Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme
Milton Keynes

11 November 2019

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 visit of the Milton Keynes breast screening service held on 11 November 2019.

Quality assurance purpose and approach

Quality assurance (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 to Milton Keynes Between 8 October and 6 November.
- information shared with the East Midlands regional SQAS as part of the visit process

Local screening service

Milton Keynes University Hospital (MKUH) delivers the Milton Keynes breast screening service. The service screen within Milton Keynes University Hospital and one mobile screening unit covering 2 screening locations. The breast screening service hold assessment clinics at Milton Keynes University Hospital twice a week. Pathology services and surgery are both held at Milton Keynes University Hospital. Northampton Medical Physics service cover mammography and ultrasound equipment. MRI service is provided by InHealth.

The Milton Keynes breast screening service has an eligible population of 36,060 (women aged 50 to 71). The service is part of the national randomised age extension trial of women aged 47 to 49 and those aged 71 to 73. The eligible population including the age extension population is 46,610 and the total population of the area served is 239,936. This is below the minimum population size of 500,000 as advised in the NHS public health functions agreement 2018 to 2019 service specification number 24.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings as summarised below:

- the service risk register does not include all key risks which impact on service delivery
- there are 2 surgeons who do not have their clinical work attributed to them

Shared learning

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

- patient representation and participation in programme board meetings and service audits
- service office structure
- opportunities available for radiography team to attend Multidisciplinary team meetings (MDT) as part of their continued professional development (CPD)
- staff meetings include an element of CPD
- women are provided with a personalised letter before leaving assessment clinic

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Appraise options to enable the service to meet the screening population minimum threshold required to inform a business case for commissioners.	Service specification No. 24	6 months	Standard	Submitted copy of the options appraisal
2	Update the programme board meeting terms of reference to reflect the changes within the governance structure for NHSE	Service specification No. 24	6 months	Standard	A copy of the updated TOR to be submitted
3	Clarification of the trusts oversight of the screening service subcontracts and add a standing agenda item to the programme board meetings to provide regular updates on quality.	Service specification No. 24	6 months	Standard	A list of screening service subcontracts to be submitted. A copy of amended agenda which includes a standing agenda item at programme board meeting (PMB)
4	Present final QA visit report to executive board	Service specification No. 24	6 months	Standard	Copy of executive board agenda
5	Review and update local incident reporting policy	Service specification No. 24	6 months	Standard	Copy of amended local incident reporting policy submitted
6	Review of the local and national	Managing	3 months	High	Documented incident

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	guidance for managing incidents and ensure timely reporting	safety incidents within NHS screening programmes			management process which reflects national screening incident guidance
7	A review of the service risk register to include all key risks impacting on service delivery	Service specification No. 24	3 months	High	Revised risk register signed off at PBM
8	IT support for share point access and training to address local policy accessibility issues	Service specification No. 24	3 months	Standard	Confirmation that all staff have access to share point and evidence of competency sign off.
9	Develop a process for secure transfer of patient identifiable information	Service specification No. 24	3 months	Standard	Confirmation of agreed process and local SOP
10	Have an agreed annual audit plan in place	Service specification No. 24	3 months	Standard	Copy of the multidisciplinary team agreed audit plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Provide training to staff for IRMER 2017 and IRR2017	Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017	6 months	Standard	Confirmation of training provided including the date and a log of training completed
12	IRMER Procedures should be amended to specify the individuals responsibility for referral or justification of exposures in the	Ionising Radiation (Medical Exposure)	6 months	Standard	Copy of the revised IRMER schedule and procedure for identification of Referrer,

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	assessment clinic or in High risk mammography	Regulations (IR(ME)R) 2017			operator and practitioner
13	Identify ways of the trust providing a timely response to ICT issues affecting the service and the overall speed of the ICT infrastructure	Service specification No. 24	6 months	Standard	Service to confirm discussions with the trust and confirmation that this has been added to the risk register.
14	Update business continuity to include issues which may occur within PACS	Service specification No. 24	3 months	Standard	Copy of updated business continuity plan to be submitted

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Admin and Pathology teams to audit pathology cases to confirm appropriate data integrity	Service specification No. 24	6 months	Standard	Confirmation of audit and findings
16	Review of High risk screening leadership and process	Guidelines on organising the surveillance of women at higher risk of developing breast cancer in an NHS Breast Screening Programme (March 2013)	6 months	Standard	Confirmation that the director of the breast screening is leading on high risk screening
17	Review of untested high risk clients to ensure that they	Protocol for the	a. 3 months	Standard	a. Confirmation that all clients have

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	meet the criteria listed for inclusion in the NBSS High Risk Programme	surveillance of women at higher risk of developing breast cancer: NHSBSP 74			been reviewed and the outcome of this review. b.
18	Review of high risk clients reported on BS Select and NBSS to ensure they are included in the NBSS High Risk Programme	Protocol for the surveillance of women at higher risk of developing breast cancer: NHSBSP 74	3 months	Standard	Confirmation that all high risk clients on BS Select and NBSS are included in the high risk programme

