

Response to Overview and Scrutiny

4.10.2010 (Item 8 – Breast Screening – NHS response to Scrutiny Report)

Action 72.1 Further to a discussion regarding the validation of practice lists, the Committee requested that a full explanation of the decision to remove patients from practice lists after 6 months, if they did not respond to a letter to confirm their address, be sought and reported back to the Committee. (*Helena Kania*)

Action 72.2 The Committee requested that a full written answer to the question of why clinics at the Whittington were not included in the NHS response on out of hours access at recommendation 2.11 be provided (*Helena Kania*)

Action 72.1- Response

Following paragraphs explain NHS Haringey's policy and procedures for list validation. A copy of Haringey's List Inflation Policy and Procedures published in October 2009 is available, if needed.

Each PCT performs regular list validation for all patients registered with GP practices. List validation includes screening verifications. The aim of list validation is to minimise the loss to the PCT by not paying capitation fees to GP Practices for patients that no longer require the services of that particular practice due to relocation, death, or withdrawal from the GPs list at the patient's request. List validation is used for updating patients' contact details that are crucial in ensuring that appropriate people are invited to screening programmes.

Using the Exeter system, a cohort of patients is selected from the appropriate GP practice list to target. Initial letter to patient is sent with option to include Language Line telephone no, and foreign translation sheet, inclusive of a reply paid envelope. NHS number is bar-coded and included on bottom of letter, with response slip. Patients should tick if they are/are not living at the address letter sent to.

2nd letter is sent to non-responders.

Shortly after the agreed and published deadline for responses, a list of non-responders is produced and notification sent to GPs. GP has 6 months to notify PCT of latest address or confirm last date of treatment/contact or if patient died.

If address details are changed by GP or date of last contact was within last 9 months, patients will not be deducted from the system. If address has changed but GP agreed to continue treating this patient, details will be updated.

If no response was received from GP, or last contact with GP was over 9 months ago, patients will be automatically removed from GP list.

Patients removed and subsequently re-registered with the same GP at the same address may be monitored by Audit Team.

Where the address of a patient who is on the GP list is no longer known to the Primary Care Trust, the Primary Care Trust shall -

(a) give to the contractor notice in writing that it intends, at the end of the period of six months commencing with the date of the notice, to remove the patient from the contractor's list of patients; and

(b) at the end of that period, remove the patient from the contractor's list of patients unless, within that period, the contractor satisfies the Primary Care Trust that it is still responsible for providing essential services to that patient.

Action 72.2 - Response

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, 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 for eligible women resident within Barnet, Brent, Enfield, Haringey, Harrow and the southern half of West Hertfordshire.

Every three years women aged 50 and over are invited for breast screening. The way the system is organised is that women are invited in batches of GP practices clustered around specific localities (e.g., Tottenham, West Haringey etc.)

Location of mobile units follow the pattern of invitations and every effort is made to place mobile units in areas that are accessible to women invited. Haringey women are being screened now and Haringey's three year round is to be completed by June 2011.

Women from West Haringey area are invited to screening between January and June 2011 and it was initially planned to site a mobile unit at the Whittington Hospital. NLBSS however did not manage to secure Whittington site for this year because Central and East London Breast Screening Service was screening their women at the same time. London Quality Assurance Reference Centre standards do not allow more than one service to screen from the same site at the same time. It was therefore decided that women from West Haringey would be screened at mobile unit located at St. Ann's Hospital.

Additionally, organising extended hours at mobile units is a challenging task due to staffing issue and security. Extended hours are however provided at NLBSS fixed sites such as Edgware Hospital and Forest Primary Care Centre. At present, two clinics running extended hours at fixed sites are seem to be sufficient to meet current demand.

Tamara Djuretic
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