The Breast Multidisciplinary Team is a multi-professional team serving the local population and patients and their families who attend the Wirral Breast Centre at Clatterbridge Hospital. It is part of the Cheshire Cancer Network, which serves a population of 2.2 million. The aim of the Breast MDT is to ensure that designated specialists work effectively together to provide high quality, consistent, effective and individual diagnosis and treatment plans for all patients referred to the Wirral Breast Centre with malignant diagnosis or indeterminate triple assessment features.

It also ensures care plans are within recommended guidelines wherever possible with full and supporting documentation. To ensure all cancer patients are discussed in a timely fashion, that appropriate information is available to make informed clinical decisions and that patients are entered into current and appropriate clinical trials.

The MDT Chair is Dr Errington, Consultant Oncologist who spends at least 50% of his time on breast disease. The Lead Clinician for Breast Services is Miss Callaghan, Consultant Oncoplastic Breast Surgeon. The Breast MDT core team members include Consultant Breast / Oncoplastic Surgeons, Consultant Oncologists, Consultant Radiologists, Consultant Histopathologists, an Advanced Nurse Practitioner - Breast Care and Specialist Breast Care Nurses. two Specialist Breast Care Nurses and a Breast Care Support Nurse who are the Key Workers and follow Merseyside and Cheshire Key Worker Guidelines. There are clearly defined links to extended members of the team such as Specialist Palliative Care, Psychology, Physiotherapy and Genetic Services. The majority of core members or their cover have attended at least two thirds of the meetings throughout the year. Most have attended Advanced Communication Skills Training.

The MDT meets on a Monday and Thursday lunch time at Elm House, Clatterbridge. Every core member is required to attend and ensure that cover is available from their colleagues when
unable to attend. The MDT coordinator provides an updated list of discussion cases for each
member and ensures all relevant case notes are available. The pre-diagnostic MDT is attended
by Radiologists, Pathologists, Breast Surgeons and a Key Worker.

Compliance with cancer waiting time targets for April 2010 - March 2011 are as follows:

62 day waiting times - 97.9%
31 day waiting times - 99.6%

In total, 99 mastectomies have been performed and 163 other excisions of breast (total - 263 -
April 2009 - March 2010).

There were 261 new cancers discussed in the breast MDT between September 2010 and August
2011.

### Coordination of care/patient pathways

The MDT follows National Best Practice Diagnostic Guidelines for Patients presenting with
Breast Symptoms - Treatment and Referral Guidelines.

Most core members of the MDT have attended Advanced Communication Skills Training.

The MDT will discuss and make decisions for treatment on:
- All newly diagnosed Breast cancers
- All post operative patients
- Recurrent breast cancers
- All BSU needle biopsy cases
- Any difficult or unusual cases identified by any member of the Team.

Any further investigative tests needed to aid with the treatment plan are coordinated at the
meeting by the key worker, superintendent radiographer and breast services manager and
relayed to the patient by the key worker (specialist Breast Care Nurse if appropriate).

Any patients requiring an urgent decision on a treatment plan before the next weekly scheduled
meeting will be discussed by the relevant core members either in person or on the telephone
with the exchange documented and followed up by a letter. The case is then discussed more
fully with the rest of the team at the subsequent MDTM.

The Somerset Cancer Register has recently been introduced at the Trust. The Breast MDT
Co-ordinator has commenced recording data on the system and it is intended to incorporate
data entry into the Somerset Register at MDT meetings by the end of the year.

When a patient is given a diagnosis of Breast cancer, the patient's GP will be informed
immediately (within 24 hours) by fax. The specialist Breast Care Nurse completes the details on
the fax sheet and the form is faxed over by the office staff. They are always sent out on the
same day unless the clinic finishes after the working day, in which case they are sent out the
following morning. A regular audit is carried out on the timeliness of these faxes and when they
were sent. The audit carried out this year showed that 97% of GPs were notified of the patient's
cancer diagnosis by the following day.
Patient experience

A local patient experience survey is carried out four times a year, the results are collated into a single report. The questionnaire is based on the cancer measures and the national patient experience survey. Results from the survey have been generally very positive, they have been shared with the MDT at Breast Clinical Governance / Clinical Audit Meetings and actions have been agreed. The results of the most recent survey showed that only approximately half of respondents understood that they could obtain a written copy of their consultation. Following this the Breast Care Nurses designed a leaflet which explains the availability of written consultation records.

