We are committed to equality and diversity. We have assessed these draft standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.
Contents

Introduction 4
How to participate in the consultation process 6
Summary of standards 7
Breast screening standards 8
Standard 1: Leadership and governance 8
Standard 2: Information and support 11
Standard 3: Call-recall 13
Standard 4: Screening process 15
Standard 5: Recall for assessment 17
Standard 6: Surgical referral 20
Standard 7: Detection rates 22
References 24
Appendix 1: Development of the breast screening standards 26
Appendix 2: Membership of the breast screening standards development group 27
Appendix 3: Glossary 28
Introduction

Background
Breast screening aims to reduce the number of deaths from breast cancer through early detection and treatment.¹ Within NHSScotland, the Scottish Breast Screening Programme is a population-based service which can detect breast cancer in women early.²

Most breast cancers develop after the age of 50. Breast screening in Scotland is offered every 3 years to all eligible women aged between 50 and 70 years.² Women over 71 years of age are able to self-refer for screening. Women not eligible for routine breast screening as part of the programme include those who have had a bilateral mastectomy.³

Each territorial NHS board in Scotland is responsible for ensuring women within their board area are invited for breast screening. Breast screening is delivered at six centres and through mobile screening units.²

Policy context
The Scottish Government’s Detect Cancer Early programme aims to improve outcomes from cancer through early diagnosis and treatment. Part of the programme supports data collection to monitor progress and to raise awareness of national cancer screening programmes.⁴

In 2016, the Clinical Standards for Breast Screening⁵ published in 2002 were identified by Healthcare Improvement Scotland for revision.

These standards are intended to complement existing standards and guidelines, and should be read alongside relevant legislation.³, 6-8

The UK National Screening Committee (UK NSC) sets screening policy for breast screening throughout the four nations. Where performance measures have been taken from NHS Breast Screening Programme consolidated standards, this has been referenced within the Healthcare Improvement Scotland breast screening standards.³, 9

Scope of the standards
These standards apply to the service providing breast screening within NHSScotland and cover the following areas:¹⁰

- leadership and governance
- information and support
- call-recall
- screening process
- recall for assessment
- surgical referral, and
- detection rates.
Format of the standards
All our standards follow the same format. Each standard includes:

- a statement of the level of performance to be achieved
- a rationale providing reasons why the standard is considered important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence of achievement.

Within the standards, all criteria are considered ‘essential’ or ‘required’ in order to demonstrate the standard has been met. While all territorial NHS boards are expected to meet all the standards, the detailed implementation of these standards is for local determination.

More information about the development of the standards is set out in Appendix 1.

Terminology
Wherever possible, we have incorporated generic terminology which can be applied across all health settings.

There are a number of terms specific to the breast screening service and these are defined in the glossary in Appendix 3. The term ‘eligible women’ is used to describe women who meet the criteria for the population-based breast screening programme.

Implementation
These standards support territorial NHS boards to assess quality and support improvement in NHSScotland breast screening services.
How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We may use several different methods of consultation during the development of the draft standards, including:

- wide circulation of the draft standards to relevant professional groups, health service staff, social care staff, voluntary sector organisations and individuals
- targeted engagement with the public (such as people who use services and carers) and service providers (including staff at the point of care), and
- an online survey tool (http://www.smartsurvey.co.uk/s/Breast_Screening_Draft/).

For more information, please contact:

Tracey Mitchell
Project Officer
Healthcare Improvement Scotland
Delta House
50 West Nile Street
Glasgow
G1 2NP

Phone: 0141 225 6991
Email: hcis.standardsandindicators@nhs.net

Submitting your comments

Responses to the draft standards should be submitted using our online survey tool. The consultation closes on Monday 11 June 2018. If you would like to submit your comments using a different format, please contact the standards and indicators team on the email address provided above.

Consultation feedback

At the end of the consultation period, all comments will be collated and the project group will respond to each comment received. The response will explain how the comments informed the final standards.

A summary of the responses to the consultation will be made available on the Healthcare Improvement Scotland website (www.healthcareimprovementscotland.org) and from Tracey Mitchell, Project Officer.

The final breast screening standards will be published in autumn 2018.
Summary of standards

Standard 1: Each NHS board demonstrates leadership and effective governance in the delivery of breast screening.

