



ANNUAL REPORT
BREAST SCREENING PROGRAMMES
PENNINE BREAST IMAGING

Fiscal Year	April 2016-March 2017
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NHS Screening Programmes Annual Report template

Names of:	
Local Authority Area(s)	Bradford and Airedale, Calderdale, Kirklees and North Yorkshire, North Kirklees
CCG(s)	Bradford City, Bradford Districts, Calderdale, Greater Huddersfield
Sites of Delivery (Including static or mobile)	St Luke's Hospital Bradford, Huddersfield Royal Infirmary, 4 mobile units covering ~34 sites across the region.
Programme Lead	Dr Gemma Smith/ Leah Richardson

Programme report	
Annual Programme Update	<p><i>Brief narrative on significant changes to staffing, equipment, facilities over the last 12 months.</i></p> <p>Pennine Breast Screening (PBS) provides an excellent quality service and this is evidenced by the NHSBSP key performance indicators which are consistently achieved for both radiography and radiology. We also receive good feedback from clients via the National Friends & Family Test, as well as local patient satisfaction surveys and comments.</p> <p>PBS has 2 dedicated Health Promotion Specialists who undertake a wide range of health promotion activities. PBS has worked closely with the strategic health facilitator to improve access for women with learning disabilities. By improving information sharing with GP practice we are able to provide tailored invitation letters and patient information for this group of women.</p> <p>A new process for call and recall was implemented in September 2017. We will now call women for screening by GP practice rather than Forrest group, in line with national guidelines. This is a more efficient way of working and will enable the service to plan the screening round more accurately.</p> <p>The referral pathway to the treatment centres to which we refer our clients for ongoing management has recently been revised and standardised. This more efficient system for referrals has been introduced from March 2018.</p> <p>In line with updated NHSBSP guidance the unit has fully implemented the Ecklund technique for imaging women with breast implants. Also in line with current NHSBSP guidelines we now perform Vacuum Assisted biopsy (VAB) procedures first line. In</p>

	<p>many cases, this has reduced the number of biopsies required to reach a diagnosis. This not only benefits the women but also facilitates earlier referral to the symptomatic services along the 62 day pathway.</p> <p>PBS is carrying out a clinical trial on behalf of the national programme to evaluate the practical aspects of new mammography equipment from a practical perspective.</p> <p>PBS has achieved re certification for the quality management system under ISO9001:2015.</p> <p>There have been no significant changes to staffing over the past 12 months. Where personnel have left the service due to relocation or retirement, the vacancies have been filled in a timely manner.</p>
Performance over the last 12 months	<ul style="list-style-type: none"> • <i>How successfully are performance issues being managed?</i> • <i>What are the significant issues?</i> • <i>Are there any significant issues anticipated for next 12 months?</i> <p>There have been no significant issues identified over the last 12 months. Key Performance indicators are consistently achieved.</p> <p>Anticipated impacts on performance due to the loss of clinics resulting from annual leave and bank holidays are planned for in advance.</p> <p>Pressures from the symptomatic service have increased over the last 6 months. These are now being managed more efficiently.</p> <p>Round length and coverage is anticipated to drop due to the ongoing call and re call project. This is expected to continue for 2 rounds of screening.</p> <p>Uptake is lowest in the prevalent round which is consistent with the national uptake figures. The health promotion team are working towards improving this. It is important to note that improving uptake is complex as there are many factors which affect a woman's decision to attend for screening.</p> <p>Accessing suitable sites for mobile screening is becoming more difficult. We are constantly reviewing sites and liaising with the trust estates department where needed.</p>
Health Promotion Activities	<p><i>Brief narrative about successful activities over the last 12 months and the impact seen</i></p> <p>The unit has employed 2 Health Promotion Specialist who both have a clinical background within breast screening.</p>

	<p>We have improved links with the 2 Screening and Immunisation teams and the Cancer Research UK facilitators. They are working with these teams to engage GPs and general public. They have identified common factors that impact on uptake are:</p> <ul style="list-style-type: none"> • Women who are invited for their first screen, • BME groups • Deprivation areas 1—5. <p>The team are working with CNet, Sharing Voices (Mental Health), Well Bradford, BAME voices, WOW, MacMillan, local Mosques, (BIMA) and are concentrating on the following areas:</p> <ul style="list-style-type: none"> • Using staff connections within their own communities • Considering mobile site location to make screening more accessible in low uptake areas. Transport costs are an issue for the women • Improving the use of the internet to convey information as well as hospital websites and social media • Ensuring Pennine staff are more aware of health promotion (HP) activities and encouraging more engagement with the HP team • Sharing information and activities with other screening programmes and health promotion teams – making one contact count. • Continuation of training sessions for carers and frontline GP staff <p>PBSU held an open day for all members of the general public in March 2018. This was successful and will be repeated in the future, targeting low uptake groups.</p> <p>Stronger connections with the BME community leaders in Bradford have been achieved and the aim is to extend this to other areas covered by the programme.</p> <p>The team is engaging with local baby clinics regarding breast screening information in Dewsbury initially.</p> <p>There are several promotional events planned for 2018-2019 such as stands at Honley show, Halifax show and Slaithwaite show. The team are attending groups at Dewsbury Library and around Bradford in conjunction with the mental health team and women's Muslim mental health team.</p>
Client Feedback/Client Involvement	<p><i>Overall trend in numbers of Patient comments/complaints/compliments in the last 12 months (e.g. 12 comments 35 complaints and 72 compliments out of 200 patients screened)</i></p>

