



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme Crewe Breast Screening Service

28 September 2017

Public Health England leads the NHS Screening Programmes

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 to advise and support government, local authorities and the NHS in a professionally independent manner.

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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.

www.gov.uk/phe/screening

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Published: May 2018

PHE publications

gateway number: 2017654

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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

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 of the Crewe breast screening service held on 28 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-review visits
- information shared with the SQAS (North) as part of the visit process

Local screening service

The Crewe breast screening service (CBSS) is provided by Mid Cheshire Hospitals NHS Foundation Trust (MCHT). The total population is approximately 300,000. There are approximately 43,500 eligible women in the age range of 50 to 70 and approximately 56,000 when the age extended population is included. The screening service covers the geographical areas of Crewe, Nantwich and Mid Cheshire. NHS England North (Cheshire and Merseyside) is the commissioner for the service.

Following a review of breast screening services in Cheshire, Warrington and Wirral by commissioners in 2014 it was identified that the service had a total population below that recommended in the national service specification. The trust agreed, that following the commissioning review, the breast screening service would merge with North Midlands breast screening service, hosted by University Hospitals of North Midlands (UHNM). Due to other service mergers within Staffordshire, there has been a delay in the merger between Crewe and UHNM. It is now planned to be completed by April 2019. This will need careful planning and leadership to achieve.

Findings

There are major staffing shortages across radiology, pathology and some vacancies in surgery and radiography making the service extremely vulnerable. The current team works exceptionally hard to deliver the service but this is not sustainable.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high priority findings as summarised below:

- short term sustainability of the service is vulnerable due to staffing shortages
- insufficient long term strategy and planning for the merged service
- patient experience could be enhanced by improving pathways for vacuum assisted biopsies, cancer diagnosis and sentinel node isotopes
- reflective practice is required to ensure that processes have been integrated into everyday practice

Shared learning

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

- good relationships with commissioners with frequent contract meetings
- well attended programme board with all specialties represented
- comprehensive risk register
- clear processes for ceasing patients
- good general practice of QC (quality control) including an effective and responsive relationship with medical physics provider
- standards of mammography are generally good
- new equipment and no issues in obtaining replacement equipment
- strong leadership in pathology with effective use of biomedical staff for specimen cut up
- holistic needs assessment completed for all patients diagnosed with cancer including psychological assessment

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.