

# NHS London region Breast Screening Recovery Programme

Merton OSC  
Monday 20<sup>th</sup> of June 2022

**Author:** Sanjeet Johal, Programme Director for Breast Screening Recovery Programme  
**Senior Responsible Officer (SRO):** Dr Chris Streater

NHS | NHS England and NHS Improvement



- All women aged 50 up to their 71st birthday are invited for breast screening every 3 years. Women receive their first invitations to screening some time between their 50th and 53rd birthdays.
- Breast screening uses an X-ray test called a mammogram to check the breast for signs of cancer. It can spot cancers that are too small to see or feel
- There are 6 Breast Screening Services (BSS) In London:
  - West of London BSS (WOLBSS) – Imperial College NHS Healthcare Trust;
  - **South West London BSS (SWLBSS) – St George’s University Hospitals NHS FT**
  - South East London BSS (SELBSS) – Kings College Hospital NHS Foundation Trust;
  - North London BSS (NLBSS) – Royal Free London NHS FT;
  - Central and East London BSS (CELBSS) – Royal Free London NHS FT;
  - Outer North East London BSS (ONEL) – InHealth Group
- All six services are supported by The London Administration Hub (the Hub) which has numerous administrative functions, including (but not exhaustive) patient data collation and reporting, appointment scheduling and a call centre to manage appointment cancellations and rebooks.
- Together the six services and the Hub are responsible for supporting 1,300,000 eligible clients over their 3 yearly screening round, throughout the London region, aged 50-70.
- There are a total of seven locations across SWL which deliver breast screening: Edridge Road Community Health Centre (Croydon), Purley War Memorial Hospital (Purley), Queen Mary Hospital (Roehampton), Rose Centre, St George’s Hospital (Tooting), Surbiton Health Centre (Surbiton), Robin Hood Lane Health Centre (Sutton) and Teddington Memorial Hospital (Teddington). There are currently no mobile units operating within South West London.
- All routine breast screening was paused in the week commencing 24th March 2020 and restarted in June 2020. Providers maintained services only for those with positive screens and those at high risk.
- All healthcare systems and services have faced significant challenges as a result of the pandemic. While other cancer screening programmes recovered, Breast Screening services in London have continued to struggle. The pandemic has exacerbated deep-rooted historical issues leading to capacity constraints across services and a further deterioration in coverage and uptake rates.
- National Operational Planning Guidance gives June 2022 as a target date for restoration of Breast Screening Services. Full recovery and restoration of breast screening services has been defined by National as:
  - **Backlog recovery:** Clear the longest waiters and Very High Risk women which ensures the reduction of the backlog and screening of the highest priority women
  - **Round length restoration:** Invite 90% of women for a screen within 36 months of their last one
  - **Increase screening uptake:** Ensures detection of cancers in invited women, a high uptake is important in detecting cancers in invited women

# Programme update



- Since January 2022, the Breast Screening Recovery Programme has been reshaped in London and both a new SRO (Dr Chris Streater) and Programme Director (Sanjeet Johal) are in post to lead and drive the recovery and improvement of Breast Screening Services in London.
- The first meeting of the Regional Improvement Board for the Breast Screening Programme was held on 25<sup>th</sup> of January 2022 (replacing the Strategy, Oversight and Risk Group (SORG)). The Board comprises of two ICS representatives (e.g. *Clinical Directors and/or Senior Operational leads of Breast Screening Services and/or Managing Directors of Cancer Alliances*) and Senior Regional representatives. The Board is now the key governance mechanism for overseeing recovery and transformation of Breast Screening Services. The key objectives agreed via the Board are:
  - To ensure capacity is available across screening services to meet demand
  - To create a sustainable workforce in London
  - Understanding and addressing health inequalities to improve uptake

London has been impacted inadvertently by the national mandate to transition from timed appointments to open invites (OI) during the pandemic. Due to the relaxation of covid restrictions, clients who did not respond to their invitation earlier in the year are now engaging with screening services which has resulted in an unprecedented surge in demand, however there have been limited appointment slots due to capacity constraints (e.g. workforce shortages IPC requirements). The transition to OI has left some services struggling to manage demand and capacity effectively, while The Hub struggled to cope with increased call volumes and administrative burden associated with OI. NHSEI has declared a Serious Incident (SI) with a formal investigation underway into the root causes of this problem.

- To date, three of London's six services have recovered their screening backlog (NL, ONEL and CEL) with the remaining three services expected to recover after June 2022. The impact of the SI and severe capacity constraints (e.g. workforce sickness) have impacted some services more than others (SWL, WOL and SEL). We are working closely with services to assess the impact on recovery trajectories.
- Recovery and restoration of breast screening services in London back to pre covid levels is not acceptable and the level of ambition through this reshaped programme over the coming months will be greater to achieve equitable and accessible services for eligible women in London.

