



Haringey Council

Report for:	Overview and Scrutiny Committee, 25th November 2013	Item Number:	
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Title:	Review update – Breast screening services in Haringey
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Report Authorised by:	Jeanelle de Gruchy, Director of Public Health
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Lead Officer:	Tamara Djuretic, Assistant Director of Public Health
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Ward(s) affected: ALL	Report for Non Key Decisions
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1. Describe the issue under consideration

- 1.1 The Haringey's Overview & Scrutiny Committee commissioned a review of breast screening services in November 2009 to help identify ways in which local breast screening performance could be improved. Following comprehensive review, the panel suggested a set of recommendations that were aimed at increasing the uptake and coverage and improving access and equitable distribution of breast cancer screening services for local residents.
- 1.2 Initial response on the proposed recommendations was provided to the panel in September 2010. This report provides further information on progress and describes significant changes in the commissioning arrangements made in the system under the terms of Health and Social Care Act 2012.
- 1.3 Commissioning responsibilities for all screening programmes, including breast screening, transferred from the NHS North Central London to the NHS England on 1st April 2013. Local authorities also have a new role to play which is to ensure that the plans are in place to deliver screening services responsive to local needs.



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2. Cabinet Member introduction

- 2.1 I am pleased to note that the breast screening coverage in Haringey has improved significantly from 55% in 2008/9 to 65.2% in 2012/13. The coverage continues to increase reaching 66% at the end of March 2013. This improvement is due to concerted effort of all stakeholders involved in the pathway who focused their actions on increasing awareness of risk of breast cancer amongst local residents, extensive work in primary care where women who did not attend screening were followed up by their GPs and significant service improvements at North London Breast Screening Services (NLBSS).
- 2.2 Current national minimum standard for breast screening coverage is set at 70%. The Health and Wellbeing Board, within its new role, will seek assurance from the NHS England in January 2014 that plans are in place to maintain steady improvements and that the services remain tailored to specific needs of Haringey's residents.

3. Recommendations

- 3.1 To note further update on the recommendations set out in the Scrutiny Report on Breast Screening Services in Haringey, June 2010 presented in the Appendix I.

4. Alternative options considered

None

5. Background information

5.1 Before 1st April 2013, breast screening services in Haringey were commissioned by a consortium of local PCTs (including NHS Haringey) and provided through the North London Breast Screening Service. The service was temporary suspended in 2006/7. As a result, breast screening coverage (the proportion of women who have had a breast screen in the previous 3 years) in Haringey was very low.

5.2 When the service resumed its function in 2008, a set of comprehensive actions, coupled with adequate investment from the consortium were put in place to support service improvements, including increased capacity to screen, introduction of digital mammography, initiatives such as 2nd timed appointments etc.

5.3 Haringey's Public Health Directorate supported commissioning of the service and took over chair of the consortium in 2010. This was coupled by a modest investment in health promotion activities and primary care. Detailed progress on proposed recommendations is provided in Appendix I.

5 Comments of the Chief Finance Officer and financial implications

N/A

6 Head of Legal Services and legal implications

N/A

7 Equalities and Community Cohesion Comments

N/A



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8 Head of Procurement Comments

N/A

9 Use of Appendices

Appendix I – Update on the recommendations since September 2010

10 Local Government (Access to Information) Act 1985

None



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Appendix I – Update on the recommendations since September 2010

Recommendation	Response (September 2010)	Update (November 2013)
<p>Recommendation 2.1 Understanding why women do not attend for breast screening (DNA) is of critical importance to improving screening uptake. To this end, the panel recommended that NHS Haringey should conduct regular research with the screening population to help identify screening needs and the barriers that local groups and communities face in accessing screening services.</p>	<p>NHS Haringey has conducted a one-off Social Marketing Project to look at the reasons for non-attendance in 2009. Some of the research findings were incorporated into health promotion materials that Health Trainers are utilising in their individual sessions with the eligible screening population. Those research findings that were suggesting possible service improvements and issues with access were fed back to NLBSS and are being implemented.</p> <p>Due to financial constraints that the NHS is currently facing, it may not be feasible to continue with such a research on a regular basis. However, NHS Haringey is looking into strengthening links with the voluntary sector in order to organise regular focus group discussions targeting those populations who are least likely to attend breast screening.</p>	<p>Further understanding of reasons behind why women do not attend breast screening was gathered via Health Trainers and a commissioned project in Primary Care. Findings of these surveys were fed back to the service.</p>
<p>Recommendation 2.2 The panel recommended that NHS Haringey should ensure that more effective use is made of the lists of women who have not attended for breast screening (DNA reports). As per Westminster Model, NHS Haringey should consider commissioning GPs or local Public Health services to actively follow up non-attendees.</p>	<p>NHS Haringey considered introducing a Local Enhanced Service to promote better use of DNA reports among GP practices but that initiative was not seen as a priority, as PCT cannot financially afford this investment. The Public Health Directorate is currently exploring other possibilities of utilising DNA reports however patient confidentiality issues currently limit access to these reports to only practice staff. NHS Haringey will explore (over the next three months) if Health Trainers may be able to act on these reports.</p>	<p>Haringey's Public Health Directorate commissioned support for primary care in 2011 to follow up DNAs in GP practices with low coverage. This prime-pump funding was aimed to provide additional resources to GPs to set-up a system in place where DNAs can be followed-up on a permanent basis.</p>
<p>Recommendation 2.3 To assist with the identification and analysis of factors that contribute to compliance with breast screening, the panel recommended that there should be improvements to the way that data is collected, collated and analysed of women who do attend, particularly in</p>	<p><i>NLBSS Response</i> We have progressed our understanding of NLBSS attendees. In July 2010, the NLBSS completed an analysis of the ethnicity, age and disability of the clients who attended for breast screening during the calendar years of 2006 to 2009 (approximating a full three year screening round, with the extra year taking account of the extra time taken to screen due to previous NLBSS suspension). Information on non-attendees is not available. The analysis of attendees concluded that:</p>	<p>No further update</p>