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop a health promotion strategy to address local variations in screening attendance and maximise uptake	Service specification No. 24	6 months	Standard	Copy of health promotion plan
20	Investigate the feasibility of piloting extended hours at weekends to improve accessibility of the service	Service specification No. 24	12 months	Standard	Weekend appointments piloted and the impact on uptake assessed

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement an audit programme for radiography with audit cycles completed	Service specification No. 24	6 months	Standard	Audit programme/ plan and associated actions to be submitted
22	Regular review of discrepant first reader cases. Consider BSIS data, and film reading method.	Service specification No. 24	6 months	Standard	Personal and/or team audit & KC62 results to be submitted
23	Rota regular consensus film reader meetings	NHSBSP guidance on who can undertake arbitration	3 months	Standard	Radiology rota confirming regular consensus meetings

Referral

No recommendations

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Review of the hours allocated to the CNS to allow support	Clinical guidance for breast cancer screening assessment NHSBSP No. 49	6 months	Standard	Confirmation of the review of CNS/ BCN allocation and a copy of the outcome.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Upgrade PCs in clinical rooms to ensure they do not “Time out” during clinical consultations	Service specification No. 24	1 month	Standard	Confirmation by clinicians of PC function and upgrade
26	Review the availability of stereo biopsy to aid in discussions to lowering the threshold in undertake this technique.	Clinical guidance for breast cancer screening assessment NHSBSP No. 49	6 months	Standard	Waiting times for stereo biopsy at first assessment. Overall stereo biopsy and overall biopsy rates at assessment compared to national data. Outcome of review to be submitted
27	Upgrade breast unit space to improve patient flow and the introduction of new mammographic equipment including tomosynthesis	Breast screening: best practice guidance on leading a breast screening service	9 months	Standard	Plans for new department, equipment and rooms used to be submitted
28	Appoint an audit lead and an MDT audit work programme	Service specification No. 24	3 months	Standard	Audit lead name and minutes of meeting/audit plan
29	Introduce discrepancy meetings with a discrepancy lead	Service specification No. 24	3 months	Standard	Discrepancy lead name and meeting dates/minutes.
30	Appropriate software for the interpretation of breast MRI to be added to PACs workstations	Technical guidance for magnetic resonance imaging (MRI) for the	3 months	Standards	Confirmation by DOBs that this has occurred.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		surveillance of women at higher risk of developing breast cancer. NHSBSP No. 68			
31	Review of short term recall invitation intervals and policy for bilateral mammography at recall	Clinical guidance for breast cancer screening assessment: fourth edition. NHSBSP No. 49	3 months		Short term recall protocol to be submitted
32	Review of pathologist annual primary breast cancer specimens workload	Quality assurance guidelines for breast pathology services. NHSBSP No. 2	3 months	Standard	A copy of the workload review to be submitted
33	Evidence of breast related CPD for all Pathologists should be forwarded to the SQAS team.	Quality assurance guidelines for breast pathology services. NHSBSP No. 2	3 months	Standard	Evidence of breast related CPD to be submitted

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Explore the feasibility of skill mix especially in terms of Biomedical Scientist dissection to free up Consultant time	Quality assurance guidelines for breast pathology services. NHSBSP No. 2	6 months	Standard	Evidence of analysis and outcome
35	Review pathology SOP for reporting all the minimum data set in pathology reports.	Pathology reporting of breast diseases in surgical excision specimens	1 month	Standard	Evidence of change in practice and a copy of amended SOP (or work instruction)

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Review accommodation and facilities for the nursing team	Clinical nurse specialists in breast screening guidance. January 2019	6 months	Standard	Confirmation of agreed accommodation improvement plan
37	Review job plans to ensure adequate provision of breast care nursing support as per guidelines	Clinical nurse specialists in breast screening guidance. January 2019	3 months	Standard	Confirmation that breast care nurses are present in all assessment clinics

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Ensure all independent surgeons have their clinical work attributed to them through a unique identifier code	ABS Best Practice Guidelines for surgeons in breast cancer screening 2018	1 month	High	Submission of all unique identifier codes for surgeons
39	Review of Oncoplastic/ reconstruction pathway including pathway for abdominal flaps	Early and locally advanced breast cancer: diagnosis and management (2018) NICE guideline NG101, recommendation 1.5.1	6 months	Standard	Audit of individual surgeons' rate for offering Oncoplastic and reconstruction and the current pathway for abdominal flap reconstruction (factors for any possible delay)
40	Review clinical surveillance follow up	East Midlands Cancer Alliance EMCA 'Personalised Stratified Follow Up Guidelines for people with a Breast Cancer Diagnosis'	3 months	Standard	Confirmation of following the guideline

No.	Recommendation	Reference	Timescale	Priority	Evidence required
41	Audit of mastectomy rate and <10 lymph nodes clearances (excluding neoadjuvant treatment)	NHS Breast Screening Programme & Association of Breast Surgery (2017-2018)	6 months	Standard	Audit outcome with recommendations

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 and 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.