

# Action plan for National Breast Screening Service issue

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## Background

Due to IT issues with the National Breast Screening Service (NBSS) computer system, some patients have not been invited for their last screening mammogram, which should be offered up to the age of 70 years and 11 months. The routine screening programme covers women between the ages of 50-70 years. There is an AgeX research trial that offers screening to women of age 71-73 years and the algorithm was allocating women into this trial before the age of 71. Public Health England is going to notify all affected women. Information provided by PHE originally indicated that 358 women aged 70-73 years, and 716 women aged 74-79 years from SFHT Breast Screening Programme have been affected by this problem.

Many patients have contacted the Breast Unit for advice and support since the incident was reported in the press, and have been issued with information as provided by PHE on this matter. The Patient Experience Team has also supported.

## Action Plan

PHE are writing to all women who have not reached their 72<sup>nd</sup> birthday by 01/04/2018, informing them that they will be sent a catch-up invitation for a screen by their BS service.

Women between 72 and 79 years on 01/04/2018 will be sent information and offered the opportunity to self-refer via a dedicated National helpline.

The PHE have already informed the Trust of the details of 36 women who were erroneously affected by the Age trial algorithm in April 2018, and these have been booked in for screening.

Any women, or their families, who think they may have suffered harm, or where breast cancer is detected, will be offered assessment through a dedicated service provided by specialist clinicians, accessed by a helpline. This will inform the NHS Duty of Candour process

## Timescales

Services are required to plan to screen the affected women in addition to the routine service and all women should be offered a screening date by the end of October 2018, with the majority being screened by the end of July 2018.

SFHT had planned to undertake 7 Saturday clinics starting 19<sup>th</sup> May 2018. Due to staffing issues and a delay in receiving the women's details, the first one will now take place on 23<sup>rd</sup> June, and then every subsequent Saturday for 6 sessions throughout June and July. This should complete the screens for the women that will be invited to attend. Those aged from 73 years who request screening will be accommodated in additional sessions which will be arranged during August and

September. Our assumption is that this may require an additional 7 sessions, but it depends on uptake. The Trust will have a second breast radiologist in post from September.

## Communication:

A weekly incident response group has been initiated, the BS Board Action Group, chaired by the Director of Screening, Dr Ali Jahan, and attended by representatives from the Breast Service, clinical and non—clinical, the cancer team, the Surgical and Diagnostic and Outpatient (D&O) Divisional Management teams and the Clinical Chair for D&O.

External communications have been provided by the Trust Communications team, and Specialty nurses are available to support patients

## Proposal for additional screening:

- Additional dedicated, one stop screening clinics will be planned on Saturdays, to screen 60 patients a week with all necessary support including additional capacity for:
  - 1) Imaging
  - 2) Counselling
  - 3) Consultation
  - 4) Admin:- Screening and general office
  - 5) Monitor the situation frequently and closely
  - 6) Reception cover
  - 7) Radiology capacity
  - 8) Surgical capacity
  - 9) Theatre capacity
  - 10) Breast care nurse availability
  - 11) Symptomatic admin availability
  - 12) MDT capacity
  - 13) Pathology capacity

**The Trust were provided with the patient details on 16<sup>th</sup> May 2018, and received an updated assessment of the numbers of women involved. It is now anticipated that 205 women will need to be called for screening, in addition to the 76 already known. There is an estimated 687 women who can self-refer who are between 72-79 years old.**

**The first additional screening session will take place on Saturday 23<sup>RD</sup> June 2018, and every Saturday thereafter, at least until the end of July, or until all women who request screening have been seen.**

Agreed actions include:

- The logging and tracking of all patient details of those women accessing the service due to this problem, including telephone enquiries

At the time of booking, log onto a spread sheet to map the patient pathway:-

- 1) Nature of enquiry
- 2) Tests carried out
- 3) Outcome

- Weekly review and amendment of action plan by the Breast Screening Board Action Group for the Screening problem

## Risks and Issues

1. Increased cancer work load- mitigation: create additional capacity to minimise
2. Added pressure on symptomatic service- mitigation: create additional capacity to minimise problem, either through extended clinics or additional clinics at weekends.
3. Potential negative impact on cancer targets- mitigation: create additional capacity to minimise
4. Potential increase in 2ww referrals from neighbouring trusts via Choose & Book- mitigation: create additional capacity to minimise
5. Local population concerns-mitigation: Trust to publicise our plan for addressing the issue
6. There are known Radiology reporting capacity issues in June, the additional screening clinics will have to be planned so that women are not left waiting for results – mitigation: some additional capacity has been commissioned from other services.
7. The additional capacity will cause a financial impact – mitigation: PHE have indicated that funding will be made available, although it is not yet known how this will be accessed.

The impact on the symptomatic service is not expected to be significant, however it is difficult to predict with any accuracy. From normal screening, 5-10% of women would be recalled for further assessment, of which 50% would require a biopsy. 50% of these women could require surgery.

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