NA BCOP | National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY · Royal College of Surgeons ADVANCING SURGICAL CARE · HQIP Healthcare Quality Improvement Partnership

NABCOP organisational survey 2016

Organisational Survey

Background
NABCOP is a national clinical audit which commenced in April 2016, under the guidance of the Association of Breast Surgery (ABS) and the Clinical Effectiveness Unit (CEU) of The Royal College of Surgeons of England (RCS). We are commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme.

Our audit will evaluate the care received and outcomes of women aged 70 years and older who are diagnosed with breast cancer and who are treated in NHS hospitals in England and Wales. This group will be compared with women diagnosed with breast cancer aged 50-69 years to better understand the reasons for differences in care received by patients of different ages. For more information about NABCOP, please visit www.nabcop.org.uk.

This survey is about the organisation of breast cancer care in your hospital Trust or Health Board.

We will publish the findings from this survey in a report in early 2017. We will describe the overall results across all organisations, and provide the answers supplied by each organisation in the report's appendices. Individual participants will not be named. All data collected in this audit will be treated in accordance with data management and security policies at the Clinical Effectiveness Unit of The Royal College of Surgeons of England, where the audit data are held.

Instructions
This survey should be completed by the breast cancer MDT lead or other nominated person in your Trust.

1. **The survey has 30 questions.**
2. **It should take no more than 15 minutes to complete the survey.**
3. **You should be able to complete the survey in one sitting. If you leave the survey incomplete and return to it later, you may need to restart the survey from the beginning (depending on your internet browser's cookie settings).**
4. **Please note that you will be asked to state the number of whole time equivalent (WTE) breast surgeons and oncologists in your Trust.**
5. **Please try to answer all questions.**
6. **The deadline for submitting the completed questionnaire is Tuesday 13th December 2016.**

If you have problems with the survey or have questions about NABCOP, please contact the project team at nabcop@rcseng.ac.uk or on 020 7869 6600.

Thank you for your help and support with this important audit.

Professor Kieran Horgan, Breast Surgery Clinical Lead and Professor David Dodwell, Oncology Clinical Lead.

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1. Service Provision

* 1. What is your name?

* 2. What is your job title?

* 3. What is the name of your NHS Trust or Health Board?

* 4. How many new breast cancers (DCIS and invasive) were diagnosed in your Trust during calendar year 2015? (*to the nearest 100)*

* 5. Which breast cancer services does your Trust provide**on-site**? (*If your Trust has multiple sites, please select all the services provided on the* ***main hospital site*** *for breast cancer treatment). Please select all that apply.*

- [ ] a. Surgery for primary treatment (e.g. breast conserving, mastectomy, etc)
- [ ] b. Immediate breast reconstruction at the time of mastectomy
- [ ] c. Free-flap breast reconstruction
- [ ] d. Chemotherapy
- [ ] e. Radiotherapy

* 6. In your Trust, does a member(s) of your breast cancer service review the Cancer Outcomes and Services Dataset (COSD) input and returns?

- Yes
- No

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Service provision continued

7. Which member(s) of your breast cancer service reviews the Cancer Outcomes and Services Dataset (COSD) input and returns?

8. How often is the review of COSD input carried out?

- Usually every week
- Usually every fortnight
- Usually every month
- Other (please specify)

9. Are the findings of the COSD review shared with the breast cancer service?

- Yes
- No

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2. Staff and services

NOTE: if your Trust has multiple sites, please answer the following questions for the main hospital site for breast cancer treatment. If you do not know the exact number, please provide your best estimate.

* 10. How many WTE **consultant/SAS breast oncologists** (excluding trainees) work at your Trust?

a. Based on site / cross covering from another site? *[enter as number of WTE staff]*

b. Cross covering from another Trust? *[enter as number of WTE staff]*

* 11. How many WTE **consultant/SAS breast surgeons** (excluding trainees) work at your Trust?

a. Based on site / cross covering from another site? *[enter as number of WTE staff]*

b. Cross covering from another Trust? *[enter as number of WTE staff]*

* 12. How many WTE **breast cancer nurse specialists** (e.g. breast care nurse, breast nurse consultant, advance breast nurse practitioners) work at your Trust?

a. Based on site / cross covering from another site? *[enter as number of WTE staff]*

b. Cross covering from another Trust? *[enter as number of WTE staff]*

* 13. How many dedicated operating lists for resection of breast cancer does your Trust run per week? *Please enter as number of half-day lists.*

* 14. Is sentinel node surgery routinely performed at your Trust?

