

minutes

Virtual Breast Screening Programme Board

Tuesday 16th March 2021, 10:00-12:00

Present:

Dr Emilia Crighton	Deputy Director of Public Health, NHS GGC
Ms Alison Fraser	Senior Programme Manager, NSD
Mrs Debbie Archibald	QA Administration
Miss Ashley Riley	Programme Support Officer, NSD
Ms Julie Carmichael	QA Radiographer
Dr Tasmin Sommerfield	Consultant in Public Health
Dr Jacqueline Kelly	Clinical Director SWoS, QA Radiology
Ms Katherine Schofield	Medical Physicist, NSD
Ms Regina McDevitt	Consultant in Public Health, NHS Dumfries and Galloway
Mr Gareth Brown	Director of Screening, NSS
Ms Celia Briffa-Watt	Consultant in Public Health, NHS Lanarkshire
Ms Ruth Flynn	Portfolio Programme Manager, PHS
Ms Julie Anderson	Planning, Performance and Quality Manager, NSS
Dr Lorna Porteous	GP, NHS Lothian
Mr Gavin Clark	Senior Information Analyst, PHS
Ms Karen Hotopp	Senior Information Analyst PHS
Mr Richmond Davies	Head of Business Service Development, PHS
Ms Claire Crawford	National Mammography Lead, WoS BSC
Mr Edmund Rooney	National Services Scotland
Ms Madeleine Webb	Breast Cancer Now
Mr Michael Kerr	Scottish Government
Ms Sinead Power	Scottish Government
Ms Belinda-Henshaw Brunton	Health Improvement Scotland
Ms Heidi Douglas	Consultant in Public Health, NHS Tayside

Apologies:

Ms Catherine Thomson	Service Manager, PHS
Ms Melanie Sturtevant	Breast Cancer Now
Mr Lazlo Romics	Consultant Oncoplastic Breast and General Surgeon
Mr Robert Kelly	Senior Service Manager, NSS IT
Dr Gerald Lip	Clinical Director, NEdS, Chair of NUG

1. Welcome, Introductions and apologies

Dr Crighton welcomed everyone to the meeting and introductions were made. Apologies were noted above.

2. Minutes of previous meeting

The minutes of the previous meeting were accepted as an accurate recording of the meeting.

3. Review of actions

The following actions were discussed with the group:



Chair
 Chief Executive
 Director

Keith Redpath
 Mary Morgan
 Susi Buchanan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service

PB/03/2021 – Ms Fraser to progress workforce plan with screening centres taking into consideration additional resource/skill mix should increase attendance to sustained within screening centres

PB/05/2021 – SE to carry out a pilot of Assistant Practitioners (APs) to work on a mobile unit together for a period of 3 months

Ms Fraser advised both actions would be discussed under item 4 and can be closed.

4. Scottish Breast Screening Programme

4.1 SBSP recovery

Ms Fraser advised from April 21 to January 22, 231,713 appointments have been allocated and 184,506 women attended with an overall uptake of 80% - meeting the target. It was noted the average capacity from April 21 to Jan 22 was 95.1% compared to 2018/19.

Ms Fraser advised the waiting times for results in December were between 2 – 5 weeks with the assessment results between 1 – 7 weeks across the Centre's. It was highlighted women between 53 – 70 on average are invited 41 months from previous screen/offer. This equates to 5-month slippage which across Scotland is the same as the pause period between March – July 2020.

4.2 Workforce

Ms Fraser advised centres have been requested to provide updated action plans for recovery and to identify gaps within staffing or resource requirements in order to support future planning and consider the resource implications for the service for the next 3/5 years. This work is ongoing and NSD will continue to liaise with the service to confirm plans to support the service across Scotland.

