



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Breast Screening Programme London Breast Screening Administration Hub**

15 March 2017

**Public Health England leads the NHS Screening Programmes**

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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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## 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 London breast screening administration hub on 15 March 2017.

### Purpose and approach to quality assurance

QA aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure that all eligible people have access to a consistently 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 Breast Screening Programme
- data and reports from the provider
- evidence submitted by the provider
- information collected during pre-review visits to the provider (on 23/2/17 and 14/3/17)
- information shared with SQAS (London) as part of the visit process

### Description of local screening service

The London breast screening administration hub (the Hub) is provided by the Royal Free London NHS Foundation Trust. The Hub operates from a base at Edgware Community Hospital. The Royal Free London NHS Foundation Trust also provides the North London Breast Screening Service (NLBSS) and the two services share a senior management team.

During 2015/16, NHS England (London) re-commissioned the provision of breast screening across London. Since 1 April 2016, the model has comprised a stand-alone pan-London administration hub, initially supporting three clinical services with a phased mobilisation to include all six clinical services by 31 March 2017 (the administration function for five clinical services had been mobilised at the time of the visit). Until this change in the commissioning model, each breast screening service in London provided an end-to-end pathway which included the functions now provided centrally by the Hub.

Since inception, the Hub and its personnel have risen to and met many challenges which have included: building a new team, developing a call centre, enabling access to five off-site clinical service screening databases across a range of IT networks and co-managed the impact of the introduction of the new national cohort identification system, BS-Select (working with the clinical services).

Once the Hub is fully-mobilised and supporting all six clinical services, the Hub will serve a total base eligible screening population of about 980,000 women, aged 50-70 (NHS Digital; March 2017 population estimates). Five out of six clinical services in London participate in the randomised age-extension trial and screen selected women aged 47-49 and 71-73. This means an additional cohort of about 120,000 women (50% of the 2017 population estimates).

## Findings

### Immediate concerns

The visiting team did not identify any immediate concerns.

### High priority

The visiting team identified four high priority recommendations:

- put in place clearer (and signed) agreements with the clinical services
- improve incident and risk management
- agree firm action plans for the impact of BS-Select with the clinical services and commissioners
- ensure that the quality management system is comprehensive and up-to-date

### Shared learning

The visiting team identified areas of good practice for sharing, including:

- the pragmatic approach and effective problem-solving shown during a year-long and challenging mobilisation (of the Hub)
- the successful mobilisation of the administration function of five out of six clinical services (at the time of the visit)

# Table of consolidated recommendations

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Ensure that the agreements between the Hub and clinical services are sufficiently detailed to fully meet the needs of the pathway	Service Specification No. 24 (and local variations)	3 months	H	Signed agreements in place with all clinical services, ratified by the commissioners
2	Agree a pathway-wide process for the timely identification, reporting, management and escalation of risks and incidents	Managing safety incidents in NHS screening programmes	3 months	H	Documented process in place which is specified in the signed MoUs/agreements
3	Ensure that the Hub's quality management system (QMS) is up to date, fit for purpose and risk-assessed	Service Specification No. 24 (and local variations)	6 months	H	Complete and signed-off QMS is in place with functions and processes clearly mapped out, including at interfaces
4	Finalise the protocols for managing surgical and pathology data	Service Specification No. 24 (and local variations)	6 months	S	Agreed protocols in place, and specified in the QMS
5	Agree a client experience/satisfaction policy	Service Specification No. 24 (and local variations)	12 months	S	Policy in place with outcomes reported to the programme board
6	Put in place a website as per the Hub service specification which provides information to clients and other stakeholders	Service Specification No. 24 (and local variations)	12 months	S	Website in place

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Finalise the call centre performance/quality standards and monitor the correlation between call center performance and access and uptake	Service Specification No. 24 (and local variations)	12 months	S	Standards agreed and reports reviewed by the programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	(no recommendations in this section)				

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Agree with each affected clinical service provider and the commissioners a clear action plan to manage the impact of BS-Select on round planning	Service Specification No. 24 (and local variations)	3 months	H	Risk assessments completed and detailed actions plans in place
9	Include in the ceasing protocol the number of attempts made to contact clients and ensure maximum ceasing data quality	Service Specification No. 24 (and local variations)	3 months	S	Revised protocol in place and data quality audit actions agreed with the clinical services and completed
10	Resolve all un-matched client records on BS-Select	Service Specification No. 24 (and local variations)	3 months	S	Completed action plan and summary of activity
11	Ensure that open episodes are minimised	Service Specification No. 24 (and local variations)	3 months	S	Detailed protocol in place and evidence of implementation

## Access and invitation

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Develop clear and standardised client invitation and contact processes across London in order to provide equity of access and to improve uptake	Service Specification No. 24 (and local variations)	6 months	S	Standardised client invitation plan in place as part of the health promotion strategy (links to recommendation 15)
13	Agree with the clinical services a standardised round plan across London	Service Specification No. 24 (and local variations)	12 months	S	Standardised roundplan in place
14	Agree a standardised batch reporting form for London	Service Specification No. 24 (and local variations)	3 months	S	Standardised form in use across London
15	Agree one single health promotion strategy for London (for the Hub) incorporating best practice, as per the service specification	Service Specification No. 24 (and local variations)	6 months	S	Strategy document to be shared with SQAS and commissioners

## Clinic administration

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Ensure that clinic reconciliation is completed in a timely manner	Service Specification No. 24 (and local variations)	1 month	S	Process documented in QMS and confirmation of compliance

I = Immediate. H= High. S = Standard.

## Next steps

The Hub provider is responsible for developing an action plan in collaboration with the commissioners to implement the recommendations contained in this report.

SQAS 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. 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.