

minutes

Virtual Breast Screening Programme Board

Tuesday 21st June 2022, 10:00-12:00

Present:

Alison Fraser (AF)	Senior Programme Manager, NSD
Marion Inglis (MI)	QA Administration
Julie Carmichael (JC)	QA Radiographer
Tasmin Sommerfield (TS)	Consultant in Public Health
Jacqueline Kelly (JK)	Clinical Director SWoS, QA Radiology
Regina McDevitt (RM)	Consultant in Public Health, NHS Dumfries and Galloway
Gareth Brown(GB) – <i>Chair</i>	Director of Screening, NSS
Celia Briffa-Watt (CBW)	Consultant in Public Health, NHS Lanarkshire
Ruth Flynn (RF)	Portfolio Programme Manager, PHS
Julie Anderson (JA)	Planning, Performance and Quality Manager, NSS
Gavin Clark (GC)	Senior Information Analyst, PHS
Karen Hotopp (KH)	Senior Information Analyst PHS
Richmond Davies (RD)	Head of Business Service Development, PHS
Claire Crawford (CC)	National Mammography Lead, WoS BSC
Madeleine Webb (MW)	Breast Cancer Now
Michael Kerr (MK)	Scottish Government
Sinead Power (SP)	Scottish Government
Belinda-Henshaw Brunton (BHB)	Healthcare Improvement Scotland
Heidi Douglas (HD)	Consultant in Public Health, NHS Tayside
Gerald Lip (GL)	Clinical Director, NEOs, Chair of NUG
Anne McCurrach (AM)	Rep for Kath Schofield
Laura McGlynn (LM)	Scottish Government
Robert Kelly (RK)	Senior Service Manager, NSS IT
Alison Potts (AP)	NHS Grampian
Marzi Davies (MD)	Chair Breast Modernisation Board

Apologies:

Emilia Crighton (EC)	Deputy Director of Public Health, NHS GGC
Lorna Porteous (LP)	GP, NHS Lothian
Catherine Thomson	Service Manager, PHS
Melanie Sturtevant	Breast Cancer Now
Lazlo Romics	Consultant Oncoplastic Breast and General Surgeon
Robert Kelly	Senior Service Manager, NSS IT
Katherine Schofield (KS)	Medical Physicist, NSD
Archana Seth	QA Radiologist

1. Welcome, Introductions and apologies

Gareth Brown (GB) welcomed everyone to the meeting in Emilia's absence and introductions were made. Apologies were noted above.



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

2. Minutes of previous meeting

MI noted she was present at the last meeting and asked to be added to the attendees. With this change, the minutes of the previous meeting were accepted.

3. Review of actions

The following actions were discussed with the group:

PB/01/2022 – SBAR on self-referrals to be escalated. Complete – further discussion under item 5

PB/02/2022 – PHS interval cancer methodology and report. Update under item 6, action to be closed

4. Breast Modernisation Board

GB introduced Dr Marzi Davies, (MD), as the chair of the Breast Screening Modernisation Board. Previously MD was the Clinical Director of the West SBSP in Glasgow, before her retirement from the position last year. The recommendations from the Review of Breast Screening, have recently been published by Scottish Government and the Breast Modernisation Board will lead the development and implementation of the recommendations. The review recommendations need further development and changes within the programme post covid require consideration, with a view to how the Programme can be further improved. MD advised the Modernisation Board will be expected to deliver on projects with initial anticipated timescale of approximately three years.

The first formal meeting of the Board was held on the 20th of June 2022. This was an exploratory meeting to get ideas of where members feel the key priorities/development areas for the programme should be in the future. MD advised that there are 17 recommendations in the Review report however some of these are already being progressed and some overlap. MD will attend the Programme Board meeting on a regular basis to provide update from the Modernisation Board. MD added that she hopes the Modernisation Board will be very inclusive, so colleagues may be asked to participate in the Board and/or specific projects/working groups.

GB shared that yesterday's first Modernisation meeting, provided the opportunity for open discussion and debate. He added there will be challenging conversations in considering the recommendations to improve the programme and build a sustainable service for the future. MW offered to put MD in touch with colleagues from the charities for help with working groups, patient experience or public health team messaging. The next Modernisation Board will be held in August with further update to the Programme Board in due course.

