

**RETENTION, STORAGE AND DISPOSAL OF
MAMMOGRAMS AND SCREENING RECORDS**

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Retention, storage & disposal of mammograms & screening records

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1. INTRODUCTION

1.1 Purpose

The purpose of this document is to give guidance on procedures for the retention, storage and disposal of mammograms and screening records for breast screening services in England.

1.2 Background

The NHS Breast Screening Programme (NHSBSP) currently routinely invites women from 50 up their 71st birthday to attend for breast screening by mammography every three years. Women aged 71 and over can self-refer for screening every three years.

Safe storage and custody of mammograms and screening records is important to allow a woman's screening history to be accessed easily:

- to support clinical and administrative decision making
- to meet medico-legal requirements
- to allow clinical review and audit.

Breast screening services are based in host hospital trusts, which will have their own policies for record retention. However it is essential that all breast screening services, as part of a national programme, comply with the minimum requirements set out in this document. Services may, of course, keep records for longer periods than those described below.

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2. MINIMUM LEGAL REQUIREMENTS

2.1 Current NHS guidance

Current NHS guidance on managing health records is given in HSC 1999/053 *For The Record. Managing Records in NHS Trusts and Health Authorities*. This circular includes Department of Health guidelines on managing NHS records and a schedule for the retention and disposal of those records. It supersedes HC(89)20 *Health Services Management: Preservation, Retention and Destruction of Records – Responsibilities of Health Authorities under the Public Records Acts* which is now cancelled. The health service guidelines HSG(95)3 *Health Service Use of Ionising Radiations* gives specific advice on record keeping for procedures and treatments, such as x-rays, which use ionising radiation. The health service guidelines HSG(96)18 *The Protection and Use of Patient Information* includes guidance on responsibilities under the Data Protection Act 1998. Guidance for the breast screening programme on data protection is included in a separate NHSBSP Good Practice Guide which is in preparation.

The main points of HSC 1999/053 which are relevant to the breast screening programme are summarised in paragraphs 2.2 and 2.3 below.

2.2 Responsibilities

All NHS records, including mammograms and screening records, are public records under the terms of the Public Records Act 1958 S.3(1)-(2). The Secretary of State for Health, all health authorities, primary care teams, NHS trusts and other NHS bodies have a statutory duty to make arrangements for the safe-keeping and eventual disposal of their records. Chief executives and senior managers are personally accountable for the quality of records management within their organisations, and all line managers and supervisors must ensure that their staff, whether administrative or medical, are adequately trained and apply the appropriate guidelines.

2.3 Minimum requirements

Appendix B to HSC1999/053 gives guidelines on the criteria for retention or disposal of records and identifies minimum recommended retention periods. These reflect minimum requirements for clinical purposes and to meet legal requirements.

X-ray films (including other image formats for all imaging modalities)

Local decisions should be made with regard to the preservation of these records, which are considered to be of a transitory nature.

X-ray reports (including reports for all imaging modalities)

To be considered as a permanent part of the patient record.

General - 8 years after the conclusion of treatment

Oncology – 8 years after the conclusion of treatment

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Patients involved in clinical trials – 15 years after the conclusion of treatment (*EEC Note for Guidance: Good Clinical Practice for Trials on Medicinal Products in the European Community*)

Recommended minimum retention periods should be calculated from the end of the calendar or accounting year following the last date of entry on the document.

2.4 Previous NHSBSP policy

Previous NHSBSP policy on the storage of films and paperwork was set out in the letter from the national coordinator to programme managers dated 5 July 1996. The policy was based on advice from the Advisory Committee for Breast Cancer Screening that films and paperwork relating to normal results should be kept for a minimum period of eight years from the date of the mammogram or the date of death. The letter also suggested that the final film(s) and reports are kept for a longer period for reference purposes unless it is known by the unit that the woman has died. Women who have been assessed should have their records kept until at least two routine screens are normal after assessment (unless this would be shorter than eight years). The records of women with cancers should not be destroyed until eight years after the conclusion of treatment. Patient records used in connection with clinical trials should be kept for at least 15 years in accordance with EC guidance.

This guidance replaces the previous NHSBSP policy. There is no change to the principle that films and paperwork relating to normal results should be kept for a minimum of eight years from the date of the mammogram or the date of death. However, this guidance recommends that the content of screening packets should be reviewed every three years as part of the routine administration of call and recall procedures, and that films and associated paperwork should be retained for a period of nine years.

Detailed recommendations for good practice are explained below.

3. RECOMMENDATIONS FOR GOOD PRACTICE

The NHSBSP has now been in operation for more than 13 years and with the extension of the age range for routine invitation, and the introduction of two views at every screening visit, it is imperative that screening services have a clear and consistent approach to the retention and disposal of mammograms and screening records. It is no longer possible for services to retain all mammograms and screening records indefinitely, either in terms of the physical space required or of the financial resources required to do so.

