

**Scrutiny Review Breast Screening Services**  
**Minutes of the meeting held January 18<sup>th</sup> 2010**  
**DRAFT**

**Present:** Cllrs Alexander and Winskill (Chair)

**In attendance:** Martin Bradford (Overview & Scrutiny), Debbie Brazil (North London Breast Screening Unit), Tamara Djuretic (NHS Haringey) and Duncan Stroud (NHS Haringey).

**1. Apologies**

Cllr Bull, Cllr Beynon and Debbie Peaty (Haringey LINK).

**2. Late items of urgent business.**

None.

**3. Declarations of interest**

None.

**4. Minutes of the previous meeting**

Matters arising from 2<sup>nd</sup> December

4.1 It was noted that the safety concerns at the NLBSS which precipitated the closure of the service in 2006/7 related to administrative functions of the service rather than clinical failings. In particular this related to the improper processing of invites for breast screening and radiographers not following established protocols.

4.2 It was noted that a GP representative from NHS Haringey was not available to come and talk to the panel: the GP screening lead had not yet been appointed. It was agreed however, that Dr Pelindrides be invited to a future panel meeting.

**Agreed:** That Dr Pelindrides be approached to come and talk to the panel about GP involvement in breast screening services in Haringey.

4.3 It was noted that the North London Breast Screening Service had provided a response to concerns about capacity of the service. It was noted that there was sufficient capacity at the service to deal with the proposed age extension (47-73 years) and a further increase in uptake, partly as a result of new funding agreement which was recently agreed by the 6 PCTs in the consortium.

4.4 It was noted that it had been difficult to reach a new agreement as there would clearly be winners and losers in the new funding arrangement. Nonetheless, a fair shares system was being implemented where a proportion of funding is based on a tariff of per women screened (to incentivise the service to screen women).

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4.5 It was requested that further information be provided to the panel about what is happening in other boroughs to promote breast screening services. It was noted that there were developments in other PCTs notably Tower Hamlets and Westminster to help improve uptake. It was suggested that these services be contacted for further information.

**Agreed:** To contact Westminster PCT for details on the development of the Local Enhanced Service for GPs and breast screening.

**Agreed:** To circulate the report of work undertaken by Tower Hamlets PCT to boost screening uptake.

## 5. Consultation with service users

5.1 The panel received a report from the consultation with service users of the North London Breast Screening Service. A presentation of the main findings from this report was also presented to the panel. The following provides a summary of the main points from the presentation and subsequent panel discussion.

5.2 The panel heard that the most pressing issue to arise from the consultation with NLBSS service users, was that in many instances, the breast screening appointment was not allocated at a clinic where women live. Most commonly, those women living in the west of the borough were allocated to a clinic in Edmonton, despite living closer to the Whittington. This presented numerous accessibility issues. Furthermore, it was apparent that women were not made aware that they could change the location of the screening clinic.

5.3 It was reported to the panel that women are allocated to a breast screening clinic based on the location of the practice at which they are registered, not where they live. This may give rise to some women being allocated to clinics some distance from where they actually live.

5.4 The consultation highlighted the need to further develop accessibility information within the invite, particularly around the needs of women who do not speak English as a first language and travel information to screening sites. The panel heard that that maps are routinely included on the reverse of each invite.

5.5 It was reported to the panel that a number of women had experienced problems in getting through to the North London Breast Screening Service on the phone to change their appointment. Furthermore, it was noted that some women had not been able to change their appointment as there were no available appointments.

5.6 The NLBSS reported that a number of developments to the appointment system had been made since the consultation with service users had been undertaken. Firstly, it is now possible to book up an appointment at a clinic 4 weeks in advance (as opposed to two weeks). Secondly, batches of appointments are now sent out in a staggered format (over a period of days)

so that women calling to change their appointment do not all try and call the service at the same time.

- 5.7 The consultation with women also highlighted that access to out of hours appointments was limited. Many women in the consultation indicated that they would have preferred such appointments but indicated that such appointments were limited and more importantly, were only available at Edgware Hospital, which were of limited use to women living in Haringey (given the distance this was away).
- 5.8 The panel heard that more out of hours appointments are available at a wider range of clinics during the summer months as women may feel safer accessing the services in daylight hours.
- 5.9 The consultation reported on possible suggestions to improve screening uptake among women in Haringey. The most significant issue was the need to deliver a service which is closer to prospective service users. The panel discussed a number of options about increasing the screening locations in Haringey including Wood Green Shopping City and the new polyclinic sites at park Road, Lordship Lane and The Laurels.
- 5.10 The panel heard that for a site to be cost effective it has to be located there for about 3 months. In addition, there had to be a number of prerequisite facilities including an electricity supply and toilet facilities as there are none on board the mobile unit. The panel heard that the cost of developing a static screening site, required considerable long term investment, probably in the region of £250k.
- 5.11 The panel noted that the development of neighbourhood health centres in Haringey (open 8am-8pm) may present as alternative sites for the mobile breast screening units.

