Public Health England

NHS

Screening Quality Assurance visit report

NHS Breast Screening Programme
West Devon and East Cornwall

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific
and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published: February 2019
PHE publications
gateway number: GW-74

PHE supports the UN
Sustainable Development Goals

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 visit of the West Devon and East Cornwall screening service held on 25 September 2018.

Quality assurance purpose and approach

Quality assurance (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 attendance at a multidisciplinary team meeting
- information shared with SQAS South as part of the visit process

Local screening service

The West Devon and East Cornwall breast screening service is based at the Primrose Breast Care Centre, Derriford Hospital, Plymouth. The service is provided by University Hospitals Plymouth NHS Trust and is commissioned by NHS England South West. The service delivers the NHS Breast Screening Programme to eligible women in the area covered by NHS Northern, Eastern and Western Devon Clinical Commissioning Group (known as NEW Devon CCG) and part of Kernow CCG.

The West Devon and East Cornwall breast screening service has an eligible screening population of approximately 68,500 in the 50 to 70 age group. This service is part of the national randomised age extension trial which means that it also offers screening to women aged 47 to 49 years and women aged 71 to 73 years. The total number of women screened in all age groups is 88,200.

The Primrose Breast Centre provides a combined screening and symptomatic service and screening is carried out on one mobile van in addition to 2 static units. One at the Primrose Breast Centre and the other at the local Guildhall in Plymouth.

All screening assessment clinics take place at the Primrose Breast Centre. Surgery and pathology is provided in house at Derriford Hospital with the exception of human epidermal growth factor receptor 2 (HER2) testing which is outsourced to the Royal Cornwall Hospital.

High risk screening is performed at the Primrose Breast Centre and magnetic resonance imaging (MRI) scans are performed on site at Derriford Hospital. MRI-guided biopsies are performed at Royal Cornwall Hospital or Northwick Park Hospital in London.

Findings

In September 2016 a contract performance notice was served by the commissioners due to persistent failure of the service to meet timeliness key performance indicators (KPIs). As a consequence of effective leadership and improvements in film reader numbers the service is now achieving the minimum standard for screen reading timeliness along with most of the other national standards. Staff shortages in radiography and surgery remain an ongoing risk.

Uptake of the programme in the period 2016 to 2017 was 76.64% which is above the minimum standard of more than 70%.

In April 2018 there was a significant reorganisation of Trust management structures for the service. Breast imaging (which includes screening) moved from radiology to join breast surgery to form a new service line of ‘Breast Services’ which sits within the Women and Children’s Directorate.

The immediate and high priority findings, and areas for shared learning, are summarised below.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified several high priority findings summarised below:

- there has been insufficient emphasis on quality improvement in this service, for example, through regular review of patient feedback, audits and risks
- a new improved system is being put in place, as part of the trust restructure of service lines
- radiography and surgical staffing levels do not meet national guidelines and radiography shortages are beginning to impact on round length
- dose audit reports for mammography in 2017 show an unusual profile and this requires investigation
- a number of practices and protocols in radiology are not in line with national guidance
- the prevalent recall rate is higher than the national standard
- not all women are met by nurses at the start of the assessment clinic and this may cause anxiety
- not all clinical nurse specialists have undertaken the relevant training for breast care nursing
- fewer women seen by this unit have breast reconstruction following mastectomy for non-invasive cancers than in other units nationally, however, this service is improving
- there is no unit policy for specimen marking for women in theatre

Shared learning

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

- improvements in many areas since the last QA visit, including multi-disciplinary team (MDT) working, nursing staffing levels, and patients' access to breast reconstruction
- effective quality management system (QMS) with clear work instructions for women with learning difficulties
- excellent photographic work instructions for the use of the prone table
- continuing professional development (CPD) reflection is incorporated into radiographers' daily activity
- medical physics hold regular quality assurance meetings with the screening director
- very good recruitment into clinical trials

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Continue with implementation of plans for clinical governance and quality improvement ensuring that information on complaints, audits, incidents and client feedback is reviewed and fed back to the whole breast screening team	Service Specification No. 24 2018/19	6 months	Standard	Confirmation of new clinical governance arrangements Minutes of programme board meetings
2	Commissioners to review the terms of reference (TOR) for the breast screening programme board to include: • audit and workforce planning • review and escalation of risks • assurance of attendance from trust management	Service Specification No. 24 2018/19	6 months	Standard	Updated TOR

