

Quality Standards for Diagnosis and Treatment in Breast Units Across Greater Manchester

Greater Manchester Cancer Breast Pathway Board

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Review date: April 2018 (at which point Oncology standards will be incorporated)

Breast Quality Standards for all Diagnostic Breast Cancer Units within Greater Manchester

Breast Cancer: Standards for world class outcomes

The Greater Manchester Cancer Breast Pathway Board (GMCBPB), made up of clinical leaders from different Trusts and supported by other related professionals, is committed to provide the highest quality care to patients referred to the symptomatic Breast services across Greater Manchester.

The GMCBPB has set out in the following document our 'commitment to quality' vision with a set of clinical standards that will guide the delivery of these high quality services within diagnostic and surgical breast units throughout the region. Each breast unit will be required to provide evidence of compliance with the following standards as stipulated. For those standards that breast units are not compliant with an action plan addressing the shortfall is to be compiled with clear timelines for completion

This document does not attempt to encompass the (neo) adjuvant treatment of patients with primary or metastatic breast disease. In Greater Manchester this management is guided by oncologists employed by the Christie NHS Foundation Trust, and as such, is guided by standards set out by the Christie NHS Foundation Trust:



MC_Breast_Oncology_Guidelines_2016.pdf

Supporting document to be read in conjunction with these standards: *'Greater Manchester Cancer: Quality Standards for Breast Cancer Units within Greater Manchester:*



supporting info for
Breast QS 2017 - FIN

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Breast Pathway Board

1. Breast Cancer: Breast Multi-Disciplinary Team (MDT) standards				
Ref:	Standard	Evidence Required	Trust / Pathway Board Responsibility	Is your service compliant (Y/N)
Multi-Disciplinary Team (MDT)				
BC MD01	Each breast unit will have a single MDT and named lead clinician as per the Quality Surveillance Programme (QSP) measure: NS/BC-16-001	<i>Operational Policy Quality surveillance evidence – access to QSIS required by pathway manager</i>	Trust	
BC MD02	Each breast unit to adhere to the QSP national quality surveillance standards for MDTs.	<i>Operational Policy Quality surveillance evidence – access to QSIS required by pathway manager</i>	Trust	
BC MD03	Any patient with a core biopsy taken and reported upon needs to be discussed with the relevant clinical information in a multidisciplinary meeting attended by all the key members	<i>Operational Policy Quality surveillance evidence – access to QSIS required by pathway manager</i>	Trust	
Clinical Audit				
BC MD04	Each breast unit will complete all audits stipulated within the annual audit programme as agreed by the GMC Breast Pathway Board.	Audit programme agreed by Pathway Board. Results of individual audits by providers within Annual Report	Pathway Board	
Research Trials				
BC MD05	Each unit to recruit 7.5% of all Breast Cancer patients to Interventional Trials.	<i>Quarterly recruitment discussed at pathway board – trial report Remedial action plan for each trust not meeting required standard</i>	Trust	
BC MD06	Each unit to recruit 20% of all Breast Cancer patients to Observational Trials.	<i>Quarterly recruitment discussed at pathway board – trial report Remedial action plan for each trust not meeting required standard</i>	Trust	

2. Breast Cancer: Diagnostic & interventional standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Clinic provision				
BC DI01	Each breast unit to provide One-Stop clinics at which patients are to receive triple diagnostic assessment in a single hospital visit.	<i>Unit operational policy as required for quality surveillance - access to QSIS required by pathway manager Activity figs to be in annual report</i>	Trust	
BC DI02	98% of all breast symptomatic referrals and suspected breast cancer referrals to be seen in a One-Stop clinic.	Evidence that SCR clinics are one stop and patient not seen without Radiology. <i>Unit operational policy as required for quality surveillance - access to QSIS required by pathway manager</i>	Trust	
BC DI03	Each breast unit to ensure patients return to be informed of their diagnosis within 5 working days from attending a One-Stop clinic appointment.	<i>Unit operational policy as required for quality surveillance - access to QSIS required by pathway manager % of patients informed of diagnosis within 5wd to be included in annual report</i>	Trust	
Radiological Services				
BC DI04	Each breast unit to have a minimum of 3x Consultant Breast Radiologists	<i>To include in unit operational policy- as above</i>	Trust	
BC DI05	Each breast unit must have the input of a Breast Screening Radiologist at the diagnostic MDM.	<i>To include in unit operational policy- as above</i>	Trust	
BC DI06	Each Radiologist will have a minimum number of 3 x breast sessions .	<i>To include in unit operational policy- as above</i>	Trust	
BC DI07	Each symptomatic breast radiologist should read a minimum of 1000 mammograms per annum, with double reporting if the workload is less than 3000 per annum within a unit.	<i>To include in unit operational policy- as above</i>		
BC DI08	Each breast unit will have a minimum of 2 x staffed Digital Mammogram machines .	<i>To include in unit operational policy- as above</i>	Trust	