Standard 2: Each NHS board ensures that women receive information and support about breast screening to enable informed choice and decision-making.

Standard 3: Each NHS board ensures that all eligible women are invited for breast screening once every 3 years.

Standard 4: Each NHS board provides breast screening that is safe, effective and person-centred.

Standard 5: Each NHS board ensures that the recall process for further assessment is safe, effective and person-centred.

Standard 6: Each NHS board offers timely referral to the surgical team or for further treatment.

Standard 7: Each NHS board monitors the number of breast cancers detected to improve outcomes and mortality rates.
Breast screening standards

Standard 1: Leadership and governance

**Standard statement**
Each NHS board demonstrates leadership and effective governance in the delivery of breast screening.

**Rationale**
Each territorial NHS board in Scotland is responsible for the availability and delivery of breast screening for women living in the respective area.

Effective governance arrangements, including adverse events management and data monitoring, are critical for the delivery and assurance of breast screening.¹¹

A number of medical or clinical specialties are involved in the delivery and assurance of breast screening, for example radiographers, surgeons, radiologists and pathologists.¹² Each territorial NHS board has a screening coordinator responsible for overseeing the delivery, quality and effectiveness of breast screening.¹¹ There are six breast screening centres, hosted within six territorial NHS boards that provide operational running of a centre and led by a clinical director or lead clinician.¹¹ Staff are provided with training appropriate to their roles and responsibilities, including access to continued professional development.

Research highlights that access and uptake of population-based screening programmes is lower in some of the protected characteristics groups; these include people who are transgender or from traveller groups.¹³

**Criteria**

1.¹ Each NHS board has systems and processes to demonstrate:
   - the implementation and monitoring of breast screening national guidance and standards³, ⁷, ¹²
   - a multidisciplinary approach to breast screening, including assessment and referral for treatment
   - the adoption of consistent documentation, data collection and a national IT system to support benchmarking against quality outcomes and audit
   - ongoing quality monitoring, assurance and improvement, including offering people the opportunity to provide feedback on their experience, and
   - the implementation of policies and processes to identify women who may experience barriers to uptake breast screening.
1.2 Each NHS board has agreed care pathways to:

- provide timely and person-centred access to breast screening, referral for further assessment, recall for screening, and
- ensure timely communication and transfer of information between public health departments, primary care, secondary care, and breast screening centres.

1.3 Each NHS board has a public health lead acting as the breast screening coordinator.

1.4 Each NHS board has a clearly written and structured adverse events process, which includes:

- accountability and responsibility arrangements for reporting any adverse events
- a standard and consistent approach to reporting, and
- a documented escalation process for adverse events.

1.5 Each NHS board ensures that all staff delivering any aspect of breast screening have:

- undertaken training, continued professional development (CPD) and assessment appropriate to their roles and responsibilities
- maintained competency through continued professional development and participation in audit and quality assurance
- an understanding of governance arrangement, including reporting mechanisms for adverse events, and
- access to national professional guidance and standards for breast screening.

1.6 Each breast screening centre:

- has a designated lead clinician, and
- participates in multidisciplinary quality assurance processes, including, at a minimum, one external quality assurance review every 3 years.

<table>
<thead>
<tr>
<th>What does the standard mean for a woman participating in breast screening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Women are supported to provide feedback on their experience, including registering a complaint.</td>
</tr>
<tr>
<td>- Women can be confident that their local breast screening service has effective leadership and governance, and is committed to quality improvement.</td>
</tr>
<tr>
<td>- Women can be confident that NHS staff will work together to provide high quality and timely care, and that information will be shared appropriately.</td>
</tr>
</tbody>
</table>
### What does the standard mean for a member of staff?

- Staff can demonstrate knowledge, skills and competencies relevant to their role and responsibilities.
- Staff have an understanding of, and access to, care pathways, standards and guidance.
- Staff are aware of their role within the multidisciplinary team.
- Staff have clear guidance on how to report and escalate adverse events.

