Haringey Council

**NOTICE OF MEETING**

# Scrutiny Review - Breast Screening Services

MONDAY, 18TH JANUARY, 2010 at 13:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Alexander, Beynon, Bull and Winskill (Chair)

**AGENDA**

**1. APOLOGIES**

**2. DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and**/**or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

**3. LATE ITEMS OF URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. Late items will be considered under the agenda items where they appear. New items will be dealt with at item 9 below.

**4. NHS LONDON (PAGES 1 - 10)**

To hear evidence from Dr Jane Moore, Associate Regional Director of Public Health and Alison de Metz, Performance & Programme Manager.

## 5. LONDON WIDE SCREENING IMPROVEMENT BOARD

To hear evidence from Fiona Bonas, Network Director, North West London Cancer Network.

## 6. LONDON QUALITY ASSURANCE REFERENCE CENTRE (PAGES 11 - 30)

To hear evidence from Dr Kathie Binysh, Director, London Cancer Screening Quality Assurance Reference Centre.

## 7. CONSULTATION WITH BREAST SCREENING SERVICE USERS

To hear about plans to consult local women who have used the NLBSS.

## 8. MINUTES OF THE LAST MEETING

To follow.

## 9. ANY OTHER BUSINESS

## 10. DATE OF NEXT MEETING

To be confirmed.

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Agenda Item 4

NHS London

**PERFORMANCE QUICK GUIDE**

**PUBLIC HEALTH PERFORMANCE IMPROVEMENT**

| Breast Cancer Screening | |
|---|---|
| Vital Signs Indicator 2009/10 | Percentage of women aged 53-70 screened for breast cancer in the last three years.<br>NB The NHS Breast Cancer Screening Programme will be extended to all women aged 47–73 by 2012. The commitment is that all women will receive their first call by the age of 50. |

Rationale

Around 130,000 people die from cancer every year of whom 65,000 are aged under 75. In 2006/2007, over 1.6 million women were screened for breast cancer in England, and nearly 13,500 cancers were detected. In February 2006, a report from the Advisory Committee on Breast Cancer Screening (Screening for Breast Cancer in England: Past and Future, NHSBSP Publication No 61) estimated that the breast screening programme in England is saving 1,400 lives per year.

The International Agency for Research on Cancer (IARC) of the World Health Organisation (WHO) evaluated the evidence on breast cancer screening in March 2002. IARC concluded that trials have provided sufficient evidence for the efficacy of mammography screening of women between 50 and 70 years, and that the reduction in mortality from breast cancer among women who choose to participate in screening programmes was estimated to be about 35%.

At present, women are invited for screening seven times at three yearly intervals between 50 and 70 years. Over time, this will be extended to nine screening rounds between 47 and 73 years with a guarantee that women will have their first invitation for screening before the age of 50 – at present some women wait until nearly their 53rd birthday before they receive their first invitation. There is also increasing evidence of the clinical and cost-effectiveness of screening women up to age 73.

The Cancer Reform Strategy (December 2007) stated that the extension of the breast screening programme will start from April 2008 and will be managed by NHS Cancer Screening Programmes in partnership with local health services. The necessary phasing in of this expansion is being carefully considered to ensure that the most useful epidemiological data can be gathered to inform future decisions about the programme. Full implementation is expected by the end of 2012. The number of additional women to be screened in London as a consequence of the age extension is substantial and will need extra capacity.

The percentage of 50 year-old women with a breast screening test result and the percentage of 50-73 year-old women screened for breast cancer in the last three years should increase with time.

For screening to be most effective in reducing the morbidity and mortality associated with cancer it is vital to ensure that as many of the relevant population as possible is both being invited to screening and is taking up that invitation and being screened.

| Metrics |
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| Indicator<br>For 2009/10: Percentage of women aged 53-70 screened for breast cancer in the last three years. The national target has been increased from at least 70% of women to at least 75%.<br><br>NB. The NHS Breast Cancer Screening programme will be extended to all women aged 47-73 by 2012. The commitment is that all women will receive their first call by the age of 50. |
| The age group of women invited for routine screening was extended to 50-70 from 50-64 in April 2001, and all PCTs began inviting women of the extended age group for screening by March 31st 2006. The three year screening cycle for the 50-70 age range was completed by all PCTs by March 31st 2009. The data covering women aged 50-52 will not be used in the indicator as not all women will be invited due to the three year screening cycle. However, PCTs should be inviting women of this age group for screening to ensure satisfactory coverage by the age of 53. Similarly, the new extension programme to include women between 47-49 years and 71-73 years will be taken into account following the completion of a three year cycle.<br><br>**Numerator**<br>The number of women aged 53-70 screened for breast cancer in the last three years.<br><br>**Denominator**<br>The number of women aged 53-70 eligible for screening (on 31st March 2009).<br><br>**Indicator**<br><br>The indicator is the numerator divided by the denominator, expressed as a percentage.<br><br>Source: CQC website September 2009 |

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| Organisations' Delivery Setup and Commissioning | 1. Breast Screening Programmes Role:<br>• Deliver and maintain minimum standards, improving the performance of all aspects of cancer screening to ensure access to a consistent, high quality screening service. http://www.londonqarc.nhs.uk/section.php?id=1<br><br>2. PCT Network Role (Networks should align with the areas covered by the London Breast Cancer Screening Programmes):<br>• Each group of PCTs should have a nominated lead commissioner arrangement for Cancer, to ensure commissioning strategy plans and commissioning intentions include the requirements of the Cancer Reform Strategy working with the Cancer Networks. Screening should be considered as part of the cancer care pathway and commissioning plans should aim to widen the access to both breast cancer screening services in terms of time and location and to appropriate diagnostic and follow up pathways.<br>• Have a programme management infrastructure comprising an Acute Commissioning Programme Manager, input from Public Health and Practice Based Commissioning to identify problems with particular practices and escalate strategic issues.<br>• Have clear and regular arrangements for performance managing and reporting progress on the plan to partners; Directors of Public health |

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| | need to be included at all levels in the commissioning process.<br>• Have a policy on GP list validation that is common across the lead /associate PCTs to achieve and maintain data accuracy; the policy should be regularly reviewed in the light of changes to how GP data is collected.<br>• Have a health promotion resource to spread good practice and learning across the network that actively involves GPs in supporting screening, raising awareness and promoting the breast screening service in a planned and managed way; GPs should have an active role in improving coverage and encouraging attendance particularly among hard to reach groups.<br>• Have a service specification that is in accordance with the National Strategy and includes: quality measures, operational standards, metrics to review the acute screening service (activity monitoring should be at least quarterly, moving where possible to monthly, to allow the most timely action to be taken).<br>• Have a Collaborative Commissioning co-ordinating group or similar mechanism that provides an arena for performance management, quality review and planning of shared Breast Screening Programme offices and Call and Recall services against the National Strategy.<br>• The contract for Acute Trusts that host breast screening services should include a separate schedule for the screening service that includes failsafe and audit mechanisms linked to outcomes of the London QA programme. This must be signed by the lead commissioner, associate commissioners and the acute trust.<br>3. Individual PCT Role:<br>• Each PCT should have a lead Board Executive with responsibility to deliver a plan (with milestones) to achieve the breast screening target to improve coverage and take up; PCT plans should be linked to the PCT network plan.<br>• Have input from Public Health and Practice Based Commissioning to identify problems with particular practices and escalate strategic issues.<br>• Have clear and regular arrangements for reporting progress on the plan internally and performance managing progress. Reporting should be integral part of Periodic review monitoring. Clear escalation routes should be set up should programme milestones be missed.<br>• Have undertaken a health equity audit of the local population in relation to breast screening and radiotherapy.<br>• Have mapped capacity to ensure it is sufficient to meet the assessed need.<br>• Develop health promotion initiatives that specifically target the needs of their local population.<br>• Ensure GPs play an active role in supporting the screening programme and promoting the importance of taking up screening especially among hard to reach groups.<br>• Implement the evidence based actions to improve performance as set out in the service specification or in the PCT project plan. For example, pre-invitation letters from GPs, timed appointments, second timed appointments, easy access to change appointment, extended opening hours. |

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| | • Have a robust GP list validation process. This may be achieved through a List Validation Group comprising the Primary Care Head of Performance and IT (or deputy), Head of the Call/recall service, an agreed LMC representative, a practice manager and the relevant GP commissioning representative to review the information available (as outlined below) and make recommendations about the list validation exercise that needs to be undertaken. |
| | |
| Improving Data Flows and Quality | 1. Adopt an active patient management approach to identify for Commissioners the areas in their commissioned provision that need strengthening and suggest methods to rectify the deficiencies.<br>Steps include :<br>• An intensive validation/data cleaning exercise (with a particular focus on poorly performing practices) to create an accurate list of who should be invited to be screened, who has taken up the invitation and who has not attended; this will inform how to work with hard to reach groups. Access to GP databases and a nominated person whose role is data cleansing will be required.<br>• A regular schedule of GP list validation/cleaning to remove patients who have left the practice<br>• Regular Exeter system validation/cleaning to identity and remove duplicates accurately and quickly.<br>• Develop a Performance Management metric[s] on practice performance to manage those with low uptake.<br>• Active searching for and targeting of defaulters. Ensure that fail safe mechanisms are in place in GP practices so that the screening status of every eligible patient is known (including “refused”).<br>• Ongoing support and training for GP practice staff and health visitors.<br>2. Involve GP practices in regular discussions on quality and accuracy of data via a designated person in commissioning/primary care.<br>3. Communicate information back to GPs e.g. via monthly generated reports.<br>4. Use IT front end reports and templates to track cohorts. Screening units to report to PCTs quarterly as required, including:<br>• ‘Round length’ performance,<br>• Uptake and non attender reports<br>• Technical recall rates<br>• delays (in results, offered and actual assessment, referral to treatment)<br>• Call/recall offices to report to PCTs KC63<br>• Other national reports. |
| | |
| Evidence of Effective NHS Intervention | “European Guidelines for Quality Assurance in Breast Screening and Diagnosis” N. Perry et al. Annals of Oncology Feb. 2008 |
| Top Tip | Call and Recall or registration offices should report on FP69 levels as a total and for women within the eligible age range by GP practice, to PCTs. These figures along with the routine performance management information should be used as a proxy indicator of list inaccuracies to target list cleaning exercises. |

# NHS XXXX BREAST CANCER SCREENING ACTION PLAN

**In line with quality standards:** . http://www.londongarc.nhs.uk/section.php?id=1

| | SUMMARY OF GOOD PRACTICE STANDARD | SELF ASSESSMENT (Summary of current arrangements to deliver good practice standard.) | ACTIONS (What else needs to happen to meet good practice standard and/or maintain delivery arrangements?) | ACCOUNTABLE PERSON (Who is responsible for making this happen?) | COMPLETION DATE (When will actions be competed?) | RISK TO DELIVERY (What might prevent these actions from being implemented?) | MITIGATION (What will be done to ensure actions are implemented?) |
|---|---|---|---|---|---|---|---|
| **INDIVIDUAL PCT<br>Improving data flows and quality** | | | | | | | |
| 1. | Adopt an active patient management approach to identify for Commissioners the areas in their commissioned provision that need strengthening and suggest methods to rectify the deficiencies. | | | | | | |
| 2. | Ensure there is an accurate list of who should be invited to be screened, who has taken up the invitation and who has not attended; among other things this will inform how to work with hard to reach groups. | | | | | | |
| 3. | Appoint/ identify a nominated person whose role is data cleansing and who has access to GP databases to undertake an intensive data validation/ cleaning exercise (with a particular focus on poorly performing practices). | | | | | | |
| 4. | Develop and implement a regular schedule of electronic GP list validation/cleaning to remove patients who have left the practice and reconcile this with the recall list. | | | | | | |
| 5. | Ensure a regular Exeter system validation/cleaning exercise has been undertaken to identity and remove duplicates accurately and quickly. | | | | | | |
| 6. | Develop a Performance Management metric[s] on practice performance to manage those with low uptake of breast screening invitations. | | | | | | |
| 7. | Incorporate into list and database cleansing/validation exercises active searching for and targeting of defaulters. Ensure that fail safe mechanisms are in place in GP practices so that the screening status of every eligible patient is known (including “refused”). | | | | | | |
| 8. | Involve GP practices in regular discussions on quality and accuracy of data via a designated person in commissioning/primary care. | | | | | | |
| 9. | Provide ongoing support and training for GP practice staff and health visitors to help maintain list accuracy. | | | | | | |
| 10. | Systems should be in place that regularly update GPs about the outcomes of screening contact and the screening status of patients on their lists e.g. via monthly generated reports. | | | | | | |
| 11. | Are procedures in place to ensure patients removed from the Exeter system as RA are re-registered in the new area? | | | | | | |