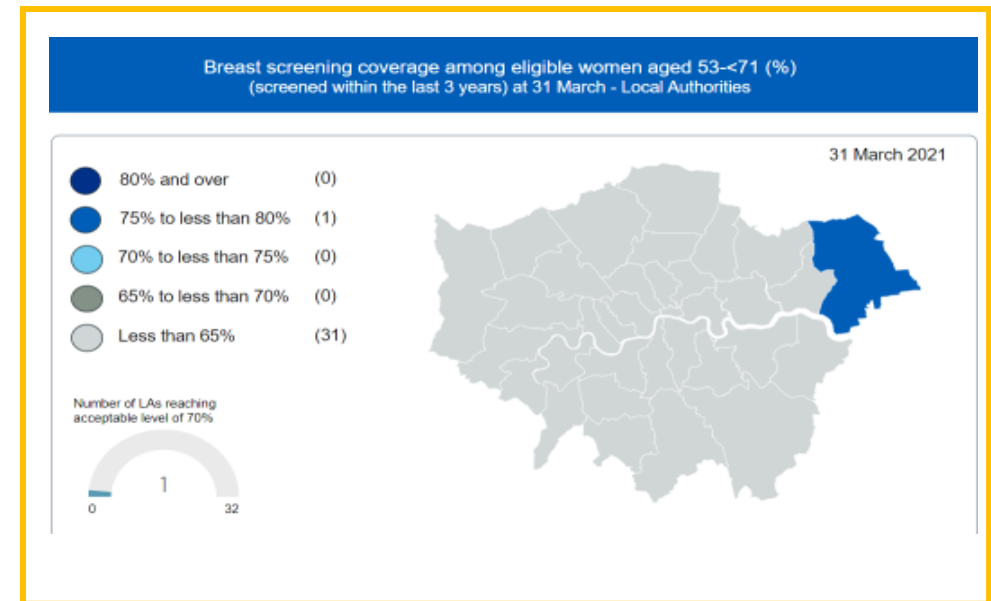
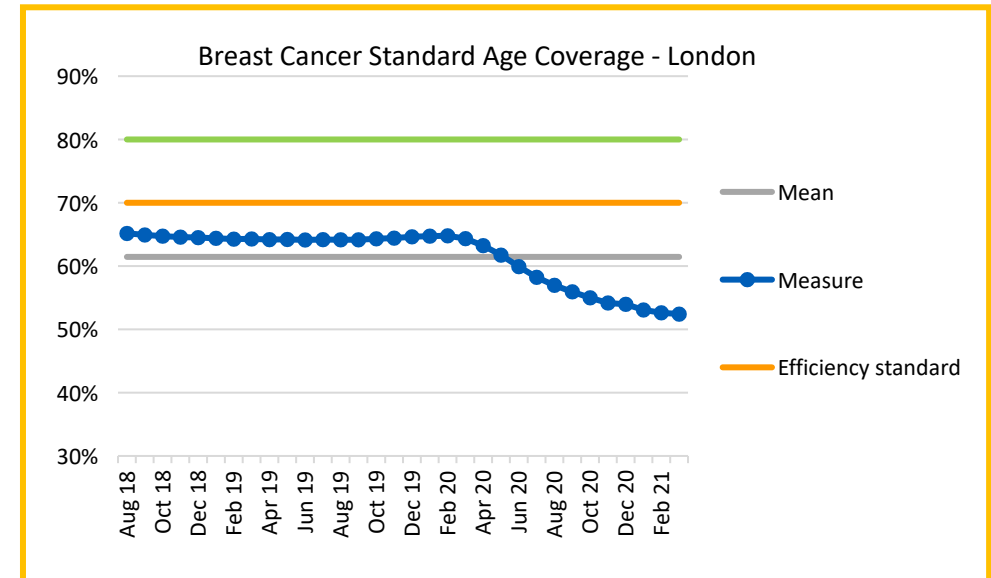
- Finalise Root Cause Analysis (RCA) from the Serious Incident Investigation, recommendations and lessons learned
- Provide targeted support for services in London to recover their backlog, uptake and round length position
- Work with services to create capacity across London to meet demand
- Stabilise and expand the breast screening front-line workforce to ensure future sustainability of services
- Establishing a new workstream within the recovery programme with system partners to drive improvements in uptake and address health inequalities challenge (see slides 12 and 13)
- Implementing recommendations from the lessons learned session from the pandemic and recovery period, held in early April, with breast screening service providers in London

