GIRFT report shows how changes to referrals, tests and treatment can improve breast surgery services in light of COVID-19

Measures to protect patients and allow clinicians to focus on those with the greatest need are among the key recommendations in the Getting It Right First Time (GIRFT) national report for breast surgery, helping the NHS to restore safe and efficient care post-pandemic.

COVID-19 has had an impact on the delivery of breast surgery services, with new patient referrals rising since the easing of restrictions and a backlog of operations for those with lower risk cancer or requiring reconstructive surgery whose surgery was deferred.

The new GIRFT report looks to harness the response of teams across the country in rapidly adapting to change during the peaks of the pandemic, outlining measures which will enable them to deliver the safest and most efficient care possible.

GIRFT report authors Tracey Irvine (consultant oncoplastic breast surgeon at the Royal Surrey County Hospital NHS Foundation Trust) and Fiona MacNeill (consultant breast surgeon at the Royal Marsden NHS Foundation Trust) address the need to reduce unnecessary visits to hospital, minimise unnecessary interventions and improve data collection to inform future improvements in a post-COVID system.

The report is the most complete picture of breast surgery activity there has ever been: the first time data about all breast operations in England has been brought together, whether carried out as plastic surgery, breast surgery, general surgery or another specialty. It focuses on surgery related to breast cancer (the majority of surgery on the breast) but also looks at surgery for non-cancer reasons.

Following meetings with clinicians and managers in 129 breast surgery units it became clear that the need to meet the ‘two week wait (2WW)’ access standard (requiring teams to see all patients referred by a GP for a breast symptom within 14 calendar days) is the biggest challenge facing breast surgery teams.

There are more than 500,000 new outpatient referrals every year in England and the number is increasing, but cancer detection rates have stayed the same. This is because referrals are rising for younger women, especially those under 40 who are least likely to have cancer, with a smaller increase in referrals among the over-60s, who are more at risk.

One of GIRFT’s core recommendations aims to make referrals more flexible and to standardise assessments, giving patients more control and choice over their tests and treatment while still ensuring services can meet the new 28 Day Faster Diagnosis Standard (FDS).

The ability to manage new referrals is more crucial than ever as services work to maintain the capacity for early diagnosis in a post-COVID system. The pandemic has demonstrated the need for a more nuanced approach which can target those at greater and lesser risk of cancer in

different ways and support appropriate breast assessments as efficiently and safely as possible. Innovations which could help to achieve this include:

- Better breast *health* awareness information for all women and men, especially those with lower risk of cancer, and more targeted breast *cancer* awareness information for those in higher-risk groups, who can be harder to reach;
- Alternative pathways for people with non-cancer breast symptoms, such as pain or breast enlargement, to prevent the anxiety of being referred on a 'cancer' pathway;
- Piloting new assessment pathways such as 'straight to mammogram' for women over 40 who have concerns about breast changes;
- Piloting open access clinics so that patients can choose when to attend.

Such innovations should enable clinicians to spend more time treating cancer patients.

GIRFT's data shows around 102,000 breast operations are carried out every year in the NHS in England – 85% performed by breast or general surgeons and 15% by plastic surgeons. More than 60% of admissions are directly related to primary breast cancer treatment.

Recommendations in the report aim to ensure that any woman with breast cancer can make a balanced and informed choice on her treatment, unrestricted by resources. This includes having full access to the latest oncoplastic surgery techniques, supporting safe cancer surgery and breast appearance after breast conservation or mastectomy. Careful selection of procedures can help to ensure patients do not undergo more surgery than they need and reduce planned and unplanned readmissions, making more effective use of resources for essential care.

GIRFT strongly recommends that oncoplastic multidisciplinary teams (MDTs) are established in all units, both to support more oncoplastic conservation and, for women who opt for mastectomy, to provide access to the full range of reconstruction techniques most appropriate for her needs. MDTs should utilise the skills of specialist nurses and care assistants, as well as breast and plastic surgeons, radiologists, oncologists and pathologists.

The report also stresses that clinical coding and data capture must be improved – including the routine collection of patient reported outcome measures (PROMS) – to provide quality evidence to help understand progress, track the impact of COVID-19 and better plan future care.

Report recommendations

Breast surgery outpatient care

1. **CORE RECOMMENDATION**: Ensure that new breast referral and assessment pathways are timely and centred around the individual with the aim of providing the best outcomes and experience.
2. Support better self-management through public health messaging at both national and local levels which emphasises breast health and targets breast cancer awareness messages at those at greatest risk.
3. Reduce unnecessary outpatient attendances for follow-up.

Increasing the use of day surgery and reducing length of stay

4. Ensure that no breast surgery patients stay in hospital longer than is medically necessary.

Improving breast surgery patient outcomes and experience

5. **CORE RECOMMENDATION**: Ensure equity of access to:
   - oncoplastic surgery to support safe breast conservation; and
   - breast reconstruction, with the aim of reducing variations in immediate reconstruction rates and variable access to free flap reconstruction techniques.

6. Reduce unplanned re-admissions and returns to theatres with the particular aim of achieving unplanned implant removal best practice target of 5% or less at 90 days (set in 2012) and 7% or less at 1 year (GIRFT benchmarked).

7. Incorporate Patient-Reported Outcome Measures (PROMs) for all oncoplastic, reconstructive and related surgery as well as for aesthetic breast surgery.

Reducing unwarranted surgery on the breast

8. **CORE RECOMMENDATION:** Ensure that no patients undergo more surgery than is necessary.
9. Reduce admissions/surgery for mastitis to 1% or less of admissions captured under the OPCS codes for excisional breast surgery.

Access to aesthetic breast surgery

10. Reduce inequity in access to aesthetic breast surgery for congenital, developmental and acquired anomalies.

Achieving excellence in breast surgery

11. Improve the consistency and accuracy of data capture in HES.
12. Ensure that HES and National Cancer Registration and Analysis Service (NCRAS) patient level data is linked to support outcome monitoring.
13. Improve the consistency and accuracy of data capture in the Breast and Cosmetic Implant Registry (BCIR) and UK National Flap Registry (UKNFR) with the aim of 95% completeness within 3 months of surgery.

Improving procurement

14. Enable improved procurement of devices and consumables through cost and pricing transparency, aggregation and consolidation, and by sharing best practice.

Learning from litigation

15. Reduce litigation costs by application of the GIRFT Programme's five-point plan.
16. Identify breast surgery medical negligence claims at a national level to allow early detection of variation in breast surgery.

The breast surgery workforce

17. Align breast surgery workforce recommendations to the NHS People Plan.