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|---|---|---|---|---|---|---|---|
| **INDIVIDUAL PCT Management Responsibility** | | | | | | | |
| 12. | Does the PCT have a breast screening policy? | | | | | | |
| 13. | Each PCT should have a lead Board Executive with responsibility to deliver a plan (with milestones) to achieve the breast screening target to improve coverage and take up; PCT plans should be linked to the PCT network plan. | | | | | | |
| 14. | The PCT should ensure there is sufficient investment in the screening programme to meet the demand (including age extension), the quality standards and diagnostic and follow up requirements. | | | | | | |
| 15. | There should be clear and regular arrangements for reporting progress on the plan internally and performance managing progress. Reporting should be integral part of Periodic review monitoring. | | | | | | |
| 16. | There should be clear escalation routes in place that identify the action to be taken if programme milestones are missed. | | | | | | |
| 17. | Performance management and monitoring arrangements should have input from Public Health and Practice Based Commissioning specialists to identify problems with particular practices, provide support and escalate strategic issues. | | | | | | |
| 18. | PCT commissioners/public health specialists should have undertaken a health equity audit of the local population in relation to breast screening and radiotherapy. | | | | | | |
| 19. | PCT commissioners should have carried out a demand and capacity exercise and reflected the results of this in local service agreements and network contractual arrangements to ensure capacity (including workforce, equipment, facilities and screening location) is sufficient to meet the assessed need. This work should incorporate agreement about the impact of cross border flows, increased risk (family history) screening, age extension 47-73, unregistered eligible women including prisoners. | | | | | | |
| 20. | Service specifications should incorporate evidence based actions to improve performance, including for example, pre-invitation letters from GPs, timed appointments, second timed appointments, easy access to change appointment, extended opening hours. | | | | | | |

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|---|---|---|---|---|---|---|---|
| 21. | The PCT should have a robust GP list validation process. This may be achieved through a List Validation Group to review the information available and make recommendations about the list validation exercise that needs to be undertaken. The group should comprise at least:<br>- PCT Head of Performance(or deputy),<br>- PCT Head of IT (or deputy),<br>- Head of the Call/recall service,<br>- LMC representative,<br>- practice manager representative<br>- GP commissioning representative. | | | | | | |
| 22. | Is there a lead GP for Cancer Screening Programmes? Is there an identified cancer screening lead within each GP practice? | | | | | | |
| 23. | How is the call/recall service monitored and by whom? | | | | | | |
| **INDIVIDUAL PCT<br>Active promotion of screening of eligible women** | | | | | | | |
| 24. | PCTs should have in place a communications strategy to raise awareness of the importance of breast screening, build confidence among the local population of eligible women and ensure women aged 70 & over know they can attend screening if they request it? | | | | | | |
| 25. | GPs should play an active role in supporting the screening programme and promoting the importance of taking up screening especially among hard to reach groups; GPs should actively promote the benefits of NHS screening and follow up to those women using the private sector. To support this PCTs should develop health promotion initiatives that take into account the findings of the health equity audit and specifically target the needs of their local population. | | | | | | |
| 26. | There should be an agreed and audited process for identifying women to be called for screening and follow up; this should includes notifying GPs when their patients are invited for screening and do not attend so GPs can follow up with the women concerned. | | | | | | |
| 27. | GPs should implement the evidence based actions to improve performance as set out in the service specification or in the PCT project plan. For example, pre-invitation letters from GPs. | | | | | | |
| 28. | PCTs should undertake regular customer satisfaction surveys to inform service improvements. Surveys should | | | | | | |

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|---|---|---|---|---|---|---|---|
| | include:<br>• women who access private mammography services<br>• those who have recently undergone mammography in NHS symptomatic services. | | | | | | |
| | **SCREENING UNITS**<br>**Reporting requirements** | | | | | | |
| | 29. Screening units to report quarterly/as required to PCTs using IT front end reports and templates to track cohorts, including:<br>• 'Round length' performance,<br>• Uptake and non attender reports<br>• Technical recall rates<br>• delays (in results, offered and actual assessment, referral to treatment)<br>• Call/recall offices to report to PCTs KC63<br>• Other national reports. | | | | | | |
| | **CALL/RECALL OFFICES**<br>**Active promotion of screening of eligible women** | | | | | | |
| | 30. Call/recall offices should implement the evidence based actions to improve performance as set out in the service specification or in the PCT project plan. For example, timed appointments, second timed appointments, easy access to change appointment.<br><br>Is there an annual audit of women who have ceased to be eligible for screening? | | | | | | |
| | **PCT Network**<br>**Networks should align with the areas covered by the London Breast Cancer Screening Programmes and be linked to the cancer networks** | | | | | | |
| | 31. Each group of PCTs should have a nominated lead commissioner arrangement for Cancer, to ensure PCT and network commissioning strategy plans and commissioning intentions include the requirements of the Cancer Reform Strategy working with the Cancer Networks. | | | | | | |
| | 32. Screening should be considered as part of the integrated cancer care pathway; commissioning plans should aim to widen the access to both breast cancer screening services in terms of time and location and to appropriate diagnostic and follow up pathways. Commissioning plans should also ensure access arrangements meet the needs of locally hard to reach groups.<br><br>The integrated care pathway should separately identify what capability and capacity is required to meet the 62 | | | | | | |

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| | day requirement for cancer treatment. | | | | | | |
| 33. | Networks should have undertaken an aggregated demand and capacity mapping exercise across the network to ensure service provision will be able to meet demand. The results of this work will need to be shared with the London Breast Screening commissioning group. | | | | | | |
| 34. | Networks should have a programme management infrastructure comprising an Acute Commissioning Programme Manager, input from Public Health and Practice Based Commissioning to identify problems with particular practices and escalate strategic issues. | | | | | | |
| 35. | Networks should have a memorandum of understanding that sets out roles and responsibilities that is signed by all PCTs within the consortium. | | | | | | |
| 36. | Networks should have clear and regular arrangements for performance managing and reporting progress on the plan to partners including the production of an annual report on the achievement of the commissioning plan. Directors of Public health need to be included at all levels in the commissioning process. | | | | | | |
| 37. | Networks should have a policy on GP list validation that is common across the lead /associate PCTs to achieve and maintain data accuracy; the policy should be regularly reviewed in the light of changes to how GP data is collected. | | | | | | |
| 38. | Networks should have a health promotion resource to spread good practice and learning across the network that actively involves GPs in supporting screening, raising awareness and promoting the breast screening service in a planned and managed way; GPs should have an active role in improving coverage and encouraging attendance particularly among hard to reach groups. | | | | | | |
| 39. | Networks should have a service specification that is in accordance with the National Strategy and includes: quality measures, operational standards, metrics to review the acute screening service (activity monitoring should be at least quarterly, moving where possible to monthly, to allow the most timely action to be taken). | | | | | | |
| 40. | Networks should have a Collaborative Commissioning co-ordinating group or similar mechanism that provides an arena for performance management, quality review and planning of shared Breast Screening Programme | | | | | | |

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|---|---|---|---|---|---|---|---|
| | activity and Call and Recall services against the National Strategy. The work of the collaborative commissioning co-ordinating group should also be linked to the Cancer network | | | | | | |
| 41. | The contract for Acute Trusts that host breast screening services should include a separate schedule for the screening service that includes failsafe and audit mechanisms linked to outcomes of the London QA programme. This must be signed by the lead commissioner, associate commissioners and the acute trust. | | | | | | |
| **BREAST SCREENING PROGRAMMES ROLE** | | | | | | | |
| 42. | Deliver and maintain minimum standards, improving the performance of all aspects of cancer screening to ensure access to a consistent, high quality screening service. http://www.londongarc.nhs.uk/section.php?id=1 | | | | | | |

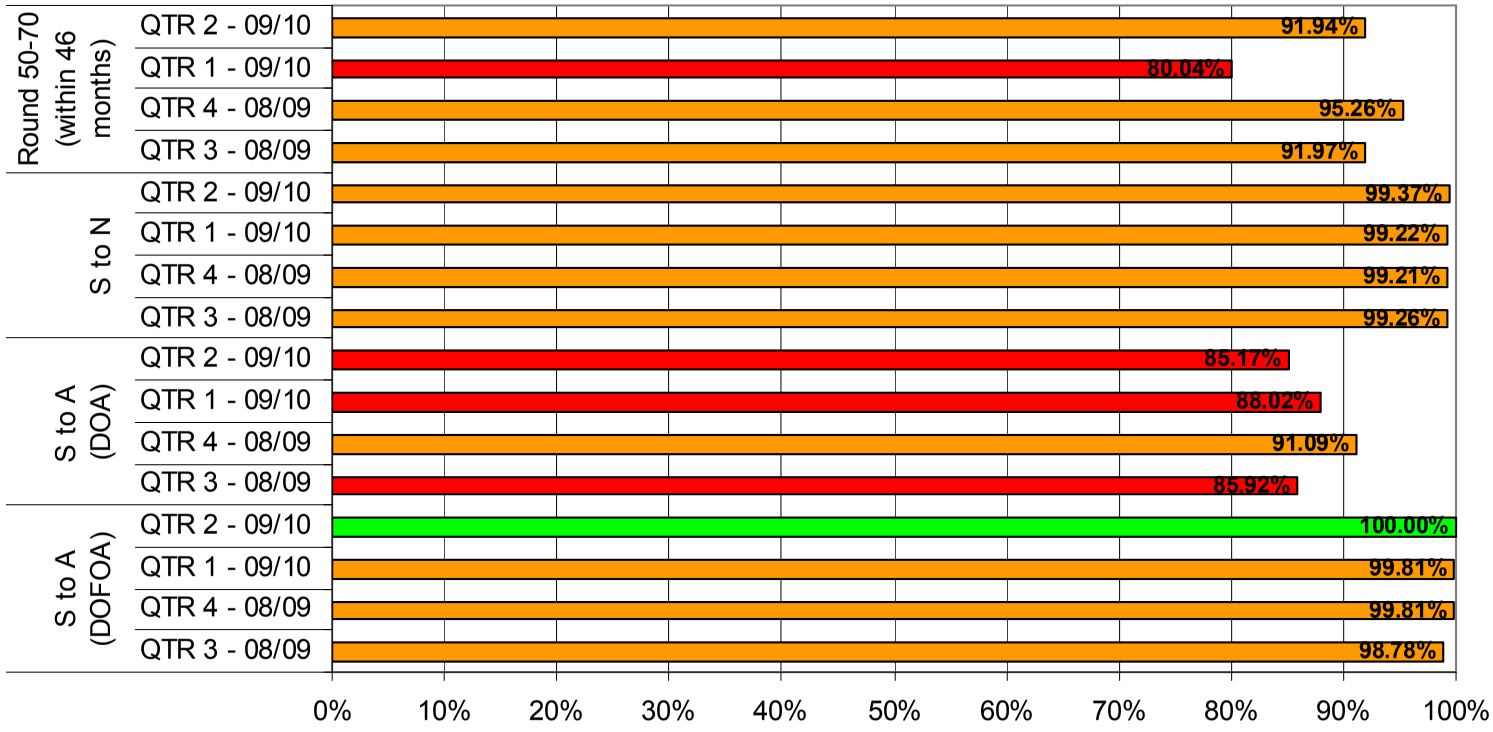
**Chief Executive Signature: _____ Date: _____**

# Breast Screening Quarterly Performance Indicators
## London Breast Screening Units

## (Q3-Q4 08/09 & Q1-Q2 09/10)

## Breast Screening Quarterly Performance Indicators EBA (Q3-Q4 08/09 & Q1-Q2 09/10)
## North London Breast Screening Service

The NLBSS was temporarily suspended at the beginning of 2007. Therefore, the service cannot meet the National Minimum Standard of >90% within 36 months for Roundlength. They have set an internal target of >90% within 46 months, which has been set until October/November 2010.