# Improving uptake and reducing health inequalities




# Breast Screening coverage at London Borough level

Region	31 March 2014	31 March 2015	31 March 2016	31 March 2017	31 March 2018	31 March 2019	31 March 2020	31 March 2021
<b>London</b>								
Barking and Dagenham	71.2	64.3	66.6	67.7	67.0	65.8	66.4	54.5
Barnet	71.3	70.5	69.9	68.9	69.5	68.9	68.3	57.1
Bexley	78.2	77.9	78.7	78.8	78.8	78.4	78.1	54.6
Brent	68.7	66.7	65.8	64.5	64.5	64.4	64.3	53.0
Bromley	77.0	75.9	77.2	77.9	77.9	77.5	77.2	64.1
Camden	61.2	56.3	61.4	61.8	60.9	44.7	54.1	45.6
Croydon	66.7	68.6	70.0	70.4	71.7	72.5	71.5	57.9
Ealing	69.2	68.2	69.2	69.7	69.3	69.8	68.7	53.8
Enfield	73.9	73.4	72.3	71.7	72.1	72.2	68.3	52.9
Greenwich	70.3	67.3	69.0	67.6	69.5	69.0	66.5	61.7
Hackney and City of London	61.5	58.7	63.6	66.5	65.4	41.3	58.1	55.0
Hammersmith and Fulham	61.4	61.1	62.8	63.1	62.8	64.0	62.4	51.0
Haringey	67.6	66.9	66.4	64.3	65.2	64.7	61.4	48.8
Harrow	75.6	74.4	72.9	73.1	72.7	71.9	71.8	55.3
Havering	79.0	78.7	76.4	77.7	78.4	78.7	78.7	75.9
Hillingdon	71.3	70.9	72.4	73.4	73.5	73.7	72.8	55.9
Hounslow	69.0	69.4	70.5	70.5	69.6	70.8	70.6	57.0
Islington	57.4	62.6	63.5	64.9	63.8	62.6	57.4	45.1
Kensington and Chelsea	59.2	57.3	57.4	57.0	56.3	55.9	55.4	42.7
Kingston Upon Thames	64.2	71.7	72.0	70.0	73.5	74.2	74.3	52.8
Lambeth	63.1	63.0	63.6	64.4	65.4	64.9	64.3	54.7
Lewisham	65.0	65.7	66.4	67.8	69.3	68.6	66.4	61.1
Merton	66.2	68.5	70.1	71.0	71.1	70.5	70.4	59.9
Newham	67.4	61.7	65.1	64.9	63.1	52.7	57.3	50.2
Redbridge	74.0	72.1	73.4	71.6	70.7	71.8	71.9	61.7
Richmond Upon Thames	70.6	72.6	73.0	72.5	72.4	74.0	73.7	52.5
Southwark	64.1	64.3	65.3	67.2	66.5	65.6	64.9	47.6
Sutton	73.0	74.5	75.8	74.0	75.6	75.8	74.5	59.7
Tower Hamlets	61.5	59.6	62.6	68.7	63.3	62.6	56.0	48.6
Waltham Forest	71.3	67.1	73.3	73.3	70.5	55.4	59.6	59.9
Wandsworth	64.5	65.7	66.9	67.3	67.0	66.7	66.4	52.6
Westminster	60.7	60.2	60.0	60.0	59.4	58.1	57.0	41.8



**Definition of coverage:** Coverage is defined as the percentage of women in the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the last three years. The latest validated data published indicates in London only 53% (and SWL: 53%) of eligible women had a recorded test result with the last three years (range across the seven regions is 52-66% based on the latest Oct 21 data)

- **Strategic priorities** for Breast Cancer recovery 
- **Where are we and what are we currently doing** to support health inequalities in London?
  - London Breast Screening Health Equity Audit 2019
  - London Breast Screening Health Equity Audit 2022
  - Breast Cancer Screening stocktake
  - After Action Review: Breast Screening
- Women's health strategy
- Next steps for the BCS Health Inequalities workstream – identifying evidence, understanding and action

- To ensure capacity is available across screening services to meet demand
- To create a sustainable workforce in London
- **Understanding and addressing health inequalities to improve uptake**
- **Lessons learned from recovery of breast screening services**



