



# Breast self-referral pilot



Hampshire Hospitals NHS Foundation Trust and Wessex Rapid Investigation Service

The purpose of this pilot was to provide a service which allowed patients to self-refer when they have breast symptoms, as an alternative option to the traditional route through making an appointment in primary care. This enabled patients to promptly access information and onward management where appropriate and aimed to provide a more specialist and tailored service. The pathway aligns with national Faster Diagnosis Framework transformational change objectives.

## Objectives for the service include:

- To provide an alternative route for people to report their symptoms
- To speed up the process for accessing a breast clinic appointment for those presenting with a breast lump
- To remove the need to access a GP appointment prior to referral to breast clinic
- To provide people with tools and information to understand their symptoms, where not suggestive of cancer, in order that their symptoms can be managed and treated as appropriate
- To reduce demand on secondary care triple assessment breast clinics by managing people with symptomatic pain presentations in different ways
- To provide excellent patient coordination and support
- To reduce the need for unnecessary travel by offering virtual triage and advice



## Pathway Inclusion Criteria – based on NG12 guidance

- Aged 30+.
- Born a female.
- Experiencing new breast symptoms (not already under investigation).
- Has capacity to partake in/consent to a virtual consultation.
- Not pregnant or breastfeeding.
- Not showing signs of infection (hot, red, tender breast).
- Registered at one of the participating pilot GP surgeries.

## Pilot Outcomes

- 1393 self-referrals received between August 2021 and March 2024 (across 3 pilot PCNs).
- Patient reported symptoms: Lump – 62.2%, Pain – 28.8%, Skin Change – 4.3%, Nipple Change – 3.2%, Other – 1.4%.
- 78% of lump presentations were referred into secondary care (86% when breast clinician led).
- 43% of pain presentations given advice and discharged to self-management (69% when breast clinician led).
- 47.6% of pain presentations managed completely virtually without need for clinical examination/ imaging.
- 3.9% cancer conversion rate (5.4% when breast clinician led).
- Audit found no missed cancers in those triaged to self-management.
- Average wait for first appointment was 2.1 days.

## Key take home messages from this pathway pilot

- The breast virtual triage service allows rapid onward referral to secondary care for those with appropriate symptoms.
- The conversion rate of referral to cancer is equivalent to England rates for suspected cancer referrals.
- There is a considerable reduction in the number of people that need to be reviewed by the GP for breast symptoms from this approach. Once the service has been established, considerable NHS savings can be expected with an increase in GP capacity.
- The pathway supports the NHS 10-year plan in terms of a shift from hospital to community, and from analogue to digital.
- Breast pain alone can be self-managed with appropriate advice and guidance.
- Patients discharged to self-management must have clear instructions for re-presentation.
- Longer appointments allow for better reassurance. This appears to reduce re-presentations.
- Both patients and GPs have evaluated this service highly. The service has been shown to be safe and effective.
- The pathway is most efficient when staffed by specialist breast clinicians.
- The service promotes eco-friendly practices, operating with a reduced carbon footprint and minimising the need for patient and staff travel.
- Cost analysis for expanding the pathway demonstrates that this approach delivers a strong return on investment.
- Better integration of digital systems would improve the service.