**Greater Manchester Cancer Alliance**

**Standard Operating Procedure**

**for**

**Mastalgia telephone clinics**

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| **Title:** | **Standard Operating Procedure for Mastalgia telephone clinics** |
| **Date of issue:** | **January 2024** |
| **Version:** | **01** |
| **Minor amendments:** | **Amended to be inclusive of all staff groups and to roll out across Greater Manchester and East Cheshire** |
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| **Application:** | **Bolton, MFT WTWA, MFT North, Tameside & Glossop, Wigan, Wrightington & Leigh and East Cheshire breast units** |
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# 1.Introduction

Mastalgia (Breast Pain) is a common complaint among women of all ages, occurring in up to 70% of women at some point of their lifetime. There are many different types of breast pain, these can include cyclical breast pain relating to hormones or non-cyclical breast pain. It is also common for women to complain of mastalgia but the source of pain is arising from the underlying chest wall. Mastalgia as a solitary symptom is unlikely to be linked with a breast malignancy and mastalgia alone is not an indication for radiological imaging. In many cases simple reassurance and patient education alone is adequate and this can be provided in primary care. There is an ongoing regional primary care education programme to support primary care clinicians to manage individuals with mastalgia without secondary care referral. However a small number of patients will require specialist reassurance in secondary care.

Following the Covid-19 pandemic and the implementation of strict guidance regarding the footfall of patients it was highlighted that this group of patients could benefit from telephone consultation alone. This in turn would release capacity for more patients with red flags symptoms to be seen in a timely manner. For patients it would, in most cases, be more convenient allowing access to specialist advice and breast imaging if indicated. Getting It Right First Time (GIRFT), Association of Breast Surgery (ABS) and NHS England are now advising alternative pathways for individuals presenting with mastalgia. This mastalgia telephone clinic pathway has been approved by Greater Manchester Provider Federation Board and Greater Manchester Cancer Alliance with support from Health Education England.

# 2.Purpose

A breast pain telephone clinic has the dual purpose of reducing footfall through the clinic whilst continuing to provide a consultation with a breast specialist. Patients would have an opportunity of discussing in depth their complaint and the breast specialist would be able to offer professional high quality advice and reassurance via the telephone. Should the patient highlight any other symptoms the opportunity for clinical examination and further imaging would be available.

# 3.Patient Criteria

All patients with breast pain alone as a solitary symptom would be suitable for the telephone clinic unless they fall under the following category.

* Patient with any red flag symptom which may require clinical examination or imaging
* Patients who do not have access to a telephone
* Patients who have breast implants in situ
* Patients with a previous history of breast malignancy
* Male patients with breast/chest wall pain
* Patients who have a communication barrier which may inhibit a telephone consultation which may include
  + Hearing difficulties
  + Speech difficulties
  + Language barriers
  + Other disability that inhibits telephone consultation