5. Scottish Breast Screening Programme

5.1 SBSP recovery/Action Plans/Workforce

Alison Fraser (AF) advised for the year 2021 – 2022, 429,000 appointments were allocated with 341,000 attending which equates to 79.5% uptake which is just below the target of 80%. Capacity had reduced from October – December with COVID waves and winter pressures, but this is now continuing to increase. April 22 - 21,000 appointments with increase in May to 25,000 appointments offered with uptake good uptake at 76 to 79%.

For reading capacity the screen to routine appointments are 2-3 weeks and screen to recall for further assessment approximately 4-5 week wait, just over the 3week target. Assessment and referral rates have remained steady, our referral for assessment rate is just under 5% and on average around 20% are referred for treatment.

While the average screening round (re-invited timescale for women 53-70) for the Programme is 41 months, 5 months over the 36-month cycle, this remains the same as the covid paused period. It was noted, the East have an action plan in place and are planning to be back at the 36-month cycle by August 2023. Workforce remains a challenge across the Programme in particularly within the North screening centre. Further discussions are progressing with the North and Northeast services

to consider challenges and further actions to support programme recovery. Plans for all services are considering actions to return to a 36month programme by August 23. The impact of self-referrals on the programme will require close monitoring.

5.2 Scottish Academy of Breast Imaging (SABI)

Claire Crawford (CC) updated that all the courses are running well, and the student numbers are strong. SABI has been given approval to run the three postgraduate certificate of mammography courses this year. There has also been demand from the Service that the start date for the next Assistant Practitioner (AP) course be brought forward to November to support recruitment across the programme. SABI are also considering the development of the clinical breast examination and communication course set to run this autumn/winter. There is interest in this course from mammographers but also nurses in breast care services. CC added that mentor training for those that are supporting the students within the clinical workplace continues to be delivered online and this is working well.

CC advised that all the courses run by SABI must go through validation with the Society of Radiographers and Queen Margaret University every five years. The revalidation took place in April and approval has been given to run the courses for a further five years as of September. The team also successfully achieved accreditation for the Breast Ultrasound course from the Consortium for the accreditation of Sonographic Education (CASE) and this is awarded for two years.

5.3 Pilot – Two Assistant Practitioners screening on mobile units

Julie Carmichael (JC), advised the pilot concluded at the end of March within the SE SBSP and was very successful. The quality standards of the imaging for the APs have been reviewed to ensure that they are not offering lower standard of care to women who attend. While the quality standards were achieved, JC advised that there are several issues to further consider eg. how to deal with women who require special appointments, wheelchairs, and implants. She added the pilot has supported the service and allowed mobiles to continue to operate on days when they ordinarily would not have had sufficiently qualified staff and that this provided additional flexibility within the service.

GB asked if this working practice could now be rolled out across the service with the pilot completed. JC shared that she would like to but discussion with the Superintendent group to endorse and agree practices would be helpful before implementation. GB asked if we are clear on the governance or the process for making the decision to support implementation. AF suggested that as there are specific areas for consideration i.e., implants, special requirements that SOPs are developed, agreed and standardised by the Superintendent group ahead of roll out. At this time, not all screening centres have sufficient staff to support 2 x APs working on mobile units and consideration should also be given to the training requirements for APs, as only one course per year is currently run by SABI. A paper could then be presented to the Programme Board for agreement to implement.

Action: JC to review the pilot/SOPs with the Superintendent Group and consider training requirements with CC for SABI.

Screening Fleet – Commissioning of new mobile units & Mammography equipment

AF advised the new mobiles are coming on stream with the first two going to Glasgow and Edinburgh for use in July. The next two units will be delivered in July with a further 2 around May 2023. While the new mobiles are delivered with new Fuji mammography equipment installed, further commissioning and set up is required to implement the technical infrastructure on board the units to support the x-ray equipment, PACs, SBSS and online 4G access. Some of the old units being replaced will be decommissioned with trailers and Hologic mammography equipment being sold/disposed of as appropriate.

