Centre for Healthcare & Community Research

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RESEARCH BRIEF

Fast-track access to support earlier breast cancer diagnosis: Implications for practice from an evaluation of process and outcomes

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Summary

NHS Forth Valley implemented a fast-track referral pathway in 2023 to improve access to breast assessment clinics for patients presenting with breast lumps. The pathway allowed GP reception staff to directly refer eligible patients without a GP appointment, using a simple screening tool. The evaluation showed that while the average time to diagnosis slightly increased, extreme delays were reduced, and all patients were seen faster overall compared to the pre-implementation model. Clinical outcomes remained comparable, and the pathway proved cost-effective. Patients and staff generally found the process efficient and acceptable, with qualitative data reflecting patient trust in the system. These findings suggest the pathway is a feasible, safe and effective innovation, offering lessons for wider implementation in similar healthcare settings.

Introduction

Faster cancer diagnosis for suspected cancer is a policy target across the UK. The first stage of the breast cancer pathway for patients not picked up through routine screening involves presentation of concerns to primary care, to seek a referral for further assessment. Since primary care in the UK is under considerable pressure, it is important to find ways to both relieve this pressure, and to prevent any potential delays to cancer diagnosis.

Delays at the earliest stage of the diagnostic pathway can occur due to patients' concerns of burdening the health service, difficulties arranging and securing a GP appointment, and GPs taking a cautious approach to avoid having a referral rejected. There will be significant variation in a patient's ability to see a GP quickly, depending on the location of their practice and on their own circumstances. Individuals in more socio-economically deprived areas, who may also have limited social capital, inflexible work schedules, caregiving responsibilities and transport issues, may find it harder to attend primary care promptly, leading to poorer health outcomes.

The improvement project

The project was designed to streamline the referral process for patients who identify a breast lump by removing the need for a GP appointment prior to referrals to the NHS breast assessment clinic.

Following implementation, patients aged 18 and over calling their general practice reporting symptoms of a breast lump were assessed by a receptionist for eligibility for a fast-track access breast clinic pathway, based on simple criteria to rule out potential breast abscess or breast-feeding problems. The receptionists explained the fast-track option and offered the patient the choice of an appointment with a nurse or GP if they preferred.

The decision to fast-track a patient to the breast clinic resulted in a direct referral being made by a member of the reception team.

Project implementation

Staff from the breast clinic, working with a project manager, invested time in securing agreement from GP practices in their area. Once practices had agreed to be involved, project staff then worked directly with GP practices to ensure all practice staff were comfortable and confident in implementing the new pathway. As part of the design process, the team:

- Developed a screening tool to identify eligible patients for fast-track referral.
- Developed a patient information leaflet for GP practices to provide to patients, describing what to expect at the breast assessment clinic. The leaflet was designed to be sent by text message, email or provided in hard copy.
- Ensured access to the SCI Gateway referral system by the GP reception team, to enable them to submit direct referrals to the breast assessment clinic.
- Implemented a new vetting outcome within TrakCare, which fed into the appointment type 'New Urgent PPC breast'. This enabled all fast-track referrals (i.e. those that bypassed a GP appointment) to be tracked separately from other referral types.

What supported successful implementation?

At inception, most GP practices were willing to be included, partly because breast clinic leads took time to engage GP leads early on. A few practices were hesitant and waited for early feedback on implementation before joining. Building good relationships between general practice staff and breast clinic staff at this early stage ensured questions before and during implementation of the new pathway could be discussed and resolved. This engagement and support was sustained via regular emails, phone calls and other discussions with GP teams to gain feedback, answer questions and talk about *how* practice teams were implementing the new pathway.

A phased roll-out of the project, starting with five practices and gradually adding more, enabled a 'try it and see' approach with rapid feedback. Concerns about potential increased workload in the breast clinic were alleviated, word spread amongst the general practices, and early adopters demonstrated that the new pathway could be implemented without problems.

The screening tool (referral criteria) was straightforward and easy to use in discussion with patients. It was short and could be made clearly visible and to hand. Reception staff had enough information about the pathway to use the tool confidently.

