



Gloucestershire Breast Screening Programme

Annual Report

April 2001-March 2002

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Appendix 1: Breast Screening Steering Group Membership

Acknowledgements

Thank you to everyone who has contributed to this report. Dr Peter Briers, Director of the Breast Screening Service has provided much of the information. Julia Maclean and Rob Husband supplied additional data.

I extend a special appreciation to Dr Briers, who retires from his post in September 2003. His involvement has been both strategic, as Director of the service, and clinical through working as a Consultant Radiologist. The breast screening steering group is grateful to Dr Briers for his important contributions to Gloucestershire Breast Screening Service.

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Further copies of the report

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1. Introduction

This report provides a summary of data and service issues for Gloucestershire Breast Screening Programme for the year 2001-2002. Gloucestershire Breast Screening Programme began in 1990 and hosts one of the 84 screening units in England. The aim of the screening programme is the early detection of breast cancer, to enable early treatment and to help increase survival.

In 2001-2002 women aged 50-64 were routinely invited for screening by mammography and those aged 65 and over were screened on request. Women are invited to attend for breast screening every three years. The NHS Plan and the National Cancer Plan identified the phased extension of the programme to include women up to the age of 70 years by 2004. Gloucestershire began inviting women up to 70 years in summer 2002.

The routine information and service update provided in this report, facilitates a review of important aspects of service quality. As with all screening programmes, high standards need to be maintained to minimise harm from incorrect results and derive benefits from the early detection of disease. Informing women about screening to allow them to assess the balance of risks and benefits, is seen as an increasingly important aspect of the programme. Another priority is to ensure high coverage rates including good access to screening among women from hard to reach groups.

2. Breast Cancer Epidemiology Trend Data

2.1 Mortality

Breast cancer is the most common form of malignancy affecting women, representing around 20% of all cancer deaths in women. The number of deaths increases with advancing age, with most occurring in women over 65 years. A yearly average of 134 women died of breast cancer in Gloucestershire in 2001-02. Standardising deaths takes into account the population structure. The most recent data for standardisation is the year 2000. The standardised mortality ratio (SMR) and the yearly average age-standardised mortality rate show a slight decline from the previous three year average. However, they remain slightly higher than average for England and Wales and the South and West.

Table 1 Breast cancer deaths, Gloucestershire 1994-2002

Age years	1994	1995	1996	1997	1998	1999	2000	2001	2002
0 - 49	24	21	17	20	10	15	10	11	10
50 - 64	29	43	33	37	37	41	47	33	32
65+	97	90	94	100	88	84	80	96	85
Total	150	154	144	157	135	140	137	140	127

Source: ONS VS3 tables and PHMF

Table 2 Standardised mortality ratios for breast cancer 1994-2000

Area	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
Gloucestershire	106	113	107	107	104
South & West	99	104	100	99	99
England & Wales	100	100	100	100	100

Source: PHCDS 2000

Table 3 Age-standardised mortality rates for breast cancer, per 100,000 women 1994-2000

Area	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
Gloucestershire	37.5	37.9	35.5	35.1	33.4
South & West	35.2	34.9	33.8	32.3	31.4
England & Wales	36.5	35.5	33.5	n/a	31.8

Source: South and West Cancer Intelligence Service

2.2 Incidence

The most recent data available on the number of new cases of invasive breast cancer shows that 456 women a year are diagnosed with the disease in Gloucestershire. Women aged over 65 comprise almost half of these incident cases. 17% of incident cases occur in women under 50 years, which have been diagnosed outside of the screening programme. Age-standardised incidence rates for breast cancer show that there has been a steady increase in Gloucestershire, which is also reflected in trend for the South and West. Incidence rates, as for mortality rates, are slightly higher than average for the South and West. This may reflect better detection rather than a true increase in the disease.

