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Introduction
With reduced capacity due to Covid-19, adapting the way we maintained prompt service delivery became an instant priority.

Breast Pain accounts for up to 25% of all referrals into our service, and is not considered a symptom of breast cancer.

An Advanced Nurse Practitioner led telephone breast pain clinic was created to allow safe assessment of women with breast pain outside of one stop clinics.

This created further capacity for patients with true red flag symptoms.

Method

GP Referral
Consultant Surgeon Triage

One stop clinic
Breast Pain clinic

Patient Does Not Meet Inclusion Criteria
ANP Triage to Meet Strict SOP Criteria

Breast Pain Telephone Clinic Appointment

Outcome: < 40 years old
Reassured and discharged
Outcome: < 40 years old
Deferred mammogram and advice
Refer back into a one stop clinic as patient has another symptom

Following referral, patients were triaged to either breast pain or one stop clinic daily by the surgical consultants dependent on symptoms. All patients that were triaged to breast pain were checked by the ANP team, to be sure they met the strict inclusion criteria. All patients who met the criteria were made a breast pain telephone clinic appointment. Appointments were at 15 minute intervals and included 10 for the ANP. Following telephone consultation patients were either reassured and discharged with no further intervention, or if over 40 a deferred mammogram was requested. If the patient mentioned any red flag symptoms during the telephone consultation they were referred back in to a one stop clinic.

Inclusion & Exclusion Criteria

**Inclusion**
- All ages and genders
- Breast Pain as Soleary symptoms
- Previous breast malignancy
- Communication difficulties inhibiting telephone consultation
- Previous breast augmentation
- No telephonic Access

**Exclusion**
- Any other symptom other than breast pain

Results

Over a period of 10 months, 800 patients were triaged for breast pain telephone consultation. Ages ranged from 17-85, with 40% falling into the over 40’s group and 60% falling into the under 40’s group.

108 of the 800 Did Not Attend (DNA) their appointment, leaving a total of 692 patients who underwent telephone consultation. The outcomes of those 692 included 204 (29%) being reassured and discharged without further intervention but with a comprehensive personalised care package. This included NSAID gel use and bra fitting advice. It is worth mentioning that over 95% of patients were thought to have musculoskeletal pain and not true breast pain. Deferred mammograms were requested for 336 (49%) of patients in addition to the personalised care package. 540 (78%) of these patients avoided an invasive diagnostic procedure.

Patient Outcomes

Deferred Mammogram 49%
Reassured and Discharged 29%
One stop 22%

Patients referred back to one stop clinic following initial telephone consultation

152 of the 602 (25%) patients were referred back to the one stop clinic, mainly due to patients complaining of other symptoms during the telephone consultation. This data starts at the beginning of July when the clinic began running twice weekly. With the refinement of the exclusion criteria over the months, our rate of referral back into a one stop clinic has slowly reduced from 20% in July to 12% by February. With the implementation of a GP direct referral process we hope to reduce this further.

Mammography Findings

336 (49%) fell into the over 40’s category and therefore warranted a deferred mammogram as per local guidelines. Of these, 12 patients (3.6%) were recalled due to mammographic anomalies. As you can see from the graph below all 12 had an apical finding (M1) on mammogram. All patients were brought back to a one stop clinic to complete triple assessment. All patients were found to have PS I or PS II clinical findings. Of these, 12 patients were recalled due to mammographic anomalies. Two patients had a malignancy confirmed to have a malignancy. Two patients were recalled due to mammographic anomalies. Two patients had a malignancy confirmed.

Patient Satisfaction

After implementation of a survey monkey text message service we can conclude that our service shows:

• 100% Patient Satisfaction
• 94% of patients felt they saved time
• 98% of patients would recommend the service to family and friends.

Conclusion

An ANP delivered telephone Breast Pain clinic can successfully streamline patients out of one stop clinics, creating capacity for patients with more clinically worrying symptoms. With a strict triage and Standard Operating Procedure criteria, we can ensure clinical safety whilst providing a service which is popular with patients.

Moving Forward

• We have developed a bra fitting leaflet to compliment the personalised letters they already receive.
• GPs will soon be able to directly refer suitable patients into breast clinics negating the need for intrusive double triaging. The patient will have to meet a robust criteria in order to be referred.

We hope that you have found our poster presentation informative. If you require any further information please do not hesitate to contact us on either BREATHE@MFT.ORG.UK or @C_RobinsonNH or @KatyACPnurse
We would be more than happy to share our experiences along with our resources.

Effective Service

Whilst we have proven that our service is safe, we also felt that it was crucial to prove our service was effective. We felt the only true way to know this was to assess how many patients had returned to our breast service with the same complaint within 6-12 months of the breast pain appointment.

Our data showed that 97% (226/233) of patients have not returned with the same symptom, within 6 months of their telephone consultation. The 3% that did return were all under the age of 40, given similar clinical advice and discharged with no further imaging. All these patients were subsequently seen in a one stop clinic and diagnosed with fibroadenoma.

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