



Gloucestershire Breast Screening Programme

Annual Report

April 2002-March 2003

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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 Service (GBSS) for the year 2002-2003. The GBSS programme began in 1990 is one of 90 screening units in England. The aim of the screening programme is the early detection of breast cancer, enabling earlier treatment and increased survival.

Women are routinely invited for screening by mammography 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 the summer of 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 such as those women living in deprived areas.

2. Breast Cancer Epidemiology

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. 127 women died of breast cancer in Gloucestershire in 2002. A standardised mortality ratio (SMR) of 104 represents slightly higher than expected deaths than the average for England and Wales (SMR 100) and also for the South and West region (SMR 96).

2.2 Incidence

The most recent data available on the number of new cases of invasive breast cancer shows that 455 women a year are diagnosed with the disease in Gloucestershire. Almost half of these occurred in women over 65 years. The age-standardised incidence rate for cervical cancer is slightly higher than the regional average.

3. Performance of Gloucestershire Breast Screening Service

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. Women recalled for assessment are seen at Linton House.

The national recommendation of two-view mammography is already standard practice in Gloucestershire. This report refers to the first year of the fifth 3 year cycle, which began in the summer 2002 coinciding with the extension of the programme to age 70 years.

3.1 Uptake of Screening

In 2002-2003, 21,744 women in the eligible age range 50-70 were invited for screening: 18,307 (84.2%) accepted the invitation and attended screening, exceeding the national standard. Uptake of screening in 2002/03 can be compared with the figures for 1999/2000, when women from the same area were being screened. This shows an increase in acceptance. There has been a slippage on the three yearly screening targets to 40 months, due to the implementation of the age extension of the programme which may remain for the next two years. The GBSS is the only breast screening unit in the South West region to have implemented the age extension. The prevalent round refers to women attending screening for the first time and the incident round comprises women who have been previously invited.

Table 1: Uptake of breast screening

Emboldened figures show targets not achieved

	1997-1998	1998-1999	1999-2000	2000-01	2001-02	2002-03	National standard
Target pop	48,785	50,528	51,675	53,100	53,546	67,104	
Screening interval (at year end)	36 mths	36 mths	36 mths	36 mths	37 mths	40 mths	36 mths
N ^o screened	14,325	14,350	15,133	15,135	15,587	18,307	
Acceptance rate							
. Prevalent round	60.7%	59.6%	60.4%	57.2%	78%	57%	
. Incident round	87.2%	87.4%	86.6%	87.1%	90.4%	95%	
All	83.0%	83%	78%	77.9%	80%	84.2%	80%

Source: KC 62

3.2 Outcomes of the Screening Programme

Table 2: Results of assessments

Emboldened figures show targets not achieved

	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	Target
Recall for assessment further x-rays or review in clinic							
-prevalent round	5.6%	7.0%	8.45%	7.36%	7.66%	9.18%	<7%
-incident round	2.7%	3.6%	3.87%	3.55%	3.82%	3.18%	<5%
Benign biopsy rate per 1000 women screened							
-prevalent round	1.9	3.5	1.1	2.0	2.38	1.94	<1.8
-incident round	0.78	0.51	0.74	1.1	0.83	0.92	<1.0
Invasive cancer detection rate per 1000 women screened							
-prevalent round	4.84	5.0	3.86	4.09	7.0	4.85	≥3.6
-incident round	3.91	5.71	4.45	5.04	6.3	6.60	>4.0
Cancer detection rate <15mm per 1000 women screened							
-prevalent round	2.28	2.41	2.21	2.04	2.7	1.29	≥2.0
-incident round	2.23	3.16	2.5	3.32	2.9	3.38	≥2.2

	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	Target
Standardised Detection Ratio takes account of age of women screened							
-prevalent round	1.24	1.32	0.99	1.04	1.3	1.25	>0.75
-incident round	0.99	1.31	1.14	1.03	1.4	1.47	>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%	1.07%	<1%
-incident round	0.25%	0.4%	0.4%	0.27%	0.36%	0.28%	
Pre-operative diagnosis rate % of cancers diagnosed cytologically or histologically without surgery							
-prevalent round	68.2%	72.0%	81.2%	72.2%	94.1%	88.5%	>70% <i>minimum standard</i>
-incident round	73.2%	76.2%	79.4%	95%	92.6%	96.0%	>90% <i>target</i>

Source: KC 62 and Breast Screening Unit

The results of the GBSS programme generally exceed national standards. The recall rate in the prevalent round remains higher than the national target, reflecting our cautious approach and the double reading of mammograms. This, however, is reflected in cancer detection rates well in excess of national standards.

