NA BCOP | National Audit of Breast Cancer in Older Patients

NABCOP 2020 Organisational Audit questions

Participant details

1. What is your name? (free-text) ____________________________________

2. What is your job title? (select single answer)
   - Breast clinical nurse specialist (CNS)
   - Breast research nurse
   - Breast surgeon
   - Cancer data manager
   - Care of the elderly consultant/team
   - Clinical oncologist
   - Histopathologist
   - MDT coordinator
   - Medical oncologist
   - Palliative care consultant
   - Palliative care nurse specialist
   - Pathologist
   - Plastic surgeon
   - Radiologist
   - Radiographer
   - Other (please specify) ________

3. What is the name of your NHS Trust or Health Board? (drop-down menu)
   ____

Part 1: Routine data collection

Information on breast cancer recurrence is important for understanding outcomes and the effectiveness of primary treatment, but is currently poorly recorded within cancer registration datasets across England and Wales. The NABCOP would like to understand how to improve the recording of recurrence in medical records and ensure this information is submitted to the cancer registration databases.

4. In your NHS Trust/Health Board, does a member(s) of your breast cancer clinical team review the data submitted to national cancer registration services (e.g. the National Cancer Analysis and Registration Service [NCRAS] or Cancer Network Information System Cymru [CANISC])?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure / don’t know

5. Are patients with a breast cancer recurrence discussed in an MDT meeting?
   - ☐ Yes – they are always discussed
   - ☐ Yes – they are discussed on a case-by-case basis
   - ☐ No – patients with a breast cancer recurrence are not currently discussed in an MDT meeting
   - ☐ Unsure / don’t know

6. In your NHS Trust/Health Board, are patients with a new breast cancer recurrence diagnosis (locoregional or distant) routinely entered into an electronic IT system? (Tick all that apply).
   - □ Yes – recurrence is recorded on our cancer management system (e.g. Somerset Cancer Registry, Infoflex)
   - □ Yes – recurrence is recorded on the hospital's clinical system (e.g. radiology information system)
   - □ Yes – recurrence is recorded in our electronic medical record system (e.g. Cerner Health Information Exchange)
   - □ No – recurrence is not currently recorded electronically
   - □ Other (please specify): ________________

7. In your NHS Trust/Health Board, is information on recurrence routinely uploaded into the national cancer registration system? (Tick all that apply)
   - □ Yes – we submit data on recurrence in required data returns (e.g. COSD)
   - □ Yes – we submit data on recurrence using data from the radiology computer system (e.g. to national diagnostic imaging dataset)
   - □ No
   - □ Unsure / don't know

8. In your opinion, how could the recording of patients with a breast cancer recurrence be improved in routine cancer data?

{Free text}

Part 2: Impact of the NABCOP on breast cancer care

In this section, we would like to understand whether the reports and initiatives of the NABCOP have helped improve care in your NHS Trust or Health Board.

9. In the last two years, have the results in the NABCOP Annual Reports been reviewed within the breast unit at your NHS Trust/Health Board?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure / don't know

10. How did your breast unit review the results of the NABCOP reports? (Tick all that apply)
    - □ With a discussion of our NABCOP results at a clinical audit meeting
    - □ With a discussion of our NABCOP results at an MDT meeting
    - □ With a discussion of our NABCOP results at a breast departmental meeting
    - □ With a discussion of our NABCOP results at a departmental 'away day'
    - □ Discussion informally between colleagues about specific topics in the NABCOP report
    - □ N/A - we have not reviewed our results of the NABCOP/the NABCOP Annual Reports
    - □ Other (please specify): ________________

11. Which of the following NABCOP resources have you, or members of your breast unit, used (on at least one occasion) at your NHS Trust/Health Board? (Tick all that apply).
    - □ Annual Report(s)
    - □ Patient and Public Report(s)
    - □ Fitness assessment form
    - □ Organisational data viewer
    - □ Local action plan

