



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme Medway

7 February 2018

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 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.

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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 visit of the Medway screening service held on 7 February 2018.

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 attendance at a multidisciplinary team meeting
- information shared with the South regional SQAS as part of the visit process

Description of the local screening service

The Medway Breast Screening Programme is provided by Medway NHS Foundation Trust (FT). NHS England South (South East) commissions breast screening services from East Kent Hospital University NHS Foundation Trust who sub-contract with Medway NHS FT to provide the service. The geographic area covered is Medway, Swale, Dartford, Gravesham, and Swanley Clinical Commissioning Groups (CCGs).

The Medway breast screening service has an eligible population of 108,577 women aged 47 to 73 years. Breast screening is normally offered to women aged 50 to 70 years. Medway is part of the national randomised age extension trial which means that Medway 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 main screening service is located at Medway Maritime hospital. Medway operates an onsite screening service as well as 3 mobile units covering the local population.

All screening assessment clinics take place at Medway hospital. Pathology services are undertaken in Maidstone hospital. Screening patients are managed in Medway hospital. Two-thirds of patients receive their surgical and oncological treatment in Medway and one-third are referred to Dartford and Gravesham NHS Trust for treatment.

High risk screening and MRI (Magnetic Resonance Imaging) scans are performed on site at Medway hospital. Patients who need MRI guided biopsies are referred to Northwick Park hospital.

Findings

This is a well-led programme which meets most national standards and has made significant improvements in the last 2 years. Uptake for 2016-17 was 71.91% which is above the minimum standard of more than 70%.

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

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified several high priority findings as summarised below.

The current accommodation is inadequate for the size of this service. There is insufficient space for clinical functions, especially film reading. The current arrangements do not easily allow for the implementation of new technologies such as tomosynthesis and an additional ultrasound machine. Administration space and patient dignity are also compromised. Attention to this issue is an outstanding recommendation from the last QA visit in 2014.

The Trust has recently undergone restructuring. The governance arrangements for the programme, including mechanisms for escalation and mitigation of risk, need to be clarified.

Findings for patients at assessment clinics are not entered directly onto the breast cancer screening system (NBSS) by clinicians at the time of the assessment. They are written on a proforma for later transfer to NBSS by office staff. This poses a significant risk to the 'Right Result' process.

Breast care nurses do not cover each assessment clinic.

Darent Valley hospital is planning to change from their current PACS provider to a new system in spring 2018. This has the potential to disrupt screening.

The centre uses 2 different PACS systems. The process used for recalling a client's previous symptomatic images poses a clinical risk.

There is inconsistency in the achievement of centrally placed cranio-caudal views during mammographic positioning.

The imaging equipment used for screening patients at Darent Valley Hospital is not tested in line with the NHS Breast Screening Programme (NHSBSP).

There are significant breaches of the 62 day cancer target for patients referred to Darent Valley hospital.

Shared learning

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

- the team has developed changes to their practice which have led to a significant improvement in the screening to assessment standard
- there is excellent peer review practice among film readers
- the centre demonstrates a proactive approach to health promotion including good use of local media, and actively working with GP practices and women with learning disabilities
- nurses are actively involved in these activities
- at Darent Valley Multi-Disciplinary Team (MDT) meeting there are laminated sheets available with the relevant research trials that patients can be recruited to
- patients are discussed with a view to enrolment into these 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	Formalise agreements between Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust for patients referred from Medway hospital to Darent Valley hospital for treatment	Service Specification No. 24	3 months	S	Copy of signed agreement
2	Formalise contracting arrangements between East Kent NHS Foundation Trust and Medway NHS Foundation Trust	Service Specification No. 24	3 months	S	Copy of signed contract
3	Confirm governance arrangements for the programme in light of current Trust restructuring including mechanisms for escalation and management of risk	Service Specification No. 24	1 month	H	Confirmation of governance structure
4	Make arrangements for the use of NBSS live on vans to reduce the need for paper transfers	Service Specification No. 24	6 months	S	Confirmation of arrangements in writing
5	Develop the QMS audit schedule to include details of process and findings	Service Specification No. 24	3 months	S	Audit schedule with details included

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Ensure that pathology and surgical information entered for annual KC62 and Association of Breast Surgery audit statistical reviews is reviewed by a clinician	Service Specification No. 24	3 months	S	Updated procedure
7	Complete the backlog of interval cancer reviews	Service Specification No. 24	6 months	S	Confirmation in writing to SQAS
8	Undertake patient satisfaction surveys for assessment clinics	NHSBSP Publication 40	6 months	S	Survey and survey analysis report