**Agreed:** That Haringey PCT should commission a study to assess the feasibility of developing a mobile screening unit access at the new neighbourhood health centres, or longer term, static access in a central Haringey location (i.e. Wood Green).

- 5.12 The consultation with service users also reported that women thought that more could be done to promote screening through primary care (new registration checks, 50+ flags on patient records, or via vascular check prog) and through community outreach (targeting community group leaders).

## **6. North London Breast Screening Service**

- 6.1 Responses to a list of questions for the breast screening service were distributed ahead of the meeting which minimise the need for further panel discussion (attached). A few further points were noted for clarification, which are summarised below.

6.2 The NLBSS could not supply data on the ethnicity of those women who have screened. Data is collected but this is not of sufficient quality for this to be used/ published.

6.3 The panel noted that out of hours clinics only generally operated from the main NLBSS site at the Edgware Hospital. Late clinics were not generally offered from most sites during the winter because of the isolated nature of sites and associated security issues.

6.4 Data was provided on the uptake of breast screening services at individual GPs in Haringey. It was noted that there was a wide variation in take up at individual practices: 37% in the lowest practice to 74% in the highest. It was noted that perhaps not all GP practices in Haringey had been included (particularly those in the west).

**Agreed:** to check that all practice data on breast screening uptake has been submitted.

6.5 It was noted GPs are notified of those women who have not attended for a breast screen in their practice. The panel heard that, as far as the NLBSS were aware, only 1 GP in the whole of the 6 PCTs, actively followed up all these notifications.

6.6 It was suggested that as breast screening is undertaken on a locality basis, this presented a number of opportunities for local health promotion and awareness raising interventions. For example, it was suggested that local community groups or community leaders could be approached in areas where it was known that women would be targeted (i.e. the catchment area of specific practices in the screening round.) It was also suggested that Area Assemblies should be contacted ahead of the screening round as this forum offered the opportunity to reach a number of community leaders.

6.7 Members of the panel were invited to visit the breast screening service at the Edgware Hospital to view the services provided and to meet the Chair of the Barnet & Chase Farm Hospital Trust.

**Agreed:** That a date would be arranged to visit Edgware Hospital.

## 7. NHS Haringey - Social Marketing Project

7.1 Duncan Stroud from NHS Haringey gave a presentation on social marketing in the NHS. It outlined the theory and practice that underpin the behaviour change approach which may be necessary to tackle particularly complex health issues such as teenage pregnancy, alcohol abuse or indeed, women's decisions as to whether to attend for a breast screen.

7.2 The panel heard that at its core, the social marketing approach starts with the customer and the issues which are important to them. This approach also requires considerable research with the customer, to help understand what

moves and motivates them as this is vital to generate 'insight' to inform intervention options (intervention mix & marketing mix).

- 7.3 The panel heard that NHS Haringey has conducted a social marketing investigation with groups of women in relation to breast screening services (previously circulated to the panel). A number of issues were highlighted for the breast screening service in this report:
- Clinic accessibility (physical location and out of hours)
  - Problems with the invite (distribution and understanding)
  - The need to tackle how the service reaches out to different ethnic communities in Haringey

- 7.4 It was noted that as a result of this social marketing exercise, NHS Haringey has designed a range of breast screening leaflets through research undertaken through the social marketing project. These leaflets are currently being pre-tested in the community. It was suggested that these could be circulated to the panel.

**Agreed:** The panel requested that draft versions of the breast screening leaflets designed by Barkers/ NHS Haringey be circulated.

- 7.5 It was noted that a number of health trainers are currently being recruited to provide community health outreach in Haringey. Their role will be to provide health advice and support to communities across Haringey. One aspect of their role will be to promote awareness of breast screening services and encourage uptake. It was noted that this new role could work well with the NLBSS by working with practices on the screening round in Haringey.

## **8. Review completion process**

- 8.1 The review completion process was outlined to the panel. It was noted that the report containing the conclusions and recommendations of the panel would go to the Overview & Scrutiny Committee on March 15<sup>th</sup>, which meant that the report would need to be completed by 25<sup>th</sup> February 2010.

**Close**