



Public Health
England

Screening Quality Assurance visit report

NHS Breast Screening Programme Gloucestershire Breast Screening Service

27 September 2017

Public Health England leads the NHS Screening Programmes

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Executive summary

The NHS Breast Screening Programme aims to reduce mortality from breast cancer by finding signs of the disease at an early stage.

The findings in this report relate to the quality assurance (QA) visit to the Gloucestershire screening service held on 27 September 2017.

QA purpose and approach

QA aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-visits to review pathology reports and slides, radiology and surgical performance and attend a multidisciplinary team meeting
- information shared with the South regional SQAS as part of the visit process

Description of local screening service

The Gloucestershire breast screening service has an eligible population of approximately 115,028 and screens women aged between 47-73 years as part of the national randomised age extension trial.

The service is located at the Thirlestaine Breast Centre in Cheltenham and provides a combined screening and symptomatic service for the Gloucestershire population. Screening is also carried out on 2 mobile vans covering a large geographical area.

The service previously had a QA visit on 14 May 2014 and there are no outstanding recommendations.

Findings

The unit consistently exceeds the national achievable standard for uptake of 70%. For the 3 year period 2013 - 2016 the uptake was 74.82%.

Not all key performance indicator (KPI) targets have been met at the time of the visit. Round length has slipped due to staff shortages and equipment break down but this is now improving. The waiting time from screen to assessment is not meeting the required standard.

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the current staffing for breast care nurses does not meet nursing guidelines for assessment
- the radiographic advanced practitioners are not embedded in trust clinical governance systems
- there was no equipment contingency plan to cover the lead in time for any new service contract
- women with B3 lesions did not have patient centred access to vacuum excision
- biopsy and resection turnaround times did not meet national pathology guidelines
- HER2 FISH turnaround times were sometimes excessive
- pathologists did not have dedicated MDT preparation time formalised within their job plans
- not all relevant professions are represented at MDT to facilitate full discussion

Shared learning

The QA visit team identified several areas of practice for sharing, including:

- there is a trust wide cross screening programme governance group that meets regularly and has direct routes to the board
- radiographic staff rotate between the mobile units and the main department and have taken on lead roles to provide variance to their working day with the aim of reducing the effects related to constant screening
- radiographic helpers follow patients through the investigation pathway providing friendly support and reassurance during the process

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should agree with the provider a schedule of audits for inclusion in the NHS standard contract	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	6 months	Standard	Copy of the schedule

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Recruit an additional full time breast care nurse to ensure the programme is meeting nursing guidelines for assessment	QA guidelines for Clinical Nurse Specialists 2012	3 months	High	Written confirmation that the service is meeting the nursing guidelines for assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Continue to ensure staff extended practice is formalised in line with the trust clinical governance framework	NHSBSP Publication No 63 Quality Assurance Guidelines for Mammography April 2006 pg 47	6 months	High	Documented trust acknowledgement of radiographic advanced practice to be obtained
4	Commence the planned procurement of a managed equipment service and produce an equipment contingency plan to cover the lead in time for any new service contract	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Copy of agreed plans

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Complete a survey to review the experience of assessment clinic patients from a radiographic perspective	NHSBSP Publication No 40 Guidelines on Quality Assurance Visits Second edition October 2000 pg 20 and NHSBSP Publication No 63 Quality assurance guidelines for mammography April 2006 pg 11	6 months	Standard	Copy of the results and action plan

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Provide access to vacuum excision for B3 lesions	NHSBSP Publication no. 49 Clinical guidance for breast cancer screening assessment Fourth edition 2016 pg 13	3 months	High	Written confirmation that equipment has been purchased for vacuum excision
7	Improve biopsy and resection turnaround times to meet national pathology guidelines	Royal College of Pathologists key performance indicators	6 months	High	Audit at 6 and 12 months shows service meeting standards
8	Audit breast cancer grade reporting	NHS breast screening programme and Association of Breast Surgery key performance indicators	6 months	Standard	Audit at 6 and 12 months shows service meeting standards

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Audit ER and HER2 positivity rates	NHS breast screening programme and Association of Breast Surgery key performance indicators	6 months	Standard	Audit at 6 and 12 months shows service meeting standards
10	Improve HER2 FISH turnaround times to meet national guidance	NHSBSP Publication No 2 Quality Assurance Guidelines for Breast Pathology Services Second edition July 2011	3 months	High	Audit at 3 and 12 months shows service meeting standards
11	Upgrade computer monitors in the laboratory to professional standard for X-ray viewing	NHSBSP Publication No 2 Quality Assurance Guidelines for Breast Pathology Services Second edition July 2011	12 months	Standard	Written confirmation that equipment has been upgraded

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Ensure that all women are offered an assessment within 3 weeks of attendance for screening	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	6 months	Standard	Meeting standard in monthly and quarterly routine reporting

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	The breast care nurse should meet all women attending an assessment at the start of the clinic appointment to undertake a holistic review	QA guidelines for Clinical Nurse Specialists, 2012, 3.2.1 (B and C)	6 months	Standard	Written confirmation that holistic assessment is undertaken
14	Ensure pathologists have dedicated MDT preparation time formalised within their job plans	NHSBSP Publication No 2 Quality Assurance Guidelines for Breast Pathology Services Second edition July 2011	6 months	High	Copy of job plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure relevant professions are represented at MDT to facilitate full discussion	The Characteristics of an Effective Multidisciplinary Team (MDT) NCAT 2010 pg 8	6 months	High	Written confirmation of regular oncology representation

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.