4.3 Non-attender pilot

4.4 Ms Inglis advised the update and analysis on the pilot was included with the papers. She added that while the pilot was labour intensive to administer, results have been very positive in that 34% of those who had previously DNA'd have taken up the offer of an appointment this round. In addition, 44% of the women, despite a minimum of 2 attempts to contact have not responded. It is felt this alone suggests that continual offer of appointments to this cohort of clients at practice calling is contributory to the high levels of slippage experienced by all centres currently. From this pilot a new way of inviting clients who have not attended or have cancelled their last appointment is supported and it is proposed that this cohort of clients be sent an open letter ahead of a move into a location inviting them to contact the screening centre to arrange an appointment. Ms Inglis has further identified potential developments to the SBSS IT system which would support the automation of this process. Some challenges with the pilot were recognised and Dr Douglas added that the East had also carried out some proactive telephone calls to women and noted the difficulty in obtaining mobile numbers for all participants. The Board agreed that work to scope out the development of the SBSS IT system to support this change should be progressed.

4.5 Pilot-two assistant practitioners screening on mobile units

Ms Carmichael advised in Edinburgh the Centre has been trialling two assistant practitioners working on mobile units. The pilot is scheduled to finish by the end of March noting initial feedback is very positive. It was noted, the number of Assistant Practitioners within the service may limit implementation and further consideration is required regarding implant/wheelchair and technical recall appointments. Ms Carmichael added that the staff group were very receptive and positive and advised a report would be produced on completion of the pilot.

4.6 SABI

Ms Crawford reported SABI was running well with continued demand and intake of students for all courses. In August 2021, SABI piloted a 3rd PG cert in Mammography course noting funding has since been allocated to permanently support 3 courses/year. Ms Crawford advised SABI is looking to the potential for a Clinical Breast examination and communication course and an extended practice course for Assistant Practitioners. Ms Crawford advised that while a number of long-standing clinical trainers are looking to retire in the next few years funding to support succession planning is in place and will provide the opportunity for new staff to train and share learning with staff ahead of the retirements.

5. SBAR Potential Options to Accelerate the Re-instatement of Self referrals

Dr Crighton highlighted the options within the paper:

- 1) **Do Nothing: Temporary Pause to remain until all screening centres have reduced to a 39 month screening interval**
- 2) **Fully re-instate self-referrals**
- 3) **Private Provision of Self Referrals (full pathway)**
- 4) **Private Provision for Screening only for Self Referrals (part pathway)**
- 5) **Offer open appointments to women 50-70 to support self-referral appointments**
- 6) **Prioritise Self Referrals for Women up to 75 (74+365 days)**
- 7) **Extend the non-attender project to create additional capacity within the Screening Programme to accommodate self-referrals**
- 8) **Offer Self Referrals only to women from the GP practices/locations being screened**
- 9) **Offer Self-Referral to women with a previous history of breast cancer (discharged from symptomatic follow-up)**

Dr Crighton advised the Programme Board made the decision to temporarily pause over-age self-referrals in order to prioritise the core 50-70 age group for whom there is clear evidence of a mortality benefit from screening. Furthermore, the Board had previously further agreed that an appropriate criterion for the reinstatement of self-referrals would be when all six Screening Centres reached a 39-month screening interval. However, to date this has not been achieved and the pause has remained in place and currently on average there is a 41-month screening interval.

Ms Carmichael opened the discussion on options, advising Option 8 could create more problems noting the challenges within the remote and rural areas. The Private provision option, while if funding was made available may support screening however, she noted the follow up arrangements may then swamp the system with biopsies putting additional pressure on pathology services Board members agreed that the implementation of an open invitation letter to women who previously did not attend or cancelled their appointment would offer more efficient use of appointments and some capacity to support self-referrals. However, it as also recognised that this capacity could support additional appointments for the eligible cohort.

The group discussed a realistic medicine approach and the potential to consider phasing the restart of self-referrals, potentially in the first stage for women <75 or those with a previous breast cancer. Women with a previous breast cancer are followed up for between 5-10years across Scotland and clinical colleagues advised these women would have an increased lifetime risk.