- ☐ Patient information leaflet
- ☐ Regional PowerPoint presentation template
- ☐ None of the above

12. Please indicate how you feel findings from the NABCOP have changed clinical practice at your NHS Trust/Health Board for patients aged 70 and over. (Tick all that apply)
    - ☐ No change
    - ☐ Recording of routine data items e.g. ER status within cancer registration data
    - ☐ Routine assessment of patient fitness for women aged 70 and over
    - ☐ Recording of patient fitness for data returns at the initial MDT meeting
    - ☐ Changes as to which patients are considered suitable for primary surgery
    - ☐ Changes as to which patients are considered suitable for adjuvant therapy
    - ☐ Older patients are provided with more support throughout diagnosis and treatment
    - ☐ Other (please specify): _______________

13. If applicable, please summarise the most important way in which your NHS Trust/Health Board has responded to the findings in the NABCOP Annual Reports.

{Free text}

Part 3: Care of the elderly and fitness assessment

14. Does your NHS Trust/Health Board currently use a formal assessment process to determine patient fitness for breast cancer treatment (not including pre-operative anaesthetic assessment), prior to treatment commencing?
    - ☐ Yes – for all women irrespective of their age
    - ☐ Yes – only for women aged 70 and over
    - ☐ Yes – only for patients who are deemed to have specific fitness or frailty concerns, irrespective of age
    - ☐ No
    - ☐ Other (please specify): _______________

15. How has the COVID-19 pandemic impacted the process of assessing the fitness and frailty of older women prior to treatment?
    - ☐ There has been no change, and there are no plans to change our current process
    - ☐ There are plans to introduce a formal assessment of fitness among older women
    - ☐ A formal assessment process was introduced as part of our response to the pandemic
    - ☐ A formal assessment process was introduced as part of the resumption of services after the first wave
    - ☐ Other (please specify): _______________

16. Does your NHS Trust/Health Board use the NABCOP fitness assessment form to assess overall patient fitness (e.g. for women aged 70 and over) in the first diagnostic clinic?
    - ☐ Yes *(go to Q18)*
    - ☐ No
    - ☐ Unsure / don't know *(go to Q18)*

17. Please describe why the NABCOP fitness assessment form is not used within your NHS Trust/Health Board. (Tick all that apply).
    - ☐ It takes too long to complete

☐ The information recorded is not clinically relevant

☐ Some patients do not like the questions being asked

☐ The results are not used to inform treatment decisions

☐ I am not aware of the NABCOP fitness assessment form

☐ Unsure / don't know

☐ Other (please specify): _______________

Part 4: Impact of COVID-19 on breast cancer services

This section aims to understand the impact that the COVID-19 pandemic had on the provision of breast cancer services across England and Wales. A snapshot of the month of April has been chosen as a representative period of when services were most affected. NOTE: if your NHS Trust/Health Board has multiple sites, please answer the following questions for the main hospital site for breast cancer treatment.

18. Concerning new patient referrals, did your NHS Trust/Health Board implement protocols in April to determine which patients **aged 70 and over** were reviewed face-to-face in clinic?
    - ☐ Yes, protocol-defined criteria were used for prioritising patients aged 70 and over
    - ☐ No protocols were implemented

19. During April, did COVID-19 impact the ability of your NHS Trust/Health Board to provide triple diagnostic assessment (TDA) **in a single visit?**
    - ☐ No – we were still able to provide TDA in a single visit
    - ☐ Yes – a minority of patients (10-50%) were unable to have TDA in single visit
    - ☐ Yes – the majority of patients (50-90%) were unable to have TDA in a single visit
    - ☐ Yes – almost all patients (90-100%) were unable to have TDA in a single visit
    - ☐ N/A – our NHS Trust/Health Board does not provide TDA in a single visit

20. During April, approximately what proportion of patients with early invasive breast cancer had their treatment affected because of COVID-19?