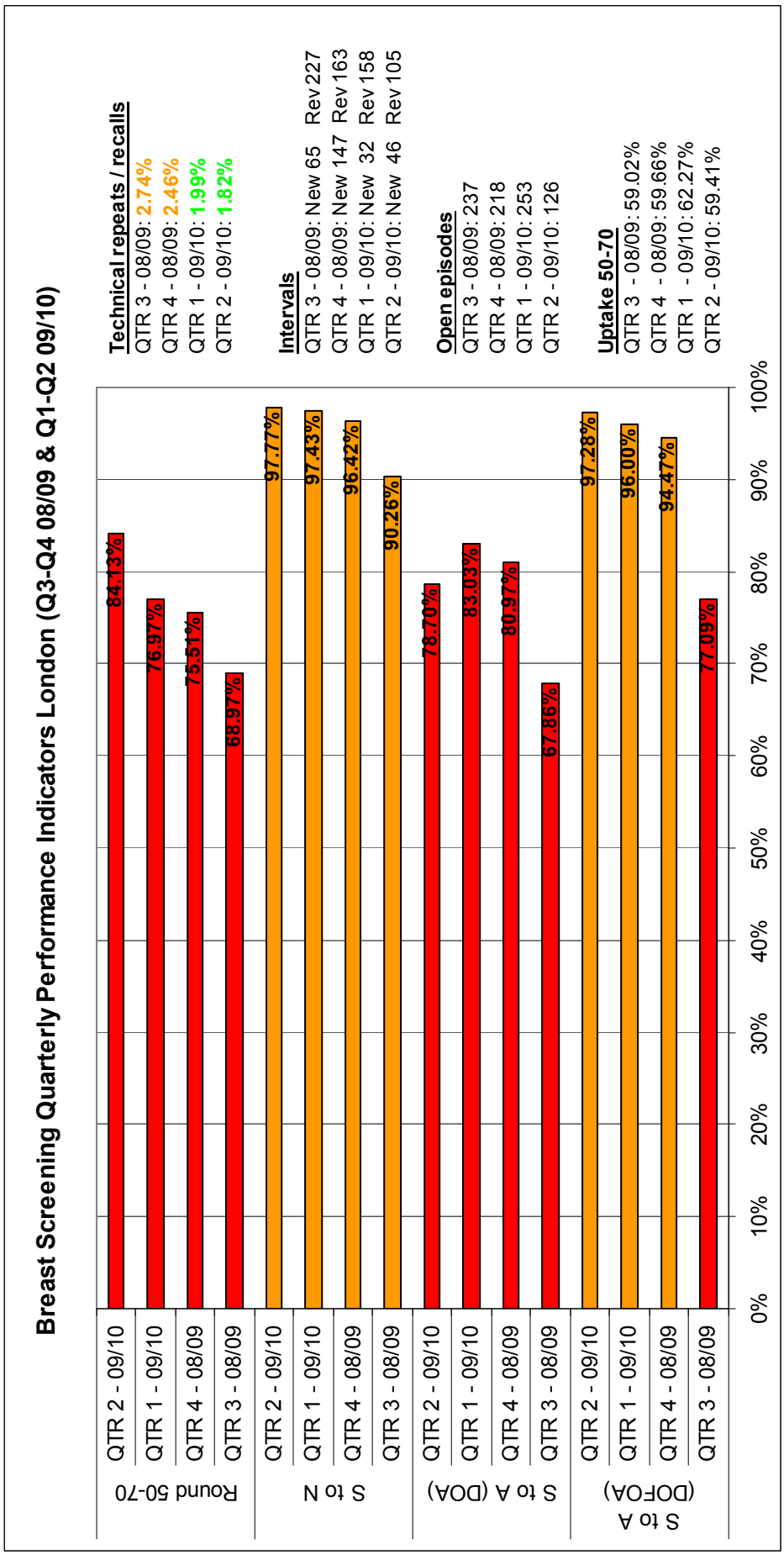


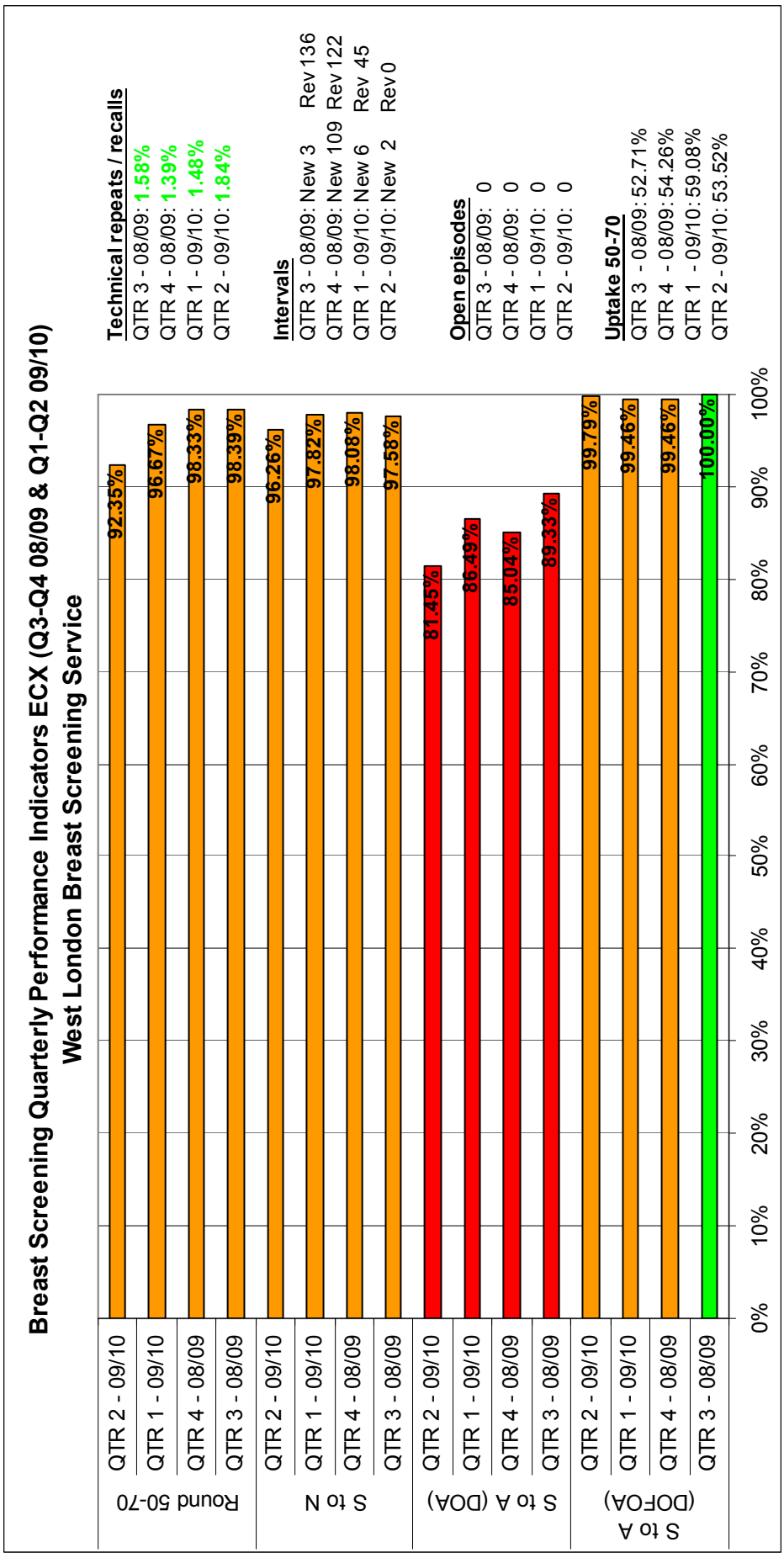

**Technical repeats / recalls**
QTR 3 - 08/09: **3.15%**
QTR 4 - 08/09: **2.81%**
QTR 1 - 09/10: **2.32%**
QTR 2 - 09/10: **1.67%**

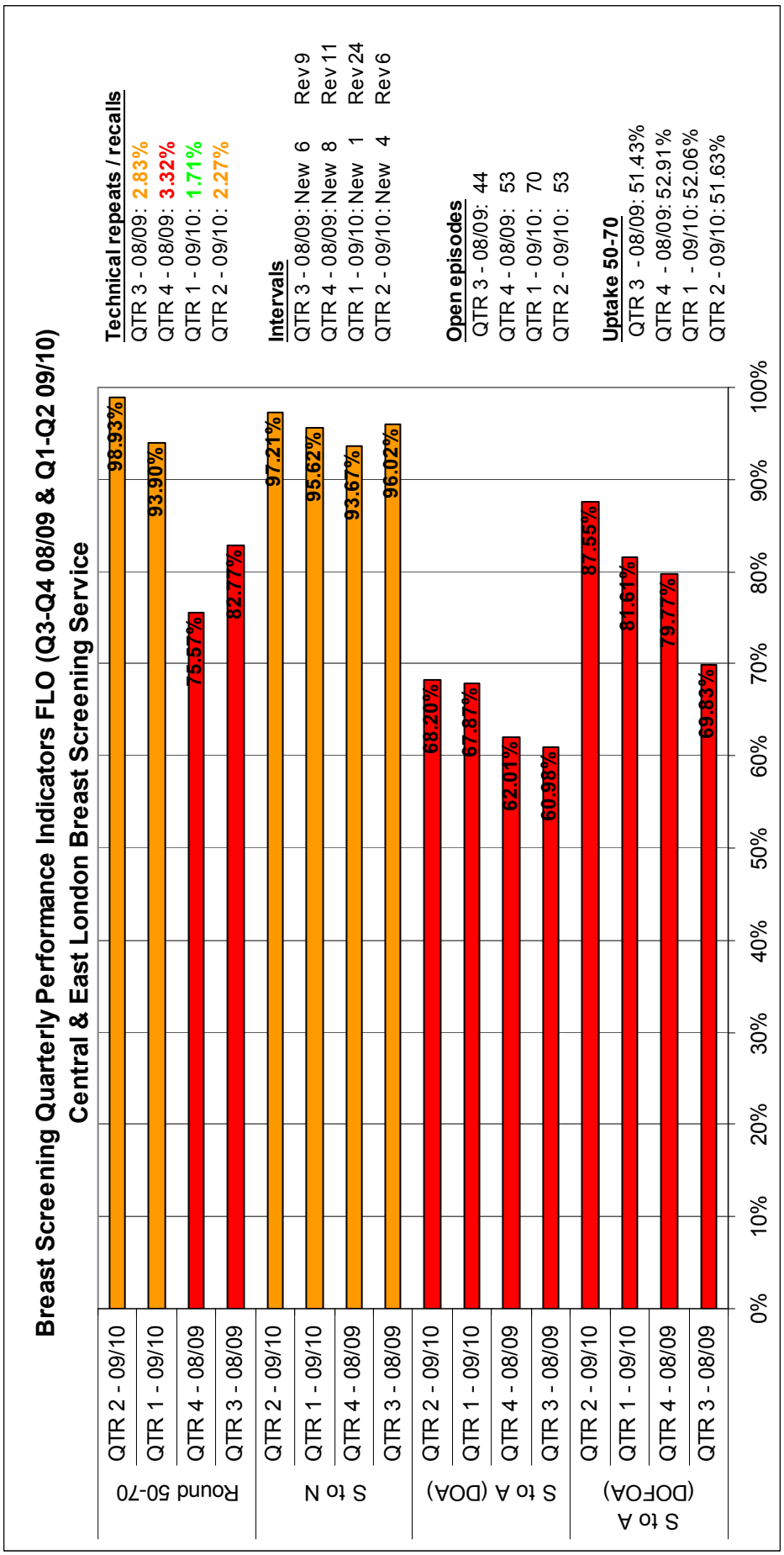
**Intervals**
QTR 3 - 08/09: New 0 Rev 0
QTR 4 - 08/09: New 0 Rev 0
QTR 1 - 09/10: New 11 Rev 45
QTR 2 - 09/10: New 16 Rev 44