It is the responsibility of each screening service to develop local protocols for the retention, storage, and disposal of mammograms and screening records. Screening services must ensure that their protocols meet minimum NHS requirements and that screening office staff are familiar with good practice in records management set out in HSC1999/053. They should seek advice from the local records manager in the trust to ensure that their arrangements for storage, tracking and retrieval of mammograms and screening records are consistent with best practice. It is not acceptable practice for screening services to give mammograms to women for them to retain following their screening appointments.

Local protocols for retention, storage and disposal of mammograms and screening records should be included in the service quality management system and all policy decisions agreed by the clinical director.

Good practice is recommended for breast screening services as follows:

- review of content of screening packets
- retention and disposal of screening packets
- transfer of screening packets
- storage of screening packets
- destruction of screening packets.

Because the screening programme operates on a three-year cycle, it is recommended that the minimum period for retention of mammograms and associated paperwork should be nine years from the screening episode and that screening packets should be retained for at least nine years from the date of the final screening attendance. This means that the review of the content of screening packets and the disposal of screening packets can be integrated with the routine screening procedures. The practical implications are explained below in more detail.

4. REVIEW OF SCREENING PACKETS

4.1 Routine screening attendance with normal result

The content of screening packets should be reviewed when the woman attends for a routine screening appointment. Any mammogram taken **nine or more years previously** and the associated screening record should be removed for disposal (unless it has been marked otherwise by the medical screen reader – see paragraph 5.5 below). The current mammogram should then be filed in the screening packet.

4.2 Women who are recalled for assessment or placed on early recall

The screening packets of women who are recalled for assessment or who attend on early recall should be treated in the same way as those of women who have a normal result. The packet should be reviewed and any mammograms and associated paperwork which relates to screening attendances **nine or more years previously** should be removed for disposal.

4.3 Final routine attendance

If the attendance is in response to a final routine screening invitation, then the screening packet should be flagged with the year of attendance. This will allow the screening packet to be reviewed periodically if there are no further attendances. It is recommended that the packet be retained for a period of **nine years from the date of the final attendance**.

4.4 Self referral with normal result

If the attendance is a self-referral, then the screening packet should be flagged with the year of attendance. This will allow the screening packet to be reviewed periodically if there are no further attendances. It is recommended that the packet be retained for a period of **nine years from the date of the final attendance**.

4.5 Women who do not attend

If a woman does not attend for a routine screening invitation, her screening packet should still be reviewed. Mammograms taken nine or more years previously and the associated screening record should be removed for disposal (unless the packet has been marked otherwise by the medical screen reader- see paragraph 5.5 below). If the invitation is the final routine screening invitation, then the screening packet should be flagged with the year of the last attendance. It is recommended that the packet be disposed of after a period of **nine years from the date of the final attendance**.

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4.6 Records held on electronic media

Screening records held on the screening office computer system should be retained **indefinitely**. The disposal of any films and paperwork as described above should be noted on the system. This means that a complete history of screening attendance and results can be retrieved at any time if required for research or legal reasons.

5. RETENTION AND DISPOSAL OF SCREENING PACKETS

5.1 Normal screening packets

Normal screening packets should be flagged with the year of final attendance as described in paragraphs 4.3 and 4.4 above. They should be retained for at least **nine years from the date of the final attendance**.

Current examples

Year of last screen	Age at last screen	Current age	Dispose of screening packet now?
1989	50	61	4
1989	57	68	4
1990	62	72	4
1990	68	78	4
1994	57	64	6

5.2 Records of screen detected cancers

If a woman is diagnosed with breast cancer through the breast screening programme, the screening packet should then be marked accordingly. No mammograms or paper records should be removed from the screening packet after the date of diagnosis and the complete screening packet should be **retained indefinitely**.

5.3 Records of interval cancers

If a woman is diagnosed with an interval cancer, the screening packet should be marked accordingly. No mammograms or paper records should be removed from the screening packet after the date of diagnosis and the complete screening packet should be **retained indefinitely**.

5.4 Women are known to have died

If the screening unit knows that a woman has died, they should retrieve the screening packet and flag it with the year of her final attendance. The packet be retained for a period of **nine years from the date of the final attendance**. If the woman is known to have died from a screen detected cancer or an interval cancer, the screening packet should be kept indefinitely (see paragraphs 5.2 and 5.3).

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Current examples

Year of last screen	Year of death	Age at death	Dispose of screening packet now?	When to dispose of screening packet
1989	1991	52	4	
1990	1999	61	4	
1994	2000	59	6	2003
1999	2000	58	6	2008

5.5 Interesting cases

All film and paper records relating to women who are deemed to be an 'interesting case' and worthy of keeping for training/historical purposes should be marked 'DO NOT DESTROY' by the medical screen reader, and should be **retained indefinitely**.

