

# Implementing a regionally agreed mastalgia pathway across Greater Manchester and East Cheshire

Claire E Robinson Breast Pathway Improvement Project Manager

[claire.robinson85@nhs.net](mailto:claire.robinson85@nhs.net)



Greater Manchester Cancer Alliance

## Introduction

- Breast pain is common affecting 70% of women
- Accounts for 20% of breast referrals to a new patient triple assessment clinic ([ask me more about this](#))
- Association of Breast Surgery, GIRFT, NHS England and Best Practice Timed pathway all support an alternative pathway for patients with mastalgia alone
- 1<sup>st</sup> December 2021 – unanimous decision from the breast pathway board along with the provider federation board to have a nurse / GP with Extended Roles (GPwER's) led telephone-based mastalgia clinic

## Supporting resources

All resources can be found at [www.gmcancer.org.uk](http://www.gmcancer.org.uk)

## Aims

- Engage with Primary Care clinicians providing education & support allowing patients to be managed outside of secondary care
- To manage patients with a single symptom of mastalgia safely & efficiently
- To reduce unnecessary anxiety and over-investigation for patients who **do not** have a 'red flag' symptom for breast cancer
- Avoid unnecessary patient travel time / costs
- Create capacity in over-stretched 2 week wait triple assessment clinics
- Up skill Advanced Clinical Practitioners (ACP's) and GPwER's

## Lay Summary

### Background

- Increasing amount of breast referrals into secondary care, many of which are for breast pain (mastalgia)
- More people are being diagnosed with breast cancer which is challenging cancer waiting time standards & cancer targets of the NHS Long Term Plan
- Before the Covid-19 pandemic 20% of referrals to breast units were for breast pain
- Breast pain alone is not a symptom of breast cancer <sup>1</sup>

### Aim

Triaging of patients with a single symptom of breast pain, where they have not been successfully managed in primary care, into a breast pain clinic allows for safe and efficient specialist management

### Method

- COVID-19 pandemic provided the opportunity to change existing pathways
- Manchester University NHS Foundation Trust (MFT) & Bolton NHS Foundation Trust developed Advanced Nurse Practitioner led telephone breast pain clinics