# 4.Process

* Patients are triaged by a suitably trained healthcare professional into the mastalgia telephone clinics. Suitable patients will be those with in which the referral letter states breast pain and no other red flag symptom and who fit the strict inclusion criteria
* Patients who fit the criteria will be allocated a timely telephone appointment within the 2 week target as outlined in the best practice timed pathway
* Patients will be informed via letter or telephone call that they will have a telephone appointment with the breast unit at an allocated time +/- 30 minutes. This will be their telephone consultation to assess their symptoms and provide advice and reassurance
* Patients who are uncontactable by telephone within +/- 1 hour of the allocated time will be treated as a DNA and will be offered one
* All patients receiving a telephone call will have their name and date of birth checked at the beginning of the consultation to ascertain it is the correct patient
* The healthcare professional conducting the telephone consultation will complete all questions using the telephone consultation proforma
* Should the patient discuss any red flags symptoms they must attend a face to face (triple assessment) consultation for clinical examination +/- radiological imaging
* If mammogram is indicated (patient is over 40 and has not had a mammogram within 6 months), the healthcare professional conducting the telephone consultation will be responsible for requesting the mammogram
* The clinician will type / write TELELPHONE MASTALGIA CLINIC on the request form to allow the radiology team to triage appropriately
* The breast radiology service will allocate appointments for imaging within 2 weeks
* The patient will receive a letter with a summary of the telephone consultation and the GP will be copied in
* Following any imaging a results letter will be sent to the patient and a copy to the GP by the requesting clinician
* Should the radiology identify any abnormality on imaging that requires further investigation a triple assessment appointment will be made
* To allow for prompt requesting of a triple assessment appointment each breast unit will determine the most efficient and appropriate pathway to inform the patient of the findings and facilitate an appointment
* If a radiological abnormality is identified the responsible healthcare professional will telephone the patient to explain the mammographic findings and explain the next steps
* Patients who have abnormal results will be booked into the next available triple assessment clinic as a new patient. The healthcare professional is responsible for ensuring this takes place
* At the triple assessment clinic patients will follow the already established pathway and will receive results as per unit guidelines
* Any queries regarding these patients should be directed to the mastalgia clinic team
* *See Appendix 1 for pathway algorithm*
* *See Appendix 2 for quick guide to clinic setup*

# 5.Equality Impact assessment

This SOP has been equality impact assessed by the authors using Greater Manchester Cancer Alliances Equality Impact Assessment (EqIA). *See Appendix 3*.

# 6.Consultation, Approval and Ratification Process

Consultation of this SOP has been sought from the locality management team and members of the Greater Manchester Cancer Alliance Breast Pathway Board. Approval and ratification will be gained through the local breast service clinical governance team.

# 7.Dissemination and Implementation

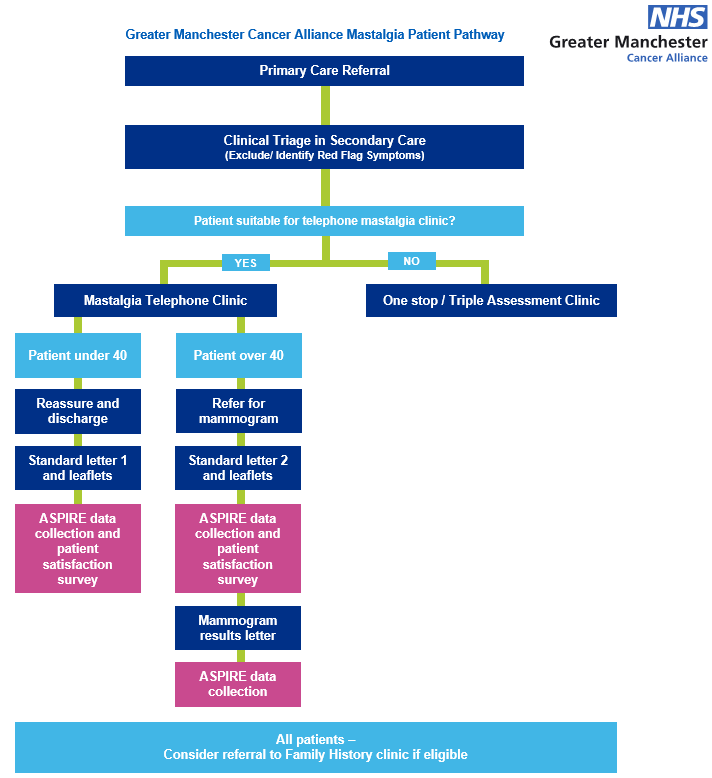
Once approved the SOP will be shared locally with all relevant breast service stakeholders and a master copy held as per local protocol.

# 8.Monitoring compliance

Audits will take place annually to assess compliance and effectiveness of the implemented practice.

Data may also be collected for the ABS ASPIRE study if the unit has registered for the study. Local data collection may also be collected.

