Public Health England

NHS

Screening Quality Assurance visit report

East Lancashire NHS Breast Screening Service

16 November 2016

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-class 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.

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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 four 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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Contents

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	**No**	To be addressed separately
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 findings signs of the disease at an early stage.

The findings in this report relate to the quality assurance (QA) visit to the East Lancashire Breast Screening Service held on 16 November 2016.

Purpose and approach to quality assurance (QA)

The aim of quality assurance is to maintain minimum standards and promote continuous improvement in breast screening. This is to ensure that 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: a selection of evidence completed by the programme covering a number of specialist areas within breast screening
- information shared with SQAS (North) as part of the visit process

Description of local screening service

The East Lancashire Breast Screening Service (ELBSS) has an eligible population of 88,598. This population consists of women aged 47 to 73, including women in the age extension trial (women aged 47 to 49 and 71 to 73) within the geographic area of the East Lancashire, Blackburn with Darwen Clinical Commissioning Group (CCG) and some GP practices within Longridge, Greater Preston CCG.

The programme is provided by The East Lancashire Hospitals NHS Foundation Trust. It is commissioned by NHS England North (Lancashire).

Findings

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

Shared learning

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

- cohesive and well organised team who work well together across all specialties
- thorough and well documented training and induction programmes
- comprehensive programme of health promotion
- extensive audit portfolio with participation across all staff groups

Immediate concerns for improvement

The review team identified no immediate concerns.

High priority findings

The review team identified eight high priority issues, as grouped:

- some medical physics tests and processes need to be revised
- new guidance on assessment clinics has recently been published, and some changes will be required to bring the service into line with the new requirements
- some pathologists are not currently reporting on the minimum number of specimens required
- in the National Pathology Audit, the pathology service was identified as an outlier for some measures of grading
- surgeons do not have access to adequate imaging within theatres for excised specimens

Recommendations

A number of recommendations were made related to the high-level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
High	Medical Physics	New baselines must be set for user QC tests immediately
High	Medical Physics	Service to produce a policy on changing baselines on the QC spreadsheets in a timely manner to ensure correct identification of remedial results
High	Medical Physics	Artefact testing to be implemented on the silver filter on the mobile unit x-ray machines
High	Medical Physics	Stereo positioning accuracy should be tested with needles used clinically in addition to the biopsy needle currently used
High	Assessment Clinics	Local assessment policy to be updated to conform to new NHSBSP assessment guidance
High	Pathology	All breast histopathologists to report at least 50 primary breast cancer excision specimens per annum
High	Pathology	Outlier status of cancer grading to be addressed
High	Surgery	The quality of the image of excised specimens taken in theatre is not of a reportable standard. The specimen cabinet in theatre requires adjustment or replacement to ensure adequate image quality

Next steps

East Lancashire Hospitals NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

SQAS (North) will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. To allow time for at least one response to all recommendations to be made.