



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme
London Breast Screening Programme
Administration Hub

20 March 2019

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](https://twitter.com/PHE_uk)
Facebook: www.facebook.com/PublicHealthEngland



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published August 2019
PHE publications
gateway number: GW-598

PHE supports the UN
Sustainable Development Goals



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/topic/population-screening-programmes

Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

Prepared by: SQAS London

For queries relating to this document, including details of who took part in the visit, please contact: PHE.LondonQA@nhs.net

Contents

About Public Health England	2
About PHE Screening	3
About this publication	2
Scope of this report	5
Executive summary	6
Table of consolidated recommendations	9

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	
Infrastructure	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	No	Breast screening service responsibility
Results (normal only)	Yes	
Diagnosis	No	Breast screening service responsibility
Treatment data	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 to the London Breast Screening Programme Administration Hub (Hub), on 20 March 2019.

Purpose and approach to quality assurance (QA)

Quality assurance 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 19 February 2019 and 19 March 2019)
- information shared with SQAS (London) as part of the visit process

Description of local screening service

The Hub is provided by the Royal Free London NHS Foundation Trust. The Hub operates from a base at Edgware Community Hospital. The Trust also provides the North London Breast Screening Service (NLBSS) and Central and East London Breast Screening Service (CELBSS) and the 3 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 commissioning model has comprised a stand-alone Hub. Final mobilisation of all 6 breast screening services completed by May 2017. Until this change in the commissioning model, each breast screening service in London provided an end-to-end pathway which included the administrative functions now provided centrally by the Hub.

The contracted transition to the Hub and spoke administrative model was delayed by approximately 12 months to accommodate the substantial changes in process, procurement, commissioning, IT infrastructure and unexpected delay for 1 of the sites. The planned

completion of Hub transition in April 2016 was delayed until May 2017 when the last service (South West London Breast Screening Service) was transitioned into the London Breast Screening Programme Administration Hub (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 5 off-site breast screening 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 breast screening services).

By fully supporting all 6 breast screening services, the Hub serves a total eligible screening population of over 1.03 million women, aged 50 to 70 (NHS Digital; November 2018 population estimates). 5 out of 6 breast screening services in London participate in the randomised age-extension trial and also screen selected women aged 47 to 49 and 71 to 73. This means an additional cohort of over 300,000 women.

Findings

The implementation of a new model of the Hub has made good progress since the last QA visit on 15 March 2017. The commissioners' vision of improving access and increasing uptake with this new model as well as providing resilience is yet to be evaluated but much work has been undertaken since 2016 to create this unique model which now manages the call and recall for the London breast screening population.

The National Breast Screening Incident in 2018 resulted in a large increase in calls and activity and had a significant impact on all areas of the Hub. During May 2018 the call centre took over 32,000 calls and experienced a dropped call rate of almost 24%. The scheduling teams collaborated effectively with all 6 breast screening services in London to provide the additional capacity required to appoint the large number of clients who were identified as part of the incident. The visiting team acknowledged the time and effort involved in dealing with this incident and the additional pressures on the Hub which have been well managed by the dedicated staff.

There is a senior management team in place who is responsible for the 3 breast screening services currently commissioned by Royal Free London NHS Foundation Trust: The Hub, North London Breast Screening Service and Central and East London Breast Screening Service. The team is highly experienced and committed to making the Hub administrative model work. However, their individual roles and responsibilities in managing each of the service are not clearly defined. This may be causing confusion amongst staff and stakeholders, reported mis-communication and ultimately lack of accountability for any failures. Challenges within the quality of data exist which require

measures to be put in place, including clinical oversight from the Director of Screening for the Hub (DoS).

The London Breast Screening Programme Administration Hub (Hub) and the 6 breast screening services have signed a memorandum of understanding recently. This was an outstanding recommendation from the previous QA visit in 2017. Communication between the Hub and screening services has also improved markedly.

The split of funding for the administrative element of the Age extension trial (Age X) between the Hub and breast screening services has not been agreed yet. This has caused friction which hopefully will be resolved through negotiations.

Immediate concerns

The visiting team did not identify any immediate concerns.

High priority

The visiting team identified 4 high priority findings:

1. Complex management structure with overlapping roles and responsibilities across the 3 RFH Trust commissioned screening services (The Hub, North London Breast Screening Service, Central & East London Breast Screening Service).
2. Challenges within the quality of data exist which require measures to be put in place, with clinical oversight.
3. Plan to migrate to the new electronic system, Q-Pulse will require an active review of the current QMS system.
4. The move of the Hub from the current premises will require strategic planning by senior management.