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<p>relation to the ethnicity of attendees and other socio-demographic factors (age-group, postcode).</p>	<p>a)The proportion of almost all ethnic groups attending was very close to the proportion of those groups in the population as a whole and the analyses did not identify any particular ethnic group using the service less; b)Attendance by age is relatively stable but drops marginally from 68 to 70 years; c)The disability analysis was inconclusive because disability data is recorded through noting that these clients have special needs (eg. longer appointment times). However, special needs data also includes clients with implants which unfortunately cannot be excluded or separated from the data. The NBSS national system would need amending. We have written to the National Screening Office to ask if this might be possible in future.</p>	
<p>Recommendation 2.4 To ensure that breast screening lists are accurate and up to date, the panel recommended that GPs undertake regular, systematic and specific data cleaning to ensure that all eligible women are included in screening lists. (NHS Haringey may wish to consider this as part of a wider Local Enhanced Service for GPs.)</p>	<p>Breast screening list data clearing is incorporated into NHS Haringey’s regular list validation that is an iterative process. The current cycle began in May 2010. 70,000 letters were sent to patients aged over 65 years and under 16 years old. The next tranche of letters is to be sent to 31,000 patients and aimed at all remaining age groups. Patients are asked to respond to the letters to confirm their address; if no response is received the practice will be given 6 months notice of intention to remove the patient from the practice list, unless the practice indicates that they are still seeing the patient. The first group of patients will come off practice lists in January 2011, with the remainder being removed by 31st March 2011.</p> <p>Following this second tranche of letters the planning process will be agreed for the next stage of list validation. The intention is to carry out the work periodically through the year with no particular end date.</p>	<p>This responsibility transferred to the NHS England in April 2013. Public Health Directorate recently received assurance that London-wide plans are in place for keeping GPs list up to date at regular intervals.</p>
<p>Recommendation 2.5 The panel recommended that NHS Haringey ensure that there is adequate and fully validated information flow (e.g. eligible population lists, uptake, coverage) between key stakeholders (NHS</p>	<p>There is a regular communication between North London Breast Screening Services (NLBSS) and the call/recall team that is based at NHS Enfield and covers NHS Haringey as well and local GPs to ensure that there is an accurate list of women to be invited for screening.</p> <p>We recently started communicating uptake and coverage data to GPs and GP collaboratives to promote discussions on how to improve attendance to the</p>	<p>Breast Cancer Screening Performance reports with coverage information for each GP practice are presented to the CCG Governing Body and regular intervals.</p>



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<p>Haringey, NLBSS and local GPs) in the breast screening pathway and that this informs local initiatives to tackle low screening uptake (i.e. at specific practices).</p>	<p>screening programmes. NHS Haringey is committed to strengthening the communication/information flow between various stakeholders and will be looking into developing an action plan to address this issue over the next six months. The NHS Haringey Cancer Screening Steering Group will be responsible for taking this action forward.</p>	
<p>Recommendation 2.6 To ensure that there is adequate patient feedback into the breast screening commissioning cycle and to help benchmark quality performance, the panel recommended that independent randomised patient satisfaction audits should be undertaken on an annual basis which should explicitly assess service accessibility (and other patient experience data).</p>	<p>The NLBSS is very responsive to direct, patient feedback and complaints and prides itself on the quality and timeliness of our responses. A proactive annual patient survey will be developed, to complement this, during 2011-12.</p>	<p>NLBSS implemented ongoing annual patient surveys in 2012.</p>
<p>Recommendation 2.7 To help improve service accessibility for those women who do not speak English, the panel recommended that NLBSS amend the breast screening invite to include a short statement in relevant community languages which refers service users to where they may obtain further breast screening information (this could be done in conjunction with other screening units).</p>	<p>NLBSS' draft equality impact assessment recognises that there may be a benefit in including a statement in community languages in the breast screening invitation pack, and commits to investigate the feasibility during the period covered by the action plan.</p>	<p>NLBSS provides multilingual Step-by-Step guide on breast cancer screening at their website http://www.nlbss.org.uk/userhome.aspx</p>