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Develop a health equity audit and health promotion strategy with support from commissioners	Service Specification No. 24 2018/19	12 months	Standard	Audit findings Health promotion strategy
4	Commissioners to seek assurance that armed forces staff are effectively included in the full breast screening pathway	Service Specification No. 24 2018/19	6 months	Standard	Assurance from the provider at programme board
5	Ensure there is an agreed capital replacement plan for mammography equipment	Service Specification No. 24 2018/19	12 months	Standard	Equipment replacement plan approved by management
6	Agree a memorandum of understanding or service level agreement with relevant Trusts to support the outsourcing of HER2 testing	Service Specification No. 24 2018/19	6 months	Standard	Confirmation of signed agreements by all parties
7	Ensure the breast screening service risk register includes information on significant risks to service delivery and contains detail about the management and escalation of risks	Service Specification No. 24 2018/19	3 months	High	Amended risk register regularly reviewed at programme board meetings

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Ensure that radiography and surgical staffing levels meet national guidance	NHSBSP Guidance for breast screening mammographers (2017) Surgical guidelines for the management of breast cancer. Association of Breast Surgery at BASO (2009)	6 months	High	Action plans for recruitment Vacant posts appointed to and minuted at programme board
9	Ensure the clinical nurse specialist (CNS) has access to a dedicated non-clinical room for private consultations	NHSBSP publication no. 29: interim quality assurance guidelines for clinical nurse specialists (2012)	3 months	High	Confirmation at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Investigate radiographic exposures for the period January 2016 to September 2018 to determine whether image quality has been affected	NHSBSP Guidance for breast screening mammographers (2017)	1 month	High	Audit findings
11	Revise the radiographic work instructions relating to exposure to ensure they match radiographic practice	NHSBSP Guidance for breast screening mammographers (2017)	1 month	High	Work instructions
12	Make sure that physics staffing and training reflects national guidance	Quality Assurance Guidance for Medical Physics Services (2005)	6 months	Standard	Audit findings
13	Revise the Ionising Radiation (Medical Exposure) Regulations(IR(ME)R protocols to reflect current radiographic practice and new legislation IR(ME)R 2017	Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2017	3 months	Standard	Revised IR(ME)R procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Audit quality control (QC) processes to ensure the testing schedule and associated documentation is in line with national guidance	NHSBSP Routine quality control tests for full-field digital mammography systems (October 2013)	6 months	Standard	Confirmation at programme board
15	Develop a protocol for safe transfer of data to and from the mobile van and seek approval from the Trust information governance lead for this process	NHSBSP Guidance for breast screening mammographers (2017)	1 month	High	Confirmation at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure all MRI readers meet NHSBSP guidance for MRI reporting of high risk women including reporting a minimum of 100 breast MRI examinations (screening and symptomatic cases combined) per year	Technical guidelines for magnetic resonance imaging (MRI) for the surveillance of women at higher risk of developing breast cancer (2012)	6 months	Standard	Audit of MRI reporting

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Commissioners to ensure advanced communication to screening service of GP practice closures	Service Specification No. 24 2018/19	3 months	High	Confirmation at programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Make sure members of the radiographic team attend a mammography clinical update training session to ensure that the standard of mammography remains high	NHSBSP Guidance for breast screening mammographers (2017)	3 months	High	Written confirmation
19	Revise work instruction to support the Eklund technique	NHSBSP Guidance on screening women with implants (2017)	3 months	Standard	Revised work instruction
20	Revise work instruction to include specific positioning criteria for cranial-caudal (CC) and mediolateral-oblique (MLO) views	NHSBSP Guidance for breast screening mammographers (2017)	3 months	Standard	Revised work instruction
21	Ensure the service is meeting the Health and Care Professions Council (HCPC) regulations for imaging women with implanted medical devices	NHSBSP Guidance for breast screening mammographers (2017)	1 month	High	Work instruction