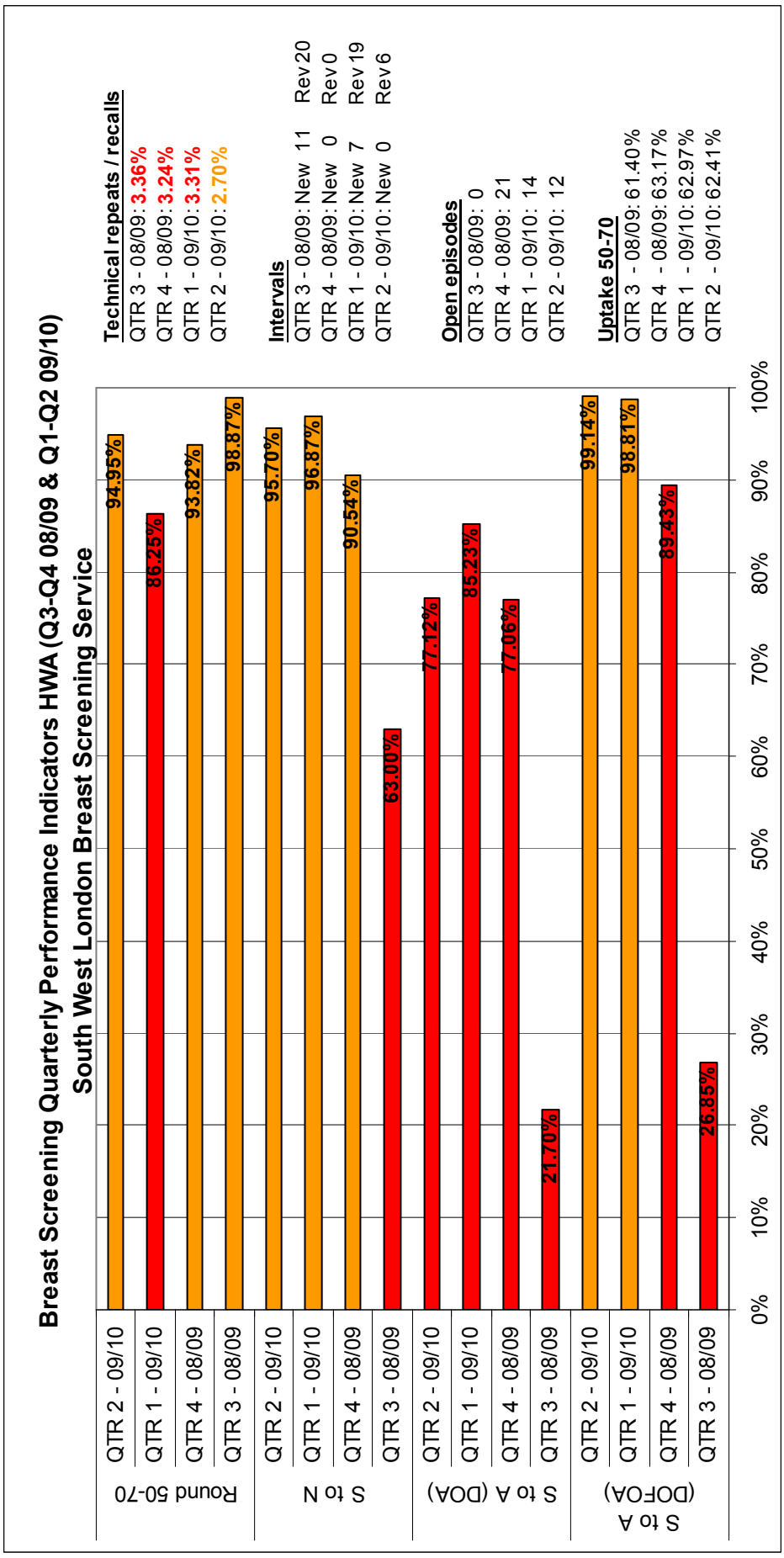
**Open episodes**
QTR 3 - 08/09: 100
QTR 4 - 08/09: 42
QTR 1 - 09/10: 77
QTR 2 - 09/10: 4

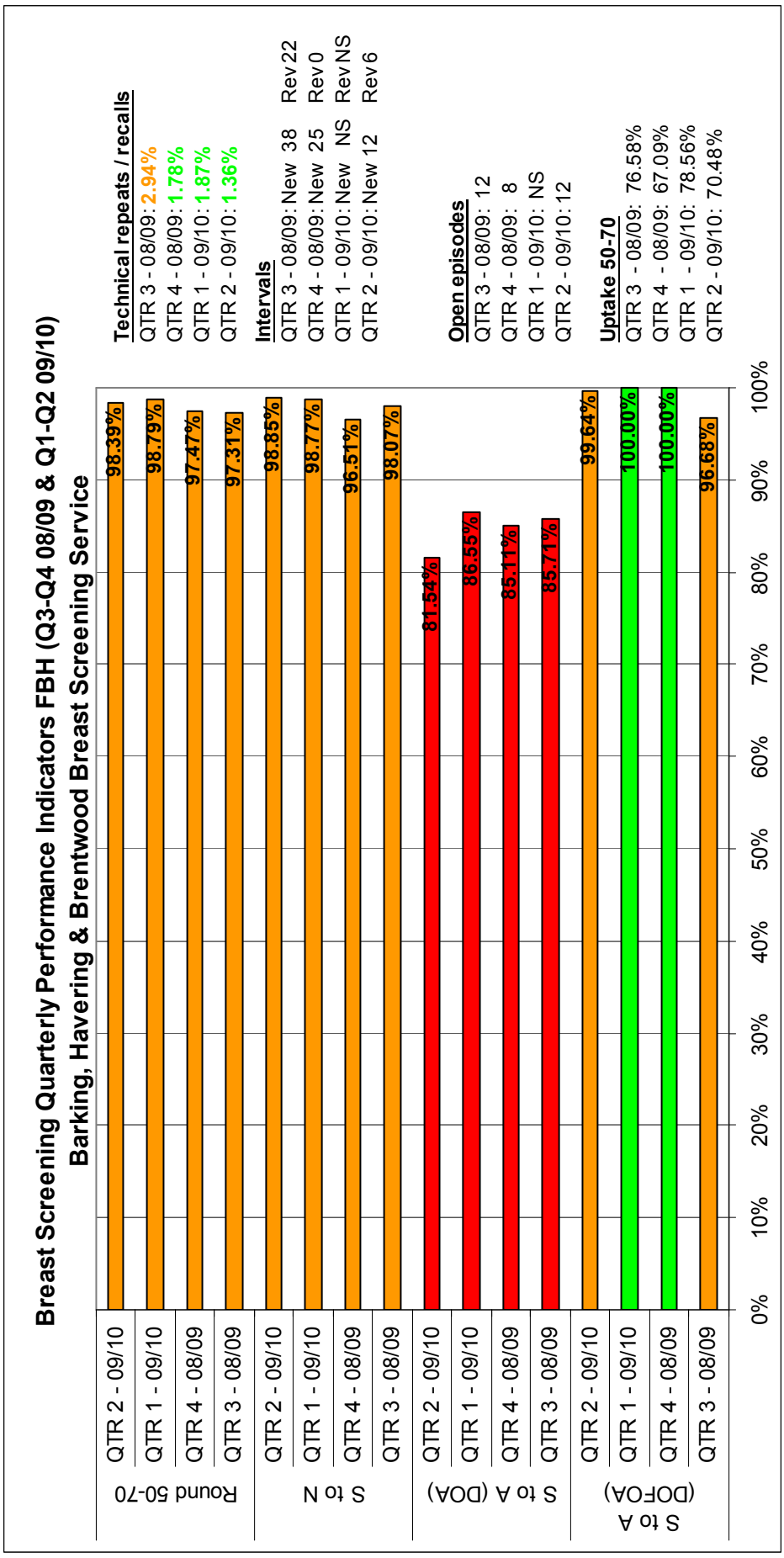
**Uptake 50-70**
QTR 3 - 08/09: 59.07%
QTR 4 - 08/09: 57.97%
QTR 1 - 09/10: 61.26%
QTR 2 - 09/10: 58.23%