### What does the standard mean for the NHS board?

- NHS boards will:
  - have governance arrangements in place demonstrating roles, responsibilities and lines of accountability, including adverse event management
  - ensure co-ordinated, person-centred pathways for access and uptake of breast screening are developed and implemented
  - have failsafe processes for the purpose of monitoring breast screening
  - ensure barriers to access and uptake are understood and action plans are in place to minimise barriers
  - record and monitor data and undertake quality improvement and assurance to ensure performance against standards and outcomes, and
  - ensure that staff are provided with suitable training and continued professional development, and monitor this.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation describing, for example, lines of accountability, roles and responsibilities, and escalation of adverse event reporting.
- Multidisciplinary working, including involvement of professionals, care pathways, and local and national standard operating procedures.
- Documentation demonstrating evidence of staff and team performance, for example audit activity.
- Demonstration of engagement of hard to reach groups, including action plans to increase uptake among protected characteristics groups and equality impact assessments.\(^{13}\)
- Action plans demonstrating implementation of the Healthcare Improvement Scotland breast screening standards.
- Improvement work, including action plans, data collection and review of data, including feedback from service users and national benchmarking.
Standard 2: Information and support

Standard statement
Each NHS board ensures that women receive information and support about breast screening to enable informed choice and decision-making.

Rationale
The provision of information is essential to support women to make an informed choice to undergo breast screening. Information should be in an accessible format and include the benefits and risks of breast screening.

Criteria

2.1 Each NHS board provides women with nationally agreed information and support, in a format and language appropriate to their needs. This information should include:
- why they have been offered breast screening
- the benefits and risks related to breast screening to enable informed choice
- what happens at the breast screening appointment
- what test results mean
- further assessment for diagnostic testing, and
- who to contact for support or further information.

2.2 Women diagnosed with breast cancer will:
- be fully involved in all decision-making relating to care and treatment
- be given an opportunity to discuss any aspect of decision-making relating to care and treatment
- have their diagnosis communicated in the presence of a clinical nurse specialist and clinician, and
- be referred to a local breast cancer multidisciplinary team for care planning and treatment.

2.3 Each NHS board provides women with information on how to:
- self-refer, and
- notify the breast screening service if they have previously declined screening but wish to opt back in.

2.4 Each NHS board has systems and processes for:
- the timely identification and invitation of all eligible women for breast screening
- sending reminder letters to women who have not responded, and
- monitoring uptake of breast screening.
### What does the standard mean for a woman participating in breast screening?

- Women will receive an appointment letter and information leaflet, which provides an overview of the breast screening process, including the benefits and risks to enable them to make an informed choice about whether to attend for screening.
- Women will be fully informed and involved in all aspects of the breast screening process.
- Women will be given an opportunity at their screening appointment to discuss any aspect of the breast screening process, raise any questions or concerns and discuss how the results will be communicated to them.

### What does the standard mean for a member of staff?

- Staff can offer a responsive and person-centred service and information for all women participating in breast screening.

### What does the standard mean for the NHS board?

- NHS boards have systems and processes in place to ensure the availability of:
  - appropriate and timely information and support resources, and
  - a responsive and person-centred breast screening service.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of information provided in alternative formats and languages.
- Access to support services.
- Documentation relating to decision-making and informed choice for breast screening.
Standard 3: Call-recall

Standard statement
Each NHS board ensures that all eligible women are invited for breast screening once every 3 years.

Rationale
The aim of an effective call-recall system is to maximise the number of eligible women invited for breast screening. All eligible women aged 50 to 70 years of age are invited for breast screening every 3 years. Eligible women are identified through Community Health Index (CHI) registration and invited to attend screening before their 53rd birthday.

Women not eligible for routine breast screening as part of the programme include those who have had a bilateral mastectomy.

The UK National Screening Committee (UK NSC) has set performance thresholds for breast screening invitation, uptake and recall rates to reduce breast cancer mortality and ensure breast screening takes place in a timely manner.

Criteria

3.1 All eligible women will be routinely invited for breast screening:
- before their 53rd birthday, and
- every 3 years until their 71st birthday.

3.2 Each NHS board ensures that it achieves an acceptable uptake rate of ≥70% with an achievable ≥80%, in line with NHS Breast Screening Programme consolidated standards.

3.3 Each NHS board ensures that it achieves an acceptable routine recall rate of 90%, in line with NHS Breast Screening Programme consolidated standards.

3.4 Each NHS board maximises uptake by:
- ensuring that the eligible population can make an informed choice about whether or not to participate in breast screening
- regularly undertaking a needs analysis to understand barriers to uptake and by ensuring that action plans are in place, and
- having processes and protocols in place to identify and engage with groups with lower than anticipated uptake.
### What does the standard mean for a woman participating in breast screening?