Table 4 Incidence of invasive breast cancer in Gloucestershire 1994-2000

Age years	1994 - 1996	1995 - 1997	1996 - 1998	1997 - 1999	1998 - 2000
0-49	202	194	213	223	234
50-64	384	399	418	463	486
65+	491	547	596	647	649
Total	1077	1140	1227	1333	1369

Source: South and West Cancer Intelligence Service

Table 5 Age-standardised incidence rates for breast cancer, per 100,000 women 1994-2000

Area	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
Gloucestershire	106.3	109.4	115.5	125.7	125.2
South & West	116.4	119.3	121.6	122.1	123.6

Source: South and West Cancer Intelligence Service

3. Gloucestershire Breast Screening Service

16,625 women in the eligible age range 50-64 were invited for screening in 2001-2002. Women are screened over a planned 36 month period. This report refers to the final year of the fourth three-year cycle, which began in summer 1999. The fifth cycle started in summer 2002, when screening was extended to women up to 70 years, and staffing was increased to accommodate this increase.

Gloucestershire Hospitals NHS Trust provides the breast screening service for all Gloucestershire women. Screening facilities are offered at a static base at Linton House, Cheltenham and from mobile units covering the rest of the county.

In recent years the radiographer staffing levels have only just achieved the nationally recommended standards. In the light of increasing attendances and the national target of all women being re-screened within 36 months, an additional

radiographer was appointed during 2000 and the number of radiographer sessions increased. The service still relies on a single-handed Radiologist with support from two fully trained breast physicians. The national recommendation of two-view mammagraphy is already standard practice in Gloucestershire.

Table 6 Staffing in the Gloucestershire Breast Screening Service, 2001/02

Staffing	Current provision	Comments	Standard
Radiographer	6.1 WTE funded This staffing allows for 0.5 WTE superintendent administration.	6.42 WTE needed for current population of 53,546, based on extrapolation of the national standard. However, the Unit is currently coping.	1.2 WTE/10,000 women target population The standard does not include taking 2 views for all attendees, which is Gloucestershire practice
Radiologist	5 sessions per week reports on >16,000 mammogram sets per annum.	Single-handed radiologist; dual reading achieved.	3 sessions a week 5,000 mammograms reported per year
Breast physician	10 sessions provided by 2 breast physicians.	both physicians now fully trained	

4. Performance of the Programme

4.1 Uptake of Screening

In 2001-2002, 16625 women in the eligible age range 50-64 were invited for screening. An increasing number of women aged 65 and over requested further screens. Whilst less than 200 were screened in 1994-1995, more than 1300 were screened in 2000-2001, via self-referral and GP referral. Therefore, a total of 17109 women were screened.

80% of women aged 50-64 years accepted the invitation and attended screening, representing an increased uptake of 2% from the previous year, and meeting the national standard. The acceptance rate among women in the prevalent (first call) was higher than in previous years. Uptake of screening in 2001/02 can be compared with the figures for 1998/99, when women from the same area were being screened. This shows a slight reduction in the acceptance rate of 3%, which is not cause for concern. There has been a slight slippage on the three yearly screening targets to 37 months, which will need monitoring over the next year.

Table 7 Uptake of breast screening in Gloucestershire, 1997-2002

	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	National standard
Target popn aged 50-64	48,785	50,528	51,675	53,100	53,546	
Screening interval (at year end)	36 months+ 5/52 mobile 10/52 static	36 months+ 5/52 mobile static on time	36 months	36 months	37 months	36 months
No screened 50-64 years	14,325	14,350	15,133	15,135	15587	
Acceptance rate						
.Prevalent round	60.7%	59.6%	60.4%	57.2%	78%	
.Incident round	87.2%	87.4%	86.6%	87.1%	90.4%	
All	83.0%	83%	78%	77.9%	80%	80% (70% up to 2001)

Source: KC 62

4.2 Outcomes of the Screening Programme

Generally the results of the Gloucestershire screening programme show the service is meeting national standards. A more cautious approach and double reading of mammograms has resulted in beneficial increases in cancer detection rates. The pre-operative cancer diagnosis remains high, and the single year standardised detection ratio shows a further improvement on previous years.