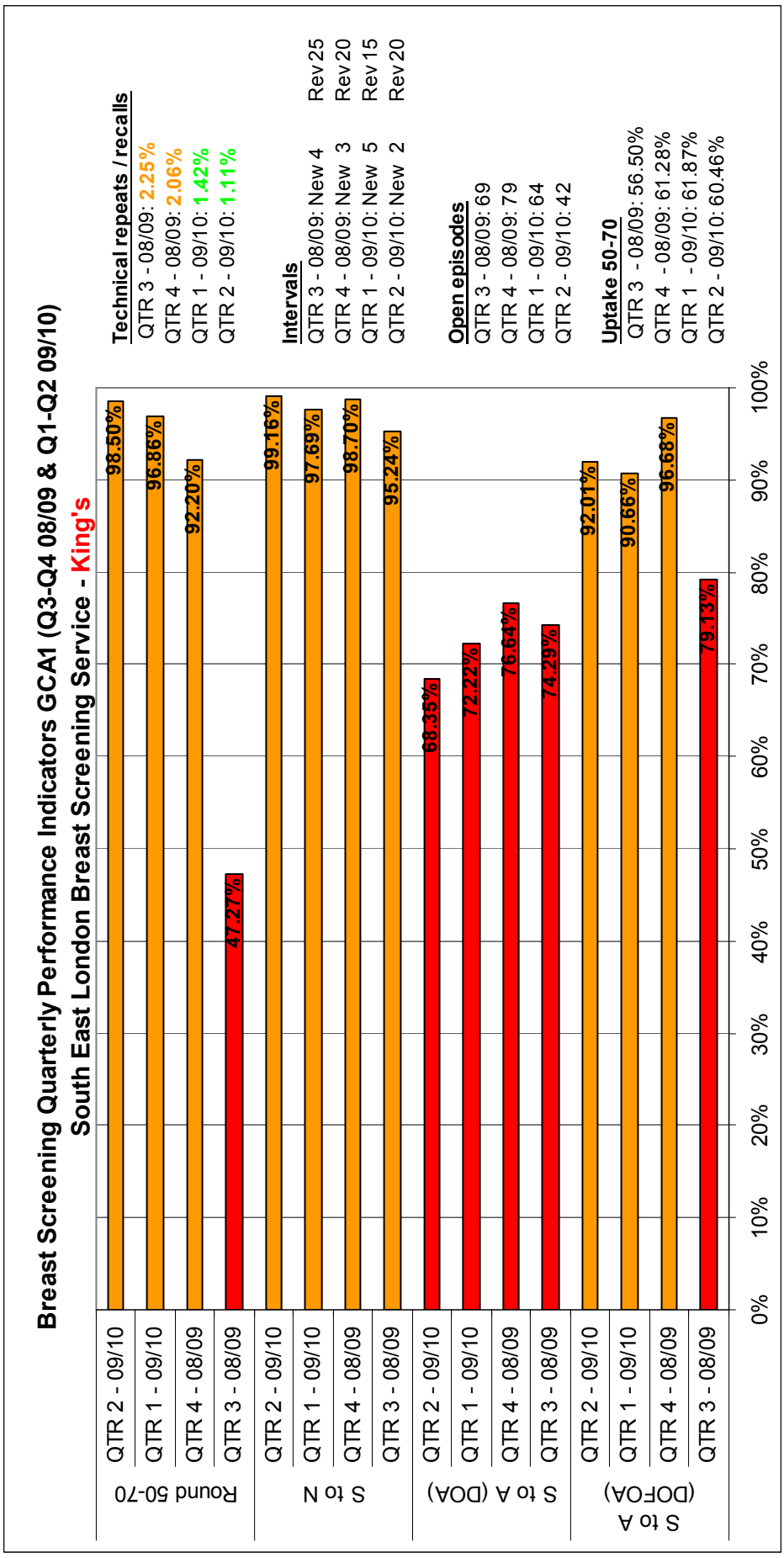

Breast Screening Quarterly Performance Indicators London (Q3-Q4 08/09 & Q1-Q2 09/10)
Technical repeats / recalls
QTR 3 - 08/09: 2.74%
QTR 4 - 08/09: 2.46%
QTR 1 - 09/10: 1.99%
QTR 2 - 09/10: 1.82%
Intervals
QTR 3 - 08/09: New 65 Rev 227
QTR 4 - 08/09: New 147 Rev 163
QTR 1 - 09/10: New 32 Rev 158
QTR 2 - 09/10: New 46 Rev 105
Open episodes
QTR 3 - 08/09: 237
QTR 4 - 08/09: 218
QTR 1 - 09/10: 253
QTR 2 - 09/10: 126
Uptake 50-70
QTR 3 - 08/09: 59.02%
QTR 4 - 08/09: 59.66%
QTR 1 - 09/10: 62.27%
QTR 2 - 09/10: 59.41%
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
84.13%
76.97%
75.51%
68.97%
97.77%
97.43%
96.42%
90.26%
78.70%
83.03%
80.97%
67.86%
97.28%
96.00%
94.47%
77.09%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

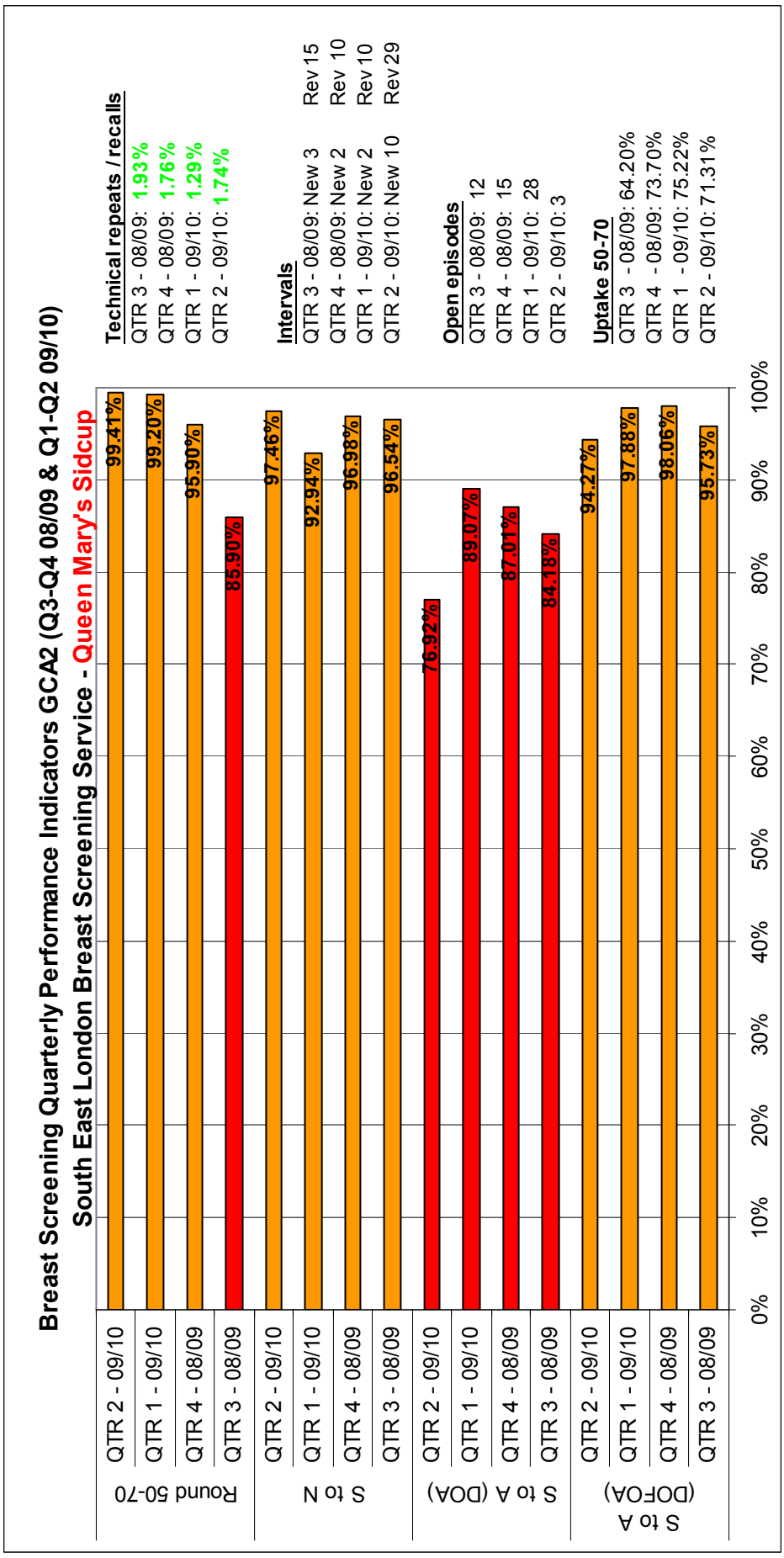

Breast Screening Quarterly Performance Indicators ECX (Q3-Q4 08/09 & Q1-Q2 09/10)
West London Breast Screening Service
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
92.35%
96.67%
98.33%
98.39%
96.26%
97.82%
98.08%
97.58%
81.45%
86.49%
85.04%
89.33%
99.79%
99.46%
99.46%
100.00%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Technical repeats / recalls
QTR 3 - 08/09: 1.58%
QTR 4 - 08/09: 1.39%
QTR 1 - 09/10: 1.48%
QTR 2 - 09/10: 1.84%
Intervals
QTR 3 - 08/09: New 3 Rev 136
QTR 4 - 08/09: New 109 Rev 122
QTR 1 - 09/10: New 6 Rev 45
QTR 2 - 09/10: New 2 Rev 0
Open episodes
QTR 3 - 08/09: 0
QTR 4 - 08/09: 0
QTR 1 - 09/10: 0
QTR 2 - 09/10: 0
Uptake 50-70
QTR 3 - 08/09: 52.71%
QTR 4 - 08/09: 54.26%
QTR 1 - 09/10: 59.08%
QTR 2 - 09/10: 53.52%


Breast Screening Quarterly Performance Indicators FLO (Q3-Q4 08/09 & Q1-Q2 09/10)
Central & East London Breast Screening Service
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
98.93%
93.90%
75.57%
82.77%
97.21%
95.62%
93.67%
96.02%
68.20%
67.87%
62.01%
60.98%
87.55%
81.61%
79.77%
69.83%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Technical repeats / recalls
QTR 3 - 08/09: 2.83%
QTR 4 - 08/09: 3.32%
QTR 1 - 09/10: 1.71%
QTR 2 - 09/10: 2.27%
Intervals
QTR 3 - 08/09: New 6 Rev 9
QTR 4 - 08/09: New 8 Rev 11
QTR 1 - 09/10: New 1 Rev 24
QTR 2 - 09/10: New 4 Rev 6
Open episodes
QTR 3 - 08/09: 44
QTR 4 - 08/09: 53
QTR 1 - 09/10: 70
QTR 2 - 09/10: 53
Uptake 50-70
QTR 3 - 08/09: 51.43%
QTR 4 - 08/09: 52.91%
QTR 1 - 09/10: 52.06%
QTR 2 - 09/10: 51.63%


Breast Screening Quarterly Performance Indicators HWA (Q3-Q4 08/09 & Q1-Q2 09/10)
South West London Breast Screening Service
Technical repeats / recalls
QTR 3 - 08/09: 3.36%
QTR 4 - 08/09: 3.24%
QTR 1 - 09/10: 3.31%
QTR 2 - 09/10: 2.70%
Intervals
QTR 3 - 08/09: New 11 Rev 20
QTR 4 - 08/09: New 0 Rev 0
QTR 1 - 09/10: New 7 Rev 19
QTR 2 - 09/10: New 0 Rev 6
Open episodes
QTR 3 - 08/09: 0
QTR 4 - 08/09: 21
QTR 1 - 09/10: 14
QTR 2 - 09/10: 12
Uptake 50-70
QTR 3 - 08/09: 61.40%
QTR 4 - 08/09: 63.17%
QTR 1 - 09/10: 62.97%
QTR 2 - 09/10: 62.41%
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
94.95%
86.25%
93.82%
98.87%
95.70%
96.87%
90.54%
63.00%
77.12%
85.23%
77.06%
21.70%
99.14%
98.81%
89.43%
26.85%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%


Breast Screening Quarterly Performance Indicators FBH (Q3-Q4 08/09 & Q1-Q2 09/10)
Barking, Havering & Brentwood Breast Screening Service
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
98.39%
98.79%
97.47%
97.31%
98.85%
98.77%
96.51%
98.07%
81.54%
86.55%
85.11%
85.71%
99.64%
100.00%
100.00%
96.68%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Technical repeats / recalls
QTR 3 - 08/09: 2.94%
QTR 4 - 08/09: 1.78%
QTR 1 - 09/10: 1.87%
QTR 2 - 09/10: 1.36%
Intervals
QTR 3 - 08/09: New 38 Rev 22
QTR 4 - 08/09: New 25 Rev 0
QTR 1 - 09/10: New NS Rev NS
QTR 2 - 09/10: New 12 Rev 6
Open episodes
QTR 3 - 08/09: 12
QTR 4 - 08/09: 8
QTR 1 - 09/10: NS
QTR 2 - 09/10: 12
Uptake 50-70
QTR 3 - 08/09: 76.58%
QTR 4 - 08/09: 67.09%
QTR 1 - 09/10: 78.56%
QTR 2 - 09/10: 70.48%