Shared learning

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

- good developments since the last QA visit around key processes
- a vital role in the regional response to the national incident
- Unified Health Promotion pack
- good quality induction and training for call centre staff
- flexible working hours to maximise cover of phone calls over peak periods
- work to separate the funding stream from NHS England (London) for the screening programme from the Clinical Commissioning Groups (CCG) funding for symptomatic services
- commissioners plans to roll out GP endorsed SMS text messaging to invite prevalent women for their screening appointment

Table of consolidated recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Commissioners to make sure that the London Breast Screening Programme Administration Hub (Hub) and screening services agree on the funding split for the administration of the age extended cohort	Service Specification No. 24 (and local variations)	3 months	H	Confirmation of agreement between responsible commissioners and screening services
2	Commissioners to conduct an independent economic appraisal of the Hub model and share learning with other commissioners	Service Specification No. 24 (and local variations)	6 months	S	Copy of the economic appraisal report
3	NHS England (London) to liaise with West Hertfordshire commissioners to resolve the cross-boundary issues	Service Specification No. 24 (and local variations)	3 months	H	Confirm resolution of the cross-boundary issues
4	Ensure there is an agreed clear process for management and escalation of joint incidents and risks between the Hub and screening services	Service Specification No. 24 (and local variations)	3 months	H	Updated Memorandum of Understanding (MOU) to include new process

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Commissioners to finalise an overarching risk register for the Pan-London breast screening programme board	Service Specification No. 24 (and local variations)	3 months	H	Copy of risk register
6	Produce an annual report and present it to relevant Trust and programme boards	Service Specification No. 24 (and local variations)	3 months	H	Copy of the annual report and confirmation of the presentation to the Board
7	Review the overall management structure a. Identify a single named senior manager responsible for the Hub with an appropriate and well defined sessional time commitment b. Identify a named deputy lead for the Hub in order to provide resilience for the service	Service Specification No. 24 (and local variations)	3 months	H	Outcome of review and updated management structure and job description
8	Undertake an audit of incidents logged on the trust Datix to identify if any should be reported by the London Breast Screening Programme Administration Hub to Screening Quality Assurance Service (SQAS)	Service Specification No. 24 (and local variations)	3 months	S	Outcome of audit and submission of SIAF as required
9	Include in the overall business continuity plan, the provision for unexpected events	Service Specification No. 24 (and local variations)	6 months	S	Confirmation of completion

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Review of the QMS system to eliminate duplication prior to Q Pulse transfer	Service Specification No. 24 (and local variations)	3 months	H	Confirmation of review
11	Commissioners to review the current call centre Key Performance Indicators (KPIs) with the Hub to ensure they are challenging and appropriate	Service Specification No. 24 (and local variations)	12 months	S	Confirmation of new KPIs
12	Ensure improved data quality by working alongside breast screening services and surgical units	Service Specification No. 24 (and local variations)	3 months	H	Evidence of a new process or agreement in place.
13	Review the practice of closing episodes within 6 months, particularly to clients undergoing neo-adjuvant treatment	Service Specification No. 24 (and local variations)	3 months	H	Confirmation of an agreed change of practice with commissioners
14	Director of Screening for the Hub (DoS) to provide oversight of data quality working with his team and other clinicians	Service Specification No. 24 (and local variations)	3 months	H	Confirmation of the process put in place for providing that oversight

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Agree an annual schedule of audits for review at programme board meetings	Service Specification No. 24 (and local variations)	3 months	H	Confirmation of schedule is place
16	Produce a client satisfaction policy and collect user satisfaction feedback	Service Specification No. 24 (and local variations)	6 months	S	A copy of the policy document and a copy of user satisfaction report

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Ensure a business continuity plan and risk assessment in place ahead of the plan to move from the current premises	Service Specification No. 24 (and local variations)	6 months	S	Business continuity plan in place Outcome of risk assessment and agreed actions

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Finalise a Pan London approach for clients who move screening offices and have an open episode	Service Specification No. 24 (and local variations)	6 months	S	Outcome of agreed actions

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Commissioners to work with the London Breast Screening Programme Administration Hub to identify and mitigate any possible impacts on the Hub from the new online GP service model	Service Specification No. 24 (and local variations)	12 months	S	Risk assessment mitigation plan in relation to impact on Hub
20	Work with Commissioners and other stakeholders to further develop its health promotion plan to demonstrate the actions it is taking to reduce local inequalities in access and maximising uptake	Service Specification No. 24 (and local variations)	3 months	S	Updated Health promotion plan
21	Commissioners to continue to work towards finalising the Health Equity Audit to include recommendations for the London Breast Screening Programme Administration Hub to reduce local inequities in access	Service Specification No. 24 (and local variations)	6 months	S	Updated Health Equity Audit

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	Commissioners to continue to work with the Hub and other key stakeholders to finalise a Pan-London health promotion strategy to address local inequalities and increase uptake	Service Specification No. 24 (and local variations)	6 months	S	Finalised Pan-London health promotion plan
23	Commissioners to ensure the text messaging project is evaluated and share findings with NHS England colleagues across the regions	Service Specification No. 24 (and local variations)	12 months	S	Copy of the evaluation report

The screening test: accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Hub to explore with breast screening services the feasibility of using a single clinic audit form for each clinic that documents all cases going to arbitration, TR and assessment, including booking of next appointment.	Service Specification No. 24 (and local variations)	3	S	Evidence of discussion taking place such as minutes of meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
25	Commissioners to have a more formal oversight of the London Breast Screening Programme Administration Hub sub contracts including Synertec as part of the contract management processes	Service Specification No. 24 (and local variations)	3	H	Confirmation of the process in place

I = Immediate
H= High
S = Standard

Next steps

The screening service provider is responsible for developing a plan, in collaboration with the commissioners, to action the recommendations contained in this report.

The London screening quality assurance service (SQAS) will work with commissioners to monitor the progress made in response to the recommendations, for a period of 12 months following issue of the final report. After this, SQAS (London) will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.