

**Scrutiny Review Breast Screening Services
Minutes of the meeting held December 2nd 2009**

Present: Cllrs Alexander, Beynon and Winskill (Chair)
In attendance: Martin Bradford (Scrutiny), Zakir Chaudhry (Haringey Council), Tamara Djuretic (NHS Haringey), Duncan Stroud (NHS Haringey).

1. Apologies

Cllr Bull, Eve Featherstone (Equalities) & Debbie Peaty (Haringey LINK).

2. Late items of urgent business.

None.

3. Declarations of interest

None.

4. Scoping report.

- 4.1 Highlights of the scoping report were presented to the panel. The following provides a summary of the main points of this presentation and the subsequent panel discussion.

General

- 4.2 The panel noted that during 2006/7, the North London Breast Screening Service was closed due to safety concerns. As a result of this backlog, the round length in Haringey (the interval between screens) rose to approximately 47 months as the service tried to deal with a backlog of screening. It was also noted that screening uptake (those women that attend a screen) is very low in Haringey; in 2007/8 it had the third lowest uptake nationally.

- 4.3 The panel noted that breast cancer is the most common form of cancer in women, where approximately 45,000 cases are diagnosed each year. The incidence of breast cancer was also noted to be increasing with the expansion of the national breast screening programme and improvement of detection methods.

- 4.4 The panel heard that there were a number of risk factors associated with developing breast cancer, the most significant were gender and age: 99% of breast cancer cases occur in women and 81% in women aged over the age of 50. Other factors which are associated with increased risk of breast cancer included: non childbearing women, not breast feeding, HRT, oral contraceptive, obesity and alcohol consumption.

Discussion points

- 4.5 The panel noted that it will be important for the review to establish if there is sufficient capacity at the North London Breast Screening unit should an increase in breast screening services be achieved. Also, given the new funding formula, the review would also need to ascertain whether NHS Haringey would be able to fund further uptake of breast screening services.

4.6 The panel heard that the location of screening units is clearly influential within a woman's decision to attend for breast screening. In assessing regional take up of breast screening services, the panel noted with interest that there appeared to be higher screening rates in predominantly rural areas, where mobile screening units are used. The panel were therefore keen to assess whether there was any connection between the use of mobile screening where mobile units and screening uptake (i.e. proximity to service users).

4.7 Given that the involvement of GPs (or primary care) would appear to be important in developing breast screening uptake (either through reminder letters or calls), the panel felt it would be helpful to have some contribution within the review from local GP representatives (possibly Dr Manheim/ Dr Pelendrides). Given that breast screening is a named priority in local neighbourhood health plans, it would also be useful to hear what local actions are planned for primary care.

Agreed: that the panel invite GP representatives to a future scrutiny panel meeting.

4.8 The panel were keen to understand further the public health/ health promotion role for breast screening (i.e. promoting screening and breast awareness). The panel indicated that they would like the review to assess the responsibilities and initiatives of both NHS Haringey and the North London Breast Screening Services in promoting screening uptake.

4.9 Furthermore, the panel indicated that it would be useful for the review to assess how the breast screening service is currently promoted across the locality: that is, is the service promoted women's groups, local GP surgeries, and other community venues. The panel also wished to ascertain what resources were available for this purpose.

4.10 In this context, the panel heard that community engagement techniques were important in reaching local target populations (e.g. women aged 50-70, black and minority ethnic groups). It was conceded that this was an area where the locality may require additional input from either through a specialist adviser or through the experience of other PCTs where similar work has been undertaken.

Agreed: that the panel would like to ascertain whether other trusts in London have undertaken similar screening uptake initiatives and what can be learnt from such initiatives.

4.11 The panel indicated that it would like to inspect the breast screening invitation that is sent to women from the North London Breast Screening Unit and to assess how this compares to other units (and follow up letters). The panel felt that this might be a useful line of enquiry as there may be accessibility (interpretation) issues for residents living in Haringey.

Agreed: that the panel would like to view the NLBSS invitation and accompanying literature which is sent out to women.

4.12 The panel heard that the North London Breast Screening Service is likely to be one of the first services which is fully digitalised. The panel indicated that it would like to assess the implications of a fully digitalised breast screening service in terms of service efficiency and the actual screening process involved for women.

4.13 The panel felt that it would be important for the review to consult with local women who have used the NLBSS to help identify any improvements that can be made to the accessibility of this service. The panel heard that Haringey Women's Forum had expressed an interest in being involved in the review. It was hoped that a consultation event could be planned within the review process.

Agreed: It was agreed that the review would encompass the views of women who had used the NLBSS through a dedicated consultation event.

4.14 The panel discussed and assessed the aims and objectives of the review. Apart from the suggested developments outlined above, the panel had no other alterations to make to the terms of reference of the review.

Agreed: the scoping report and the aims and objectives contained within this were approved by the panel.

5. Report from NHS Haringey

5.1 Tamara Djuretic, Consultant in Public Health presented a report from NHS Haringey on breast screening services in Haringey. The paper outlined commissioning arrangements, funding, service performance and prospects for service development. The following is a summary of the key points of this presentation and subsequent panel discussion.

5.2 The panel heard that the breast screening service was commissioned by a consortium of 6 PCTs which had precipitated a number of problems for the service. Because the North London Breast Screening was commissioned by this consortium, all members of the consortium had to agree to variations in commissioning arrangements. This arrangement had made it difficult to secure change, particularly in respect to the nature and process to which funding was allocated to the North London Breast Screening Service.

5.3 The panel noted that a new funding agreement had recently been reached for the North London Breast Screening Service, which was based on a fair shares principle. Thus, for an element of the funding, each PCT pays the unit a pro-rata amount based on the physical number of screens that are undertaken by women resident in that PCT area. It was also noted that there was an uplift of funding for the service as a whole within this new agreement.

- 5.4 The panel discussed recent breast screening performance data from London Screening Units that was submitted. It was noted that many other London screening units are also performing at below national target level in respect of screening uptake, indeed, no service was performing within the national screening target. The panel were unsure of what some of the performance indicators related to (i.e. screen to normal).

Agreed: the further information on the breast screening performance indicators are presented at the next meeting.

- 5.5 The panel noted that breast screening data presented referred to 2007/8 and would like to assess more current performance data (which did not include when the breast screening service was closed. In particular, the panel would like to see further data in relation to:
- 2008/9 take up rates, coverage and round length of breast screening services in the borough.
 - Performance monitoring data.

- 5.6 The panel also noted and discussed the breast screening social marketing project. This outlined the research that had been undertaken with local women who may be less likely to attend for breast screening services. It was noted that no development work had been undertaken with the project as the company undertaking this work had gone bankrupt. The panel were keen to see the findings of this project put in to practice and more generally, how social marketing principle was being utilised throughout the trust.

Agreed: Duncan Stroud to present on the social marketing project and the next stages of this project.

- 5.7 The panel also heard that breast screening services was one of the commissioning priorities for 2009/10. This included increased capacity to reduce round length. The PCT would also like to focus on work to engage communities and primary are to improve access to breast screening services across the borough. Once such initiative was the community health trainers project where local volunteers were being recruited to conduct outreach work in Haringey: it was noted that breast screening was a priority area for this initiative.

6.0 Date of next meeting

This would be confirmed.