



Developing Effective Pathways to Deliver Quality and Timely Care

Breast Cancer Care Pathway

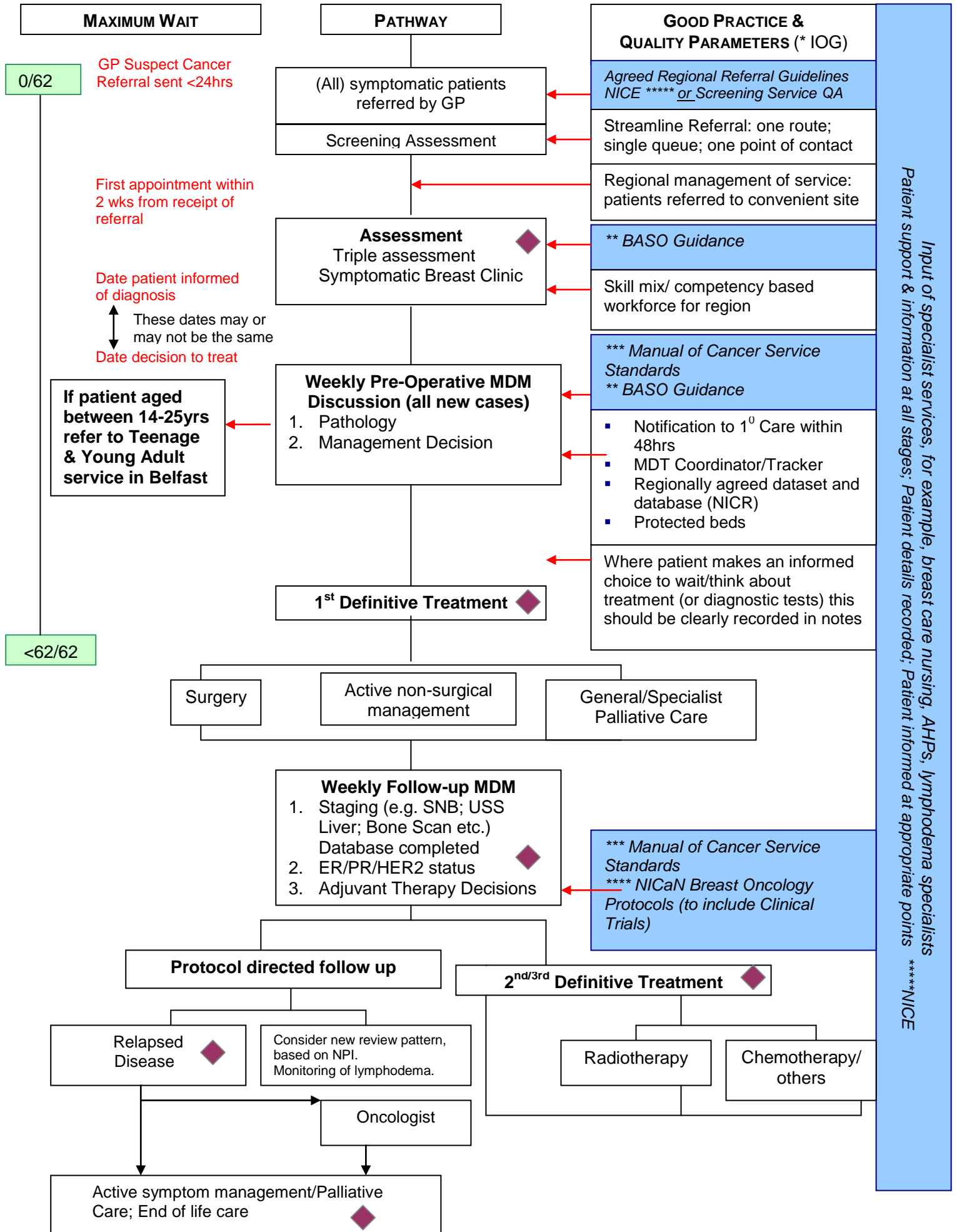
Cancer Care Pathways outline the steps and stages in the patient journey within defined timescales from referral through to diagnostics, staging, treatment, follow up, rehabilitation and if applicable onto palliative care.