Breast Screening Quarterly Performance Indicators GCA1 (Q3-Q4 08/09 & Q1-Q2 09/10)
South East London Breast Screening Service - King's
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
98.50%
96.86%
92.20%
47.27%
99.16%
97.69%
98.70%
95.24%
68.35%
72.22%
76.64%
74.29%
92.01%
90.66%
96.68%
79.13%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Technical repeats / recalls
QTR 3 - 08/09: 2.25%
QTR 4 - 08/09: 2.06%
QTR 1 - 09/10: 1.42%
QTR 2 - 09/10: 1.11%
Intervals
QTR 3 - 08/09: New 4 Rev 25
QTR 4 - 08/09: New 3 Rev 20
QTR 1 - 09/10: New 5 Rev 15
QTR 2 - 09/10: New 2 Rev 20
Open episodes
QTR 3 - 08/09: 69
QTR 4 - 08/09: 79
QTR 1 - 09/10: 64
QTR 2 - 09/10: 42
Uptake 50-70
QTR 3 - 08/09: 56.50%
QTR 4 - 08/09: 61.28%
QTR 1 - 09/10: 61.87%
QTR 2 - 09/10: 60.46%


Breast Screening Quarterly Performance Indicators GCA2 (Q3-Q4 08/09 & Q1-Q2 09/10)
South East London Breast Screening Service - Queen Mary's Sidcup
Round 50-70
S to N
S to A (DOA)
S to A (DOFOA)
QTR 2 - 09/10
QTR 1 - 09/10
QTR 4 - 08/09
QTR 3 - 08/09
99.41%
99.20%
95.90%
85.90%
97.46%
92.94%
96.98%
96.54%
76.92%
89.07%
87.01%
84.18%
94.27%
97.88%
98.06%
95.73%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Technical repeats / recalls
QTR 3 - 08/09: 1.93%
QTR 4 - 08/09: 1.76%
QTR 1 - 09/10: 1.29%
QTR 2 - 09/10: 1.74%
Intervals
QTR 3 - 08/09: New 3 Rev 15
QTR 4 - 08/09: New 2 Rev 10
QTR 1 - 09/10: New 2 Rev 10
QTR 2 - 09/10: New 10 Rev 29
Open episodes
QTR 3 - 08/09: 12
QTR 4 - 08/09: 15
QTR 1 - 09/10: 28
QTR 2 - 09/10: 3
Uptake 50-70
QTR 3 - 08/09: 64.20%
QTR 4 - 08/09: 73.70%
QTR 1 - 09/10: 75.22%
QTR 2 - 09/10: 71.31%

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# North London Breast Screening Unit

# Breast Screening Data 2008/9

**North London Breast Screening Services - Monthly Performance Report**

**Uptake - 2009-2010**

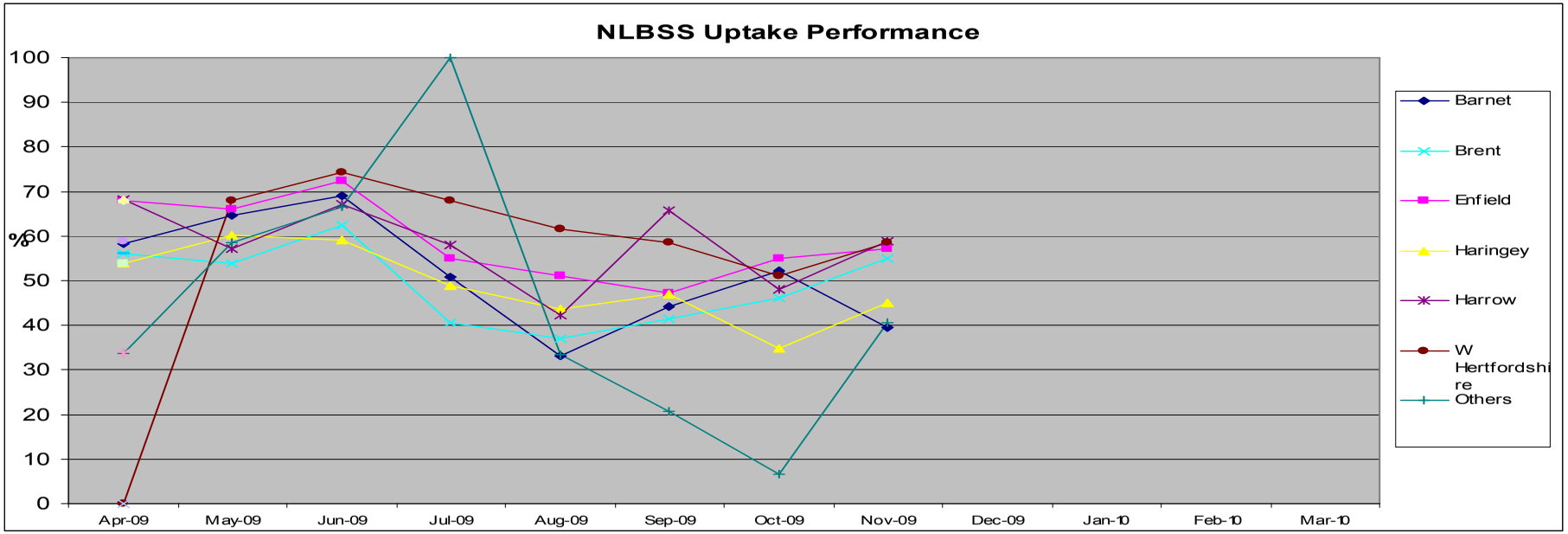
The percentage of invited women who attend for screening.

**The national minimum standard is 70%.**

| % Uptake | 2008-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 |
|---|---|---|---|---|---|---|---|---|---|
| Report run date | 15/09/09 | 15/10/2009 | 16/11/2009 | 15/12/2009 | *19/08/2009* | *11/09/2009* | *15/10/2009* | *09/11/2009* | *15/12/2009* |
| Barnet | 60% | 58 | 65 | 69 | *51* | *33* | *44* | *52* | *40* |
| Brent | 57% | 56 | 54 | 63 | *40* | *37* | *41* | *46* | *55* |
| Enfield | 63% | 68 | 66 | 72 | *55* | *51* | *47* | *55* | *57* |
| Haringey | 55% | 54 | 60 | 59 | *49* | *44* | *47* | *35* | *45* |
| Harrow | 64% | 68 | 57 | 67 | *58* | *42* | *66* | *48* | *59* |
| W Hertfordshire | 67% | N/A | 68 | 74 | *68* | *62* | *59* | *51* | *59* |
| Others | 49% | 34 | 59 | 67 | *100* | *33* | *21* | *7* | *41* |
| Service-wide | 60% | **59** | **62** | **67*** | *53* | *46* | ***51*** | ***49*** | ***56*** |

*- Uptake figures take up 6 months to stabilise; information highlighted in red italics is for reference purpose only.*

*** During this month, many practices with traditionally good/high uptake have been screened**



**North London Breast Screening Services - Monthly Performance Report**

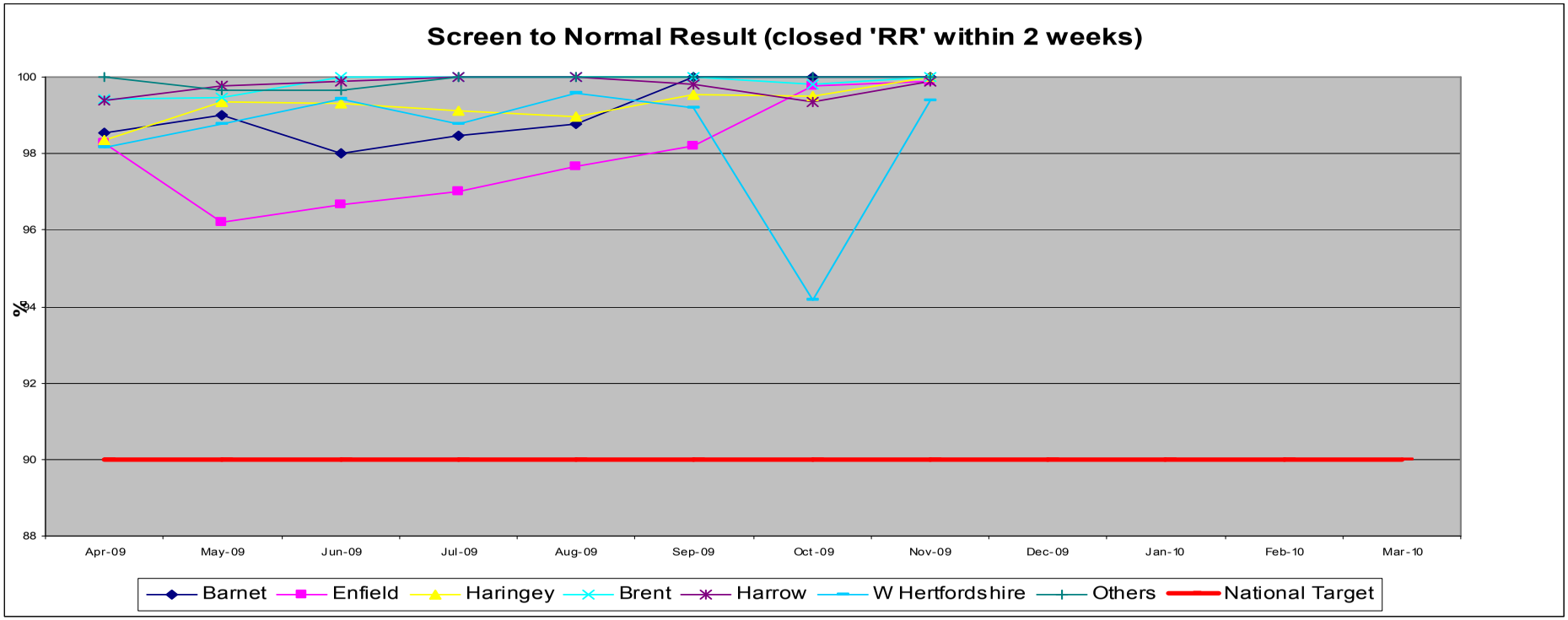
**Screen to Normal Result - 2009 - 2010**

Number screened, and number closed 'Routine Recall' within 2 weeks.