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Conduct an audit of women who have had partial mammography to ensure appropriateness of activity	NHSBSP Guidance for breast screening mammographers (2017)	6 months	Standard	Audit findings
23	Install a 5 mega pixel monitor to support image planning of assessment views	European guidelines for quality assurance in breast cancer screening and diagnosis (2006) Service Specification No. 24 2018/19 Consolidated programme standards (2017)	12 months	Standard	Confirmation that monitor is installed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Make sure there is protected film reader time for the advanced practitioner	Service Specification No. 24 2018/19 Consolidated programme standards (2017)	3 months	High	Confirmation at programme board
25	Audit and monitor the prevalent recall rate to ensure the service meets the national standard	Service Specification No. 24 2018/19 Consolidated programme standards (2017)	3 months	High	Sustained improvement in KPI minuted at programme board
26	Audit benign biopsy rate after the introduction of vacuum assisted excision (VAE)	Service Specification No. 24 2018/19 Consolidated programme standards (2017)	6 months	High	Audit results

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Ensure radiologists use the standard interval data collection forms to ensure accuracy of recording on the breast screening IT system (NBSS)	Service Specification No. 24 2018/19	3 months	High	Written confirmation that standard forms are being used
28	Draw up and implement action plans for the mentoring and support of individual outlying film readers	Service Specification No. 24 2018/19 Consolidated programme standards (2017)	3 months	High	Action plan and improvement in individual performance indicator(s)

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Ensure that women attending assessment are met at the start of the clinic and the reason for recall is explained. The process should be structured and include a documented holistic assessment	NHSBSP publication no. 29: interim quality assurance guidelines for clinical nurse specialists (2012)	6 months	High	Assessment clinic protocol Confirmation that assessments are taking place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Develop the role of the screening nurse into that of a clinical nurse specialist (CNS) who can adequately support women attending for assessment, and ensure that the clinical nurse specialists have undertaken the relevant qualifications for breast care nursing	NHSBSP publication no. 29: interim quality assurance guidelines for clinical nurse specialists (2012)	12 months	Standard	Training and development plan for nursing team. Confirmation at programme board once completed.
31	Ensure adequate CNS staffing arrangements are in place to cover the absence of the screening nurse	NHSBSP publication no. 29: interim quality assurance guidelines for clinical nurse specialists (2012)	6 months	High	Confirmation at programme board
32	Develop a protocol for delivering benign telephone results and ensure that the service is regularly audited	NHSBSP publication no. 29: interim quality assurance guidelines for clinical nurse specialists (2012)	6 months	Standard	Protocol Audit of practice

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Develop a protocol to clarify in what circumstances a second opinion at assessment will be consistently obtained	NHSBSP publication no. 49 Clinical guidance for breast cancer screening assessment (2016)	3 months	High	Assessment clinic protocol
34	Review tomo biopsy practice and develop a protocol for abnormalities not found on the tomo scout	NHSBSP publication no. 49 Clinical guidance for breast cancer screening assessment (2016)	3 months	Standard	Protocol
35	Install professional quality monitors for review of radiology images by pathologists	NHSBSP publication no.2 Quality Assurance guidelines for breast pathology services (2011)	6 months	Standard	Confirmation that units have been installed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Audit turnaround time for HER2 testing (biopsy to result)	Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening (2017)	12 months	Standard	Audit results
37	Review pathology cases identified from 2016/17 data reported by a non-breast screening pathologist	NHSBSP publication no.2 Quality Assurance guidelines for breast pathology services (2011)	6 months	Standard	Confirmation that cases have been reported in line with NHSBSP standards

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Display histopathology slides more frequently at MDT to facilitate improved discussion	NHSBSP publication no. 49 Clinical guidance for breast cancer screening assessment (2016)	6 months	Standard	Confirmation at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Develop a unit surgical policy for marking specimens	NHSBSP publication no.20 QA guidelines for surgeons in breast cancer screening (2009)	6 months	High	Policy
40	Audit prospectively reconstruction rates for non-invasive cancers	NHS Breast Screening Programme & ABS audit of screen detected breast cancer (2016/17)	12 months	Standard	Audit results demonstrating improvement
41	Ensure surgeons approve unit submission of annual Association of Breast Surgeons (ABS) audit data	NHSBSP publication no.20 QA guidelines for surgeons in breast cancer screening (2009)	6 months	High	Confirmation at programme board

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.