	<p>The unit screened 40417 patients between 1 April 2017 and 31st March 2018. Customer feedback is collated from all screening locations.</p> <p>Client Comment Sheets Positive Comments - 79 Negative Comments - 19</p> <p>Positive comments relate to staff and the provision of Saturday and evening screening clinics.</p> <p>The majority of the negative comments were about signage at St Luke's Hospital. This has been largely addressed by altering address information on letters and maps.</p> <p>Compliments Written Compliments - 15 Verbal Compliments - 3 Email Compliments - 3</p> <p>Complaints Written - 2 Complaints Radiographer attitude Verbal - 1 Radiographer attitude Email - 2 1 x unable to accommodate appointment, 1 x radiographer attitude</p> <p>Formal Complaints There were 2 formal complaints:</p> <p>Client experienced pain during and after a biopsy Disabled lady at HRI could not be screened</p> <p>A client satisfaction survey was completed assessing all areas of the screening recall service. The results were very positive and complimentary of the service. There were no negative comments.</p>
Programme Operational Group	<p><i>How effective are the Programme Operational Groups at managing the Screening /Action Plans/Challenges etc.</i></p> <p>There have been 4 Programme Operational Groups and one annual review during 2017-2018.</p> <p>The programme groups work well and have been expanded to include departmental PACS and IT support.</p> <p>An action log has been created to enable tracking of actions.</p> <p>The annual review feeds into several reports and is an important aspect of the quality management system and retention of the</p>

	<p>ISO9001:2015 certification. The unit objectives are set during this meeting which are in accordance with National Guidance, the Service Specification, the QA Action plan, Trust wide objectives and internal goals.</p> <p>The operational groups throughout the year review the unit objects and set actions in order to achieve these. They are also useful when identifying risks to the service and how these risks can be mitigated.</p>
QA Action Plan	<p><i>Consider the outstanding actions on the QA action plan for the next 12 months and how they will be prioritised</i></p> <p>The Action Plan was re submitted 8 January 2018. All disciplines responded and all actions were submitted with evidence. Work has continued on the action plan whilst the service is awaiting formal feedback on the last submission.</p> <p>It is anticipated the outstanding actions will relate to capacity and demand and multidisciplinary meeting room facilities (including video conference and projection of imaging)</p> <p>Upgrading of MDT facilities will ensure compliance with screening guidance for assessment and referral. The current facilities for multidisciplinary team meetings (MDT), in PBS at St Luke's Hospital require modernisation. The unit has written a business case to improve these facilities which includes video conferencing, high resolution screens for viewing imaging and pathology slides. This will enable surgeons from treatment centres to which we regularly refer women, to be involved directly with MDT discussion.</p> <p>The service will prioritise this development over the next 12 months.</p> <p>Capacity and demand calculations have been completed from 2018 -2027. These incorporate staffing levels for both Radiographic staff and Consultant staff. Work around capacity and demand and service modelling will continue over the next 12 months.</p>
Next Steps/Service Developments or Expansion Plans	<p><i>Are there any significant service developments underway or planned for the next 12 months?</i></p> <p>PBS is currently in the process of implementing a full paperlite service. This will entail the transfer of imaging and work lists between the mobile and static site using 3G, 4G and satellite connections. The mobile units will have live access to the systems including NBSS which will enable a more efficient way of working. Specifically it will give availability of images taken on the mobile</p>

	units for reading 24 hours quicker than present. This will enable the service to issue results quickly and recall women to assessment quickly facilitating achievements of KPI's. It will also allow for increased appointment flexibility for women.
Incidents	<p><i>What is the overall trend of incidents over the last 12 months (e.g. have incidents in/de/creased in number, are they generally less/more serious than the previous 12 months?)</i></p> <p>There were 8 incidents logged in 2017-2018 which is a decrease on the previous year.</p> <p>There were 2 incidents recorded for incorrect exposure to radiation</p> <p>4 incidents were reported to the Screening Quality Assurance service and to the Commissioning Team. Investigations have been completed and evidence submitted within the required timescales.</p> <p>No trends have been identified.</p>
Risks & Issues	<p><i>What were the most significant risks/issues affecting the programme over the last 12 months?</i></p> <p>There was 1 significant risk recorded which was related to the upgrade of the breast PACS system. The upgrade has now been completed and all control measures have been out into place.</p>
Achievements	<p><i>Any good news/achievements/proud to share events/staff awards/ over the last 12 months?</i></p> <p>The service has reviewed its meeting schedules and implemented quarterly meetings incorporating Administration, Radiographic and Consultant staff.</p> <p>The unit has carried out several audits and has had 3 abstracts for poster presentations accepted at the Symposium Mammographicum conference in Liverpool.</p> <p>3 Members of Radiographic staff have completed Master of Science degrees in medical imaging and diagnostic imaging.</p>
Future vision/horizon planning	<p><i>Over the next 12 months</i></p> <p><u>Facilities</u> We plan to update the meeting room facilities to enhance the Multidisciplinary team meeting, connecting PBS with all the centres we refer to.</p> <p><u>Equipment</u></p>

	<p>Tomosynthesis is an emerging imaging tool which is endorsed by the NHSBSP. We would like to introduce its use within screening assessment to aid cancer detection.</p> <p><u>Radiographer Advanced Practice</u> We are planning to train 2 Advanced Practitioners in breast ultrasound.</p> <p>We are developing a new extended role position in response to the anticipated increase in demand as the screening population expands.</p>
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