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BC DI09	Each breast unit will have a minimum of 2 x High Resolution Ultrasound Scanners.	<i>To include in unit operational policy- as above</i>	Trust	
BC DI10	Each breast unit will offer Stereotactic biopsy and a localisation facility.	<i>To include in unit operational policy- as above</i>	Trust	
BC DI11	Each breast unit to have access to Stereotactic vacuum assisted biopsy.	<i>To include in unit operational policy- as above</i>	Trust	
BC DI12	Each breast unit to have access to MRI and follow NICE safety guidelines for the use of MRI equipment.	<i>To include in unit operational policy- as above</i>	Trust	
Pathology				
BC DI13	Each breast unit to have a minimum of 3x Consultant Breast Pathologists	<i>To include in unit operational policy- as above</i>	Trust	
BC DI14	Each Pathologist will have a minimum of 50 x cases specialising in Breast cancer per year.	<i>To include in unit operational policy- as above No of cases by each pathologist to be included in annual report</i>	Trust	
BC DI15	Pathology services should meet the service specification and quality standards laid out in NHS BSP Publication No.2 "Quality Assurance Guidelines for Breast Pathology"	<i>To include in unit operational policy- as above</i>	Trust	
BC DI16	All breast biopsies should be reported within 5 working days and breast core biopsy reports should include oestrogen and HER2 receptor status and a proliferative index.	<i>To include in unit operational policy- as above - % of biopsies reported within 3wd to be included in annual report</i>	Trust	
BC DI17	All vacuum assisted biopsies should be reported within 7 working days.	<i>To include in unit operational policy- as above - % of biopsies reported within 7wd to be included in annual report</i>	Trust	
BC DI18	All surgical specimens should be reported within 7 working days.	<i>To include in unit operational policy- as above - % of specimens reported within 7wd to be included in annual report</i>	Trust	
BC DI19	All breast units to offer Oncotype DX as per NICE guidelines.	<i>To include in unit operational policy- as above</i>	Trust	
Genetics				
BC DI20	All patients with triple negative breast cancer under 50 years of age are to be referred to a specialist genetics clinic.	<i>To include in unit operational policy- as above</i>	Trust	

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3. Breast Cancer: Surgery standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Emergency Surgery				
BC S01	All breast units to have a set pathway for specialist breast input for emergency complications (24hr cover).	<i>To include in unit operational policy- as above</i>	Trust	
Elective Surgery				
BC S02	Each breast unit to treat a minimum of 300 x new breast cancer cases per year.	<i>Activity data to be included in unit annual report – access to QSIS required</i>	Trust	
BC S03	Each consultant surgeon should undertake a minimum of 50 x new Breast Cancer operations per year. When two surgeons operate jointly on one case this case should be attributed to both surgeons	<i>Activity data to be included in unit annual report – access to QSIS required</i>	Trust	
BC S04	80% of all patients (excluding imm recon) should be on a short stay surgical pathway (Day case / 23hr stay)	<i>To include in unit operational policy- as above and subject to audit</i>	Trust	
BC S05	There should be a minimum of 3 x WTE Consultant Breast Surgeons per breast unit	<i>To include in unit operational policy- as above</i>	Trust	
BC S06	There should be a minimum of 2 x WTE Consultant Breast Surgeons with Oncoplastic experience per breast unit.	<i>To include in unit operational policy- as above</i>	Trust	
BC S07	Each patient considering breast reconstruction should be discussed at a MDT meeting attended by at least two oncoplastic breast surgeons. All available options for reconstruction should then be discussed with the patient.	<i>To include in unit operational policy- as above</i>	Trust	
BC S08	Breast units offering microvascular surgery must perform a minimum of 50 x breast free-flap procedures per year.	<i>Activity data to be included in unit annual report – access to QSIS required</i>	Trust	
BC S09	Each breast unit will have a standardised referral pathway for all patients requiring microvascular surgery and alternative surgical procedures not available locally (compliant with GM standards).	Provide local referral pathway. (Standardised GM referral pathway to be documented via the Pathway Board).	Trust & Pathway Board	

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BC S10	Each breast unit to have a Laminar Flow theatre for implant related surgery.	<i>To include in unit operational policy- as above</i>	Trust	
BC S11	Each unit to have available technetium 99 injection for sentinel lymph node biopsy.	<i>To include in unit operational policy- as above</i>	Trust	
BC S12	Each breast unit will have a minimum of 2 x Gamma Probes for sentinel lymph node biopsy.	<i>To include in unit operational policy- as above</i>	Trust	
BC S13	Each breast unit to have a Picture Archiving Computer System (PACS) available in theatre.	<i>To include in unit operational policy- as above</i>	Trust	
BC S14	Each breast unit to have suitable real-time imaging for breast surgical specimens available in theatre.	<i>To include in unit operational policy- as above</i>	Trust	
BC S15	Each breast unit is to meet the national Cancer Waiting Times (CWT) targets.	Provide CWT performance evidence showing compliance with the target for previous 2 quarters. <i>Unit annual report</i>	Trust	