3.3 Staff

The staff levels have been increased to accommodate the extension of the programme now totalling 8.00 WTE radiographers and 1 WTE radiographic helper. 1 WTE administrative assistant had been added to the office staff. From the medical staffing aspect, the service continues to rely on a single-handed radiologist with 2 fully trained breast clinicians - an increase is necessary due the additional workload related to the age extension.

3.4 Equipment

There has been no major new equipment commissioned during the year. The two mobile units have worked continuously since September 2002 to meet the numbers attending for screening, around the county, with some women being screened at Linton House. There are 2 ultrasound scanners, one of which should be replaced in the near future. With the increased workload a further roller-view is required for reading screening films in the future.

3.5 Accommodation

The available space continues to be far smaller than ideal for the service needs and pressures are increasing with the programme expansion. The main problematic areas are:

- All clinical space doubles as office space
- There is no designated area for a Breast Care Nurse or for counselling/ quiet

rooms.

- There is insufficient storage space - a third of the mammographic films and records are stored away from Linton House at a commercial site. A system for retrieving these films when required is in place. This is the source of increased workload for the administrative staff, delay in reporting of screening mammograms in some cases and unnecessary expense.
- In the absence of elevators a service to disabled patients cannot be offered at Linton House – these patients currently require to be seen at Cheltenham General Hospital.

The need to consider alternative premises remains a high priority.

3.6 The Breast Screening Quality Assurance Reference Centre

GBSS acknowledges the valuable support and advice from the Quality Assurance Reference Centre throughout the year. There are 2 outstanding action points out of 15 from a previous report following a quality assurance visit conducted in February 2002:

1. Use of the formal pathology data set by pathologists. These are being implemented.
2. On site breast care nurse. The usual work of breast care nurses is largely provided by the breast clinicians. Patients are referred to a breast care nurse by appointment to be seen at Cheltenham General Hospital or Gloucestershire Royal Hospital. Currently there are practical constraints due to space in having a breast care nurse on site at Linton House during the clinics. We anticipate this issue to be resolved after the accommodation issue has been addressed provided there is adequate funding for a breast care nurse dedicated to screening.

The next quality assurance visit is due in 2004.

4. 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 the Appendix for membership.

4.1 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 ongoing basis. Cost: none Action by: Breast Screening Steering Group (BSSG), GP practices, BSU, LD services.

Policy Action	National timescale	Local action
National workforce arrangements for radiography skill mix.	Started Oct 2000	Action by: DoH / NHSBSP 1 Radiographer trained in film reading.
Pilot sites to trial new workforce arrangements	Start Dec 2004	GBSS looking into employing radiographic helpers on GNVQ or BTEC courses.
Pilot sites for new radiography skill mix	Started Dec 2003	1 Radiographer training in stereo-biopsy techniques.
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 ongoing basis. 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. Leaflets in different languages.	2001	Coverage rate for Gloucestershire meets national target. No specific programme for women in disadvantaged groups has been developed. Next steps: Further analysis of coverage data is needed to identify variations in the county. Timescale: 2003/04 Action by: BSSG, GP practices, BSU, PCTs
Maximum one month wait from diagnosis to treatment	✓ 2001	There is on average a 4 week wait from screening to assessment appointment Action by: BSSG, BSU, 3 Counties Cancer Network.

5. A Look Forward

A high quality service continues to be provided to the population of Gloucestershire. Uptake for screening remains above the national target. Two view mammography with double reading is provided to a high standard. GBSS is the only breast screening unit in the South West region to have implemented the age extension, which has been a considerable undertaking. We feel the slight slippage in screening round interval is a worthwhile consequence as we are keen to offer a greater population a valuable service. We are, however, not complacent and aim to reduce this deficit over the next two years. The detection of invasive cancers in both the incident and prevalent screening rounds continues to markedly exceed national standards.

The significant challenges in the coming year will be the adjustment following the retirement of several key members of staff and the continued search for further accommodation. The new I.T. system for the service is due to be installed during 2003

We are proud of the service offered. We aim to improve upon our high standards and ensure good access to screening for women throughout the county.

Appendix

Gloucestershire Breast Screening Steering Group

Membership 2002/03

Cheltenham & Tewkesbury PCT

Jackie Huck, Director of Service Development

Shona Arora, Director of Public Health

Breast Screening Unit

Dr Peter Briers, Director

Dr Harriet Russell, Breast Physician

Cilla Tidmarsh, Superintendent Radiographer

Jackie Bannister, Office Manager

GP, LMC representative

Dr Liz Cameron

Family Health Services, Shared Services

Julia Maclean, Primary Care Operational Manager

Susan Thacker, Registration and Screening Manager

Helen Farmer, Screening Co-ordinator

Cheltenham General Hospital

Adrian Bamford, Specialties Manager