

**Scrutiny review of Breast Cancer Screening in
Haringey**

Overview of Breast Screening Services in Haringey

November 2009

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1. Breast Screening Programme

Breast screening is a method of detecting breast cancer at a very early stage when the likelihood of being cured is highest. The first step involves an x-ray of each breast using a mammogram that can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a health professional.¹

The NHS Breast Screening Programme was introduced in the UK in 1988 to provide free breast screening every three years for all women in the UK aged 50 and over. The NHS Breast Screening Programme is an effective part of the UK's efforts to reduce the death toll from breast cancer. Around one-and-a-half million women are screened in the UK each year. Women aged between 50 and 70 years are now routinely invited. Since 2004, women who are aged 70 years and over may request mammography every 3 years, but are not routinely invited. There is however plan to extend the age range of women eligible for breast screening to ages 47 to 73 by 2012².

Research suggests that the NHS Breast Screening Programme saves an estimated 1,400 lives every year in England³. In September 2000, research was published which demonstrated that the screening programme had lowered mortality rates from breast cancer in the 55-69 age group.

2. The North London Breast Screening Service (NLBSS)⁴

2.1. Description

¹ Annual Report on Breast Screening Services, NHS Enfield 2008/2009

² Effect of NHS Breast Cancer Screening Programme on Mortality from Breast Cancer in England and Wales, 1990-8: Comparison of Observed with Predicted Mortality. *BMJ* 2000;665-669

³ National Health Scheme Breast Screening Programme (NHSBSP)

The North London Breast Screening Service is one of the largest breast screening services in the country and one of six breast screening programmes serving the eligible women in London. The NLBSS is based at Edgware Community Hospital and screens from two static sites: Edgware Community Hospital and Forest Primary Care Centre in Enfield, as well as a number of mobile units including St. Ann's Hospital, the Whittington Hospital and North Middlesex Hospital. The service provides a screening and assessment service for eligible women resident within Barnet, Brent, Enfield, Haringey, Harrow and the southern half of West Hertfordshire. The service is commissioned by the 6 Primary Care Trusts through a consortium arrangement with NHS Enfield currently serving as the Lead commissioner.

The Department of Health (DoH) Guidance '*Commissioning and Managing Screening Programmes*⁵ sets out the requirements for PCTs in relation to screening programmes. A service specification is in place that details the requirements and quality standards for NLBSS.

2.2 Governance arrangements

Whilst the responsibility for planning, commissioning and performance managing the screening programme rests with PCTs, NHS London holds the following responsibilities:

- Ensure and 'sign off' robust commissioning arrangements;
- Ensure performance improvement in line with the National Plan;
- Assist in resolution of disputes;
- Commission the regional Quality Assurance Reference Centre (QARC) and performance manage QARCs.

⁵ Department of Health (2005): Commissioning and Managing Screening Programmes

In order for the service to be commissioned in accordance with the national guidelines, the North London consortium has agreed the following:

- A *Lead Commissioner* working for the Lead PCT (Enfield) who has authority to act for the commissioning consortium as a whole and is responsible for leading the commissioning in line with the national guidance;
- A *NLBSS Commissioning Steering Group (CSG)* - to plan, shape and lead a robust, streamlined, coherent cancer-screening programme across the North London Consortium in conjunction with the cancer network. The group meets on a quarterly basis but may meet more often when required. In 2007/08 this group was meeting on a monthly basis to deal with the challenging situation at NLBSS.
- Specific *Sub-Groups* were formed such as the call/recall subgroup, health promotion subgroup, quality and governance subgroup and finance planning subgroup. All subgroups report to the CSG.
- *Barnet, Enfield and Haringey Screening Committee* – chaired by NHS Enfield Director of Public Health, this Committee has responsibility for outer North London performance management including uptake, coverage and interface with primary care.
- *NHS Haringey Cancer Screening Steering Group* – chaired by Screening Lead/Consultant in Public Health. This group has the overall responsibility for performance management of Haringey breast screening services including uptake, coverage and primary care performance.