A local Breast Cancer Support Group has been established in response to patient feedback. This is a proactive group with strong links with the Breast Unit. The group has been involved with raising funds for the unit to enhance the patient experience and the group regularly comment on issues related to patient experience.

The MDT has reviewed and discussed the results of the national patient experience survey and an action plan has been drawn up. Actions include re-designing patient information regarding diagnostic testing and including information on financial help and free prescriptions in the Wirral Breast Unit Information Pack.

The Breast Care Support Nurse was involved in setting up and manning an information stand during Breast Cancer Awareness month. This included information on the signs and symptoms of breast cancer and information on breast screening. There was a lot of interest from both staff and the public and it is intended that this will be an annual event.

Breast patients are given information relating to their pathway from the onset, ie their first clinic appointment or first breast screening appointment. The information is readily available in many languages if requested, screening information can be translated into Braille. As the patient progresses along the pathway through investigations and diagnosis and then treatment, there is a wealth of information offered to them by the relevant person at that time.

The specialist Breast Care Nurses have a comprehensive information pack which is given to all breast cancer patients. This contains information regarding their operation, treatment options, exercises, contacts and support groups. A copy of the information pack can be viewed in the evidence file. This is supplemented by information from Breakthrough, Macmillan Support and Breast Cancer Care.

The MDT will be participating in the Information Prescriptions Project, an information day has already been held at Wirral University Teaching Hospital.

Clinical outcomes/indicators

Mastectomy and Wide Local Excision rates for 2009 / 2010 showed a range of rates between surgeons. The rates are now within national parameters.

The MDT has a close affiliation with the Clatterbridge Centre for Oncology Trials Unit. The MDT plans to recruit for the POETIC (surgical) trial during 2011 / 2012.
1. Cases of non-invasive with nodes - this audit demonstrated results were in line with national practice
2. Network reconstruction audit
3. Network local recurrence audit
4. Commenced Primary Endocrine Therapy Audit
5. Audit of NICE Guideline on Early and Locally Advanced Breast Cancer (CG80)
6. Audit of MRI to identify change in treatment

Following discussion of an Axillary Node Audit, the results have been reviewed and discussed by the MDT. The MDT has changed practice and patients who do not have a definitive diagnosis of cancer are now re-discussed at MDT with a view to further biopsy.

Good Practice

Good Practice/Significant Achievements

- All patients with breast cancer undergo pre-operative ultrasound assessment of axilla, with biopsy if indicated. This is has been audited and a new network audit will commence later in the year.
- Increasing numbers of patients are undergoing MRI scan as part of their assessment in all aspects of breast care. There are dedicated slots available to ensure breast patients can be accommodated at short notice.
- We have decreased our open diagnostic rate for patients with increasing use of vacuum assisted core biopsy. This is also used when appropriate for patients needing resection of known benign lesions.
- A second Oncoplastic and Reconstructive Consultant was appointed in July 2011. With the establishment of the reconstructive clinic, more patients are seeking both delayed and immediate reconstruction. Patients are also able to undergo oncoplastic resections to improve cosmesis. Our immediate reconstruction rates are now above national average figures.
- The Family History clinic is fully nurse-led as our breast care nurse has finished her training. Ongoing clinical supervision is now being undertaken by Miss Callaghan. The Family History clinic utilises the new FAHRAS computer system for risk assessment.
- Sentinel node biopsy has been introduced and will be available to all patients who are node negative at Pre Operative Assessment by September 2011.
- Seeing all referrals within two weeks
- Our Breast care nurses have developed and extended their roles, two nurses have completed advanced training in September and November this year. A Breast Care Support Nurse was appointed in September 2010 to facilitate the progression of the Breast Care Nurse roles. One of our Breast Care Nurses is now in the role of ANP in Breast Care.
- 12 encore cores for hyperplasia without atypia to present need for diagnostic surgery.

The ANP currently undertakes follow up breast cancer and benign patients. We wish to develop this role to encompass new patient clinics and primary endocrine clinics (to start in October 2011).

Concerns

Immediate Risks
Serious Concerns

Concerns

To maintain records of reconstruction and pre-operative staging (use of Somerset Cancer Database).

To regain 100% compliance with screening targets

Relocation of in patient services and symptomatic screening

General Comments

Organisational Statement

I, Ranjit Dasgupta (Lead Clinician) on behalf of WIRRAL UNIVERSITY TEACHING  agree this is an honest and accurate assessment of the Breast MDT.