5.6 Women participating in clinical trials

The complete screening packet of women who have participated in the 'one view vs two view' trial (now closed) and the 'frequency' trial (also closed) should be kept for a minimum of 15 years after the conclusion of the trial.

5.7 Women who have participated in the 'age trial'

Women who have participated in the 'age trial' and who are now eligible for routine screening should have their screening packets flagged so that they can be identified, even if they move to a screening office which did not take part in the trial. Arrangements are in place to maintain a woman's trial code as part of her screening record. Details are given in the *Protocol for Screening Offices/Health Authorities Completing the 'Age' Trial* issued by the Age Trial Co-ordinator. Otherwise, screening packets for such women should be reviewed, retained or transferred in accordance with paragraphs 4.1, 5.1, 6.1 and 6.2 of this guidance.

6. TRANSFER OF SCREENING PACKETS

6.1 Requests from symptomatic services

Requests from symptomatic services for screening mammograms for women who are attending for symptomatic investigations or treatment should be dealt with promptly. It is a matter for local decision as to whether the screening unit retains a copy of the screening packet. The screening office must keep a record of screening packet movement.

6.2 Records of women who are known to have moved away

All films and paperwork relating to women who are known to have moved away must be forwarded to the NHSBSP screening office taking over her care, without charge. Copies of NHSBSP screening mammograms requested to be sent outside the NHS should be charged for according to local trust policy.

Requests for screening packets of women moving into an area should be submitted to the previous screening office in writing or by fax only. Screening offices must keep detailed records of screening packet movement.

A local policy on film and paperwork retention must be agreed and documented when forwarding screening packets to other screening services as a result of women moving. It is recommended that the films and paperwork of women with screen detected cancers, interval cancers, and interesting cases be copied prior to forwarding to the new screening office. These copy packets must then be retained indefinitely as described above in paragraphs 5.2, 5.3 and 5.4.

It is a local issue as to whether the films and paperwork of women with normal results be copied and stored by the sending screening service prior to dispatch of the originals and is governed by the availability of physical and financial resources for this task. Any copy packets must then be retained in a similar manner as the original screening packets described in paragraph 5.1, that is, retained for nine years from the last known attendance.

7. STORAGE ISSUES

As the number of women screened increases and is set to increase further over the next few years, space for screening packet storage is a major problem for hospital trusts. Some alternatives to the traditional filing systems are suggested below and should be considered by those services facing major storage problems.

7.1 Implementation of disposal policy

Early implementation of the retention and disposal policy as described above is essential. For many screening services a significant proportion of the screening packets for women last screened in 1988, 1989, 1990 and 1991 can now be destroyed. Early indications from a service, which has already introduced a culling policy, show that in excess of 25% of the 1989 films were destroyed. This has freed-up considerable amounts of filing space and will continue to do so year on year. Review of the content of screening packets of women attending for routine screening should also release significant storage space as well as making screening packets easier to handle.

7.2 Filing methods

For the disposal policy to be implemented with a minimum of disruption to the routine work of the screening office, the method of filing screening packets needs to be considered. The use of year of screen labels on the exterior edge of the packet will aid identification of year of last screen. In addition, filing by year of screen after the initial cull will make subsequent yearly culls easier to manage.

Consideration should be given to implementing a segregated filing area for those screening packets that are to be kept indefinitely ie screen detected cancers, interval cancers, interesting cases, and women involved in the age trial.

Off-site storage should be investigated. Numerous companies now offer a service with excellent turn-around times and tracking facilities. The level of service required would need to be balanced against local needs and resources available.

8. DESTRUCTION OF FILMS AND PAPERWORK

Individual paper screening records should be destroyed by a secure method such as incineration, pulping or shredding in accordance with local trust policy. It is usual that x-ray film is subject to salvage for silver recovery, ensuring that the local trust confidentiality policy is maintained. The destruction of all films and paperwork should be recorded on the screening office computer system.

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9. SUMMARY

9.1 Content of screening packets

A screening packet should contain no more than the mammograms and associated paperwork relating to the three most recent normal screening episodes. The mammograms and associated paperwork from screening episodes **nine or more years ago** should be removed from the screening packet for disposal.

9.2 Retention of screening packets

Screening packet type	Minimum period for retention
Normal screening packet	9 years after date of final attendance
Screen detected cancers	Indefinitely
Interval cancers	Indefinitely
Interesting cases	Indefinitely
Women who are part of a research trial	15 years or more after date of final attendance
Women who are part of the age trial	9 years after date of final attendance
Deaths	9 years after date of final attendance