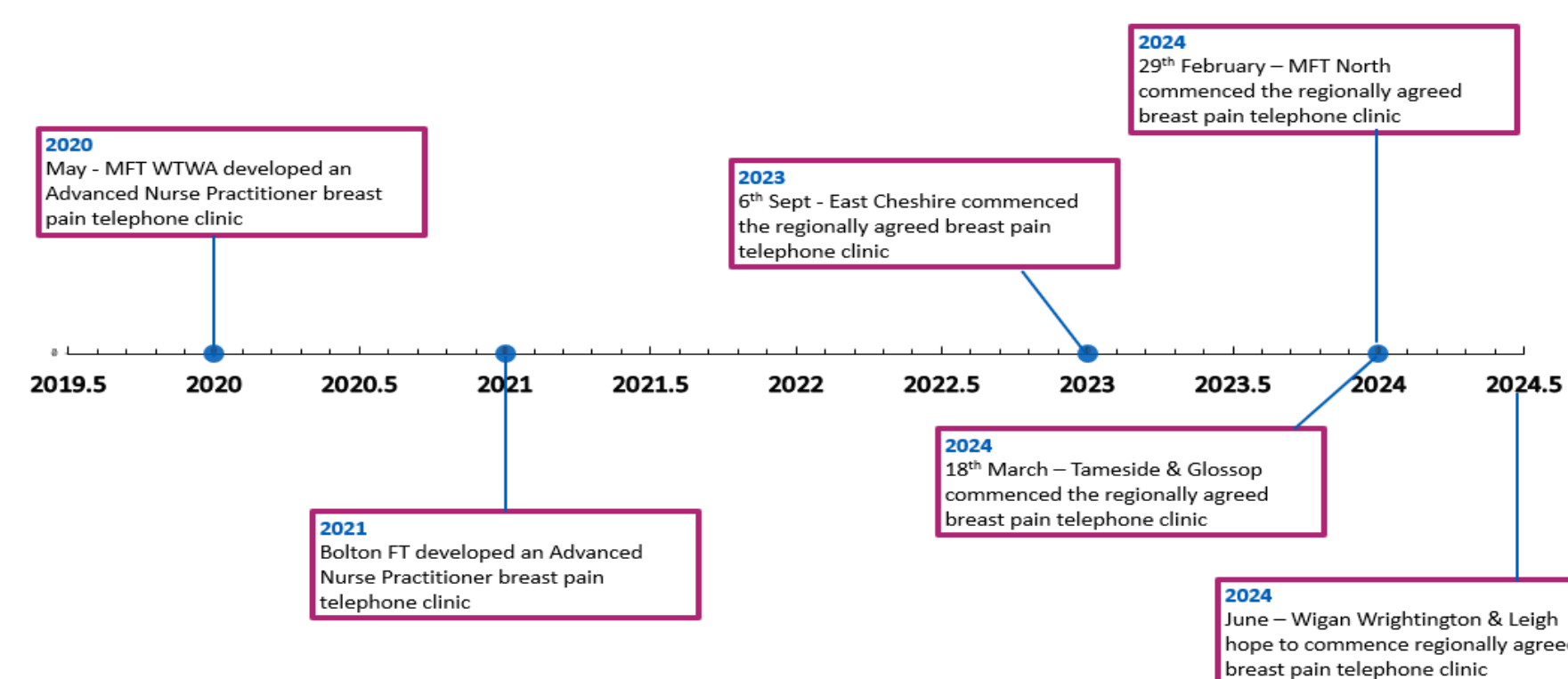
Outcomes and patient satisfaction data was collected by MFT and published in The Annals of The Royal College of Surgeons of England Ellis, KS, Robinson, CE, Foster, R et al (2023) Annals of Royal College of surgeons 000:1-5 doi.10.1308/rcsann2023.0056; <sup>1</sup>

- The study concludes that patients can be safely assessed through a telephone-based clinic
- Greater Manchester Cancer Alliance breast pathway board, after consultation, voted to roll out the locally developed telephone breast pain clinics