Service colleagues noted that any additional demand would impact on the screening interval, and it was questioned as to whether a stepped approach to the reinstatement would be acceptable. Ms Power advised that no decision / imminent date was being set for self-referrals and that the recommendations should be set out and taken to the Ministers. However, she did stress that there has been a high demand from participants communicating with Ministers, requesting the reinstatement of self-referrals. There was further consideration as to whether different options could be supported across the Service however, members noted concerns with this and greater potential

for inequity across Scotland. Ms Anderson suggested further modelling with the data we currently have to review a stepped approach to reinstatement of self-referrals for those with a previous breast cancer and/or under 75. This would support more robust planning, refinement of IT developments with potential for a waiting list facility to support the administrative process of appointing self-referrals. A timeframe of September 22 was intimated as a potential date for reinstatement of self-referrals. 6 months to work this up look at numbers and work with centres around the challenges across the centres.

The group were in agreement to recommend Option 6, 7 and 9 be progressed to support a stepped approach to the reinstatement of self-referrals. The recommendation will be escalated to the NSOB for endorsement with further modelling, scoping and identification of resource being led by NSD to produce business case with initial high-level timescale for reinstatement anticipated as September 2022.

Action: NSD to escalate SBAR to NSOB

6. Communications

Ms Flynn advised PHS have updated the invitation leaflet with some changes and clarifications on the FAQs eg. what if I've had breast cancer before, when will I get the results.

It was noted videos have been added to NHS inform with the videos available in other languages.

Ms Flynn highlighted involvement with a learning disabilities study and that a full review of the breast screening invitation leaflet is to take place in the next financial year.

7. QA and Governance

7.1 QA Radiologist

The Board were advised that Dr Archana Seth has taken on the QA Radiologist role and an initial meeting with the QA Radiology group has already been held.

7.2 Risks and issues

The following risks and issues were reviewed:

Issues: 6301 East – Action plans being reviewed within the Board and further meeting scheduled re plans and assurance of actions and reduction to slippage.

5732 Screening round >36 months: West project has been discussed which offers support across the Programme.

Risks

NEW 6682: Re-introduction of self-referrals: Risk that re-start will increase the screening interval for those women within the 50-70 eligible cohort and that cancer may be detected at a later stage due to the reduced capacity available to appoint women. Update risk pending discussion /escalation of preferred option/consequences.

4369 – service workforce: Staffing challenges continue, with workforce plans within services requested. Particular issues in the North are being progressed.

8. Monitoring and Evaluation

8.1 ASDC update

It was highlighted the surgeons meeting took place in January and a subgroup will be convened to review the data requirements and process.

8.2 Interval Cancers

PHS have been working with the MEG to provide a process to support the identification of interval cancers. It was reported that an initial run of the report was completed with 2016/2017 data and checked with the NE data for accuracy. Tweaks to the methodology are being progressed and will then be shared with the other centres by the end of this month.

Action: PHS / MEG

8.3 SBSP Publication

It was noted PHS is in the process of preparing the KC62 breast screening data for publication with aim to publish the report at the end of April.

9. IM&T Update

9.1 SBSS Releases/Roadmaps

Update report was included with the papers for information.

9.2 4G on Mobile Units

While implementation across the centres is being progressed, some delays due to centre and local IT support are apparent and are being progressed.

10. Audit and Research

10.1 NSO Research and Innovation Group

Ms Schofield advised the group received the first proposal and the RIG application process is currently being tested.

11. NSOF/NSOB update

Mr Brown advised the NSO written update was provided with the papers noting all Board Screening Coordinators (BSCs) would be invited to the first dedicated NSO virtual workshop to be held on Microsoft Teams on the 26th April. The primary aim of this workshop will be a two-way sharing of information including updates from NSO on key pieces of work. It will also be an opportunity to discuss how the NSO can best work with and support BSCs in their role and an opportunity for BSCs to raise any challenges within screening that they face

11.1 Review of Breast Screening

Mr Brown advised there has been agreement with the Government to set up a dedicated Programme under the NSOB to take forward the review recommendations noting Edmund Rooney has agreed to be the Programme Manager for the work over the next few years with Dr Marzi Davies to chair the Programme Board. Mr Brown highlighted the first meeting will be to confirm the members of the group.

12. AOCB

No other business was discussed.

13. Date of next meeting

The next meeting is scheduled for the 21st June 2022.