# Breast Cancer Screening Health Equity Audit 2019

- Controlling for the other characteristics, the odds of being screened within 6 months of invitation for younger women (aged 59 or lower) is **85%** and the odds of being screened for women aged 60 and above is **78%**.
  - **Therefore, women in the lower age bracket are 4% more likely to attend screening than women in the higher age bracket.**
- Ethnicity data was not 100% complete for any of the London Breast Screening Centres. Controlling for the other characteristics, the odds of being screened for those from a White background is 84% and the odds of being screened for the BME group is 82%.
  - **Therefore, there is a 9% decrease in the likelihood of uptake when women are from a BME background compared to a white background.**
  - Within white ethnic background groups, the 'White British' group has a significantly higher uptake than other white backgrounds. **Women from a non-British white background are 32% less likely to be screened compared to white British.**
  - Within BME backgrounds, the 'Black or Black British' group has the highest uptake; **women from the other BME categories are 5% less likely to be screened compared to 'Black or Black British' women** - with 'Mixed White and Black' women having the lowest odds, 24% less likely to be screened than 'Black or Black British'.
- Controlling for the other characteristics, the odds of being screened (within 180 days of invitation) for women from more deprived areas (IMD deciles 1 to 5) is **81%** and the odds of being screened for the less deprived areas (IMD deciles 6 to 10) is **84%**.
  - **Therefore, women who live in a more deprived area are 25% less likely to be screened within 180 days of invitation than those from a less deprived area**
  - At IMD quintile level, the biggest jump is seen between quintile 4 to quintile 5: **there is a 22% increase in the odds of a woman being screened if they are in the 5th IMD quartile (least deprived), compared to the 4th quartile.**

# London Breast Screening Health Equity Audit 2022

## Aimed to:

- Compare patterns of uptake 'pre' and 'post' service suspension
- Assess impact of Open Invitation methodology on screening participation
- Identify demographic factors which may be key to better understanding low uptake
- Identify groups of women who have been most disadvantaged and where most can be gained by special uptake initiatives

## Outcomes suggested that:

London has some of the poorest breast screening uptake in the country and it has got worse ~10% drop from 62% to 51%

Open invitations have made the situation worse ~-10% compared to Timed Invitations

The post-covid pattern is similar to historical patterns but the least deprived have generally suffered least.

Marmot's conclusion that the pandemic amplifies inequalities holds true for breast screening (with caveats)

Deprivation alone does not explain more than 20% of variation in uptake e.g. country of birth is more strongly associated with uptake

The audit can identify groups who need to be targeted most and to whom resources are most needed

# Breast screening inequalities stocktake 2022

- NHSEI and the Transforming Care Service Team have undertaken a survey of partners to determine current interventions to improve breast screening uptake and reduce inequalities across London
- the survey included the regional Cancer Alliances, who provided information on the initiatives they are taking to support targeted groups.
- Key questions include detail of the intervention, target group, monitoring and evaluation plans/outcomes
- Three out of four Cancer Alliances have provided feedback to date
- Survey responses have been collated and will be shared with the Improvement Board in June 2022
- This stocktake provides a baseline gap analysis - what interventions are taking place / planned and gaps
- It will be used in conjunction with the breast screening equity data to inform the priorities and delivery plan for the pan-London Breast Screening Inequalities workstream

- Setting up a **London region BCS Health Inequalities advisory group** followed by a wider forum to include all providers and cancer alliances
  - A national Breast Screening T&F group is being established; suggestion for London to sit on this group and for National to sit on the London region group
- **Identifying and aligning to national and regional strategies and policies** that support to levelling up of women's health
- **Identifying and learning from research and development** regionally and nationally across screening areas to address inequalities in uptake E.g., To increase cervical screening uptake rates among women with SMI
  - An informed choice tool (information leaflet) to offer some extra support with the testing.
  - Tips for during the appointment and a checklist of things to share
  - Text message reminders
- **Data and evidence** – consideration for digital and data including inequalities data can support
  - Triangulate provider, health equity and uptake data by borough, in order to evidence need – normative and felt
  - Identify where targeted approaches are required
  - Identify appropriate interventions that improve uptake.
  - Identifying measurable outcomes
  - Review how we can measure the impact of interventions to ensure they are efficient
  - Roll-out of a new shape mapping tool commissioned in London for breast screening
- **Gap analysis** to identify what data we need, where it is and how we can get it.

- **Partnership working** to understand how best to gather women's experiences and to embed their voices within strategies.
  - Inclusive and integrated working with and learning from the London Covid legacy and equity partnership
  - Working with Systems and partners including Local authorities and the Office for Health Improvement and Disparities (OHID) and others to support local systems to explore innovative models of care that improve women's access to health services.
  - Working with local authorities, communities and the third sector, to identify target audience and implement appropriate interventions at a local level.
- **Alignment & integration with other BCS workstreams** - consideration for how the BCS workstream links with other work streams in the BCS programme to avoid duplication and maximise opportunities
  - consideration for how we share information with patients and the public, communities & health and social care
- **Oversight and planning for funded HI programmes and identifying gaps and priorities**
  - Currently includes language support, support for people with learning and physical disabilities, increasing population awareness and identifying community assets/champions
  - Gaps identified by the stocktake including homeless and Gypsy traveller communities
- **Formulating priorities** for the workstream leading to a **strategy** and **action plan** and Identification of additional funding

# Breast Screening Performance