- ◯ Yes
- ◯ No

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2. Staff and services continued

15. What is the localisation method used for sentinel node surgery?*Please select only one answer.*

- a. Injection radioactive + dye
- b. Injection radioactive + selective dye
- c. Dye only
- d. Radioactive only
- e. Other (please specify)

* 16. Is the sentinel node examined intraoperatively at your Trust (OSNA-type procedure)?

- Yes
- No

3. Organisation of breast cancer multidisciplinary team (MDT) meetings

* 17. Does your Trust have a breast cancer **main therapeutic** MDT meeting every week?

- Yes
- No

* 18. Which specialists routinely attend the **main** breast cancer MDT meeting?

	Rarely/Not available	Every meeting	Some meetings in rota with colleagues
a. Breast surgeon			
b. Plastic surgeon			
c. Medical oncologist			
d. Clinical oncologist			
e. Radiologist			
f. Radiographer			
g. Histopathologist			
h. Breast cancer nurse specialist			
i. Care of the elderly consultant/team			
j. Palliative care consultant			
k. Palliative care nurse specialist			
l. Breast research nurse			
m. Patient pathway/MDT coordinator			

n. Other (please specify)

* 19. Which types of patients are discussed at the **main** breast cancer MDT meeting?

	Always	Sometimes	Never
a. New patients with biopsy confirmed breast cancer	◯	◯	◯
b. Patients with a radiological/clinical suspicion of breast cancer but without a histological confirmation	◯	◯	◯
c. Newly diagnosed breast cancer patients with metastatic disease	◯	◯	◯
d. Previous breast cancer patients with suspicion of / confirmed loco-regional disease	◯	◯	◯
e. Previous breast cancer patients with suspicion of / confirmed metastatic disease	◯	◯	◯
f. Patients requiring specialist palliative care input	◯	◯	◯
g. Patients from private hospitals	◯	◯	◯

h. Other (please specify)

* 20. Are the following patient characteristics formally assessed?

	Not assessed	Assessed
a. Comorbidities	◯	◯
b. Cognitive function	◯	◯
c. Frailty/Functional status	◯	◯

21. If any of the characteristics in Q20 are formally assessed, please describe how are they assessed

a. Comorbidities

b. Cognitive function

c. Frailty/Functional status

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4. Care of the Elderly

* 22. Is there a difference in the pre-operative anaesthetic assessment process for **all** patients aged ≥70 compared with younger patients (medical comorbidities aside)?

- ◯ Yes
- ◯ No

4. Care of the Elderly continued

23. Please specify how the pre-operative anaesthetic assessment differs for patients ≥70 compared with younger patients.

* 24. Which breast cancer patients are the Care of the Elderly team involved with during their breast cancer care in your Trust? *Please select all that apply.*

- [ ] a. **All** patients ≥70 years
- [ ] b. **All** patients ≥80 years
- [ ] c. Only patients with significant medical/cognitive/functional comorbidities
- [ ] d. Involvement of the Care of the Elderly team is ad-hoc, on a case-by-case basis
- [ ] e. No formal involvement

4. Care of the Elderly continued

25. How is the Care of the Elderly team involved in breast cancer care at your trust? *Please select all that apply.*

- ☐ a. Regularly attend MDT meetings
- ☐ b. Present at preoperative assessment
- ☐ c. Decision making before primary treatment
- ☐ d. Assessment before starting chemotherapy
- ☐ e. Review during chemotherapy
- ☐ f. Palliative care
- ☐ g. End of life care
- ☐ h. Consultation for individual patients based on medical need
- ☐ i. Other (please specify)

* 26. In your Trust, is HER2 testing routinely performed for **all** patients aged ≥70 years who are diagnosed with breast cancer?

- ○ Yes
- ○ No

* 27. Are patients aged ≥70 years routinely recommended to undergo bone health checks (in your Trust or requested via the patient's GP) as part of their breast cancer management?

- ○ Yes
- ○ No

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5. Follow up

* 28. Do **all** patients (irrespective of age) with early breast cancer undergo annual follow up mammography for 5 years in your Trust?

- ◯ Yes
- ◯ No

5. Follow up continued

29. Is there an upper age limit at which annual mammographic surveillance following breast cancer ends? *(please answer in years)*

6. Additional comments

30. Please let us know of any additional comments