The purpose of this pathway document is to provide a clear and concise account of the key stages, diagnostic tests and treatments that are expected to take place for patients who are suspected of having breast cancer.

This work will inform the development of a Service Framework for breast cancer. Service Frameworks will contain the explicit standards underpinned by evidence and legislative requirements and set targets, specific timeframes and expected outcomes.

This pathway was initially prepared by a subgroup of the NICaN Breast Group and discussed at the January, March and May meetings of the NICaN Breast Group. During this period, the pathway has been circulated for comment and consultation to members of the Group and Local Lead Cancer Clinicians.

Outline of Evidence Based Pathway – Breast Cancer



Evidence base for care pathway

- * Implementing Outcomes Guidance: Breast, August 2002
- ** BASO: www.baso.org/downloads/BASOguidelines_2005.pdf
- *** Manual of Cancer Services Standards www.cquins.nhs.uk/manual.php?p=full
- **** Oncology Protocols: Dr A Clayton, Personal Communication
- ***** NICE Improving Supportive and Palliative Care for Adults with Cancer: <http://www.nice.org.uk/page.aspx?o=csgspfullguideline>
- ***** NICE Referral Guidance <http://www.nice.org.uk/CG027>
- ***** Holistic Common Assessment of Supportive and Palliative Care Needs for Adults with Cancer, Kings College London, January 2007

Service Optimisation

There are a number of practical steps that could be taken to improve patients' experience of care and reduce cancer waiting times.

Such steps may include:

- Streamlining the referral route – one route, single queue, one point of contact
- Pooling referrals
- Straight to test
- Combining tests/visits
- Agreed protocols for diagnosis/staging
- Robust booking/scheduling systems
- Competency based workforce development with skill mix and extended roles

2015/16 Cancer Access Standards

- April 2015, all urgent breast cancer referrals should be seen within 14 days;
- At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat;
- At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

Appendix - Version Control of Draft Pathway:


Following discussions at SubGroup meeting on 12th December, the following changes were proposed:

- 'same-day notification to Primary Care – change to 'notification within 24 hours'.
- notification to NICR – felt to be implicit as part of data collection processes/system
- Add pathology to 1st MDM discussion
- Move 'Further staging Investigations' from 1st MDM to later MDMs. (Surgery is part of staging process).

Points raised by Dr Garvey for consideration / inclusion in pathway.

- Following 1st definitive treatment – patient is referred to specialist palliative care – supportive and palliative care is along entirety of pathway
- Require clarification on protocol follow-up
- Need for clarity on decision to treat, ie what stage within pathway is significant news broken to the patient?
- Need to consider the time lines after diagnosis

Points from Tuesday 6th March 2007 meeting

- Date patient informed of diagnosis is mandatory
 - Date of Decision to Treat: the date which the clinician and the patient discusses and agree the treatment plan
 - Can vary for breast cancer patients, ie prior or after the MDM (90% normally before the MDM).
 - The MDM decision date should be recorded
 - Mandatory/trigger points where there should be evidence of holistic assessment and appropriate referral (holistic patient support) – marked 
- Holistic Common Assessment of Supportive and Palliative Care Needs for Adults with Cancer, Kings College London, January 2007
- Under follow-up, include monitoring of lymphoedema
 - Along the entire pathway insert input of specialist services, ie breast care nursing, AHPs, lymphoedema specialists etc.

It was noted that at the NICaN Primary Care meeting in November 2006, it was agreed that referrals with a suspicion of cancer would be made within 24 hours

Points from 24th April 2015 NSSG meeting

- Include reference to teenage young adult service if patient aged between 14-24 years.
- Change reference to reflect DHSSPS Minister for Health Priorities for Action (PfA) regarding cancer access targets to reflect 15/16 position