

Ref: FOI/GS/ID 7455

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to breast reconstruction surgery.

You asked:

Part A- Delayed reconstructive surgery backlog

1. Following the suspension of reconstructive surgery in March 2020 as a result of the pandemic, when was reconstructive surgery restarted within your trust, for:

a. Immediate reconstruction?

b. delayed reconstructive surgery (by delayed reconstructive surgery we mean reconstructive surgery that happens after a mastectomy as opposed to immediate reconstructive surgery which occurs concurrently)?

2. What percentage of patients who have been on the waiting list since March 2020 to May 2022 have had their reconstructive breast surgery, for:

a. immediate reconstruction?

b. delayed reconstruction?

3. At what proportion of capacity (i.e. average number of patients operated on per month) is the service currently operating at for:

a. immediate reconstruction?

b. delayed reconstructive surgery?

4. At what capacity (average number of patients operated on per month) was the service operating at pre-pandemic for (January 2019 – January 2020)?

a. immediate reconstruction?

b. delayed reconstructive surgery?

5. What was the average waiting time for receiving reconstruction in your trust between 2018-2019 (in weeks) for:

Free- flap reconstruction

a. Immediate?

b. Delayed?

Implant reconstruction

- a. Immediate?
- b. Delayed?
- 6. What is the current average waiting time for receiving delayed reconstruction in your trust (in weeks) for:
 - Free- flap reconstruction
 - a. Immediate?
 - b. Delayed?
 - Implant reconstruction
 - a. Immediate?
 - b. Delayed?
- 7. What is the current average wait time for additional surgeries (i.e. balancing and correction surgeries) in your trust?
 - Part B- Reconstructive and balancing breast surgery- procedural limits
 - 1. Does your trust operate under any policies or guidance which place limitations on the number of reconstructive surgical procedures a breast cancer patient is able to access, including limiting the number of balancing surgeries (procedures to the unaffected breast to ensure it matches the reconstructed breast)?
 - a. If so, could you please provide details of the limitations and how long they have been in place?
 - Part C- Reconstructive and balancing breast surgery- time limits
 - 1. Does your trust operate under any policies or guidance which place limitations on the timescale for surgical procedures a breast cancer patient is able to access, including for balancing surgeries?
 - a. If so, could you please provide details of the policy and how long it has been in place?

Trust response:

Please note the following information:

Note (1): The two main OPCS codes that were used to identify breast reconstruction surgery for this FOI request were:

B29.2	RECONSTRUCTION OF BREAST	RECONSTRUCTION OF BREAST USING LOCAL FLAP OF SKIN NEC	Flap reconstruction
B30.1	PROSTHESIS FOR BREAST	INSERTION OF PROSTHESIS FOR BREAST	Implant based reconstruction

The following OPCS codes were used to identify 'balancing and correction' surgery. Symmetry reduction was also included within this group.

B29.5	RECONSTRUCTION OF BREAST	REVISION OF RECONSTRUCTION OF BREAST
B30.2	PROSTHESIS FOR BREAST	REVISION OF PROSTHESIS FOR BREAST
B30.4	PROSTHESIS FOR BREAST	RENEWAL OF PROSTHESIS FOR BREAST
B31.3	OTHER PLASTIC OPERATIONS ON BREAST	MASTOPEXY
B36.1	RECONSTRUCTION OF NIPPLE AND AREOLA	RECONSTRUCTION OF NIPPLE
B36.8	RECONSTRUCTION OF NIPPLE AND AREOLA	OTHER SPECIFIED
B37.5	OTHER OPERATIONS ON BREAST	LIPOFILLING OF BREAST

Note (2): Patients requiring free-flap reconstructions are admitted to the Queen Victoria Hospital (QVH), East Grinstead which is not part of this Trust. At the Queen Victoria Hospital, breast cancer surgeons from Maidstone and Tunbridge Wells NHS Trust perform the first part of the operation and then the QVH reconstructive surgery specialists take over. For this reason, free-flap reconstructions are not coded on Maidstone and Tunbridge Wells Trust's computer systems.