# Appendix 1



\*See Appendix 4 for all available supporting documents

# Appendix 2

**Quick guide clinic setup and suggested clinic template**

* Patients to be triaged according to the strict inclusion / exclusion criteria as laid out in the standard operating procedure
* Only patients with a single symptom of mastalgia / breast pain are to be triaged
* Liaise with the radiology team and ensure they are onboard with the pathway
* You will need to set up a robust notification system should the patients have a mammographic anomaly
* Agree with radiology booking clerks the best way to highlight that mammograms are deferred and to be cold reported. We suggest writing MASTALGIA TELEPHONE CLINIC at the start of the request
* Utilise the example proforma or develop one that works for your team. Using a proforma helps to keep the consultation succinct and on track
* Suggested 15 minute slots as a minimum as there is quite a lot of admin for these patients
* 8 – 10 patients per clinic / healthcare professional

Checklist

* At the end of the consultation you may need to order a mammogram (>40’s)
* Dictate a letter, you may wish to use the suggested templates but will need to add a personalised paragraph. The letter should be sent to the patient and a copy sent to the GP
* Send patient information leaflets with the patient letter
* You may need to refer to the local family history clinic as per your existing guidelines
* Outcome the clinic visit as per local policy
* Collect data
* Send out patient satisfaction surveys

# Appendix 3

**Equality Analysis Template**

**Step 1 Evidence**

|  |  |  |  |
| --- | --- | --- | --- |
| This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage.  I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions. | | | |
| **Name of your strategy/policy/plan/project** | Mastalgia Pathway | | |
| **Contact details for the person completing the assessment** | Claire Robinson | | |
| **Design date for the strategy/policy/plan/project** | 23.05.2023 | | |
| **Date your equality analysis is completed** | 06.06.2023 | | |
| **Does this template form part of a business case or investment proposal submission?** | Yes | **No** | Unsure |
| **Are you completing this as a result of organisation change?** | **Yes** | No | Unsure |
| **Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify:** |  | | |

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. **Initial screening assessment**

|  |
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| **What are the main aims, purpose of your policy, plan or project?**  Mastalgia (breast pain) accounts for a high percentage of referrals into triple assessment clinics across Greater Manchester and East Cheshire. Mastalgia alone is not a symptom of breast cancer and therefore patients with these symptoms (without red flag symptoms) alone can be managed outside of the triple assessment clinics. This will allow more capacity for those patients with a red flag symptom helping to meet the national waiting time targets for 2 week wait and faster diagnostic standard. The pathway has been regionally agreed and funding has been sought from Health Education England (HEE) to recruit six GP’s with extended roles (GPwER’s) and 0.4 WTE project manager to assist in the delivery of the mastalgia telephone clinics. |
| **What is your expected outcome?**  For each breast unit across Greater Manchester and East Cheshire to have a safe, efficient and equitable mastalgia pathway. |
| **Who will benefit?**   * Patients would have the opportunity to discuss in depth their complaint. The healthcare professional would be able to offer specialist advice and reassurance. * Patients with mastalgia are provided with a more appropriate pathway without the unnecessary anxiety associated with a triple assessment clinic. * Patients are spared from unnecessary imaging and breast examination. * The new mastalgia clinic is conducted via telephone saving patients unnecessary and costly hospital visits. * Should the patient highlight any red flag symptoms the opportunity for a face to face consultation involving clinical examination and further imaging would be available. * The resource light telephone clinic provides benefits to the tax payer as this is a telephone clinic compared to a triple assessment clinic. * Breast service providers benefit this resource light model is more efficient in terms of workforce. * Cancer patients benefit, as the mastalgia pathway releases capacity in triple assessment clinics for those with red flag symptoms. |
| **Is your project part of a wider programme or strategy (for example, the locality plan)?** This forms part of the wider solution to stabilise Greater Manchester Breast services and improve performance against national cancer waiting times standards. |

1. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

|  |
| --- |
| Equality  Socio-economic status  Disability  Carers |

1. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA’s, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

|  |
| --- |
| <https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr199-guidance-on-screening-and-symptomatic-breast-imaging_0.pdf>  [Quality statement 1: Timely diagnosis | Breast cancer | Quality standards | NICE](https://www.nice.org.uk/guidance/qs12/chapter/Quality-statement-1-Timely-diagnosis)  [ASPIRE (Breast Pain Pathway Rapid Evaluation) - Association of Breast Surgery](https://associationofbreastsurgery.org.uk/professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/)  <https://www.england.nhs.uk/cancer/faster-diagnosis> |

1. **Evidence gaps**

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

**No:** Please go on to question 5. ( Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes:Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

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| **Evidence gap** | **How will the evidence be collated** | **Individual or team responsible and timeframe** |
| NA |  |  |

1. **Involvement and consultation**

**Note:** You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don’t forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

|  |  |  |
| --- | --- | --- |
| **Consultation and involvement that has taken place, who with, when and how?** | | |
| The GM cancer alliance patient and public involvement and engagement (PPIE) project manager has been consulted to highlight relevant patient groups that can be involved such as patient participation groups linked with Primary Care Network’s (PCN) and Trust heads of patient experience.  It is hoped they will provide knowledge and guidance in the patient satisfaction questionnaires and patient information documents. | | |
| **Key feedback from consultation:**  Feedback was sought from patient participation groups regarding the patient information leaflets. The leaflets aim to give advice on the management of mastalgia and how a bra should fit correctly.  The feedback on the whole was very positive. The only changes recommended were to make the leaflets and content more eye catching. The idea, information and layout of the leaflets was commended.  This will be taken into account when finalising the design. | | |
| **For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here:**  This pathway forms part of the wider plan to stabilise breast services across Greater Manchester and has been highlighted with the Provider Federation Board. | | |
| **How engagement with stakeholders will continue**  Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working. | | |
| **Involvement group** | **Consultation dates** | **Strengthening actions** |
| Breast pathway board  Provider federation board | From June 2021 – December 2021  December 2021  Ongoing throughout the implementation  February 2022 | Consultation on different mastalgia pathways.  The board were unanimous in supporting a unified equitable mastalgia pathway  MOA agreed and signed by each unit.  Final agreement on the Manchester pathway.  Clinical and non-clinical stakeholders updated regularly through pathway board meetings  Presentation to the PFB regarding the wider breast services stabilisation plan |

**Step 2 - Assessing impact and opportunities to promote equality and human rights**

1. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

|  |
| --- |
| This mastalgia pathway has been developed and successfully rolled out at MFT WTWA.  Local service review / audit has not demonstrated any disparities with any particular  Communities. |

1. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified

You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

|  |  |
| --- | --- |
| Age   * Young * Middle age * Older age | Age is not a primary indication that the patient would be at a  disadvantage with a telephone consultation but if age was  associated  with any communication barrier then a face to face consultation  would be preferable |
| Disability  Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including   * Physical * Social/attitudinal * Institutional * Communication   Complete which *barriers* you will need to consider in your programme. | Patients with communication barriers such as patients with a hearing or speech difficulty would be exempt from the telephone service |
| Sex  Identify any potential adverse impact to men or women. | Gender is not a primary indication that the patient would be at a disadvantage with a telephone consultation |
| Race  Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider. | Patients who do not have good English language may require to be exempt from the telephone service as even with an interpreter they may be at a disadvantage when trying to explain the nature and position of pain over the phone. These patients will have a face to face consultation. Otherwise race alone is not a cause for the patient to be disadvantaged |
| Religion/ belief  Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider. | There is no indication that patients who have specific beliefs or  religions will be at a disadvantage with the new policy |
| Sexual Orientation  Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider. | There is no indication that patients of any sexual orientation will  be at a disadvantage with the new policy |
| Transgender  Identify any adverse potential impact on transgender or non-binary people. | Patients from the Trans community would not be at a  disadvantage with the proposed new policy |
| Carer status | Patients who are carers would not be at a disadvantage with the proposed new policy but may have an advantage with not  having to make arrangements for another carer to take over |
| Socio-economic status  Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider. | Patients in socially excluded groups who may not have access  to a phone will have the opportunity to be seen in a face to  face clinic and will not have any disadvantaged treatment |
| Pregnancy or maternity  Identify any adverse potential impact because of pregnancy or maternity. | There is no indication that patients who fall into either group will  be at a disadvantage |
| Marriage /civil partnership  This category is only required for employment discrimination matters. | There is no indication that patients who are married or in a civil partnership will be at a disadvantage |
| Other  Are there other discriminations or disadvantages that you think you need to address? | Human Rights Act 1998  There is no evidence that the new policy would affect human rights of an individual. Should a patient feel it is their right to continue with a face to face consultation then this can be arranged |

1. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

|  |
| --- |
| Patients under 40 years of age with a single symptom of mastalgia will be reassured and discharged  with a package of care.  Patients over 40 years of age will have a mammogram booked following the telephone consultation.  <https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr199-guidance-on-screening-and-symptomatic-breast-imaging_0.pdf>  [ASPIRE (Breast Pain Pathway Rapid Evaluation) - Association of Breast Surgery](https://associationofbreastsurgery.org.uk/professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/)  <https://pubmed.ncbi.nlm.nih.gov/31039960/>  [https://www.researchgate.net/publication/367880310\_16\_Efficient\_management\_of\_new\_patient\_referrals\_ The\_safe\_introduction\_of\_an\_Advanced\_Nurse\_Practitioner\_ANP\_led\_telephone\_breast\_pain\_service](https://www.researchgate.net/publication/367880310_16_Efficient_management_of_new_patient_referrals_%20%20%20%20%20%20%20%20%20%20%20The_safe_introduction_of_an_Advanced_Nurse_Practitioner_ANP_led_telephone_breast_pain_service)  <https://www.researchgate.net/publication/367881426_P025_Patient_satisfaction_with_a_telephone-based_breast_pain_clinic>  <https://www.researchgate.net/publication/367881426_P025_Patient_satisfaction_with_a_telephone-based_breast_pain_clinic>  [https://www.bing.com/ck/a?!&&p=d4774387ae145898JmltdHM9MTY4NjAwOTYwMCZpZ3VpZD0yNzY4MzhlMS05NjMyLTZjNTQtMzFhMi0y YWFlOTcwYTZkZmYmaW5zaWQ9NTIwNA&ptn=3&hsh=3&fclid=276838e1-9632-6c54-31a22aae970a6dff&psq=no+association+between+breast+pain+and+breast+cancer&u=a1aHR0cHM6Ly9wdWJtZWQubmNiaS5ubG0ubmloLmdvdi8z NDk5MDM5NS8&ntb=1](https://www.bing.com/ck/a?!&&p=d4774387ae145898JmltdHM9MTY4NjAwOTYwMCZpZ3VpZD0yNzY4MzhlMS05NjMyLTZjNTQtMzFhMi0y%20YWFlOTcwYTZkZmYmaW5zaWQ9NTIwNA&ptn=3&hsh=3&fclid=276838e1-9632-6c54-31a22aae970a6dff&psq=no+association+between+breast+pain+and+breast+cancer&u=a1aHR0cHM6Ly9wdWJtZWQubmNiaS5ubG0ubmloLmdvdi8z%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20NDk5MDM5NS8&ntb=1) |

1. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

|  |
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| There is some evidence that the proposed changes will benefit the following groups as they will not  have to attend for a face to face consultation or travel to hospital. Disability, carers,  low socio-economic status.  A patient satisfaction survey was developed along with MFT WTWA’s patient experience  team.  This was provided through survey monkey and sent out via text message to every patient  following a telephone consultation. Results can be found on the poster in the link below <https://www.researchgate.net/publication/367881426_P025_Patient_satisfaction_with_a_telephone-based_breast_pain_clinic> |

1. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

|  |
| --- |
| No |

1. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

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| We will continue to engage with the pathway board and PPIE manager who will help us to identify any patient / public groups that may be able to offer guidance and evaluate our pathway.  Patient satisfaction surveys will also be conducted at each of the sites. |

**Step 3 – Strengthening your policy plan or project**

Please use the table below to document your strengthening actions.

1. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

|  |  |  |
| --- | --- | --- |
| **Adverse impact** | **Proposed action** | **Person responsible** |
| Disability – people with communication barriers | All patients with communication barriers such as patients with a hearing or speech difficulty would be exempt from the telephone service and made a face to face appointment where interpreters would be available to assist with the consultation | Individual Trusts |
| Race | Patients who do not have good English language may require to be exempt from the telephone service as even with an interpreter they may be at a disadvantage when trying to explain the nature and position of pain over the phone. These patients will have a face to face consultation. Otherwise race alone is not a cause for the patient to be disadvantaged | Individual Trusts |
| Socio-economic status | Patients in socially excluded groups who may not have  access to a phone will have the opportunity to be seen in  a face to face clinic and will not have any disadvantaged treatment | Individual Trusts |

Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who

cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

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| By undertaking regular patient satisfaction surveys we can monitor if the service is meeting the needs of the patient groups it serves.  The pathway will be adjusted accordingly if the results show a need.  These surveys will form part of the pathway evaluation. |

1. Describe how you could further promote human rights principles. What action(s) do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

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| By delivering telephone clinics it is hoped these will be advantageous for those who are carers, professionals, those with a disability and any other group of patients who may find it difficult to attend an unnecessary hospital visit. |

1. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

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| There will be no cost of attending a hospital appointment as the consultations will take place over the telephone at a place convenient to the patient.  Patients who may not have access to a telephone will be offered a face to face appointment. Trust cashiers may be able to help with costs towards travel to the relevant hospital site. With the pathway being delivered across the region there should be a breast unit offering this service locally to the patient. |

1. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

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| GP’s with extended roles have been recruited on a HEE 12 month pilot to help breast units deliver the mastalgia pathway. It is hoped this will have a positive impact on GP retention and reduce burnout. |

**Step 4 – Monitoring and review**

1. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

|  |  |  |
| --- | --- | --- |
| **What** | **When** | **How** |
| Patient satisfaction surveys | For the first 6 months of the pilot | Survey monkey texts  messages or paper forms for those who do not have access to a smart phone |
| FDS / BPTP statistics | As part of the pathway evaluation | Analyse the statistics before and after implementation of the mastalgia pathway |
| Mastalgia referrals | As part of the pathway evaluation | Determine if the number of mastalgia referrals has reduced |
| Review the mastalgia pathway | 12 monthly | As well as the mastalgia pathway project team evaluation each trust should undertake annual reviews to ensure the pathway remains safe and efficient |

**Step 5 – Sign off**

|  |  |
| --- | --- |
| **Strategy, policy, plan, project or service owner or Work Programme Lead\*** | |
| Name | Date |
| **EIA Lead ( the person completing this form)**  This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off. | |
| Name Claire Robinson | Date 06.06.2023 |
| **Director or Senior Responsible Owner \***  This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required. | |
| Name | Date |

\*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be saved in the COMPLETED GM Cancer EIA folder in folder 108 Equality Impact Assessments to ensure we can evidence our legal duties to undertake equality analysis, it should also be entered on the EIA register as complete with review date populated to provide assurance to Programme Assurance Group. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.

# Appendix 4

All of the standardised mastalgia clinic letter templates and patient information leaflets as listed below can be found on the Greater Manchester Cancer Alliance Website under the Mastalgia tab.

Standard letter 1 – under 40’s clinic letter template

Standard letter 2 – over 40’s clinic letter template

Normal mammogram letter template

GP referral feedback letter

DNA new appointment letter template

DNA discharge letter template

Mastalgia patient information leaflet

Bra fitting patient information leaflet