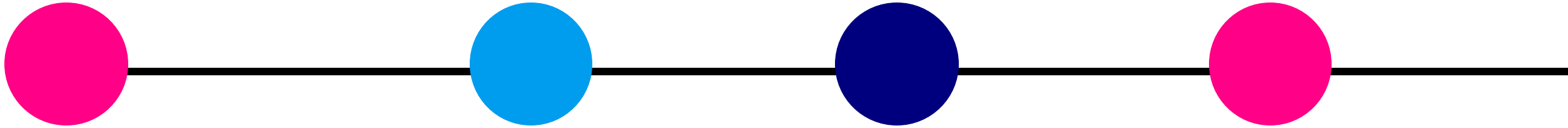
Breast lump direct pathway



Process involved in new direct pathway

Implementation in practice

The implementation process



Triage tool
Three questions determine eligibility for direct referral to the breast clinic:

1. Is your breast concern a breast lump?
2. Is the lump red/hot/painful? ie signs of infection?
3. Are you pregnant/ breastfeeding/recently had a baby?

Referral
GP receptionists access the SCI gateway referral system and submit referrals to the breast clinic.

or

Patient given option to attend GP appointment prior to referral

Information
Patients provided with an information leaflet covering what to expect at the breast assessment clinic. Receptions also provide this information verbally during triage.

Vetting
Input new vetting within TrakCare outcome - enables all new direct referrals to be tracked separately from other referral types. Vetting conducted by Breast Consultants or Advanced Nurse Practitioners within the breast clinic.

The Triage Process

- The receptionist asks the patient 3 questions:
  1. *Is it a lump (as opposed to pain or discharge)?*
  2. *Are there any signs of infection (hot and red skin, feverish)?*
  3. *Are you pregnant or breastfeeding?*
- If the patient answers “Yes” to question 1 and “No” to questions 2 and 3, they are eligible for the direct pathway and would be referred to the specialist clinic.
- Responses of “Yes” to either question 2 or 3 requires a GP appointment.
- Receptionists were comfortable with this process, which added minimal time to calls, and patients were generally comfortable answering these questions.

Existing Staff

- GP receptionists
- GP secretaries
- Practice managers
- GPs

Minimal training

- GP reception team understand triage tool and make effective referrals
- Delivered by practice managers with support from project manager

Quick

- Training time 15-30mins per practice

Impact on staff, patients and the pathway

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Staff experience

- No impact on breast clinic workload
- Minimal training needed for reception staff – short, digestible, verbal information with the opportunity to ask questions
- Support often already in place – staff already familiar with the referral system could help others

Let’s hear from:

Scott Williams
Deputy Medical Director for NHS Forth Valley, Stirling GP

Liz Dolan
Project Manager, NHS Forth Valley

Linda Smullen
Breast clinic coordinator, NHS Forth Valley

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Scott Williams, Deputy Medical Director for NHS Forth Valley & Stirling GP

- The pathway has been very popular in general practice, simplifying the patient journey and clinical workflow.
- It has freed up appointments, improving system efficiency without negatively impacting services.
- NHS Forth Valley benefited from an already strong baseline service, which the direct pathway successfully built upon.
- Patient and staff feedback has been overwhelmingly positive.
- Even when no cancer is diagnosed, quick access to a specialist provides powerful reassurance, significantly reducing patient anxiety.
- The pathway is simple to implement, and its success encourages exploration of further application to alternative pathways.

Liz Dolan, Project Manager at NHS Forth Valley

- Strong Communication Strategy:
  - Every GP practice and project manager was contacted individually.
  - Regular meetings ensured all stakeholders were informed and involved.
  - A consensus approach was used to agree on triage questions and processes.
- Phased Rollout:
  - Practices were onboarded in small batches (approx. 10 per week) to monitor demand.
  - This approach helped manage concerns about potential spikes in referrals, which ultimately did not occur.
- Positive Feedback and Collaboration:
  - GP practices responded positively to the pathway.
  - A senior nurse joined meetings to address clinical concerns, which reassured GPs.
- Receptionist Training:
  - Initial concerns from reception staff were addressed through training.
  - Staff became confident in asking triage questions, contributing to smooth implementation.

Linda Smullen, Breast Clinic Coordinator at NHS Forth Valley

- Clear communication was crucial, and ensuring all hospital staff understood the new pathway, their roles, and expectations was key to successful implementation.
- Clinicians found the process easier as referrals bypassed detailed comments and went straight to booking, streamlining workflow.
- Radiology reported no negative impact, and after nearly two years, the pathway has become the standard way of working.
- Minor issues were managed locally, being quickly identified and corrected through feedback to GP practices.

Patient experience

- High satisfaction and acceptability:
  - 99.3% happy with receive direct referral
  - 95.6% comfortable with sharing symptoms with receptionist

- Minority preferred GP appointment first (7.7%) - concerns with ‘wasting’ a hospital appointment or seeking faster reassurance/resolution from a GP
  - Patients still able to have a GP appointment first if they wish

- Importance of clear, accessible and timely information and communication to build trust

“[receptionist] always ask, (…) I explained and she was like, oh the system has changed, she said, you no longer have to come and see the GP, she said, we just refer you straight on, and that’s what she did. She explained that I would get a text or a phone call from the hospital, which I did and that was that really. It was very good.”

Patient quote

“I don’t work local to where I live so it really mucks up my day entirely because I work eight o'clock to six o'clock in the west of the country, so it does change. It’s quite a pain if I have to go to an appointment.”

Patient quote

“Miss out the middleman (…) and just go straight through that rather than waste maybe a week to get the appointment with the doctor. It may have been quicker.”