Report - SR026

**The national minimum standard is >90% within 2 weeks.**

| % | 2008-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Barnet** | **99** | 99 | 99 | 98 | 98 | 99 | 100 | 100 | 100 | | |
| **Brent** | **99** | 99 | 99 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| **Enfield** | **99** | 98 | 96 | 97 | 97 | 98 | 98 | 100 | 100 | | |
| **Haringey** | **98** | 98 | 99 | 99 | 99 | 99 | 100 | 99 | 100 | | |
| **Harrow** | **100** | 99 | 100 | 100 | 100 | 100 | 100 | 99 | 100 | | |
| **W Hertfordshire** | **99** | 98 | 99 | 99 | 99 | 100 | 99 | 94 | 99 | | |
| **Others** | **99** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| **Service-wide** | **99** | **99** | **99** | **99** | **99** | **99** | **99** | **99** | **100** | | |



**North London Breast Screening Services - Monthly Performance Report**

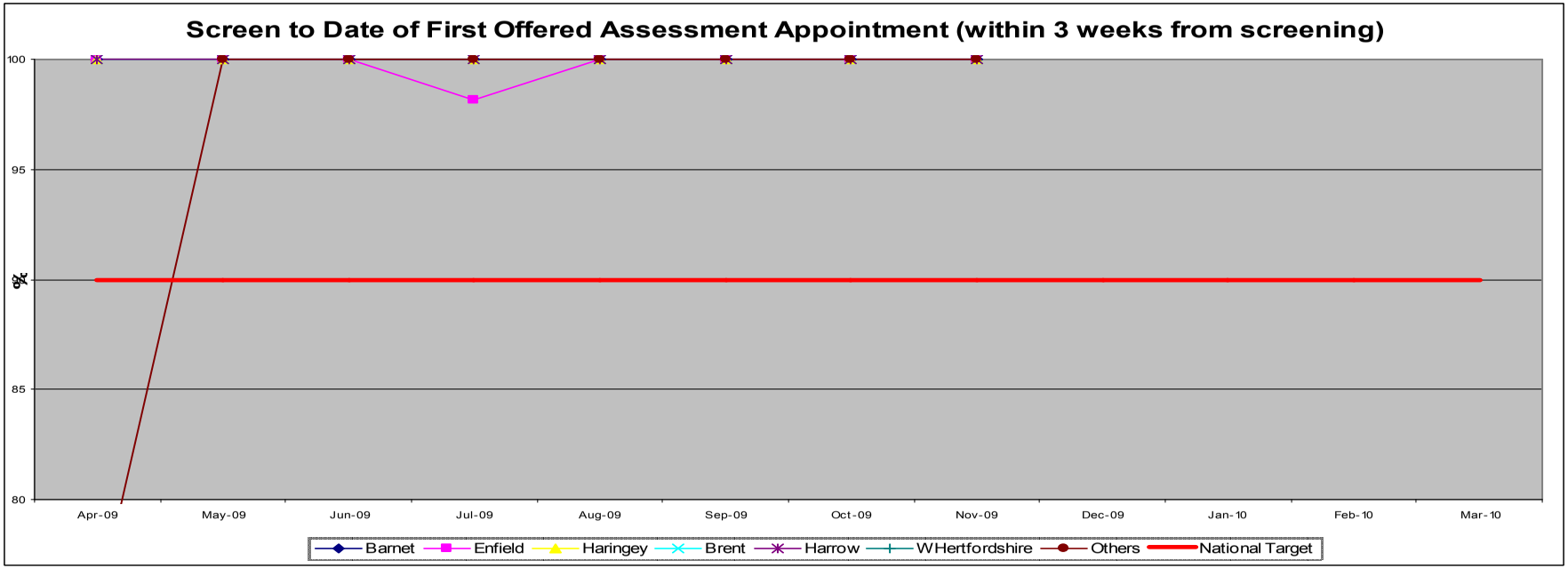
**Screen to Date of First Offered Assessment - 2009 - 2010**

Number screened, and number offered assessment appointment within 3 weeks.

Report SR023

**The national minimum standard is >90% within 3 weeks.**

| % | 2008-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 |
|---|---|---|---|---|---|---|---|---|---|
| **Barnet** | **100** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Brent** | **100** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Enfield** | **100** | 100 | 100 | 100 | 98 | 100 | 100 | 100 | 100 |
| **Haringey** | **98** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Harrow** | **99** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **W Hertfordshire** | **99** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Others** | **97** | 75 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Service-wide** | **99** | **99** | **100** | **100** | **100** | **100** | **100** | **100** | **100** |



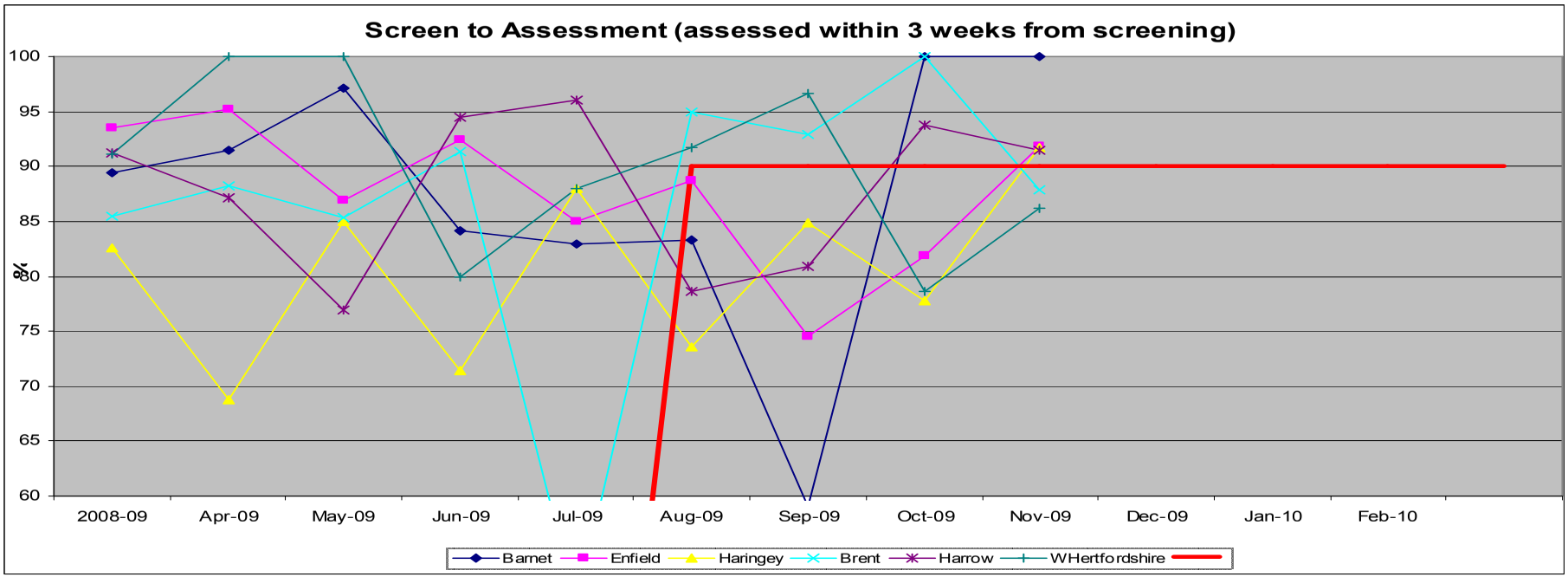
**North London Breast Screening Services - Monthly Performance Report**

**Screen to Actual Assessment - 2009 - 2010**

Number screened, and number assessed within 3 weeks. Report SR025

| % | 2008-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 |
|---|---|---|---|---|---|---|---|---|---|
| **Barnet** | **89** | 91 | 97 | 84 | 83 | 83 | 59 | 100 | 100 |
| **Brent** | **85** | 88 | 85 | 91 | 50 | 95 | 93 | 100 | 88 |
| **Enfield** | **93** | 95 | 87 | 92 | 85 | 89 | 75 | 82 | 92 |
| **Haringey** | **83** | 69 | 85 | 71 | 88 | 74 | 85 | 78 | 92 |
| **Harrow** | **91** | 87 | 77 | 94 | 96 | 79 | 81 | 94 | 91 |
| **W Hertfordshire** | **91** | 100 | 100 | 80 | 88 | 92 | 97 | 79 | 86 |
| **Others** | **91** | 75 | 71 | 91 | 50 | 100 | 100 | 0 | 100 |
| **Service-wide** | **89** | **88** | **85** | **88** | **87** | **86** | **82** | **86** | **91** |

**Note that performance has appeared to slip below the 90% standard. This is in fact because the definition has changed and the starting point is women assessed i women screened in the month. Women who delayed their assessment due to summer holidays and then came in Sep would explain the dip in Sep. We would expe post Xmas. SEE DEFINITIONAL CHANGE BELOW**



## North London Breast Screening Services - Monthly Performance Report

### Technical Recall & Repeat Report - 2009 - 2010

**Objective: to minimise the number of women undergoing repeat examinations**

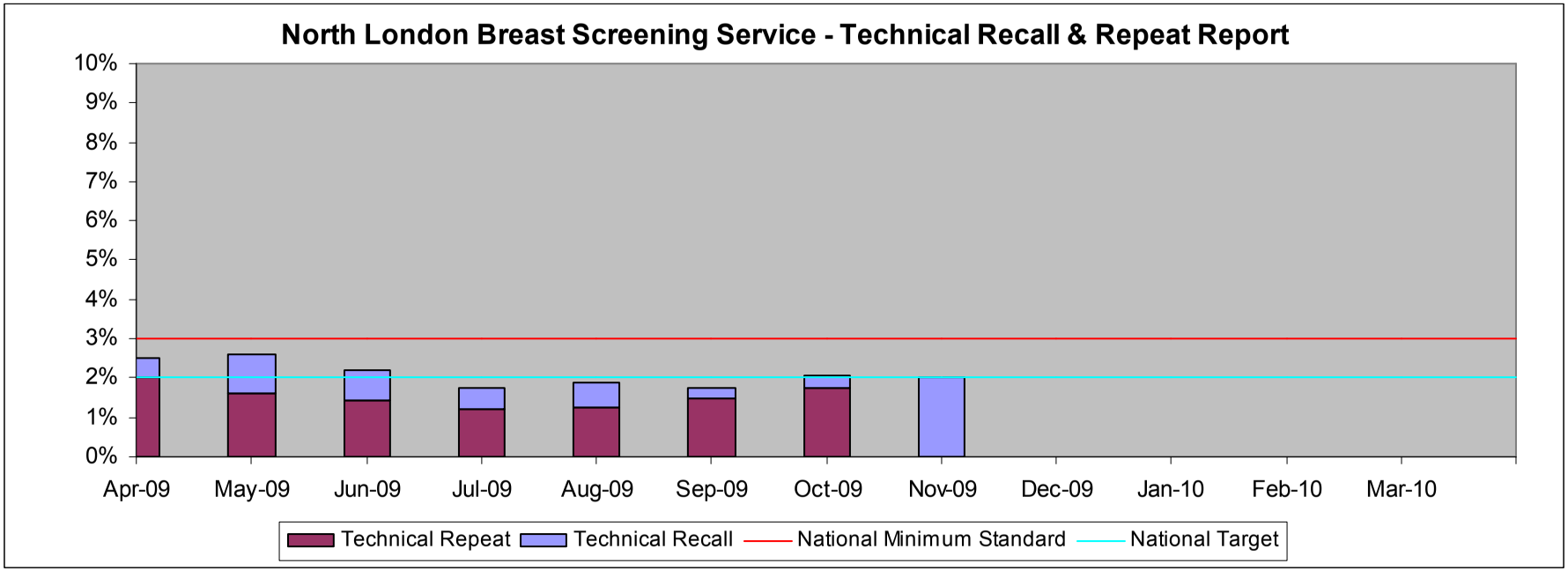
**National minimum standard:** number of repeat examinations **<3%** of total examinations

**National target:** number of repeat examinations **<2%** of total examinations

**new QA report - run from april 09 - uses screening date, old report used date of offered apptmnt**

| | | 2008-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Number of clients** | **Total screened** | **40,954** | **4,207** | **3,931** | **4,424** | **4,206** | **3,415** | **3,897** | 4,938 | 4,524 |
| | **Technical Repeat** | **882** | 85 | 64 | 63 | 51 | 43 | 58 | 86 | 1 |
| | **Technical Recall** | **305** | 21 | 39 | 35 | 22 | 22 | 10 | 15 | 91 |
| | **Total TRs** | **1187** | 106 | 103 | 98 | 73 | 65 | 68 | 101 | **92** |
| | | | | | | | | | | |
| **%** | **Technical Repeat** | **2.2%** | **2.0%** | **1.6%** | **1.4%** | **1.2%** | **1.3%** | **1.5%** | **1.7%** | **0.02%** |
| | **Technical Recall** | **0.7%** | **0.5%** | **1.0%** | **0.8%** | **0.5%** | **0.6%** | **0.3%** | **0.3%** | **2.01%** |
| | **Total TRs** | **2.9%** | **2.5%** | **2.6%** | **2.2%** | **1.7%** | **1.9%** | **1.7%** | **2.0%** | **2.03%** |





