# Faster diagnostic pathways: implementing a timed breast cancer diagnostic pathway - audit tool

This tool can be used to undertake a baseline audit of services being delivered and whether sufficient capacity is in place to routinely deliver, identify areas for improvement, select measurements for improvement, and conduct re-audits as part of continuous improvement.

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| Day | Pathway step | Service in place? | Capacity in place? |
| 0 | GP referral and locally agreed minimum dataset. |  |  |
| Patient information resources, co-developed with patients. |  |  |
| 3 | Clinically led triage and local protocols need to be in place to reduce delays. |  |  |
| 10 | Straight to clinic provision for all eligible people.  Examination, mammogram, ultrasound and biopsy (if required). Frailty assessment carried out. |  |  |
| 14 | ‘Cancer not suspected’ patients should be assessed in an appropriate setting (ie bespoke breast pain or surgical follow-up clinic). |  |  |
| 17 | Multidisciplinary team discussion (MDT) of diagnosis including immunohistochemistry (oestrogen receptor, progesterone receptor, human epidermal receptor 2 [HER2]), discuss need for further radiology or genetic testing if required. Providing results would not form part of the Faster Diagnosis Standard (FDS) diagnosis. Follow-up genetic testing for people with confirmed breast cancer should be considered.  Planning of potential treatment options. |  |  |
| 24 | For those requiring fluorescent in-situ hybridisation/in-situ hybridisation for their HER2 status this should be available for further MDT discussion by day 24 (where relevant). |  |  |
| 28 | Clinic appointment to give diagnosis and make treatment plan based on the MDT recommendations. |  |  |