The Breast Multidisciplinary Team (MDT) based at Aintree is a multi-professional group serving North Liverpool and the surrounding areas. A majority of patients are resident in one of three local Primary Care Trusts, (Knowsley, Liverpool and Sefton). The MDT is part of the Merseyside and Cheshire Cancer Network.

There are presently 2 separate MDT meetings that take place. The Diagnostic MDT meeting takes place on a Tuesday lunchtime and the Therapeutic (oncology) meeting is conducted during a Wednesday lunchtime. Following the Peer review external visit in January this year, it was recommended that the 2 MDT meetings should be amalgamated to form 1 fully functioning treatment planning MDT. This has taken a vast amount of time and re-organisation to achieve and the newly amalgamated treatment planning MDT will commence from 7th September 2011. Whilst the 2 MDT meetings have been held separately, the team was fully compliant with the Membership specifications set out within the Peer review measures.

The aim of the Breast MDT is to ensure a coordinated approach to diagnosis, information giving, treatment and overall care for all patients with a Breast cancer diagnosis.

The MDT has the combined function of diagnosis (to rapidly assess and achieve histopathological confirmation of cancer), treatment (discussing the management of all newly diagnosed cancers) and communication (with the appropriate agencies e.g. primary care teams, hospice etc). Furthermore, the MDT is committed to achieving the highest standards of care and patient outcomes by:

- Collection of high quality data
- Analysis of such data through audit
- Involvement in local, national and international research studies
- Incorporating new research and best practice into the patient pathway.
- Providing comprehensive information to patients and their relatives regarding all aspects of
Involving patients in assessment and redesign of the services.
Continuing to develop the service to improve functioning and delivery of care.

The MDT also manages patients with recurrences and disease progression. In addition, patients with complex non-malignant breast disease; such as Phylloides tumour's, prophylactic mastectomies and fibroadenomas are also discussed.

The Aintree University Hospitals NHS Foundation Trust Breast MDT recognises that a multi-disciplinary approach is essential to the management of breast cancer patients. Both policy development and individual patient treatment planning decisions are improved through review, discussion and agreement by experienced clinicians from a range of specialities.

There are 2 Clinical Nurse Specialists in post to support patient's with a Breast Cancer diagnosis. In addition, there is also 1 Breast nurse practitioner and 1 Breast link nurse who are members of the core Breast care nurse team based at Aintree. All of the members of the Breast care nursing team are core members of the MDT and work collaboratively both internally across the Trust and externally with RLBUHT who host the Breast Screening service.

The total number of patients discussed at the Breast diagnostic meeting between April 2010 and March 2011 was 693. This equates to an average of 14 patients discussed per week. The total number of patients discussed at the Therapeutic MDT Meeting for the same time period was 300 which equates to an average of 6 patients discussed per week.

The total number of newly diagnosed Breast cancers for April 2010 - March 2011 was 211. Of those diagnosed, 153 received Surgery as their first definitive treatment, whilst 46 received either chemotherapy or hormone therapy as a first definitive treatment.

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Number (n=211)</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>153</td>
<td>73</td>
</tr>
<tr>
<td>Chemotherapy/Hormone Therapy</td>
<td>46</td>
<td>22</td>
</tr>
<tr>
<td>Local/Regional Recurrence</td>
<td>9</td>
<td>4</td>
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During the reporting period, the Breast MDT has consistently achieved the Cancer Waiting times standards as set out in the Cancer Reform Strategy. Cancer waiting times performance for the Breast MDT is as follows:
14 day performance - 93% threshold target achieved throughout the year.
31 day performance - 96% threshold target achieved throughout the year with the exception of 1 month (November 2010 - 1 breach)
62 day performance - 85% threshold target achieved throughout the year (100% of patients treated within 62 days - no breaches within the year)

The above performance also includes a total of 26 patients diagnosed via the Breast screening programme that were repatriated to the Breast MDT at Aintree for treatment.

During the reporting period April 2010 - March 2011 the Aintree Breast unit received a total of 1152 2ww urgent referrals from G.P's, achieving the operational standard of 98% or above for 7 months out of the 12 month period. In addition to this the Breast Unit received a total of 1334 symptomatic referrals. The operational standard of 93% of all symptomatic referrals to be seen within 2 weeks has consistently been met since November 2009- 1 month prior to the start of
Coordination of care/patient pathways

There are robust patient pathways in place, including referral, diagnostic and treatment pathways. There is a designated "one stop" clinic for patients with a suspected Breast cancer, ensuring that investigations are performed and a diagnosis communicated to the patient on the same day.

There is a streamlined referral process into the MDT with the Specialist Nurses acting as Key Worker for each patient to ensure care is co-ordinated effectively and patients are fully informed and involved in decisions regarding their care and treatment.

There is also the well established role of the Breast Nurse Practitioner and Breast link nurse, who provide vital co-ordination of care post treatment, allowing patients to return home as soon as possible and thus ensuring length of stay is kept to a minimum.