6. Self-referrals

AF presented the paper on self-referrals that was shared with the meeting papers. At the last Programme Board, the options paper was discussed. Board members agreed that self-referrals would be reinstated and would look to prioritise self-referrals from women 71 – 75th birthday as well as any participants with a previous history of breast cancer that have completed their yearly follow

up. The timeline for re-instatement was agreed as Autumn of 22 and it is being proposed that self-referrals contact their local screening centre around the end of August. Women contacting would then be added to a waiting list with appointments being issued from the end of September for appointments in October. The centres should be able to appoint based on capacity and recognising that we may not be able to accommodate specific site requests so women may not have their appointment at the same site as previous.

6.1 Business Case

AF added that pre COVID self-referrals accounted for 5 – 7% of the capacity. Given the pause to self-referrals and interest in attending, the self-referral rate has been increased to 10% of capacity to support modelling. The number of self-referrals attending who had a previous breast cancer pre covid is unknown and the West of Scotland has assisted by tracking the current enquiries for self-referrals with the average about 18% of calls had previous breast cancer. The modelling equates to two screening days per service/month to accommodate self-referrals.

The IT developments to support a change to the invitation process for those women who had previously not attended have been scoped and costed. Resource to fund the development has been secured and development is being progressed, however there will be a five-month development phase. This would mean that the IT developments will not be in place for the commencement of self-referrals by October.

It is proposed that screening centres hold a waiting list to appoint self-referrals. Having a waiting list will allow the centres to control the demand and manage the appointment process. Within the modelling, different scenarios have been reviewed with the potential to take up to nine months to allocate the self-referral appointments. This will be pending the demand and capacity for self-referrals. If 2% of capacity initially supports appointments for self-referrals this can be kept under review and will still support the recovery of the programme for the eligible cohort.

Work is ongoing with the screening centres to standardise the operating procedures and consider the criteria for prioritising appointments. Draft Q&As for centre call handlers will be produced to support responses to common questions. The Programme Board were asked to consider requirements for national communications and the approach to be taken. The risks were also detailed in the paper noting the risk that the demand for self-referrals potentially can't be sustained without an impact on the eligible cohort. There is also a risk that the IT developments will take longer than the five-month period.

The ask of the programme board is

- can we look at the reinstatement time frames and are we accepting that they meet the autumn time schedule.
- Do we agree with the modelling in that we can gauge potential demand but look to review?
- Is a nine-month time frame acceptable for appointing self-referrals?

GB asked members for comments. Regina McDevitt (RM) asked if women can't get an appointment in the same location, will an appointment in their health board area be available? AF updated that centres would try to offer an appointment closest/most convenient to women, however this may be out with their HB area, given screening centres cover several HBs or potentially at another screening centre if this is more suitable. Madeline Webb asked if we know how much overlap there is between women who have a previous history of breast cancer and those 71 – 75. AF responded that this was based on the West data obtained via monitoring calls but the 18% was based on self-referrals over the age of 75 with a breast cancer.

Marion Inglis (MI) responded to the comms approach noting that a soft approach should be considered as there will be a considerable amount of work locally for admin teams until the IT is in place to support capacity and appointment management. GB asked if centres can be allowed to take self-referrals before August and spread the capacity. AF advised the timeframe was to allow

communication to be in place and to give some time to build the waiting list for centres, however this could be commenced earlier if achievable locally.

GB summarised that the board is supportive of the paper and the asks of the Programme Board, noting:

- Agree the timescale for the reinstatement of self-referrals.

Centres are to start loading self-referrals to the waiting list no later than August 29th but it is acceptable to start building the waiting list earlier.

- Consider the modelling and agree the proposal to manage self-referrals via a waiting list.

Agreed

- Agree the proposed timeframe for managing appointments within a 9-month timescale from request for an appointment

Agree with continued monitoring to support recovery of the programme for the eligible cohort and sustainable solution for self-referrals.

- Note while the resource for the IT developments has been funded, there is a 5-month development timescale before user acceptance testing. The IT development will not be available from the reinstatement of self-referrals.

