Letter submitted to NOSCAN by NHS Grampian


I refer to your letter of 11 October regarding the above.

The clinical community in the North of Scotland, including NHS Grampian, are fully supportive of the aim of the Breast Cancer QPI to drive up standards. There are, however, concerns that for some cases included within the scope of the Breast Cancer QPI (even allowing for the small number of exclusions presently permitted) there is a need to maintain a balance between driving up the quality of patient care and cancer outcomes generally, and ensuring that all patients are provided with care that is appropriately tailored to their physical wellbeing and in line with their individual lifestyle choices and personal care expectations. The need to achieve this balance is also a significant aim of the National Clinical Strategy.

In relation to QPI 2 and NHS Grampian not achieving the required target of 95% of patients having a non-operative histological diagnosis using core biopsy/large volume biopsy the following issues should be recognised:

- The clinical team in NHS Grampian have noted that due to co-morbidities none of the patients who were reported not meeting the required QPI standard were considered clinically suitable or went on to have any surgical treatment. It was also noted that a significant proportion of the patients concerned (i.e. those who did not comply with the QPI) had died within 12 months of receiving a breast cancer diagnosis of causes that were unrelated to their cancer.

- NHS Grampian is in the process of reviewing its consent policy. More specifically, the breast team has asked the advisory panel specifically about consent for core biopsy and the use of a patient information booklet to aid the consent process. The resulting booklet has so far been piloted in clinic where it has been generally well received by patients, and has been modified to accommodate the feedback. Nevertheless, it should be noted that there will continue to be small numbers of patients presenting without the capacity to consent, and for whom it may remain clinically appropriate to continue to use FNAC only.

- The new anticoagulant policy in our CMGs states that for most patients clopidrogrel (an oral anti-platelet agent used to inhibit blood clots in coronary artery disease, peripheral vascular and/or cerebrovascular disease, and to prevent myocardial infarction and stroke etc) needs to be stopped some time prior to core but not for FNAC. It has been noted that a significant number of the patients who failed to meet the QPI in previous years were on this particular medication and for whom it seemed inappropriate to ask them to make a second trip (often a very long one) to Aberdeen, particularly when all the clinical information required to determine their optimal future therapeutic management could be just as assuredly be obtained from the FNAC.

It is important to understand that Grampian displays this variance as a result of being the only service in Scotland that still has cytology expertise on site. The other sites all perform core biopsy because they don’t have that specific skill set required for FNAC. They must therefore bring patients on anti-coagulants back for more than one visit on occasion. Our clinicians are therefore confident about the actual quality of the service provided to patients and therefore no changes in the service are proposed.
Finally, the paper referenced below supports the use of FNAC in these patients and provides reassurance of the accuracy of receptor analysis performed on a cell block prepared from needle washings obtained at FNAC which is the method employed by our service.

Yours sincerely

M Wright
Chief Executive
NHS Grampian