	Not applicable/ able to be assessed	None/ almost none (0-10%)	Minority (10-50%)	Majority (50-90%)	Almost all (90-100%)
Changes in primary surgical procedure (e.g. type of surgery, decision not to give)					
Delay in primary surgery					
Primary surgery cancelled, due to limited resources (e.g. no theatre capacity)					
Changes in neo-/adjuvant chemotherapy (e.g. regimen, treatment threshold, decision not to give)					
Delays in neo-/adjuvant chemotherapy					

Changes in radiotherapy (e.g. regimen, treatment threshold, decision not to give)					
Delays in radiotherapy					

21. During April, what impact did the COVID-19 pandemic have on access to surgical operating lists for your NHS Trust/Health Board? (Tick all that apply)

    - ◻ Operating lists took place in COVID–free ‘cold’ sites (i.e. within the NHS sector)
    - ◻ Operating lists took place in the independent sector
    - ◻ Operating lists were stopped and no other alternatives were available
    - ◻ Operating continued as normal within our NHS Trust/Health Board
    - ◻ Other (please specify): _______________

22. During April, did your NHS Trust/Health Board implement any protocols on the prioritisation of patients for breast surgery?

    - ◻ No, we didn’t need to prioritise patients (surgical capacity was not an issue)
    - ◻ No, we undertook no breast surgery
    - ◻ Yes, patients were prioritised according to (please specify the key criteria, such as age, tumour biology, comorbidity): _________________

Part 5: Recovery of services from COVID-19

23. What plans does your NHS Trust/Health Board have for delivering hypofractionated radiotherapy regimes?
    - ◻ Hypofractionated regimes WERE used during the pandemic and are planned to continue
    - ◻ Hypofractionated regimes WERE used during the pandemic, but we are planning/have returned to our previous radiotherapy protocol
    - ◻ Hypofractionated regimes WERE NOT used during the pandemic, but we are planning/have introduced these radiotherapy regimes
    - ◻ We did not change our radiotherapy protocol during the pandemic and are not planning any changes
    - ◻ Unsure/ don’t know

24. Does your NHS Trust/Health Board plan to continue using alternative operating sites, such as the independent sector or a COVID-free ‘cold’ site, for the near future?
    - ◻ Yes, for approximately the next 0-6 months
    - ◻ Yes, for approximately the next 6-12 months
    - ◻ Yes, for an unknown period of time
    - ◻ No, we have stopped using alternative operating sites
    - ◻ N/A – alternative operating sites were never used
    - ◻ Unsure / don’t know

25. What do you consider the biggest challenges to your local breast cancer service returning to normal (i.e. pre-COVID-19 levels of workload)? **Please rate each answer from 1 (no concern) to 5 (major concern).**

	1 (no concern)	2	3 (moderate concern)	4	5 (major concern)
A 'second wave' or 'spike' in COVID-19 cases overwhelming services or resulting in local lockdowns					
Social distancing practices (i.e. in clinic waiting areas) reducing the ability of breast services to function at full capacity					
Patient concerns about the safety of attending hospital for diagnosis or treatment					
Reduced number of core staff members e.g. due to sickness, shielding					
Availability of PPE					
Availability of COVID-19 testing for staff and patients					
Numbers of patients requiring assessment and treatment (backlog)					

26. In your opinion, are there aspects of service provision that have changed your practice for the better because of the COVID-19 pandemic, and that your NHS Trust/Health Board will continue to use in the future? (Tick all that apply).
    - ☐ Video/telephone consultations
    - ☐ Virtual MDT
    - ☐ Triaging of new patient referrals
    - ☐ Change to sentinel lymph node biopsy (SLNB) technique
    - ☐ Increase in percentage of surgical procedures performed as a day case
    - ☐ Implementing patient-led/open access style follow-up
    - ☐ Flexible working e.g. staff working from home
    - ☐ N/A – no aspects of service provision have changed for the better
    - ☐ Other (please specify): ________________

End of survey