Patient quote

Pathway impact

- Streamlined pathway leads to increased efficiency and access, particularly when accessing a GP appointment is challenging (e.g. travel or mobility difficulties)
- Clinically safe and effective - no impact on cancer conversion rates or tumour staging
- No significant difference in referral rate and no impact on breast clinic demand
- Reduced pressure on GP services and costs through saving a GP appointment and patient time taken for travel and attending the appointment.

Key learnings

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Key learnings

Secure whole-system engagement and commitment – share the rationale, emphasise benefits and address concerns.

Identify leads to champion the change – including GPs, Breast Consultants and Advanced Nurse Practitioners.

Provide dedicated project management – managing primary-secondary care interface and gathering & implementing staff and patient feedback.

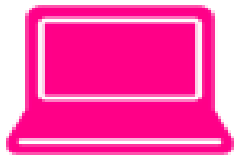
Work closely with GPs and practice managers – identify staff to manage the process and provide training and support.

Provide patients with clear, accessible information – available in multiple formats and provided in advance.

Scale-up considerations

Inclusivity

Ensure the direct pathway is acceptable and equitable to patients from varying degrees of deprivation and diverse backgrounds (e.g. produce information sheets in several languages).



Digitalisation

Consider options where patients can use digital component (e.g. an app) to access triage tool and self-refer.

Q&A

The following slides summarise the discussion after the presentation at the webinar

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Panel

- **Professor Juliette Murray**
  Consultant Breast Surgeon, Deputy Medical Director NHS Forth Valley and Clinical Director at the National Centre for Sustainable Delivery
- **Dr Scott Williams**
  Deputy Medical Director for NHS Forth Valley and a GP in Stirling
- **Liz Dolan**
  Project Manager, NHS Forth Valley
- **Linda Smullen**
  Breast Clinic Coordinator, NHS Forth Valley

Breast Lump & Breast Pain Pathway

- This project is distinct from the work on the breast pain pathway.
- The Breast Lump pathway which was the focus of this project focuses on patients who have identified a lump in their breast, whereas the breast pain pathway is suitable for patients who are experiencing pain but have not felt a lump. Each group of patients has a different care pathway, and see different professionals.

Impact on Demand and Cancer Detection

- No increase in both inappropriate or overall referrals was observed.
- The cancer conversion rate in the direct access pathway remained consistent with historical data, at around 5% of patients attending the breast clinic subsequently being diagnosed with cancer.
- Even if patients still had a GP appointment and the GP couldn't find a lump, the patient was still referred to be assessed by a specialist if they were certain they could feel a lump.
- This project improves productivity/efficiency by freeing up GP capacity within a constrained system.

Communication and Collaboration

- There were initial concerns present about potential inappropriate referrals.
- However, monthly service development meetings and clear communication between the project team, primary care and secondary care built support for the pathway.
  - Allowed for discussions of arising issues, mitigations and feedback from secondary care.
- Support continued to grow when an increase in demand (and inappropriate referrals) was not observed.
- Secondary care clinicians appreciated the efficiency of the pathway, and the positive patient satisfaction observed.

Pathway Misuse – Falsely Reporting Lumps

- Whilst patients falsely reporting lumps is theoretically possible, the project showed now evidence of patients exaggerating symptoms to gain access to the direct service.
- Clinicians still emphasised that if patients believed they felt a lump, they should still be referred and assessed, even if the clinician cannot feel it.

Patient Awareness of the Pathway

- Little public advertising was done initially to avoid a potential surge in demand – only a national press release to announce the launch of the project as part of CRUK's Test Evidence Transition programme.
- The pathway was introduced to patients through practice staff.
- Future public awareness campaigns are being considered, with growing confidence that patients would not misuse the service and cause an increase in demand.

Resource and Cost Implications

- The funding provided by CRUK was used for evaluation purposes.
- The pathway was able to be successfully implemented using existing staff and infrastructure.
- No extra resource was required, particularly in secondary care.
- Savings are not transferable between primary and secondary care because the savings are spread so widely.
- Time saving in primary care may be limited, given that the pathway is in relation to a few hundred thousand GP appointments, out of hundreds of millions of GP appointments annually.
- Therefore, the primary focus is optimizing service delivery, improving patient experience and freeing up GP time.

Age Eligibility

- Patients aged 18 and above were eligible for direct referral
  - (*Please note this is a correction from the age range incorrectly mentioned during the webinar*).
- Although rare, breast cancer can occur in younger patients, so no strict age cut-off was enforced for referral.
- Staff ensured that all patients with a breast lump were referred or seen promptly, regardless of their age.

Flexibility and Integration

- The simple 3-question triage process is suitable for digital platforms.
- Practices can integrate this into existing triage systems, whether they are digital, telephone-based or led by admin staff.
- The triage process is flexible and can be adapted to suit local workflows.
- Referrals can be initiated by admin staff, nurse practitioners or GPs.

Scalability and Transferability

- Potential areas to adapt and implement this pathway include:
  - Postmenopausal bleeding
  - Vasectomy
  - Minimally symptomatic hernia
  - Tonsillectomy
- However, these are only suggested pathways and have not been tested and evaluated by the NHS Forth Valley team.
- The model overall supports opt-in pathways, where there is increased use of digital resources, and patients receive information and choose whether to proceed, improving efficiency and patient empowerment.

Thank you

Link to Test Evidence Transition webpage

Scan the QR code below to visit the Test Evidence Transition webpage:

If you'd like more information, please contact **Elhum Jhanji** at Cancer Research UK: elhum.jhanji@cancer.org.uk