**North London Breast Screening Services - Monthly Performance Report**

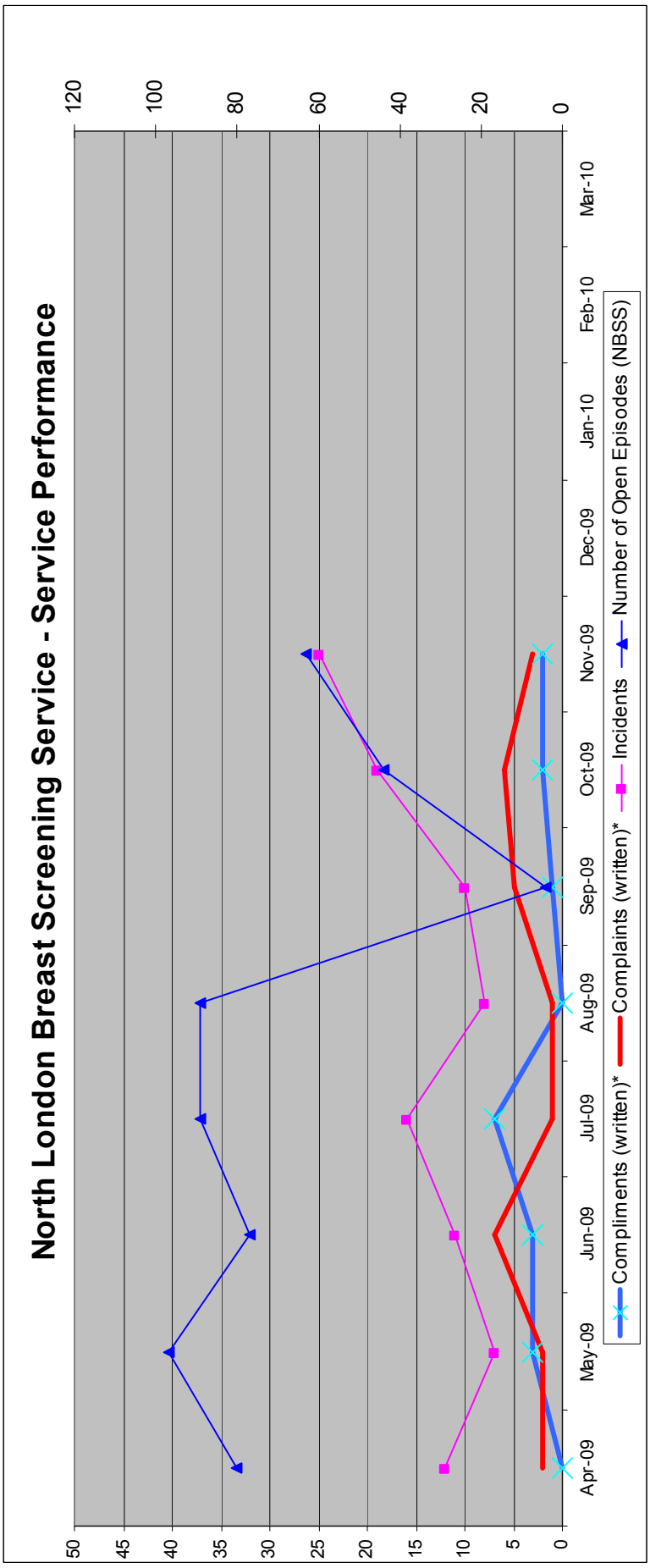
**Number of first appointments analysis (invitation by Date of First Offered Appointment during reported month) - 2009 - 2010**

**Call/Recall and Self-Referral**

| | | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 | # # | # # | Total | Average |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Number of Screen** | | 4,060 | 3,960 | 4,770 | 4,065 | 3,110 | 4,530 | 4,598 | 4,930 | | | **34,023** | 4253 |
| **PCT** | **Appointment Type** | **Apr-09** | **May-09** | **Jun-09** | **Jul-09** | **Aug-09** | **Sep-09** | **Oct-09** | **Nov-09** | **# #** | **# #** | **Total** | **Average** |
| **Barnet** | **Called/Recalled** | 1,041 | 1,411 | 761 | 1,118 | 773 | 338 | 527 | 357 | | | 6,326 | 791 |
| | **Self-Referral aged <=70** | 65 | 58 | 55 | 43 | 27 | 28 | 41 | 33 | | | 350 | 44 |
| | **aged 70+** | 17 | 24 | 23 | 25 | 9 | 17 | 31 | 21 | | | 167 | 21 |
| | **Total** | 1,123 | 1,493 | 839 | 1,186 | 809 | 383 | 599 | 411 | | | 6,843 | 855 |
| **Brent** | **Called/Recalled** | 1,303 | 739 | 16 | 583 | 626 | 1,075 | 1,007 | 739 | | | 6,088 | 761 |
| | **Self-Referral aged <=70** | 48 | 64 | 45 | 32 | 15 | 29 | 37 | 23 | | | 293 | 37 |
| | **aged 70+** | 13 | 12 | 15 | 12 | 7 | 11 | 9 | 4 | | | 83 | 10 |
| | **Total** | 1,364 | 815 | 76 | 627 | 648 | 1,115 | 1,053 | 766 | | | 6,464 | 808 |
| **Enfield** | **Called/Recalled** | 1,520 | 1,153 | 1,336 | 1,909 | 1,395 | 1,853 | 2,356 | 2,206 | | | 13,728 | 1716 |
| | **Self-Referral aged <=70** | 37 | 55 | 38 | 33 | 17 | 22 | 21 | 34 | | | 257 | 32 |
| | **aged 70+** | 27 | 16 | 21 | 16 | 28 | 19 | 20 | 16 | | | 163 | 20 |
| | **Total** | 1,584 | 1,224 | 1,395 | 1,958 | 1,440 | 1,894 | 2,397 | 2,256 | | | 14,148 | 1769 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Haringey | Called/Recalled | | 465 | 709 | 1,261 | 1,617 | 1,203 | 1,617 | 721 | 522 | 8,115 | 1014 |
| | Self-Referral | aged <=70 | 37 | 29 | 36 | 31 | 27 | 18 | 25 | 36 | 239 | 30 |
| | | aged 70+ | 11 | 6 | 12 | 4 | 8 | 4 | 12 | 6 | 63 | 8 |
| | Total | | 513 | 744 | 1,309 | 1,652 | 1,238 | 1,639 | 758 | 564 | 8,417 | 1052 |
| | | | | | | | | | | | | |
| Harrow | Called/Recalled | | 1,187 | 522 | 1,836 | 577 | 83 | 1,140 | 1,488 | 1,315 | 8,148 | 1019 |
| | Self-Referral | aged <=70 | 32 | 48 | 44 | 37 | 24 | 32 | 25 | 23 | 265 | 33 |
| | | aged 70+ | 25 | 24 | 25 | 33 | 33 | 51 | 49 | 36 | 276 | 35 |
| | Total | | 1,244 | 594 | 1,905 | 647 | 140 | 1,223 | 1,562 | 1,374 | 8,689 | 1086 |
| | | | | | | | | | | | | |
| W Hertfordshire | Called/Recalled | | | 301 | 784 | 565 | 809 | 1,230 | 1,021 | 1,534 | 6,244 | 892 |
| | Self-Referral | aged <=70 | 28 | 21 | 26 | 25 | 21 | 17 | 18 | 15 | 171 | 21 |
| | | aged 70+ | 19 | 43 | 87 | 60 | 47 | 36 | 44 | 67 | 403 | 50 |
| | Total | | 47 | 365 | 897 | 650 | 877 | 1,283 | 1,083 | 1,616 | 6,818 | 852 |
| | | | | | | | | | | | | |
| Others | Called/Recalled | | 713 | 585 | 393 | 9 | 22 | 49 | 2 | 10 | 1,783 | 223 |
| | Self-Referral | aged <=70 | 2 | 8 | 14 | 6 | - | 9 | 7 | 4 | 50 | 6 |
| | | aged 70+ | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 19 | 2 |
| | Total | | 717 | 595 | 410 | 17 | 24 | 61 | 11 | 17 | 1,852 | 232 |
| | | | | | | | | | | | | |
| **Total** | **Called/Recalled** | | **6,229** | **5,420** | **6,387** | **6,378** | **4,911** | **7,302** | **7,122** | **6,683** | **50,432** | **6304** |
| | **Self-Referral** | **aged <=70** | **249** | **283** | **258** | **207** | **131** | **155** | **174** | **168** | **1,625** | **203** |
| | | **aged 70+** | **114** | **127** | **186** | **152** | **134** | **141** | **167** | **153** | **1,174** | **147** |
| | **Total** | | **6,592** | **5,830** | **6,831** | **6,737** | **5,176** | **7,598** | **7,463** | **7,004** | **53,231** | **6654** |

| North London Breast Screening Services - Monthly Performance Report | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Service performance - 2009 - 2010** | | | | | | | | | |
| | | | | | | | | | |
| **Customer Care** | | **Apr-09** | **May-09** | **Jun-09** | **Jul-09** | **Aug-09** | **Sep-09** | **Oct-09** | **Nov-09** |
| **Complaints (written)*** | | 2 | 2 | 7 | 1 | 1 | 5 | 6 | 3 |
| **Compliments (written)*** | | 0 | 3 | 3 | 7 | - | 1 | 2 | 2 |
| ** formal complaints and compliments, excludes entries in comments book* | | | | | | | | | |
| **Incidents** | | 12 | 7 | 11 | 16 | 8 | 10 | 19 | 25 |
| **Outstanding** | | | | | | | | | |
| | | | | | | | | | |
| **Number of Open Episodes older than 6 months*** | **Target*** | **Apr-09** | **May-09** | **Jun-09** | **Jul-09** | **Aug-09** | **Sep-09** | **Oct-09** | **Nov-09** |
| **Review Date**** | | | | | | | | | |
| **Barnet** | **80** | | | | | | | | |
| **Brent and Harrow** | **149** | | | | | | | | |
| **Enfield and Haringey** | **130** | | | | | | | | |
| **W Hertfordshire** | **84** | | | | | | | | |
| **Total** | **442** | | | | | | | | |
| **Number on NBSS System SQOE** | | | | | | | | | |
| **Number of Open Episodes (NBSS)** | **Target** | **Apr-09** | **May-09** | **Jun-09** | **Jul-09** | **Aug-09** | **Sep-09** | **Oct-09** | **Nov-09** |
| **Reported printed on** | | **18-May-09** | **15-Jun-09** | **16-Jul-09** | **10-Sep-09** | | **25-Oct-09** | **16-Nov-09** | **15-Dec-09** |
| **Screening** | | 8 | | | | | | | |
| **Assessment** | | 72 | | | | | | | |
| **Total** | **442** | 80 | 97 | 77 | 89 | 89 | 4 | 44 | 63 |
| *** National minimum standard: <= 0.25% of total eligible population** | | | | | | | | | |
| **** PCTs to print BCOs on 15th of each month, for number of open episodes older than 6 months ending the previous months.** | | | | | | | | | |


North London Breast Screening Service - Service Performance
120
100
80
60
40
20
0
50
45
40
35
30
25
20
15
10
5
0
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Compliments (written)*
Complaints (written)*
Incidents
Number of Open Episodes (NBSS)