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 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?						

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 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.						

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?)
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: - PCT Head of Performance(or deputy), - PCT Head of IT (or deputy), - Head of the Call/recall service, - LMC representative, - practice manager representative - 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 **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						

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?)
	include: • women who access private mammography services • those who have recently undergone mammography in NHS symptomatic services.						
	SCREENING UNITS **Reporting requirements**						
	29. Screening units to report quarterly/as required to PCTs using IT front end reports and templates to track cohorts, including: • 'Round length' performance, • Uptake and non attender reports • Technical recall rates • delays (in results, offered and actual assessment, referral to treatment) • Call/recall offices to report to PCTs KC63 • Other national reports.						
	CALL/RECALL OFFICES **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. Is there an annual audit of women who have ceased to be eligible for screening?						
	PCT Network **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. The integrated care pathway should separately identify what capability and capacity is required to meet the 62						

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?)
	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						

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?)
	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: _____