Breast Pain Pathway FAQ

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| **Questions**  | **Answers**  |
| **What is the wait time for symptomatic breast pathway and how does the GP refer (A&G, or another form or routine breast referral?** | Hi Sonia - as you know we have breast TWR and breast symptomatic referrals. Apart from family history and pure cosmetic all of those patients need to be seen within 2 weeks and still all need to be told cancer or not within FDS. Even if referred as routine by the GP we need to meet the FDS. |
| **who does the triage? We tried to get our breast consultants (they said they have no time or capacity) or our CNS (they also said they do not have capacity). How did you create capacity for them to do this?** | We have a rota for consultant triage. It is job planned x 1 hour per day. We have a document which contains all the standard answers and triage on ERS electronically. We have just audited 4 months and have redirected 6% TWR and 34% symptomatic from the one stop clinic. So for us it does make a big difference to our one stop capacity |
| **I understand the breast symptomatic should be 2 weeks, but I know lots of places are not meeting that and turn around times can vary between 2 weeks-8 weeks. I was wondering what your turn around time is and if it is 2 weeks, how you have achieved that? What is your model, have you created separate job plans for consultants etc?** | Our FDS is consistently over 90%. Our two week performance is generally OK but has been hit by summer - patient choice and IA. We run mega one stop clinics with x 2 clinicians and x 2 radiologists and have cover arrangements in our plan so these mostly run 100% of the time. We are currently putting on a few extra clinics as it is breast cancer awareness month but have happily been able to stop our Saturday clinics! |
| ***Who* does the triage (Consultant/ANP) - Daily? written into job plans ?** | It varies between units Julian, in some smaller units it is done by the consultants and others we are exploring non clinical staff doing it. It was done very well during covid and now we are trying to embed it back into all units again but capacity is challenging |
| **how many patients do you see per clinic?** | Starting with around 6-8 per 4 hour clinic (2 patients per hour). We will be moving to up to 12 patients (3ph) as the service establishes itself and becomes more efficient. |