Public Health England

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Screening Quality Assurance visit report

NHS Breast Screening Programme Somerset

3 March 2020

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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 Somerset screening service held on 3 March 2020.

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-visits to review pathology reports and slides, radiology and surgical performance, and from attendance at multidisciplinary team meetings
- information shared with the south regional SQAS as part of the visit process

Local screening service

The Somerset breast screening service operates from Musgrove Park Hospital, Taunton, and provides a combined symptomatic and screening service.

NHS England South (South West) commissions the breast screening service from Somerset NHS Foundation Trust (SFT) for the population of Somerset.

The service provides screening for eligible women living within the Somerset Clinical Commissioning Group (CCG) area. The screening service is part of the national randomised age extension trial which means it offers screening to women aged 47 to 49 years and women aged 71 to 73 years, in addition to those aged 50 to 70 years. The eligible population is 75,002 (50-70 years), 10,359 (47-49 years) and 11,284 (71-73 years).

Somerset breast screening service operates an on-site screening service within Musgrove Park Hospital, as well as 2 mobile units covering the population in the surrounding area. All screening assessment clinics take place at Musgrove Park Hospital.

Surgery is mainly carried out at Musgrove Park Hospital, Taunton, with a small number of cases referred to Yeovil District Hospital. Pathology services for breast screening are provided at Musgrove Park Hospital. The pathology department at Yeovil District Hospital reports the breast resection specimens for women referred to that hospital for surgery.

The Somerset service provides screening for women at high risk of breast cancer. Magnetic Resonance Imaging (MRI) scans are performed at Musgrove Park Hospital and women requiring MRI guided biopsies are referred to Southmead Hospital in Bristol.

Findings

The Somerset breast screening service meets or exceeds most key performance indicators. There is a very good cancer detection rate and a low recall rate. Skill mix has been adopted in the radiography team which allows for career progression and service developments.

Since October 2018 the service has been unable to consistently meet the target for screening round length (the proportion of women who should be screened within 3 years of their previous mammogram). This is mainly due to staffing shortages and equipment breakdown. The team has worked very hard to maintain a good service in the face of these challenges.

There are good relationships between the trust and the commissioning team and the service is held in high regard by the trust’s senior management.

There have been recent changes to the breast screening service management team with the programme manager, office manager and superintendent radiographer all recruited within the last eighteen months. The new team work well together to support the round length recovery plan and the superintendent has been instrumental in arranging for aged equipment to be replaced.

Immediate concerns

The QA visit team identified 1 immediate concern. A letter was sent to the medical director of SFT on 6 March 2020 asking that the following issue be addressed within 7 working days:

- a trainee mammographer is supervising other assistant practitioners on the mobile vans and this is outside the radiography scope of practice.

A response was received from the trust within 7 working days which assured the QA visit team that the above practice had only happened on 1 occasion and would not be repeated. The QA team was satisfied that this no longer posed a concern.

Urgent recommendations

The letter to the medical director sent on 6 March 2020 also asked that the trust address a concern about the quality of mammography images. Many images reviewed were not of the expected standard and women affected had not had their images repeated or been recalled for further imaging. The QA team has made 4 recommendations about this issue which can be found in the table on page 10.

An action plan was received within 14 working days which assured the QA visit team the identified concern was being addressed by the trust.

High priority

In addition to the issues identified above, the QA visit team identified several high priority findings as follows:

- staff shortages in radiography and radiology are a risk to the service's ability to meet breast screening targets
- nurses are prevented from contacting women by phone in a timely manner because only 1 telephone line is available for them to use
- not all women on short term recall have mammograms of both breasts taken at their recall appointment
- not all administrative staff have been trained fully in NBSS, the national IT system for breast screening

Shared learning

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

- there are excellent protocols in place for the testing of equipment used in breast screening
- to facilitate shared learning a 6 weekly meeting takes place to discuss areas of work such as audit, discrepancies, interesting cases, interval cancers, incidents, and protocol updates
- all film readers participate in interval cancer review and all assessors review previously assessed cancers
- a full range of oncoplastic procedures is available to patients at both Musgrove Park Hospital in Taunton and Yeovil District Hospital
- there is pro-active recruitment of patients into clinical trials

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Finalise the workforce development plan to include actions to address radiography shortages	NHS England agreement of commissioning intentions Service specification no. 24 2019/20	12 months	Standard	Workforce development plan monitored through programme board
2	Commissioners to support the service to develop a prioritised, evidence-based action plan, links with CCGs and other stakeholders, to tackle health inequalities identified in the health equity audit	Service specification no. 24 2019/20	6 months	Standard	Action plan monitored through programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Increase the time allocation for the director of breast screening (DoBS) role in line with current guidance	Best practice guidance on leading a breast screening service 2018	6 months	Standard	Confirmation of adequate time allocation
4	Improve communication between the DoBS and trust managers by holding regular meetings	Best practice guidance on leading a breast screening service 2018	3 months	Standard	Written confirmation of meetings
5	Arrange for the DoBS to have oversight of the screening budget in line with current guidance	Best practice guidance on leading a breast screening service 2018	6 months	Standard	Confirmation that budgets have been separated
6	Lead pathologist and lead surgeon for breast screening to provide confirmation to the DoBS that annual appraisals of pathologists and surgeons working in breast screening include consideration of NHS BSP professional measures and standards	Best practice guidance on leading a breast screening service 2018	3 months	Standard	Written confirmation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Undertake the clinical nurse specialist (CNS) patient assessment experience audit on an annual basis	Guidance for clinical nurse specialists Dec 2019 (Appendix 3)	12 months	Standard	Audit results