4. Breast Cancer: Aftercare & Living With & Beyond Cancer standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Standardised follow up protocol				
BC AL01	The GM service will support the delivery of the Recovery Package (National Cancer Survivorship Initiative). Each breast unit is to ensure the delivery of: <ul style="list-style-type: none"> a. Holistic Needs Assessment (HNA) at key points of the care pathway b. Written Care Plan (WCP) to address needs identified by HNA c. Treatment Summary (TS) completed at the end of each phase of treatment d. Cancer Care Review (CCR) by primary care clinicians, supported by info provided by TS e. Health & Well-Being Events (HWBE) to provide information and support for on-going self-management 	<i>To be included in operational policy and each unit to provide numbers for each element of RP Eg how many patients had HNA How many had WCP from HNA....etc</i>	Trust & Pathway Board	
BC AL02	All breast units will have clear referral pathways to enable patients to access physiotherapy/ lymphoedema/ AHP and prosthetic services, and be able to sign post patients to other supportive services for information	Audit to illustrate appropriate referrals are being made. <i>Include in annual report</i>	Trust & Pathway Board	
BC AL03	Physiotherapy for primary breast cancers should provide accelerated recovery from treatment through prehabilitation (Prehab) and then access to rehabilitation, delivered by a level 3 physiotherapist	<i>To include in unit operational policy- as above</i>		

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5. Breast Cancer: Keyworker/Breast CNS Standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Keyworkers/Breast Clinical Nurse Specialists				
BC KW01	All patients diagnosed with Breast Cancer will have access to a named keyworker from the time of their diagnosis.	<i>Unit operational policy</i>	Trust	
BC KW02	Each breast unit will have a minimum of 1xWTE Breast CNS per 75 x NEW Breast Cancer cases. The CNS caseload is dependent upon the stages of the pathway delivered by the Trust but will include the delivery of the Recovery Package elements (HNA/WCP/TS) – also could be support worker.	<i>No of new cases and no of CNS – include in operational policy and figs in annual report</i>	Trust	
BC KW03	Each breast unit to have appropriate specialist support (outwith CNS support) in order to deliver care for metastatic, Lymphoedema and 'family history' patients.	<i>Unit operational policy</i>	Trust	
BC KW04	The nominated keyworker, normally the CNS , will have completed the course: A11 'Principles & Practice of Breast Care Nursing' or equivalent and be a member of the Greater Manchester Cancer Breast Pathway Board Nursing Group.	<i>Unit operational policy</i>	Trust	

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6. Breast Cancer: Metastatic breast cancer standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Metastatic disease				
BC M01	All breast cancer patients with metastatic disease within Greater Manchester who require oncological input are to be under the care of an Oncologist employed at the Christie NHS Foundation Trust specialising in Breast Cancer.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust	
BC M02	All Breast Cancer patients with metastatic disease are to have a keyworker who has experience in the management and treatment of secondary breast cancer.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust	
BC M03	All breast cancer patients with a new diagnosis of metastatic cancer, whether at presentation or first relapse, are to be discussed and recorded at an MDT meeting.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust	
BC M04	All scans for suspected metastatic disease or ongoing monitoring of systemic anticancer therapy, should be reported within 5 working days.	<i>Unit operational policy – cross ref with Christie policy - % scans reported within 5wd to be in annual report</i>	Trust	
BC M05	All breast units must have a clear pathway for biopsy of metastatic disease as per NICE guidance and clear referral pathways to be in operation.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust & Pathway Board	
BC M06	All Breast Cancer patients considered to be in the last year of life should be identified and registered on the Gold Standards Framework with their GP surgery. Each trust is to have a robust mechanism in place to ensure that these patients are identified.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust	
BC M07	Each breast unit to have clear referral pathways to local specialist palliative care teams.	<i>Unit operational policy – cross ref with Christie policy</i>	Trust & Pathway Board	

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7. Breast Cancer: Patient experience of & involvement in the service standards				
Ref:	Standard	Evidence Required	Trust/Pathway Board Responsibility	Is your service compliant (Y/N)
Patient Support Group				
BC PE01	All breast units will sign post all breast cancer patients to a local patient support group and other support/agencies e.g. Macmillan Information Centre/Welfare Rights.	<i>Unit operational policy</i>	Trust	
Patient User Group				
BC PE02	A patient user group will support the GM service. The patient user group will support the GM service through representation at the GMC Breast Pathway Board.	<i>Unit operational policy</i>	Pathway Board	
BC PE03	The National Cancer Patient Experience Survey results to be reviewed with identified issues to direct the GMC Breast Pathway Board's annual objectives.	<i>Findings to be included in annual report along with action plan to address any issues</i>	Trust & Pathway Board	
BC PE04	The GMC Breast Pathway Board will issue a local standardised patient experience survey across GM to identify further areas of improvement.	<i>Findings to be included in annual report along with action plan to address any issues</i>	Pathway Board	