Communication of a patient's diagnosis to the G.P is made within 24hrs of the diagnosis being given by way of a Serious Diagnosis form, faxed to the G.P. This is audited on an annual basis with 100% of Breast Cancer Diagnosis's communicated to the relevant G.P on the day the diagnosis was given to the patient.

The Breast MDT is actively involved with the Breast CNG and has had 100% attendance at CNG over the last 12months. This has resulted in excellent local MDT team engagement at Network level. Mr Lee Martin (Breast Lead Clinician at Aintree) is also the chair of the Network Breast CNG and Mrs Christine Taverner (Breast care CNS) is the nurse representative for the Breast CNG.

The Breast MDT agree and work to the specification stipulated within all of the Network guidelines in relation to Breast Cancer, including Clinical, referral & follow-up guidelines.

Patient experience

The Breast MDT has completed an audit, utilizing the M.C.C.N. patient satisfaction survey. The patient survey aims to seek the patients' experience and views of performance and the delivery of service provided by the Breast Cancer Team. The results of this audit have been presented at the Breast MDT Service Improvement Meeting in May 2011.

The Trust also participated in the National cancer Patient Experience Survey during 2010, where a total of 15 Breast patients participated in the survey. The findings of the National survey overall were very positive, however some areas were highlighted as requiring improvement, namely the provision of written information, information on support for patients with cancer (support group available, welfare benefits advice etc) and pain control and privacy. A Trust action plan has been formulated and a number of initiatives are in place or are planned...
to address the concerns identified.

The Breast support group meets regularly once a month, with good attendance. The group is also attended by one of the Breast Care CNS's.

The Breast MDT utilises the resources of the recently opened Macmillan Information and Support centres within the Trust and will also participate in the roll out of the Cancer patient information prescriptions project which is due to start later this year.

### Clinical outcomes/indicators

All surgeons treating breast cancer at Aintree University Hospital treat more than 30 new cancers surgically per year. All surgical input is provided by colleagues with a special interest or training in breast surgery.

There is a high rate uptake of immediate reconstruction at Aintree with 45% of patients undergoing a mastectomy for the year 2010/11 choosing to undertake immediate reconstruction. This compares favourably with the National average of 19%.

52% of patients undergoing surgical treatment for early breast cancer at Aintree Hospital underwent a mastectomy. This is higher than the national average and higher than within the network, as Aintree mainly treats symptomatic cancers. There has been a reduction in the mastectomy rate compared to 2008/9 and with increasing numbers of repatriated screen detected cancers now coming to Aintree this high rate should decrease further in the future.

Aintree’s length of stay (LOS) continues to decrease and is lower than the national and Mersey network average. LOS for mastectomy includes reconstruction patients.

Audit: Aintree University Hospitals NHS Foundation Trust Breast MDT continues to participate in the National Mastectomy and Breast Reconstruction Audit and other Network and locally agreed audits.

Clinical Trials: In collaboration with Clatterbridge Centre for Oncology we have a large portfolio of clinical trials. Further details of these and the action plan to improve recruitment can be seen in the appendix files for the Annual report. Additionally, Aintree University Hospitals NHS Foundation Trust also recruits for the FHO1, (Family History), clinical trial for Breast Test Wales.

### Good Practice

**Good Practice/Significant Achievements**

Recording of Holistic Needs Assessment on Somerset Cancer Register.

Prospective Monitoring of Patients' pathways to ensure achievements in all the Cancer Standards.
Attendance at all CNG Meetings by one or more Core Members.

Successfully achieved ALL Targets as set out under the Cancer Reform Strategy.

Completion of SLNB audit.

High percentage of immediate / delayed reconstruction.

Working collaboratively with Royal Liverpool University Hospital to improve and strengthen Breast Services provision throughout Liverpool.

Transfer of Breast Care Services to Elective Care Centre in September 2010.

Repatriation of screen detected Breast Cancer patients from Royal Liverpool University Hospital.

Dedicated Nurse-led Family History Breast Clinic.

Introduction of Digital Mammography.

Joint Service Improvement Meeting Royal Liverpool University Hospital (March 2011) to standardize the management and surveillance of breast cancer patient across the city.

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<th>Concerns</th>
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<tbody>
<tr>
<td>Immediate Risks</td>
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<tr>
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<table>
<thead>
<tr>
<th>Serious Concerns</th>
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<tbody>
<tr>
<td>None identified</td>
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<table>
<thead>
<tr>
<th>Concerns</th>
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<tbody>
<tr>
<td>There is currently only 1 Breast Radiologist for the MDT with 1 vacant post. Recruitment into this post is due to commence shortly.</td>
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<tr>
<th>General Comments</th>
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<tr>
<td>This is an excellent, well co-ordinated team who have worked hard over the last 12 months to further develop and enhance service delivery for patients.</td>
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The Breast team have the 3 key documents in place, which have been fully updated and a comprehensive workplan is in place for the next year.
### Organisational Statement

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<tr>
<td>I, Mr Lee Martin <em>(Lead Clinician)</em> on behalf of AINTREE UNIVERSITY HOSPITALS, agree this is an honest and accurate assessment of the Breast MDT.</td>
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