An adverse effect of this cautious approach is that slightly more women screened for the first time are recalled for assessment resulting in a higher benign biopsy rate than the recommended standard. This will need monitoring over time.

Table 8 Results of assessments, Gloucestershire, 1997-2002

	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	Target standards
Recall for assessment further x-rays or review in clinic						
-prevalent round	5.6%	7.0%	8.45%	7.36%	7.66%	<7%
-incident round	2.7%	3.6%	3.87%	3.55%	3.82%	<5%
Benign biopsy rate per 1000 women screened						
-prevalent round	1.9	3.5	1.1	2.0	2.38	<1.8
-incident round	0.78	0.51	0.74	1.1	0.83	<1.0
Invasive cancer detection rate per 1000 women screened						
-prevalent round	4.84	5.0	3.86	4.09	7.0	≥3.6
-incident round	3.91	5.71	4.45	5.04	6.3	≥4.0
Cancer detection rate <15mm per 1000 women screened						
-prevalent round	2.28	2.41	2.21	2.04	2.7	≥2.0
-incident round	2.23	3.16	2.5	3.32	2.9	≥2.2
Standardised Detection Ratio takes account of age of women screened						
-prevalent round	1.24	1.32	0.99	1.04	1.3	>0.75
-incident round	0.99	1.31	1.14	1.03	1.4	>0.75
Early recall rate following assessment % women screened who are recommended for early recall following any assessment procedure						
-prevalent round	1.14%	0.9%	1.05%	1.23%	0.82%	<1%
-incident round	0.25%	0.4%	0.4%	0.27%	0.36%	
Pre-operative diagnosis rate % of cancers diagnosed cytologically or histologically without surgery						
-prevalent round	68.2%	72.0%	81.2%	72.2	94.1	>70% minimum
-incident round	73.2%	76.2%	79.4%	95%	92.6	>90% target

Source: KC 62 and Breast Screening Unit

Figures emboldened do not meet national standards

4.3 Equipment

A second fully equipped mobile screening unit was commissioned in August 2002 from central funding. This replaced a 12 years old unit provided by the Cobalt Unit Appeal Fund (CUAF). The two mobile units worked continuously since September 2002 to meet the numbers attending for screening. An additional Cheltenham site has been commissioned at St Paul's Medical Centre.

A sophisticated multi-panel viewer for radiographs was provided by the CUAF and installed at Linton House. This computer aided viewer improves the identification of subtle lesions. Our sincere thanks go to the Cobalt Unit for their continuing and

generous support of the breast screening service.

4.4 Accommodation

It is now necessary to remove over a third of the film records from the Linton House site to provide additional space. A system of retrieving the films when required works as well as can be expected. However, it increases the workload of administrative staff, causes a delay in necessary film retrieval and is expensive.

The limited accommodation at the Linton House precludes the involvement of a Breast Care Nurse in clinics. Also all the office space now has a secondary clinical function. There is no designated office space for clinicians to undertake administrative work.

4.5 The Breast Screening Quality Assurance Reference Centre

A quality assurance visit conducted in February 2002 recommended 15 action points, 13 of which have been successfully addressed. Those not yet achieved concerned the use of the formal pathology data set by pathologists nursing input. Patients are referred to a Breast Care Nurse by appointment, since the nurse is not on site during clinics, which would be more convenient for patients. The Director of the service acknowledges that both these targets are desirable, but there are currently practical constraints in achieving them. Also they do not seriously compromise the quality of the screening programme.

5. Gloucestershire Breast Screening Steering Group

The Gloucestershire Breast Screening Steering Group provides professional advice on all aspects of the programme and its monitoring. The Group meets four times a year. See Appendix 1 for membership.

5.1 Programme of work for 2001/ 2002

The NHS Cancer Plan was published in September 2000. It sets out a comprehensive cancer strategy over the next five years, linking prevention, screening, diagnosis, treatment, care and research. A national Cancer Task Force leads implementation and central funding supports the Plan.