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<p>Recommendation 2.8 To help improve information available to women prior to screening, the panel recommended that NLBSS amend the breast screening invite to signpost women to the NLBSS website where more detailed information about breast screening can be obtained (on screening location, making and changing appointments and information in community languages).</p>	<p>Completed</p>	<p>No further update</p>
<p>Recommendation 2.9 The panel noted that the invite was of critical importance to service accessibility and as such recommended that NLBSS fully test the invite for readability, understanding and relevance on an ongoing basis.</p>	<p>The NLBSS invitation letter has been completely rewritten as a result of feedback from the Haringey scrutiny patient survey, and is now in day-to-day use. The new-style NLBSS letter is based on the Central and East London breast screening service invitation letter, which was redesigned to be user-friendly with advice from their Communications department.</p>	<p>No further update</p>
<p>Recommendation 2.10 To improve accessibility to breast screening clinics, the panel recommended that NHS Haringey should commission a feasibility study to assess potential suitable breast screening sites in Haringey. In particular this study should assess:</p> <ul style="list-style-type: none"> • shorter-term options for developing mobile screening unit access at neighbourhood health centres (polyclinics) and other community locations • longer-term options for the 	<p>Due to the financial difficulties that NHS Haringey is currently facing, a proposed feasibility study may need to be postponed. However, we are committed to discuss with NLBSS alternative sites for breast screening units, especially in the central part of the borough.</p>	<p>NLBSS conducted feasibility study/option appraisal to assess potential suitable breast screening sites in Haringey. Following the costing of options and assessing feasibility of providing mobile units in health centres, it was decided that the only option was to continue with mobile site at St. Ann's Hospital. Static units were ruled out following the implementation of the national randomisation project. The methodology used for generating invites would make additional static unit underutilised and</p>



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<p>development of a static screening site in a central Haringey location.</p>		<p>therefore not financially viable.</p>
<p>Recommendation 2.11 The panel recommended that NHS Haringey/ NLBSS consider ways in which access to out-of-hours breast screening appointments can be improved for women resident in Haringey, in particular, to develop out-of hours access to sites within the Haringey locality (or neighbouring borders such as NMH, Whittington or Forest Road Polyclinic).</p>	<p>The NLBSS currently offers some Saturday clinics at Forest Polyclinic. Availability of out-of-hours sessions for Haringey residents seem to be sufficient at present but we are closely monitoring demand and are open to negotiate with the service a possibility of extending a number of out-of-hours sessions, if deemed to be necessary.</p>	<p>No further update</p>
<p>Recommendation 2.12 To support local primary care involvement in breast cancer screening the panel recommended that, in line with other neighbouring primary care organisations, NHS Haringey should consider the implementation of a Local Enhanced Service for Breast Screening. This could be developed on the Westminster model to incentivise general practice to:</p> <ul style="list-style-type: none"> • appoint a GP screening lead in each practice • issue pre-invitation letters to the screening population • develop a list cleaning procedures • undertake training prior to breast screening round • promote breast screening during 	<p><i>NHS Haringey Response</i> As already mentioned under 2.2, a Local Enhanced Service for the breast screening programme is currently not seen as a priority for the PCT. However, some of the points listed in this recommendation are taken forward by Health Trainers and the PCT. NHS Haringey is currently advertising for a GP Cancer Lead who will cover the Cancer Screening role.</p>	<p>No further update</p>



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<p>screening round</p> <ul style="list-style-type: none"> systematically contact non-attendees at breast screening clinics (or other body named in 2.2) 		
<p>Recommendation 2.13 To support the identification and dissemination of good practice, identification of training needs and effective cascading of breast cancer screening information, the panel recommended that a network of breast cancer leads are identified across the borough: at PCT wide level, local collaborative and individual General Practice level. The panel recommend that screening leads convene biennially.</p>	<p>NHS Haringey welcomes this recommendation and will be taking this forward via the Commissioning Executive Committee that is attended by Clinical Directors from each collaborative.</p>	<p>No further update</p>
<p>Recommendation 2.14 The panel noted the importance of developing breast screening interventions that are both effective and sustainable. To this end, the panel recommended that a second timed appointment is routinely sent out to non-attendees at the breast screening unit.</p>	<p><i>NLBSS Response</i> There is some evidence that 2nd timed appointments can increase attendance. However since the Haringey Scrutiny, the NLBSS has carried out some work on the uptake/coverage denominator and has identified that GP lists (which make up the denominator) are so highly inflated and of such a large scale across London¹ that it may not be at all cost-effective to implement 2nd timed appointments routinely. We believe that until this denominator is adjusted for list inflation, or changed to</p>	<p>Following pilot project on 2nd timed appointments in NLBSS and its success, this initiative was included in the NLBSS service specification for 2013/14.</p>