Accepted

- Support the progression of standardised processes for the instigation and management of a waiting list and development of criteria to support prioritisation of self-referrals within the subset.

Supported

- Support the development of national communications and appropriate update to NHSInform/ related websites.

Programme Board agreed a soft approach to comms with PHS and SG teams to support the work.

7. Monitoring & Evaluation

7.1 SBSP Published Performance Data

Karen Hotopp (KH) shared the presentation which shows the results for the 20-21 financial year and 3 year period. Acceptable standards were achieved across Scotland and most of the achievable standards met. The attendance rate for this single financial year reached 75.1% uptake and 73.2 for the three-year rolling period. All screening centres reached the 70% acceptable. The health boards all reached the acceptable 70%. All screening centres did very well and the MEG have further reviewed the data. Where acceptable standards have not been met services have been contacted by MEG to determine need for further review, audits and/or other improvement work or reporting to support services.

7.2 Interval Cancers

Gavin Clark (GC), recapped that PHS used the breast screening review data and linked this with the Scottish Cancer Registry to identify interval cancers. The methodology process was reviewed and refined with finalised reports shared with all the screening centres. With the methodology process agreed, a process to obtain a more regular report will be established and timescales for reporting on interval cancers are to be further discussed with the Clinical Directors and MEG.

Action: Discussion with Clinical Directors and MEG to agree reporting process and timescales.

8 Communications

8.1 Update

Ruth Flynn (RF) updated that the easy read leaflet has been updated and is now on NHS Inform. The Ukrainian and Russian leaflets are also available. The breast screening assessment leaflet has been updated and is available on the web to print facility for health boards to print locally. A full review of all the leaflets and letters is planned for the autumn. Looking ahead PHS will support the breast screening review and the reinstatement of self-referral. AF confirmed that the COVID leaflet will no longer be sent with the invitation letter and leaflet.

9 QA and Governance

9.1 Risks and Issues

The two main risks are around self-referrals and workforce with discussion on both risks within the meeting.

A new risk has also been drafted regarding the North of Scotland staffing, with vacancies across the disciplines and no clinical director appointed at this time. A meeting is planned with the North team to support action plans and recovery of the programme.

9.2 Adverse Events

GB shared that there is one physics related adverse event that is being progressed with the Board.

10 IM&T Update

10.1 SBSS Releases/Roadmap

Robert Kelly (RK) advised in March development 3.5 (pause to screening) was released and following this there have been bug fixes, boxi reports developed and the work for bidirectional texting has been designed by Atos but not progressed for development at this time. RK added that Atos have supported the concept of two-way text messaging, whereby notice of an appointment can be sent and the women is able to send response eg. confirm attendance, unable to attend and the IT system will automatically process the reply and update the participant history as appropriate. Further discussion with the Digital Board on next steps is required.

Currently superuser developments, which are more advanced administration functionality for the centre and managers are being developed. Centres will be able to correct mistakes without logging a call to Atos to complete. Thereafter developments to update the screening module and the DNA invitation process (to support self-referrals) will be progressed.

The Community Health Index, new CHI changes are being updated in cervical screening before changes to the other screening IT systems are completed.

10.2 4G on Mobile Units

RK provided overview noting Aberdeen have now completed testing and are live, A & A IT are progressing with one unit completed. The East will have a change to their mobile units given the introduction of the new mobiles and testing will be set up as part of these changes. RK highlighted that performance issues were being experienced with the very slow transmission of the PACs images from the new M50 mobile unit with remedial actions being progressed.

11 Audit and Research

11.1 NSO Research & Innovation Group - GB

PMN: Katherine Schofield (KS) is the Board rep on this group and provided an update in her absence from the meeting:

- The next meeting is scheduled for 23 June
- Julie Anderson and KS took part in the project assessment testing process. A number of comments were fed back to the group. These included further consideration of screening programme priorities and feasibility of implementation.

12 NSOB update

The NOSOB update was shared for all to read.

13 AOCB

No other business was discussed.

14 Date of next meeting

The next meeting is scheduled for the 31st of October 2022.