The practices fitted the fast-track referral into their day-to-day practice in a way that worked best for them. Streamlining the referral process for administrative staff (e.g. by embedding the screening tool in a clear way within EMIS) helped to ensure consistent adoption.

GP reception staff were happy to use the screening tool and to fast-track patients. They were used to asking patients questions, to direct them to the most appropriate clinician, so did not see any problems with using the screening tool.

"It's pretty much just answering questions and ticking boxes for us … it's a lot less for us to do than the GPs" (GP receptionist)

92.7% of survey respondents felt comfortable making the decision to refer patients through the new pathway

"I enjoyed the relationship between primary care and the [clinic] nurse practitioners … it's nice to work together" (surgical care practitioner)

What outcomes did we measure and how?

We took a theory-informed approach to the evaluation, guided by the anticipated outcomes in our theory of change. We were interested in the implications for:

- The healthcare system - in terms of reduced costs.
- Primary care - in terms of freeing up GP appointments.
- Clinical outcomes - in terms of appropriate referrals and reduction/avoidance of delays.
- Patient experience – in terms of their experience of the fast-track referral, their levels of anxiety, and avoiding the need to attend a GP appointment.

To measure these outcomes, we used:

Data	Details	Analysis	N =
Routine quantitative data	3 time periods: • Pre-Covid (3 months • Pre-implementation (3 months) • Implementation (9 months from August 2023)	Interrupted time series analysis and health economic analysis (cost consequence analysis).	1470
Patient surveys	All consenting patients referred to the breast clinic during 9-month period. Short online anonymous questionnaire.	Descriptive quantitative analysis and thematic qualitative analysis.	155
Patient interviews	Semi-structured telephone interview between April and July 2024.	Reflexive thematic analysis.	9
Staff surveys	Key staff in all participating practices, online questionnaire.	Descriptive quantitative analysis and thematic qualitative analysis.	58
Staff interviews	Purposive sample of staff involved in implementing the intervention.	Reflexive thematic analysis.	8
Project documents and field notes	Meeting notes, action plans, discussions, audits and other observations gathered through close working with all stakeholders.	Used for sense-checking, verification, and to support over-arching analysis across datasets.	N/A

Ethical research considerations

Ethics approval for this study was granted by NHS Research Ethics Committee (East of England – Cambridge 23/EE/0168).

Patient and public involvement

Four public contributors with lived experience of a cancer diagnosis were recruited to support this study from start to finish. Additional comments were sought through small group discussions with patients who had lived experiences of breast cancer and went through the previous pathway in Forth Valley.

What did we find?

Efficiencies were created

- The cost of the fast-track pathway was lower compared to both pre-intervention comparators.
- Routine data suggested a small increase in the average number of days taken for fast-tracked patients to be seen and to receive a diagnosis, but there was a reduction in extreme delays.
- Fast-track referrals took a little bit of receptionist/secretary time, but they saved at least one clinician appointment every time. When multiplied up, this represents a considerable saving in one-on-one primary care appointments.
- Impact on GP reception staff workload was felt to be negligible or insignificant.
- The project had no impact on the clinic's workload or ongoing capacity.

Clinical outcomes were not impacted

- The fast-track referral criteria were found to be fit for purpose and led to appropriate referrals.
- There was felt to be little added value of a clinical appointment prior to referral, since almost all breast lump presentations would result in a referral.
- Younger patients (under 30) were likely to benefit even more from a fast-track appointment since they would not previously have been 'flagged' as urgent suspected cancer. They would receive a diagnosis (or reassurance) significantly quicker than via the previous pathway.

Patients were positive about their experience

- Benefits to patients included saving time and hassle associated with attending a GP appointment, not having to take time off or be late to work, or to negotiate shifts to attend a GP appointment, and not having to burden family members for transport.
- The fast-track 'made sense' to patients: they felt empowered to know there was something different in their breast and didn't need GP confirmation; they trusted the process; they understand the pressure primary care is under and are happy to "cut out the middle-man".

"It cut out the middleman because I don't 'think my GP would have been able to do any more" (Patient 7)

99.3% of survey respondents were happy to receive a direct referral to the breast clinic.

"She asked me three questions … Then she said to me that's your referral done, you'll aim to be seen within two weeks" (Patient 6)

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