2.3 Temporary suspension of NLBS services

A Serious Untoward Incident (SUI) is an event such as serious Injury or death of a patient, employee, visitor, contractor or member of the public to whom the NHS organisation owes a duty of care. The principle definition of a SUI is **“Any incident on an NHS site or elsewhere, whilst in NHS- funded or NHS regulated care involving:**

a) NHS patients, relatives, visitors, staff, students undertaking clinical or work experience and/or their tutors;

b) contractors, equipment, buildings or property; which:

- causes death (including suicide) or serious injury or was lifethreatening;

- involves a hazard to public health, including major toxic or food contamination, radiation hazard etc;

- involves the absconding of a detained mental health patient who has died, killed or seriously injured or been seriously injured by a third party

- involves fraud or suspected fraud (see HSC 1999/062);

- contributes to a pattern of a sustained fall in standards of care;

- causes serious disruption to services;

- causes significant damage to the assets of an NHS

organisation;

- may cause significant damage to the reputation of an NHS organisation or its staff;

- may or did give rise to a significant claim for damages or to legal proceedings;

- involves (in exceptional circumstances) the suspension of a member of clinical staff or a student on clinical grounds or for reasons associated with patient care;

- causes concern following an inquest;

- may create adverse media coverage of potential regional or national interest”.

A Serious Untoward Incident (SUI) involving 11 clients was reported by the NLBSS in December 2006. The incident was of administrative nature and it was decided to temporarily suspend NLBSS between December 2006 and May 2007.

The London Quality Assurance Team (QA) identified weaknesses in the 'Right Results' procedures and process errors during an audit of the service. In addition the NHS Breast Screening Programme's national review team was brought in by the commissioning PCTs to investigate failures and to provide advice on the future development of the service.

Screening gradually recommenced in May 2007 and full screening started again in October 2007. On the advice of the national team, a new Three Year Screening Plan was produced based on a 48 -month screening interval or "round length" (the NLBSS original plan was to revert back to the 36 months "round length", standard by October 2010). The national team also advised against a backlog catch up exercise as this was seen as potentially putting the service at risk. The commissioners have worked closely with NLBSS to improve performance and meet target.

At the time of the suspension, the PCTs in the consortium commissioned an independent management consultant to explore availability of alternative screening services with the aim of continuing screening while the service was suspended. However, there was no spare capacity in London and therefore the backlog that has accumulated was incorporated in the three year plan, as recommended by the national team.

2.3 Funding arrangements

Following the national team review of NLBSS, it was made apparent that financial contribution from PCTs in the Consortium was not adequate to meet the cost of running the screening service by NLBSS. North London Breast Screening Consortium therefore commissioned a study in August 2008 to look at the current and projected eligible population and screening statistics and to propose a mechanism for deriving appropriate allocation of the funding across the different PCTs in the consortium.

The study revealed that the NLBSS cost per patient (£52) was lower than other units in London. It was further highlighted that PCTs in the consortium did not fund the service on an equitable basis in terms of cost per patient. It was therefore seen as necessary for the PCTs to agree a mechanism to facilitate a system of 'fair shares' funding for both current and new costs.

The study proposed screening tariff and invitation tariff (Table 1) that is comparable to a similar proposal made at CELBSS following a bottom-up costing exercise by McKinsey on behalf of Barts and the London and the PCT consortium (CELBSS). The recommended single Screening Tariff for CELBSS was £103 per screen.

Table 1: Proposed tariff payment for NLBSS

Equivalent Tariff based on alternative denominators	Rate
Equivalent rate if applied on a per woman invited (pwi) basis	£56.00
Equivalent rate if applied on a per woman screened (pws) basis at 60% conversion (38,000)	£93.33

The following table (Table 2) describes original and proposed pays on the predicted 'Fair share' basis for each PCT in the Consortium. This funding arrangement was agreed in autumn 2009 and NHS Haringey secured sufficient resources to contribute to the 'Fair share'. Funding for 2009/2010 is currently being finalised.