Note also that in 2022 the proportion of free-flap reconstructions is increasing compared to local flap reconstructions. This is in line with best practice and is in the patients' best interests; it is not as a consequence of Covid-19.

Part A- Delayed reconstructive surgery backlog

1. In accordance with Association of Breast Surgery (ABS) advice, routine reconstructive surgery was suspended in late March 2020 due to Covid-19. However, a very small number of cases were undertaken occasionally in the following months where there was a clear clinical need. For example, due to anaesthetic risk, it may have been clinically necessary for the patient to have one operation rather than two and therefore combine the reconstruction with the initial treatment.

The number of immediate reconstructions varied according to the Covid-19 situation; the number of immediate reconstructions rose slightly in October/November 2020, fell to tiny numbers in the second wave in January/February 2021 and increased to more normal levels in April/May 2021.

Delayed reconstructive surgery is uncommon at this Trust and generally only takes place according to clinical need. For example, a patient might require radiotherapy following a mastectomy; when the radiotherapy treatment is complete then the reconstruction can occur.

2. Immediate reconstruction implies that it takes place at the same time as the cancer treatment. Cancer waiting times at this Trust are within national targets and therefore all patients who were added to the waiting list in March 2020 to May 2022 have had their surgery and immediate reconstruction if appropriate.

On the Trust's inpatient waiting list there are no patients who were added to the list before 1st June 2022 who are showing as still waiting for delayed breast reconstruction.

3. In May and June 2022 there were 5 operations coded as immediate breast reconstructions at this Trust giving an average of 2.5 per month. Most reconstructions are immediate free-flap reconstructions occurring at Queen Victoria Hospital (please see note (2) above).

The Maidstone and Tunbridge Wells Trust theatre session utilisation for the breast surgery service as a whole (including turn-around time) was 92.3% for June 2022.

4. In December 2019 and January 2020 there were 13 operations coded as immediate breast reconstructions giving an average of 6.5 per month. The average number of delayed reconstructions was 1 per month.

The Maidstone and Tunbridge Wells Trust theatre session utilisation for the breast surgery service as a whole (with turn-around time) was 91.2% for December 2019.

5.

2018-2019

All free-flap reconstruction took place at Queen Victoria Hospital – please see note (2) above.

Immediate implant reconstruction waiting times were short because the reconstruction took place at the same time as the treatment for breast cancer. Please see published cancer waiting times on the national website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/quarterly-prov-cwt/2018-19-quarterly-provider-based-cancer-waiting-times-statistics/provider-based-cancer-waiting-times-for-q4-2018-19-provisional/>

The downloads available on the website include the average time waited for first treatment broken down into different cancer types and by NHS Trust.

Delayed implant reconstruction was uncommon (as mentioned above) because delayed reconstruction generally occurs only when there is a clinical need.

6. Current Situation

All free-flap reconstruction takes place at Queen Victoria Hospital – please see note (2) above.

Immediate implant reconstruction waiting times are short because the reconstruction takes place at the same time as the treatment for breast cancer. Please see published cancer waiting times on the national website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/quarterly-prov-cwt/2022-23-quarterly-provider-based-cancer-waiting-times-statistics/>

The downloads available on the website include the average time waited for first treatment broken down into different cancer types and by NHS Trust.

Delayed implant reconstruction is uncommon (as mentioned above) because delayed reconstruction generally occurs only when there is a clinical need.

7. The current average waiting time for breast surgery identified as 'balancing and correction' is 78 days (11 weeks) based on the date that the patient was added to the inpatient waiting list.

Part B- Reconstructive and balancing breast surgery- procedural limits

1. Within the Breast Surgery service, the Trust does not place any limitations on the number of reconstructive surgical procedures for each patient.

Part C- Reconstructive and balancing breast surgery- time limits

1. Within the Breast Surgery service, the Trust does not place any limitations on the timescale for surgical procedures.