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Review nursing establishment to ensure that there are adequate numbers of breast care nurses to cover the assessment clinics	NHSBSP 29	9 months	H	Confirmation that assessment clinics are covered by breast care nurses

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Develop a plan with a clear timeframe to address the centre's inadequate accommodation, and specifically address the need for a confidential reception area, suitable waiting areas, sufficient film reading stations, and sufficient clinical rooms for assessment	Service Specification No. 24	3 months	H	Copy of proposals and action plan
11	Formulate an equipment replacement plan for all equipment and assess the centre's need for tomography	Service Specification No. 24	3 months	S	Copy of equipment replacement plan
12	Ensure appropriate staff involvement in procurement of new equipment particularly the Medical Physics experts	Ionising Radiation regulations 2017 NHSBSP 33 & 75	Prior to equipment purchase	S	Written confirmation to SQAS
13	Progress plans for an additional ultrasound machine	Service Specification No. 24	3 months	S	Written confirmation to SQAS
14	Update documentation to support ionising radiation legislation in line with the new regulations	Ionising Radiation regulations 2017 NHSBSP 33 & 75	3 months	S	Updated documentation
15	Put in place a local quality control (QC) programme to cover the MRI breast coil used for imaging high risk women	NHSBSP 68	3 months	S	Written information on QC arrangements

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Make arrangements for all imaging equipment used on screening patients at Darent Valley Hospital (including localisations and specimen cabinets in theatres) to be tested in line with NHSBSP requirements	Service Specification No. 24 NHSBSP 33	3 months	H	Updated procedure
17	Put in place a formal system for review of local QC data by the QA radiographer and medical physics	NHSBSP 33 & NHSBSP Guidance for Breast Screening Mammographers (December 2017)	3 months	S	Written procedure
18	Ensure upcoming PACS upgrade for both breast PACS and Darent Valley PACS is properly managed so that there is no adverse impact on business continuity in the service	Service Specification No. 24	3 months	H	Written confirmation to SQAS
19	Ensure that the proposed changes to the managed PACS service include adequate archive storage and hardware for the future introduction of emerging technologies ie tomosynthesis	NHSBSP radiography guidelines	3 months	S	Written confirmation to SQAS
20	All radiographers to review their own technique to ensure centrally positioned cranio-caudal views with no medial or lateral bias	NHSBSP radiography guidelines	1 month	H	Written confirmation to SQAS

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Develop a radiography audit schedule and audit results process to ensure that actions originating from audits are carried out	NHSBSP radiography guidelines	6 months	S	Copy of schedule and process
22	Develop a protocol to ensure appropriate archive of implant consent forms	NHSBSP radiography guidelines	3 months	S	Copy of protocol
23	Undertake a risk assessment of the screen film reading workforce with a view to film reading being more evenly spread	Service Specification No. 24	6 months	S	Written confirmation and action to SQAS
24	Undertake a risk assessment of the PACS hospital system to ensure that the correct client's images are displayed in the assessment clinic and for interval cancer reviews	Radiology Assessment guideline	1 month	H	Work instructions and evidence of training

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
25	Audit and validate the use of VAB (vacuum biopsy) in the detection of non-operative non-invasive cancers	Radiology Assessment Guideline	6 months	S	Completed audit and work instructions for use of VAB
26	Audit B3 cases with particular emphasis on those finally proven to be malignant	NHSBSP pathology guideline	6 months	S	Completed audit

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
27	No recommendations				

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
28	Complete a patient satisfaction audit of breast care nurses giving patients benign results: evaluate for themes and review practice accordingly	NHSBSP 29	9 months	S	Completed audit
29	Review the patient pathway to ensure that face to face holistic needs assessment is carried out in line with NHSBSP guidance	NHSBSP 29	3 months	S	Updated procedure
30	Develop arrangements for Medway MDT to project patient records onto screen to enable checking of patient information and agreed outcomes by MDT participants	Service Specification No. 24	3 months	S	Written confirmation to SQAS
31	Audit the 2016/17 cases where >5 lymph nodes were harvested for patients with node negative invasive breast cancers	NHSBSP surgical guidance	6 months	S	Completed audit

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
32	Standardise the screening referral letters used at Medway and at Darent Valley hospitals and ensure that patients are seen within one week at both sites in line with national guideline	NHSBSP surgical guidance	3 months	H	Copies of referral letters, and written confirmation that patients are seen within one week

I = Immediate priority recommendation.

H = High priority recommendation.

S = Standard priority recommendation

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/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.