

Appendix 3: information supplied to HOSC in 2009

Committee: Health Overview & Scrutiny Committee
Date: 8th July 2009
Regarding: Breast Screening
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Background information

Brighton Sussex University Hospitals Trust provides the breast screening programme for women in East Sussex (including Brighton & Hove). The programme offers screening to the registered population¹ of 97,000 women aged 50 to 70 years across East Sussex. Women should be offered screening at least every 3 years. NHS Brighton & Hove are lead commissioner for this screening programme across East Sussex.

The key performance measures for breast screening include:

- Minimum of 70% of women screened in the previous 3 years (target 80%). At the present time the estimated coverage for Brighton and Hove women at March 2009 was 67% and;
- Screening to assessment – 90% of appointments in 3 weeks (target 100%). In March 2009 only 8% were assessed within 3 weeks, but 76% were assessed within 5 weeks.

The Breast Screening coverage for the year ending 31st March 2008 for women aged 53 to 70 years was:

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| • England | 76% |
| • West Sussex PCT | 77% |
| • NHS Brighton & Hove | 64% |

The service is provided from a static screening site in Brighton and from mobile units at sites across East Sussex. The mobile units move around the county in a three year rolling programme. Until the move to the new premises in Brighton the screening service was also provided to Brighton women from mobile units.

¹ With an estimated 27,000 more women aged between 47-49 and 71-73 for the age extension by 2012.

The service moved from the Royal Sussex County Hospital to the Preston Road Breast Screening unit in November 2008. This saw the service move into a modern health care facility and from analogue to digital mammography equipment. Once the mobile screening vans have been updated to digital in August 2009 the service will be the first fully digital breast screening service in the county.

Current Position

The screening programme has offered screening to all eligible women in Brighton & Hove in the past 3 years. The following table details when the women were offered screening and when they are next due to be invited:

Area	Last screening round	Next screening round due to start
Brighton central	Aug 07 - March 08	August 10
East Brighton	Feb 08 - Dec 08	February 11
North Brighton	Nov 08 - April 09	November 11
Hove and Portslade	Jan 07 -Sept 07	January 10

The service has historically delivered the screening target year on year. The programme was extended for women between the ages of 50 to 65 years to women up to and including 70 years of age and successfully absorbed the increase in the population screened. The programme began to slip when it moved to taking 'two views'² screening in 2006/07. This was expected due to the combined impact of reduced staffing level and the increased time required for two view screening. Because of the mobile van schedule the slippage in screening interval first affected Brighton women. All areas of East Sussex are currently affected.

The trust has focused its resources on minimising the impact of the delay and has been taking corrective action to steer the programme back on track in a sustainable way. Within the past 3 years all eligible women have been offered screening. The service is planning to maintain this position by reviewing the ways in which it invites women to be screened at the static site, including calling some women earlier than three years.

The service manages a 'failsafe' process, to identify women who have either moved GP practice or are new to the area, on a 3 monthly basis to ensure that all women are screened.

The screening programme is scrutinised by an external team, NHS Breast Screening Programme (NHSBSP) Quality Assurance Team, on a frequent basis. The Quality Assurance Team has consistently praised the service for its excellent clinical performance.

² Before 2006/07 a mammogram would only be taken from 'one view' (one angle). Two view screening means that a picture is taken of the breast from two different angles which increases the ability to detect cancer.

Why problems have developed

The delay experienced by the screening programme was a direct result of the following:

- i. Difficulty in recruiting radiographers initially compounded by the move to two views taken per screening;
- ii. Poor service facilities;
- iii. Administrative errors.

i. Difficulty in recruiting radiographers. There is a national shortage of radiographers. The national recommended level of radiographers for a screening programme of this size is 14.25 WTE radiographic staff against a current staffing level of 7.2WTE.

ii. The service has a long history of difficult working conditions at the RSCH site. The Trust and PCT increased the funding for this service and commissioned a newly refurbished modern unit with digital equipment to re-house the service - this was completed in November 2008. The staff have maintained the clinical quality of the service whilst transferring to a new site and switching to new digital equipment. The training and move resulted in a further slippage in screening round.

iii. Administrative errors occurred in the screening programme in 2007 which resulted in the programme being temporarily suspended from 17 December 2007 to 7 January 2008 to allow for retraining and updating of work instructions.

What are steps being taken to bring about immediate improvement

The Brighton Sussex University Hospitals Trust, Sussex Primary Care Trusts and the external NHSBSP Quality Assurance Team have continued to work closely to manage, and minimise the delay in the screening programme over the past 18 months.

Brighton & Sussex University Hospitals Trust have set up a new Screening Division, under a Director for Screening and a new clinical manager. The following actions have been taken to address the above items:

- Implementing a recruitment plan, including a recruitment and retention premium;
- Recruitment open day to the new unit and visit to Brighton & Hove;
- Increasing the capacity of radiographic staff through bank staff, agency staff and private capacity;
- Develop Assistant Practitioners role to extend the capacity for screening, as more than one assistant practitioners can work with one radiographer;
- Standardising clinical practice and reducing variation in screening;

- Increased breast screening radiologist capacity by purchasing additional external capacity, staff recruitment and by removing the breast screening radiologists from the on-call rota and utilising this capacity within the unit;
- Recruit to Office Manager and Programme Manager post;
- Increase funding for service and invested in digital equipment;
- Refurnish and relocate service to a modern health care unit.
- PCT continues to promote the uptake of the programme for women in disadvantage areas and groups.

The Quality Assurance team visited the unit on the 12 May 2009 and emphasised the excellent clinical standards of the unit but highlighted the need for clear leadership and management to steer the programme back to its previous performance for screening in advance of the latest age extension to women aged between 47 to 73 by 2012.

Through the above actions the Trust has managed to hold the screening round at its current turnover – e.g. 6 months delay (not increasing). The aim is in further increasing capacity by developing a School of Radiotherapy at the hospital and through a successful recruitment campaign, the service will be able to return the programme to the above national target performance it originally held.

The HOSC are asked to note that:

- The screening programme has offered screening to all women in Brighton & Hove in the past 3 years;
- External Quality Assurance acknowledgement of the consistently high clinical quality of service provided by the Trust;
- The Trust and PCTs continued support the management of this service to minimise delays.

24 June 09