- Women will be invited to attend for breast screening before they are 53 years of age and every 3 years thereafter until 70 years of age.

### What does the standard mean for a member of staff?

- Staff can demonstrate an awareness, relevant to their role and responsibilities, of:
  - the call-recall system and pathways, and
  - eligibility criteria for the breast screening programme.

### What does the standard mean for the NHS board?

- NHS boards:
  - have an effective call-recall system in place with standard operating procedures
  - have failsafe arrangements
  - monitor uptake and routine recall rates for breast screening, and
  - identify and improve low uptake for groups of women not accessing breast screening.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Monitoring reports detailing uptake and routine recall rates within agreed defined reporting period.
- Protocols for inviting eligible women for breast screening.
- Protocols for maximising uptake with reference to local population, for example socio-economic deprivation.
- Equality impact assessments, audits identifying barriers to accessing screening and action plans to address these.
- Reporting against agreed programme failsafe processes.
Standard 4: Screening process

Standard statement
Each NHS board provides breast screening that is safe, effective and person-centred.

Rationale
The UK National Screening Committee has identified performance thresholds for image quality to maximise cancer detection. To minimise harm from breast screening, radiation doses and repeat examinations will be kept to a minimum and in line with legislation and regulations. There will be occasions when screening requires to be repeated, however, this should be kept to a minimum to avoid additional radiation exposure and anxiety.

To minimise anxiety and for early cancer detection, women who have participated in breast screening will receive accurate results within agreed timeframes.

Staff are trained according to national guidance and professional competency frameworks relevant to their role.

Criteria

4.1 All screening equipment is maintained, tested and used in line with national legislation and regulations. This will include, but not be limited to, mobile trailers.

4.2 The dose of radiation is kept within approved levels and the image quality is optimised in line with national legislation, regulations and NHS Breast Screening Programme consolidated standards.

4.3 Each NHS board ensures that less than 3% of women who have been screened, in line with NHS Breast Screening Programme consolidated standards:

- are recalled for technical reasons, or
- undergo repeat imaging during the screening appointment.

4.4 Each NHS board ensures that 95% of women receive written confirmation of their results from the screening service within 2 working weeks of a completed screen, in line with NHS Breast Screening Programme consolidated standards.

What does the standard mean for a woman participating in breast screening?

- Women can be assured that they will experience safe, appropriate and effective breast screening.
- Women will receive their results within 2 working weeks of a successful screen.
<table>
<thead>
<tr>
<th>What does the standard mean for a member of staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Staff can demonstrate knowledge and skills in undertaking screening in line with professional competency frameworks.</td>
</tr>
<tr>
<td>● Staff have an understanding of, and work within, national standards relating to equipment maintenance and radiation dose levels.</td>
</tr>
<tr>
<td>● Staff are supported to attend regular training, CPD and assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for the NHS board?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● NHS boards ensure that:</td>
</tr>
<tr>
<td>- processes are in place and are monitored for compliance with national standards and guidance</td>
</tr>
<tr>
<td>- recall for repeat screening for unsatisfactory mammograms and abnormal mammograms is monitored and minimised, and</td>
</tr>
<tr>
<td>- equipment for breast screening is safe and effective.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practical examples of evidence of achievement (NOTE: this list is not exhaustive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Compliance with radiation protection regulations through quality assurance visit reports and quality control records.</td>
</tr>
<tr>
<td>● Commissioning and routine physics reports.</td>
</tr>
<tr>
<td>● Evidence of audit of equipment quality control data against national standards and action taken in the case of failures.</td>
</tr>
<tr>
<td>● Electrical safety and critical examination certificates.</td>
</tr>
<tr>
<td>● Regular equipment inspection reports from servicing agents.</td>
</tr>
<tr>
<td>● Clinical dose survey reports (at least every 3 years).</td>
</tr>
<tr>
<td>● Adverse event reporting and evidence of lessons learned.</td>
</tr>
<tr>
<td>● Data demonstrating achievement of technical recall and repeat targets per site or per individual, and an action plan where non-compliance occurs.</td>
</tr>
</tbody>
</table>
Standard 5: Recall for assessment

Standard statement
Each NHS board ensures that the recall process for further assessment is safe, effective and person-centred.

