Public Health England

NHS

Screening Quality Assurance visit report

NHS Breast Screening Programme
East Berkshire

5 July 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-learning 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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/phe/screening
Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
Prepared by: Screening QA Service (South).
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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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 East Berkshire screening service held on 5 July 2017.

Purpose and approach to quality assurance

Quality Assurance 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 of 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, attend a multidisciplinary team meeting, and peer review for radiology/ surgical performance
- information shared with the South regional SQAS as part of the visit process

Description of local screening service

The East Berkshire breast screening service has an eligible population of 57,567 women aged 50 to 70 and 73,983 aged 47 to 73. The main service is located at the King Edward VII hospital in Windsor. It operates a static screening service as well as having 2 mobile units covering the defined population. All screening assessment clinics and wire localisations are conducted there, whereas pathology services are undertaken in Wexham Park hospital and surgery is performed at the Heatherwood Hospital. MRI (Magnetic Resonance Imaging) guided biopsies are referred to Northwick Park Hospital. High risk screening MRI scans are performed at the Heatherwood and Wexham Park sites.

Since the last QA visit, the unit has introduced screening of high risk women.

The screening programme is provided by the Frimley Health NHS Foundation Trust. It is commissioned by NHS England South (South Central). The geographic area is covered

by Bracknell and Ascot, Slough, Windsor, Ascot and Maidenhead along with 4 practices from Chiltern Clinical Commissioning Group (CCG).

Findings

The immediate and high priority findings and areas for shared learning are summarised below. For a complete list of recommendations refer to the related section within this report or to the list of all recommendations from page 6.

Immediate concerns

SQAS received an incomplete pathology QA questionnaire after reminder given 2 weeks before the QA visit. This has prevented a complete overview of the performance of the pathology within Breast Screening.

An urgent request was made at the QA visit requiring the lead pathologist to submit the completed QA visit questionnaire and supporting visit information within 7 days.

Post QA visit note: SQAS received completed pathology information.

High priority

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

- the national breast screening system (NBSS) assessment module has not been implemented increasing the risk of error when entering assessment information on to 2 separate systems NBSS and CRIS (radiology information system)
- false negative assessment cases are not always reported using a Form 4
- pathologists are not fully using the proforma for breast reporting
- patients have to travel to 2 hospitals on the day of surgery: x-ray wire localisation in the King Edward VII Hospital before travelling to Heatherwood hospital for their surgery

Shared learning

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

- the unit run regular radiological pre-multidisciplinary team meetings to maximise efficiency of the MDT meeting
- the unit produce a comprehensive annual report
- the unit has developed a local interval cancer leaflet to support implementation of the duty of candour guidance

- the service has taken on numerous health promotion activities, notably production of a health promotion video for breast screening, which is advertised on the local council website, radio, library and community centres. They have also appointed individual staff leads for dementia, learning difficulties, and gender diversity

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Develop business plans to address the anticipated increase in population	NHSBSP No. 52 Organising a Breast Screening Programme	6 months	Standard	Copy of business plan to SQAS
2	Formalise regular direct interaction between screening programme and trust management	NHSBSP No. 52 Organising a Breast Screening Programme	3 months	Standard	Written confirmation to SQAS
3	Review right results supporting evidence and ensure the relevant document identification reference is correctly assigned	NHSBSP right result audit guideline	6 months	Standard	Written confirmation to SQAS

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure adequate radiology capacity within the team to meet the requirements of the service	NHSBSP radiology guideline	3 months	Standard	Written confirmation to SQAS
5	Ensure adequate pathology consultant staffing to meet demands	NHSBSP pathology guideline	3 months	Standard	Written confirmation to SQAS
6	Provide quiet rooms to be used in preference to clinical rooms for BCN interviews	NHSBSP nursing guideline	3 months	Standard	Written confirmation to SQAS
7	Ensure the new PACS has adequate storage to accommodate new technologies	NHS Public Health Functions Agreement No. 2015-16	3 months	Standard	Written confirmation to SQAS
8	New local diagnostic reference level for mammography to be developed with the MPE	Ionising Radiation (Medical Exposure) Regulations 2000 & NHSBSP 75	3 months	Standard	Copy of relevant section of IRMER procedures to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	To recruit into vacant PACS deputy manager post	NHS Public Health Functions Agreement No. 2015-16	3 months	Standard	Written confirmation to SQAS
10	Carry out risk assessment to email and telephone trail to ensure any queries regarding PACS can be traced and identify retention period for request trail	NHS Public Health Functions Agreement No. 2015-16	3 months	Standard	Copy of risk assessment or developed protocol to SQAS

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Increase number of staff with BS Select access	NHSBSP A & C guideline	3 months	Standard	Written confirmation to SQAS
12	Introduce regular validation process for clinical data entry	NHSBSP A & C guideline	3 months	Standard	Local SOP to SQAS
13	Update high risk women moved out of area/protocol change, remove NTDD where necessary and action accordingly	NHSBSP High risk guidelines	3 months	Standard	Written confirmation to SQAS
14	Ensure outcomes list is actioned on BS Select	BS Select users guide July 2016	3 months	Standard	Written confirmation to SQAS

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Undertake false negative assessment audit for the last 3 years to ensure all have completed Form 4	NHSBSP assessment guideline	3 months	High	Audit report to SQAS
16	Formalise VAB excision policy in line with revised guidelines	NHSBSP assessment guideline	3 months	Standard	Written confirmation to SQAS
17	Audit the high recall rate for the high risk screening	NHSBSP high risk guideline	3 months	Standard	Audit report to SQAS
18	All early recall cases should be seen as an assessment appointment in line with the new assessment guidelines and a protocol to reflect this is recommended	NHSBSP assessment guideline	3 months	Standard	Revised protocol to SQAS

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure that assessment module can be accommodated by new PACS system	NHSBSP assessment guideline	3 months	High	Written confirmation to SQAS
20	Undertake risk assessment to the duplicate data entry process in assessment clinics	NHSBSP assessment guideline	3 months	High	Written confirmation to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Lead pathologist to submit completed QA visit questionnaire and support documents within 7 days	NHSBSP pathology guideline	Immediate	Immediate	SQAS received comprehensive QA information
22	Pathologists to use full breast proforma in pathology reports	NHSBSP pathology guideline	1 month	High	Evidence of using full proforma
23	Provide details of breast related CPD over last 3 years.	NHSBSP pathology guideline	3 months	Standard	Written confirmation to SQAS
24	Provide details of breast biopsy and breast resection turnaround times	NHSBSP pathology guideline	3 months	Standard	Written confirmation to SQAS
25	Audit of Her 2 receptor analysis for the last 3 years	NHSBSP pathology guideline	3 months	Standard	Audit report to SQAS
26	Protected time for pathologists to attend MDTs	NHSBSP pathology guideline	3 months	Standard	Written confirmation to SQAS

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	All patients should be seen by BCN at assessment and after biopsy	NHSBSP nursing guideline	6 months	Standard	Written confirmation to SQAS
28	Provide details to patients to enable them to contact breast case nurses directly	NHSBSP nursing guideline	6 months	Standard	Written confirmation to SQAS
29	Undertake a client satisfaction audit to review women's experience of breast care in assessment clinics	NHSBSP nursing guideline	12 months	Standard	Audit results to SQAS

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	To obtain radioisotope for patients attending surgery at Wexham	NHSBSP surgical guideline	6 months	High	Written confirmation to SQAS

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.