¹ Note that a study in 2003 years ago suggested that Haringey had the greatest list inflation in London at 34% (<http://www.rss.org.uk/docs/David%20Lawrence.ppt>, David Lawrence for Brent PCT (Hon Senior Lecturer at London School of Hygiene and Tropical Medicine). It is likely that the scale is still similar despite the seven years that has passed.



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	<p>ONS population estimates, any initiative will be of limited affect and will be dampened down by the list inflation factor. NLBSS have sent a paper to the London Screening Improvement Programme with this evidence.</p> <p>However NLBSS are likely to pilot 2nd timed appointments at some stage over the next 12 months.</p> <p>In the meantime, NLBSS has introduced an intervention where clients who we are notified have moved address are sent an open invitation letter, and some of these clients go on to attend.</p>	
<p>Recommendation 2.15 and 2.16 To support population wide initiatives to improve breast screening uptake, it is recommended that a <u>programme</u> of community interventions is commissioned by NHS Haringey, which seek to raise awareness of breast cancer, publicise the benefits of screening and provide interventions which target and promote uptake amongst those women known not to attend breast screening (i.e. black and minority ethnic groups), or who are at particular risk of developing breast cancer (i.e. Ashkenazi Jewish), where uptake is low (known GP practices) or are particularly vulnerable (women with a learning disability or mental health problem).</p> <p>To support community interventions to improve breast screening uptake, the panel recommended that newly appointed Local Health Trainers liaise</p>	<p>As part of the NHS Cancer Health Trainer Project we have one health trainer with a specific focus on screening working with DNA groups and raising awareness in the community – specifically targeting three practices around breast screening that have lower uptake (including one with a large Jewish population). In addition, an algorithm for promoting the breast cancer screening programme is being developed for the other health trainers to use amongst eligible clients in their 1-1 work.</p> <p>The Haringey Life Savers project is also focusing on raising awareness of the breast cancer screening programme and signs and symptoms of breast cancer. This project is also focusing on areas with low uptake such as Hornsey and the North East part of the borough.</p> <p>NHS Haringey will be evaluating both initiatives in order to assess its impact on the uptake and coverage locally. It is envisaged that the evaluation report will inform any future activity planning and commissioning intentions.</p>	<p>Evaluation of these interventions suggested improvement in the coverage and the findings were presented at the London-wide conference on breast screening.</p> <p>NHS England supported by Public Health England is currently collating local evidence on ‘what works’ to inform planning of health promotion campaigns at the London level.</p>



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<p>with individual practices at an early stage in the screening round to undertake targeted development and awareness work with community groups and among eligible women in that practice area.</p>		
<p>Recommendation 2.17 The panel welcomed the development of the Breast Cancer Screening Action Plan which is to be agreed and monitored through NHS London. The panel felt that this process could be supported further through the development of a more localised breast screening action plan which:</p> <ul style="list-style-type: none"> • defines how local partners and other community stakeholders can support the improvement of screening uptake • establishes clear priorities for directing local action and resources to improve screening uptake • sets clear targets and milestones for improving screening uptake. 	<p>A local health promotion cancer screening action plan is in draft form and will be submitted to the Haringey Cancer Screening Steering Group for approval by the end of October 2010. We will be inviting local stakeholders from the DNA population to join the membership of the Haringey Cancer Screening Health Promotion Group that will be monitoring the implementation of a local action plan.</p>	<p>Haringey developed comprehensive health promotion action plan for breast cancer screening improvement that was monitored by the NCL Cancer Screening Board. The plan with most actions completed was handed over to the NHS England and Public Health England in April 2013.</p>
<p>Recommendation 2.18 Whilst there is sufficient capacity for the planned age extension for breast screening (47-73 years by 2012), the panel recommended that NHS Haringey (with other commissioners) should assess future demand and</p>	<p>The NLBSS Commissioning Consortium will be reviewing the existing 5-year capacity plan to include predicted demographic changes and anticipated improved screening uptake over the next six months.</p>	<p>The NLBSS Commissioning Consortium reviewed NLBSS capacity plan alongside option appraisal for static and mobile sites in June 2011 and was reassured that plans are in place to adequately increase the capacity in line with a number of demographic and</p>



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capacity at NLBSS to reflect future demographic changes and anticipated improved screening uptake.

policy changes. This responsibility is now handed over to the NHS England.