At a local level, local Cancer Network Plans have been developed, co-ordinated by the former Regional Office. The Plan includes local action for breast cancer screening programmes.

5.2 Local Implementation of the Cancer Plan

Policy Action	National timescale	Local action
All women to receive national information leaflet on breast screening	✓ 2001	Leaflet included with an invitation letter on an ongoing basis. A supply of leaflets is maintained for all GP practices and the Breast Screening Unit Cost: no charge for leaflets Action by: GP practices, Breast Screening Unit (BSU)
National guidance on screening for women with learning disabilities (LD)	✓ Nov 2000	Work co-ordinated with LD Moving Forward Group. Leaflets made available to all GPs and others in contact with women with LD Cost: none Action by: Breast Screening Steering Group (BSSG), GP practices, BSU, LD services.

Pilot sites to trial new workforce arrangements Pilot sites for new radiography skill mix	Started Oct 2000 Started Nov 2000	Await national recommendations. No local pilot site. Action by: DoH / NHSBSP Radiographer trained in film reading.
Extend programme to women aged 65 – 70 years Regions to prepare a roll out programme. Review of equipment and facilities for the extension	✓ by 2004	Began in 2002 Cost: additional staffing /equipment required as outlined in the three-year plan for the service, produced in April 2001. Action by: Regional QA / Cancer lead, BSSG, BSU.
Review screening coverage rates (PCTs) Where necessary draw up plans to increase the accessibility of screening among deprived and minority ethnic groups as part of their Health Improvement Programmes.	2001	Coverage rate for Gloucestershire meets national target. The rates by PCTs and general practice have not yet been reviewed. No specific programme for women in disadvantaged groups has been developed. Next steps: to review coverage/uptake by GP practices and PCT areas to identify differences in uptake. Timescale: 2003/04 Action by: BSSG, GP practices, BSU, PCTs
Maximum one month wait from diagnosis to treatment	2001	?????? Action by: BSSG, BSU, 3 Counties Cancer Network.

6. A Forward look

Since 2001/02 the plan to extend screening to include women up to age 70 has been implemented. Further staffing has been provided to accommodate this increase: a 0.5 WTE Radiographer (total 6 WTE); 0.5 WTE radiographic helper and 1 WTE administrative assistant. The additional activity generated has given rise to pressures within the existing clinical sessions. This has been actively managed to minimise impact on patient care and maintain the high standards to which the service aspires. Nevertheless, long term solutions to these pressures and the accommodation issue are required with some urgency. In the interim, the Screening Group will take regular advice from Dr Briers, Director of the Breast Screening Service to minimise the impact of the pressures and consider his recommendations to manage activity in a regulated way.

Planning for Dr Briers' retirement in September 2003 is underway with a number of options being considered to ensure that the quality of the service is maintained.

New IT hardware is required to effectively support the call/recall system for the Screening Service. The cost is estimated at £11,000.

7. Future reports

Organisational changes in the NHS that occurred after the end of the year 2001/02 will lead to differences in the way data are reported in future years. Next year's report is likely to reflect the format proposed in the national reporting outlined in the DH Statistical Bulletin for the breast screening programme, which will base coverage and results on PCT and Strategic Health Authority areas.

**Gloucestershire Breast Screening Steering Group
Membership 2001/02**

Breast Screening Unit

Dr Peter Briers, Director

Dr Harriet Russell, Breast Physician

Mrs Priscilla Tidmarsh, Superintendent Radiographer

Jackie Bannister, Office Manager

GP, LMC representative

Dr Elisabeth Angeleri-Rand

Cheltenham General Hospital

Adrian Bamford, Specialties Manager

Gloucestershire Health Authority

Ann Shelley, Public Health Specialist

Helen Farmer, Screening Co-ordinator

Julia Maclean, Primary Care Operational Manager

Kevin Jones, Registration & Screening Manager

Cheltenham & Tewkesbury PCT

Paul Edwards, Director of Service Provision