

FOI REF: 24/559

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

DATE

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Via email to:

Dear

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

Please note – These questions relate specifically to people referred into a family history service from primary care based on their family history of cancer, not those who had been previously assessed and assigned a pathway by clinical genetics or were referred due to a personal diagnosis of breast cancer.

1. Does your trust have a familial cancer service or services (for example, as part of a breast care team, family history clinic, or breast clinic) that manage people who could be at an increased risk of breast cancer because of a history of the disease or related cancers in their family? (Yes/No)
 - a) If no, please answer question 2
 - b) If yes, please answer questions 3-5.

Yes we do, however our referrals come from multiple sources and are not stratified by Primary Care or Secondary Care.

2. If your trust does not have a familial cancer service, where do you refer patients who need to have their familial breast cancer risk assessed?

We do have a familial cancer service for Breast so initial assessment takes place locally.

3. If your trust does have a familial cancer service, could you please provide us with:
 - a) The number of referrals your unit has received for assessment of possible familial breast cancer risk for each of the following periods:

Time period	Number of referrals
1 st April 2021-31 st March 2022	
1 st April 2022-31 st March 2023	

1st April 2023-31st March 2024	
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Section 17 – Notice of refusal

The Trust holds the information you have requested but not in the format that you have requested. In order to provide the information, it would require a manual review of the patient records, and it is estimated that this would take longer than 18 hours. Section 12(1) of the Act allows a public authority to refuse to comply with a request for information if the authority estimates that the cost of compliance would exceed the ‘appropriate limit’, as defined by the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 (the Regulations). These state that this cost limit is £450 for public authorities which are not part of central government or the armed forces. The costs are calculated at £25 per hour per person regardless of the rate of pay, which means that the limit will be exceeded if the work involved would exceed 18 hours.

b) How many patients were identified as moderate risk* of breast cancer for each of the following periods:

Time period	Number of moderate risk patients
1st April 2021-31st March 2022	
1st April 2022-31st March 2023	
1st April 2023-31st March 2024	

Section 12 (1) applied, please see above.

c) How many patients were identified as high risk of breast cancer for each of the following periods:**

Time period	Number of high-risk patients
1st April 2021-31st March 2022	
1st April 2022-31st March 2023	
1st April 2023-31st March 2024	

* As defined by [NICE in CG164](#) - Lifetime risk from age 20 of greater than 17% but less than 30%, or risk between ages 40 and 50 of between 3 to 8%

** As defined by [NICE in CG164](#) - Lifetime risk from age 20 of greater than 30%, or risk between ages 40 and 50 of greater than 8%, or a 10% or greater chance of a gene mutation being harboured in the family

Section 12 (1) applied, please see above.

4. Which services do you offer to patients who are assessed as being at increased risk?

Please indicate with a X which risk management options are offered to individuals

according to their age and calculated risk level by your service. Please leave related box blank if your service does not offer a particular service.

In regard to the provision of screening surveillance, please include any screening offered through the very high-risk programme and by your service for certain screening technologies that are only used under specific conditions (e.g. in the case of dense breast pattern)

	Moderate risk	High risk
Information about modifiable risk factors and behavioural changes to reduce risk	X	X
Chemoprevention	X	X
Risk reducing surgery		X (Please see note below)

Risk reducing surgery would ONLY be discussed at our tertiary referral centre (Guys and St Thomas's) once a referral for genetic review has been made.

Screening surveillance	Moderate risk	High risk				
		<30% chance of BRCA/TP53 carrier	>30% chance of BRCA carrier	Known BRCA mutation	>30% chance of TP53 carrier	Known TP53 mutation
Annual MRI						
20-29						
30-39						
40-49						
50-59						
60-69						
70+						
Annual Mammography						
20-29						
30-39						
40-49	X	X	X		X	X
50-59		X	X		X	X
60-69						
70+						
Mammography as part of the population screening programme						
20-29						
30-39						
40-49						
50-59						
60-69						

70+						
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We do not offer MRI routinely for Family History patients – patients with an identified mutation have their screening arranged at the Brighton Screening Centre via the Genetics Service at Guys and St Thomas’ Hospital. East Sussex Healthcare NHS Trust (ESHT) have no involvement in this element.

ESHT offers annual mammography from 40-49 for those at moderate risk and age 40-59 for those at high risk.

The Screening programme in Sussex is not managed by ESHT, it is managed by University Hospitals Sussex NHS Foundation Trust.

5. **For people referred into your family history service, does your unit have any additional inclusion criteria it uses to determine who can receive different types of support, in addition to the eligibility criteria outlined in [NICE CG164 guidance](#), and if so, what are those criteria for:**

Undertaking an initial family history risk assessment	All patients referred to the service will have their information and risk reviewed and will be offered relevant information.
Access to risk-reduction interventions, both chemoprevention and mastectomy	No
Access to enhanced surveillance screening	No

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust’s response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner’s Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113
Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net