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Office manager to complete NBSS online training and arrange additional 1 to 1 training with another service if required	Best practice guidance on leading a breast screening service 2018	6 months	High	Written confirmation
9	Appoint to vacant radiography posts	Service specification no. 24 2019/20 Guidance for breast radiographers Dec 2017	6 months	High	Evidence of recruitment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure all screening clinics are covered by a clinical nurse specialist (CNS)	Guidance for clinical nurse specialists Dec 2019	6 months	Standard	CNS screening clinic protocol
11	Ensure that nurses can contact women by phone in a timely manner to maximise accessibility of the service	Service specification no. 24 2019/20	3 months	High	Evidence of improved telephone access
12	Confirm plans with an agreed timescale for a third mammography room to ease pressure on assessment clinics for symptomatic and screening	Service specification no. 24 2019/20	6 months	Standard	Agreed plan and timescale
13	Audit the mean glandular doses to women imaged in room 1 and the 2 mobile units and review the local diagnostic reference level (LDRL)	IR(ME)R 2017	3 months	Standard	Audit results and recommended LDRL
14	Update the Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) procedures	IR(ME)R 2017	3 months	Standard	Evidence of signed off documentation

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Use SQOE NBSS report to monitor open episodes	Service specification no. 24 2019/20	3 months	Standard	Evidence to confirm
16	Establish weekly checks of NBSS reports SMACD, SPMR	Service specification no. 24 2019/20	3 months	Standard	Evidence of weekly checks to confirm
17	Review the high risk pathway and update the protocols used by the admin team in line with current guidance	Screening of higher risk women	6 months	High	Updated protocol
18	All MRI reporters to achieve the required minimum reads for MRI reporting	Technical guidelines for MRI for the surveillance of women at higher risk of developing breast cancer Dec 2012. p6	12 months	Standard	Audit of annual reporting numbers

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	CNS to conduct breast screening health promotion activities to support the health inequalities plan	Guidance for clinical nurse specialists Dec 2019	12 months	Standard	Evidence of activities

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Ensure trainee mammographers work within their scope of practice and do not supervise assistant practitioners	Guidance for breast screening mammographers Dec 2017	Immediate	Immediate	Written confirmation
21	Appoint a departmental clinical trainer and establish a process for monthly image review	Service specification no. 24 2019/20 Guidance for breast screening mammographers Dec 2017	3 months	High	Written confirmation of appointment and of process for monthly image review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Arrange a clinical update for the department	Service specification no. 24 2019/20 Guidance for breast screening mammographers Dec 2017	6 months	High	Written confirmation that training has been provided
23	Conduct an audit of images using a method agreed by the service in consultation with SQAS and the trust audit team	Service specification no. 24 2019/20 Guidance for breast screening mammographers Dec 2017	6 months	High	Audit outcome
24	Film readers to meet with the DoBS annually to discuss FRQA data	Best practice guidance on leading a breast screening service 2018	3 months	Standard	Written confirmation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Record and review interval cancers within 6 months of initial registration	Reporting, Classification and Monitoring of Interval Cancers and Cancers following Previous Assessment Aug 2017 (p8)	3 months	Standard	Evidence of timely review
26	Reinstate single reader detected cancer review	BSIS FRQA guidance (p17)	6 months	Standard	Evidence of reinstatement
27	Perform a mammogram of both breasts for all short term recall cases	Clinical guidance for breast cancer screening assessment Nov 2016 (p19)	3 months	High	Protocol and audit results after 6 months

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Achievement of the standard for >98% of women to be offered an assessment appointment within 3 weeks of their mammogram	Breast Screening Programme KPI Standards	6 months	Standard	Performance indicator achieved in 2 consecutive quarters

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Confirm a schedule of pathology audits in Yeovil District Hospital	Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening June 2016	12 months	Standard	Audit schedule and confirmation that audits are conducted
30	Recruit to the vacant senior biomedical scientist (BMS) post at Yeovil District Hospital	Service specification no. 24 2019/20	12 months	Standard	Confirmation of appointment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Rectify the electronic reporting issue so that Yeovil pathology reports can be interpreted correctly by the breast screening service	Service specification no. 24 2019/20	6 months	Standard	Written confirmation
32	Investigate the accuracy of breast screening pathology data relating to the Association of Breast Surgeons (ABS) outlying status of grade and lymphovascular invasion	Breast Screening Pathology Audit 2018	6 months	Standard	Audit results

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Ensure individual surgical workload in Yeovil is in line with the national guidance for screen detected cancers	Quality assurance guidelines for surgeons March 2009	6 months	Standard	Numbers for a 12 month period
34	Audit patients undergoing repeat therapeutic (i.e. margin) surgery	ABS audit KPI standards	6 months	Standard	Audit results
35	Monitor the number of immediate reconstructions (including DIEPs)	ABS audit KPI standards	12 months	Standard	Audit results

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.