## Method

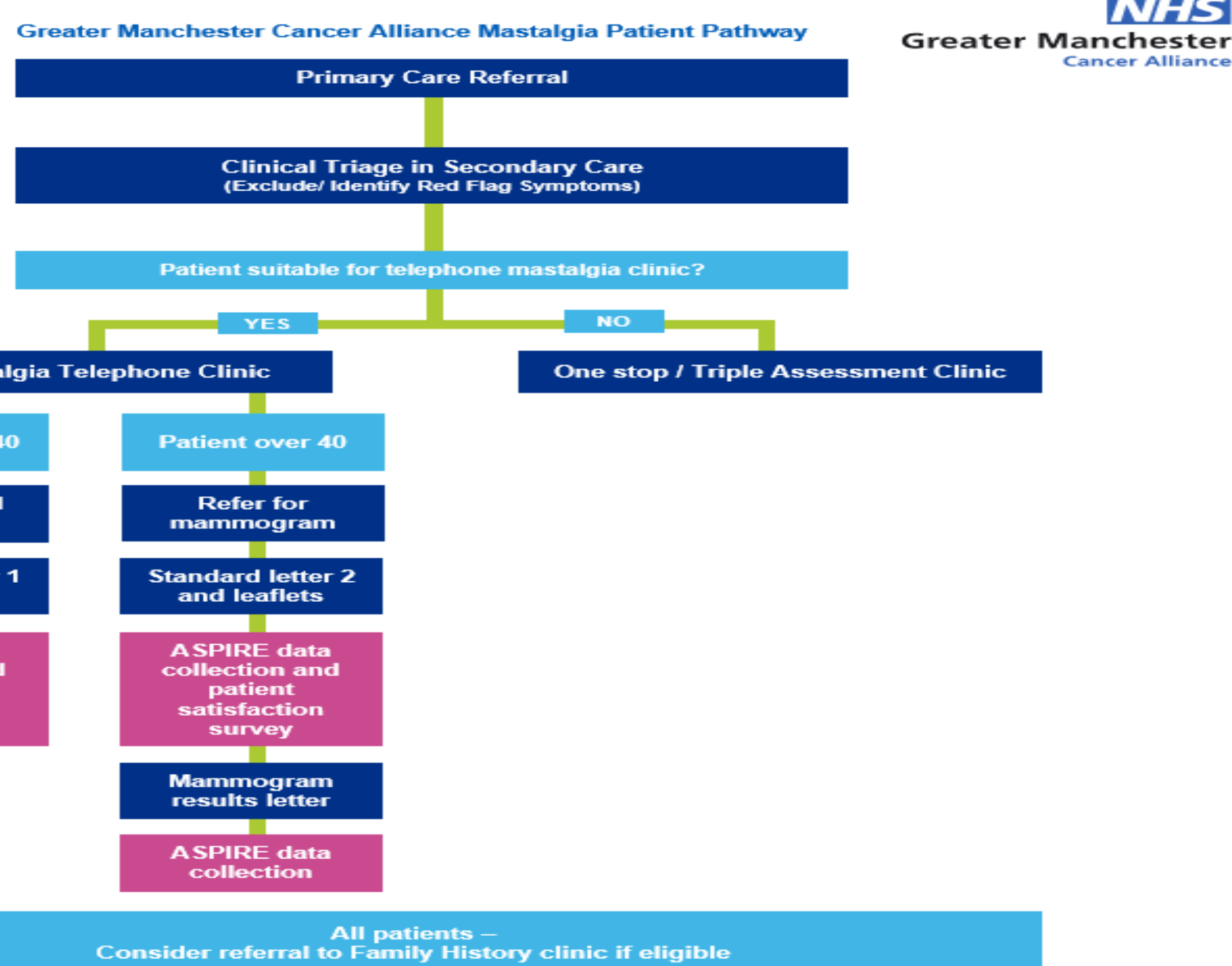
- Primary care education webinars
- Development of mastalgia management algorithm now embedded in primary care electronic patient records
- Educational resources developed and published on Greater Manchester Cancer Alliance website<sup>2</sup>
- Recruitment of a Project Manager for 2 years
- Recruitment of 0.4 WTE GPwER in each of the 6 breast units
- Development of a standard operating procedure for mastalgia pathway in secondary care
- Development of a training package for GPwER's
- Development of standardised documents to support the mastalgia clinics
- Engagement with key stakeholders at each Trust
- Provide regular updates in the primary care bulletins
- Onboard all units to ASPIRE (National breast pain evaluation study) facilitates patient satisfaction & greater data collection

## Onboarding Timeline



## Conclusion

- A regionally agreed telephone-based specialist mastalgia clinic is now standard practice in 5 out of 6 breast units with the final unit due to commence imminently
- Breast pain is not associated with breast cancer, however further data collection is taking place nationally through ASPIRE <sup>3</sup>
- Breast pain should be managed in primary care and only referred to secondary care when all other measures have failed
- Data published demonstrates this is a safe and effective model of care
- All supporting resources can be found on the Greater Manchester Cancer Alliance website <sup>2</sup>



References: <sup>1</sup> Ellis, KS, Robinson, CE, Foster, R et al (2023) Annals of Royal College of surgeons 000:1-5 doi.10.1308/rcsann2023.0056; <sup>2</sup> <https://gmcancer.org.uk/>; <sup>3</sup> <https://associationofbreastsurgery.org.uk/>

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