Table 2: 'Fair Share' funding proposal for North London Breast Screening Consortium

PCT	Original 2008-2009 SLA	PROPOSED FAIR SHARE per PCT	2008-2009 'Fair Share' of Re-basing supplement based on Screened %	Total estimated annual payment 2008-2009 £(,000)
Barnet	£471,971	22.35%	£103,017	£575
Brent	£559,000	12.47%	£57,490	£616
Enfield	£507,510	17.11%	£78,898	£586
Haringey	£419,118	13.70%	£63,140	£482
Harrow	£474,179	13.62%	£62,770	£537
W Hertfordshire	£654,725	20.80%	£95,903	£751
Total	£3,086,503		£461,219	£3,548

3. Breast Screening Performance for Haringey

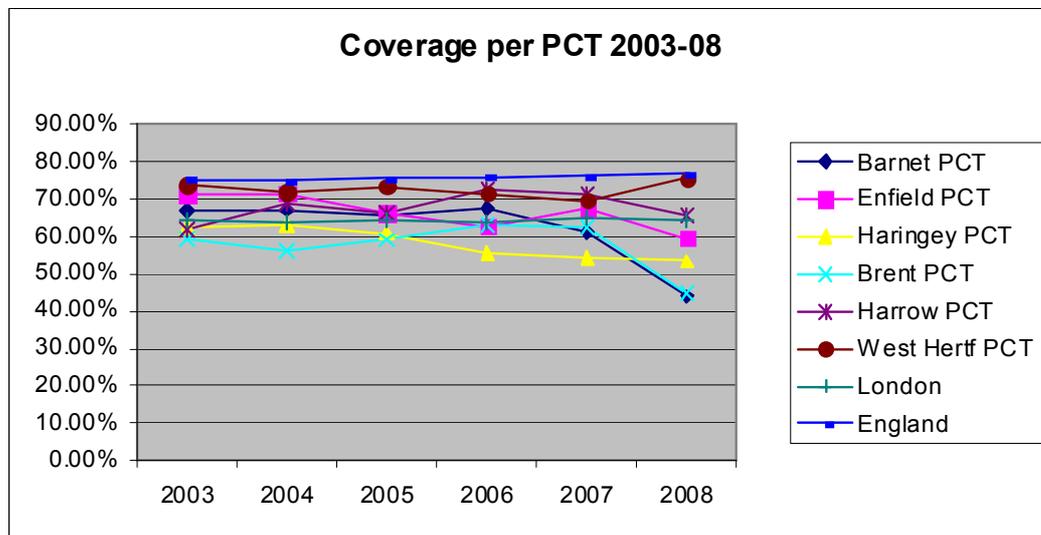
3.1 Coverage

Coverage is the proportion of women resident and eligible (53-64 years excluding those with bilateral mastectomy) at a point in time (31st of March each year) that have had a test with a recorded result at least once in the previous 3 years. The national target for PCTs is 70% coverage.

Uptake on the other hand is the proportion of women invited for screening, over the year, for whom a screening test result is recorded. Uptake is a measure used for breast screening services.

NLBSS uptake has been consistently below national average and it has dropped even further in the last two years to less than the London average, following the suspension of the service. For majority of the PCTs, including Haringey, the closure of the service between December 2006 and May 2007 followed by the partial re-opening till

October 2007 has had a negative impact on coverage, which is clearly shown in the graph below.



Health and Social Care Information Centre. Breast Screening Programme, England:2004-05, 2006-07 and 2007-08

3.2 Round Length

Round length is the measurement of time between the date of last screening film and the date of first offered appointment usually in the current episode. The standard is for 90% of women to be offered an appointment within 36 months of their previous screen.

Following the recommencement of screening in 2007, it was agreed locally that the target for round length would be 46 months up to the end of the current round of screening i.e. until October 2010 on the advice of the National NHS Breast Screening Programme's review team. Performance data by Barnet and Chase Farm Hospital showed that NLBSS was running at 96.5% within target in 2008/09 (see Table 3). Haringey was within round length target for 2007- 08 and 2008-09 at 99.4% and 97.7% respectively.

Table 3: North London Breast Screening Service Round Length

% with 46 months	2007-08	2008-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09
Barnet	96.3	95.9	90.3	99.7	87	92.1	90.2
Brent	99.5	97.5	98.7	92.8	54	98.0	99.1
Enfield	98.9	95.1	50.1	72.0	43	54.4	96.6
Haringey	99.4	97.7	97.8	97.8	96	97.6	95.9
Harrow	99.3	97.1	98.1	99.5	96	99.6	85.2
W Herfordshire	68.8	98.3		100.0	99	100.0	99.4
Others	29.9	84.9	100.0		54		81.8
Service-wide (average)	84.6	96.5	82.0	82.4	78	81.7	96.5

