**GIRFT update April 2018**

After nearly 9 months of preparation, GIRFT breast surgery data is now ready for every English trust (including plastic surgery breast services). We are very grateful to the analytic team at Dr Foster (Georgia Fox and Dany Gammall and NHS improvement (Paul Bell) for all their hard work and patience with our revisions, refinements and adjustments.

The clinical team (Fiona MacNeill and Tracey Irvine supported by project manager Ann Clare) will be starting the pilot visits in April 2018.

Maidstone is the first trust to be GIRFT’ed, followed by Guildford, RMH, Great Yarmouth and Derby. Following these 5 visits and critical feedback from our ‘friends’ (!) we will optimise the GIRFT data packs and questionnaires and in July 2018 hit the road to visit the rest of England.

The ABS and BAPRAS executive boards have been very supportive of the project. ABS regional reps will be welcome to support Trusts and MDT’s in their region and we welcome their involvement.

**What is Getting it Right First Time (GIRFT)?**

GIRFT aims to improve the quality of breast surgery care by identifying and reducing unwanted variations in breast surgery services and performance. By ‘getting it right first time’ we will improve patient outcomes and ultimately maximise the cost effectiveness of breast surgery so ensuring service sustainability in the longer term.

**GIRFT process and timelines (summer 2018-2020)**

* Trust audit data pack and questionnaire
* Trust visit, report and recommendations
* National report and breast surgery improvement plan

***Data packs and questionnaires***

The success of GIRFT is dependent on the detailed audit pack and questionnaire which underpin the Trust visits and final national report. GIRFT analysts will provide data for 3 years of activity from 2014- 2017 (to smooth out service fluctuations from the NHSBSP) on ALL breast/plastic surgery activity for England so allowing inter-trust comparisons against an England average. Data is at a Trust rather than MDT level. We appreciate there may be variation in practice across separate MDT’s within a Trust. If required this is something which should be explored locally and with the support of ABS regional representatives but we are happy to provide advice.

*Data scope*

This GIRFT breast data pack is unique in that it provides data on ALL breast surgery taking place in England rather than just surgery for breast cancer. For the first time we can obtain information on surgery for benign conditions, non-surgical breast infections, gender reassignment and surgery for congenital breast problems as well as better understand the volume of post reconstruction/oncoplastic conservation adjustment surgery. For this reason the report will be of interest to the wider oncoplastic breast surgery multidisciplinary team.

We have selected a broad range of metrics that in combination present a clear picture of a unit’s practice in terms of activity and performance (LOS, return to theatres, complications etc).

*How the data was derived*

The main data source is HES which uses ICD 10 diagnosis codes and OPCS codes for admissions and procedures. Consequently data is dependent on the quality and accuracy of individual Trust coding practices.

Data is recorded at patient level and maps an individual patient’s journey across healthcare providers: this has brought some challenges in workload attribution, especially for breast reconstruction which may be carried out at specialist plastic surgery centres rather than the Trust of diagnosis.

The GIRFT data pack will compliment other national breast audits such as NHSBSP and NABCOP which better explore how patient and cancer demographics may account for variations in practice and cancer outcomes.

*Questionnaire*

The short breast/plastic surgery questionnaire will gather more detailed information on your service that is not available elsewhere: Eg workforce details, clinical practice issues. This will be sent to you and your Trust managers at the time you receive your data packs. *The questionnaire will need to be returned prior to the clinical visits*

***Trust visit (2018-2019)***

During 2018/19 we aim to visit all 135 Trusts in England which offer breast/plastic surgery. Ann Clare the breast GIRFT project manager will contact your Trust with dates ~2-3months in advance.

The intention of the visit is not to ‘performance-manage’ but to use the benchmarking data to inform internal and external discussions between GIRFT clinical leads and the trust team. We will ensure the service review and discussion is clinician to clinician, something that is crucial to identify and promote good practice as well as what can be improved.

It is important that during the visits we focus on the ‘whole service story’ rather than on the minutiae of data validity: the data is by no means perfect and is not always directly comparable – for example in some Trusts breast surgery activity is still recorded under General Surgery or Plastic Surgery so it is not possible to obtain accurate breast related outpatient activity. However, these are your results and represent what your Trust submits centrally as a reflection of your practice and this data is what is ‘seen’ at a national level.

*Who should attend trust GIRFT visits?*

Breast MDT and service leads, surgeons (breast and plastic), nurses, managers, executives, coders and any other interested parties.

*Trust report, recommendations and implementation*

Following your Trust visit we will produce a Trust specific report within 7 days, reflecting the data, discussions and service improvements that you and your colleagues would like to deliver.

Trusts will receive dedicated support from both the review and implementation team to help tackle any unwanted variation and build an implementation plan that encompasses the recommendations from the visit and subsequent national report as well as provide dedicated local support to Trusts where required.

***National Breast surgery report (2019-2020)***

After ~ 50-70 visits we will hopefully have a good enough snapshot of breast/plastic surgery services to start writing the national (England) report. The report will provide a picture of breast/plastic surgery services, highlighting variations, good practice and models of care associated with desirable outcomes.

The report will also include a set of national quality improvement recommendations on areas such as complications, litigation, procurement and treatments which lack an appropriate evidence-base (1).

The national report supports the Model Hospital project (2) which will provide Trusts with bench-marking information against which they can compare their own efficiency and productivity, specialty by specialty. This data will lie alongside existing quality indicators and standards.

(1) GIRFT general surgery report. http://gettingitrightfirsttime.co.uk/national-general-surgery-report-published-2/ ; (2) Model hospital. <https://improvement.nhs.uk/resources/model-hospital/>

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