3.3 Screen to assessment and Screening to Notification of normal result

Overall, waiting times for screening to assessment are 99% and screening to delivery of normal results are 99% within target, against a national target of 90% within 3 and 2 weeks respectively. For Haringey, waiting times to screening were within national targets at 99% in 2007-08 and 98% in 2008-09. Similar figures were also recorded for screening to notification of normal result. (see Tables 4 and 5)

Table 4: Performance on Screening to Assessment

%	2007-08	2008-09	Apr-09	May-09	Jun-09	Jul-09
Barnet	99	100	100	100	100	100.0
Brent	100	100	100	100	100	100.0
Enfield	100	100	100	98	100	100.0
Haringey	99	98	100	100	100	100.0
Harrow	99	99	100	100	100	100.0
W Herfordshire	99	99	100	100	100	100.0
Others	100	97	100	100	100	
Service-wide (average)	99	99	100	99	100	100

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

Table 5: Performance on Screening to Notification of normal result

%	2007-08	2008-09	Apr-09	May-09	Jun-09	Jul-09
Barnet	98	99	99	99	98	98.9
Brent	98	99	100	100	100	100.0
Enfield	98	99	99	99	98	98.1
Haringey	99	98	99	100	100	99.4

Harrow	99	100	100	100	100	100.0
W Hertfordshire	98	99	98	100	100	98.7
Others	99	99	100	100	100	100.0
Service-wide (average)	98	99	99	99	99	99.0

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

4. Local initiatives to develop breast screening uptake/coverage

In Enfield, Barnet and Haringey PCTs, funding provided by the North London Cancer Network Improvement Fund in 2006 helped set up a project to identify primary care needs. From that project, a multilingual breast screening booklet in 9 languages and a breast screening step by step poster were produced, which were made available to the general public in most of the health promotion events that took place in the Barnet, Enfield and Haringey boroughs. In addition workshops and focus groups with different community groups were held and breast screening was discussed. Profile of breast screening was raised with primary care practices through the Screening Newsletter and by including them recently as an item in the training of clinicians around screening.

NHS Haringey recently conducted a social marketing campaign project to gather an insight into perceived barriers for access to services among specific ethnic groups that were not attending screening services. Barriers were found to be both intrapersonal and structural in nature that can act in isolation as well as in combination to influence screening attendance.

At an intrapersonal level, non-attendance at screening can be driven by fear of cancer or a low perception of breast cancer risk. It is vital to ensure that women are better educated on the risk factors for developing breast cancer as well as the benefits that screening can offer to ensure that women feel empowered and motivated to attend their screening appointments when invited.

At a local level the mobile population and cultural diversity of Haringey has proven to be challenging for the NLBSS. With more informed and up to date patient lists as well as new promotional material the programme can ensure a wider understanding of the screening programme in the borough.

The Health Belief Model maintains that the factors influencing breast screening attendance are motivation, perceptions of breast cancer risk, and beliefs that the benefits of screening outweigh the cost of participation. This is certainly found to be true among many women who attend screening. However, in order to drive positive behaviour change among women who do not attend breast screening it is the causal components underlying these broad factors that must be addressed and it is these components that can vary between ethnicity.

Therefore, an intervention to increase uptake and coverage of the NLBSS in Haringey must be both multi faceted, to address the many issues which influence breast screening attendance, and easily adaptable, to suit the ethnic diversity of the borough.

Findings of the local social marketing project informed development of promotional material that is currently being tested among local population.

NHS Haringey recently secured additional funding from the North Central London Cancer Network to commission health trainers project that will specifically focus on improving access to breast screening services. Health Trainers will be based at various community settings including voluntary organisations and health centres and their main role will be to raise awareness of breast cancer screening services among various community groups. Social Marketing findings will enable Health Trainers to target their intervention at the communities with the lowest attendance rates.

5. Key issues for commissioning and delivery of services

NHS Haringey, in line with the NHS London has identified breast screening services as one of the commissioning priorities for 2009/2010. Recent significant additional investments locally will drive improvements in NLBSS, including increased capacity to reduce round length for local women by October 2010. NLBSS will be one of the first units in the country to be fully digitalised by December 2009.

Low uptake has been one of the major concerns locally and across London. Sector initiatives are underway to modernise services across London and to introduce centralised call/recall system. NHS Haringey and NLBSS are actively participating in London-wide initiatives.

Further actions should focus on engaging communities and primary care in the concerted efforts to increase the uptake and improve access to services across the borough.