Rationale
The breast screening pathway ensures that, where necessary, women are:
1. recalled for further assessment to obtain a definitive diagnosis, or
2. referred for further diagnostic procedures.\(^3\)

To minimise distress and anxiety of women, diagnosis, assessment and referral information should be shared with the woman in person and, where possible, in the presence of a clinical nurse specialist. The role of the nurse is multifaceted and includes that of facilitator, supporter, counsellor, educator, teacher and advocate for the woman and their family as well as being an instrumental member of the multi-professional care team.

Each NHS board should ensure women with abnormalities which require further investigation are recalled, while minimising the number of women who are recalled where no abnormalities are subsequently found. Additionally, the number of operative procedures used to support diagnosis should be kept to a minimum.

All invasive breast cancers require ultrasound assessment of the axilla to determine the need for further staging. This is completed as part of the initial assessment to avoid unnecessary delays.\(^3\)

Performance thresholds are set to monitor non-operative diagnosis (using guided biopsy, for example), recall, and assessment to ensure the timely recall and availability of results.\(^3\)

Criteria
5.1 Each NHS board ensures that diagnosis, assessment and referral information is:
- shared with the woman in person and, where possible, in the presence of a clinical nurse specialist, and
- communicated to the respective GP.

5.2 Each NHS board ensures that recall for assessment is achieved in line with NHS Breast Screening Programme consolidated standards’ performance thresholds for:\(^3\)
- prevalent screening – acceptable: <10%; achievable: <7%, and
- incident screening – acceptable: <7%; achievable: 5%.
5.3 Each NHS board ensures that early recall following assessment is achieved in line with NHS Breast Screening Programme consolidated standards' performance thresholds:3
- acceptable: <0.25%, and
- achievable: <0.12%.

5.4 Each NHS board offers an assessment appointment within 3 working weeks of the initial screening in line with NHS Breast Screening Programme consolidated standards:3
- acceptable: ≥98%, and
- achievable: 100%.

5.5 Each NHS board ensures that 95% of women complete the assessment process, from assessment to results of assessment, by attending for breast screening on no more than three separate visits, in line with NHS Breast Screening Programme consolidated standards.3

5.6 Each NHS board ensures that the number of women with a non-operative diagnosis is achieved in line with the NHS Breast Screening Programme consolidated standards' performance threshold for:3
- invasive disease – acceptable: ≥90%; achievable: ≥95%
- ductal carcinoma in situ (DCIS) – acceptable: ≥85%; achievable: ≥90%.

5.7 Each NHS board ensures that the number of women with a diagnosis of invasive breast cancer, who have an axillary ultrasound procedure, is achieved in line with NHS Breast Screening Programme consolidated standards’ performance thresholds:3
- acceptable: >95%, and
- achievable: 100%.

5.8 The diagnosis and management of lesions with uncertain malignant potential (B3 lesions) is undertaken in line with national guidance.9

5.9 For women who do not attend their assessment appointment, arrangements are in place to:
- offer a further appointment, and
- notify the respective GP.

<table>
<thead>
<tr>
<th>What does the standard mean for a woman participating in breast screening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women will be provided with information explaining why they have been invited for further assessment.</td>
</tr>
<tr>
<td>• Women undergo further assessment that is safe, appropriate and an effective way of breast screening.</td>
</tr>
</tbody>
</table>
What does the standard mean for a member of staff?

- Staff can demonstrate knowledge and skills in undertaking further assessment in line with professional competency frameworks.

What does the standard mean for the NHS board?

- NHS boards ensure that:
  - processes are in place and are monitored for compliance with national standards and guidance
  - recall for repeat screening for unsatisfactory mammograms and abnormal mammograms is monitored, and
  - equipment for assessment is safe and effective.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Regular equipment inspection reports from servicing agents.
- Clinical dose survey reports (at least every 3 years).
- Adverse event reporting and evidence of lessons learned.
- Data demonstrating achievement of technical recall and repeat targets per site or per individual, and an action plan where non-compliance occurs.
Standard 6: Surgical referral

Standard statement
Each NHS board offers timely referral to the surgical team or for further treatment.

Rationale
Timely referral to the surgical team or for further treatment improves health and wellbeing outcomes. Assessment outcome and treatment options should be discussed at multidisciplinary team meetings and in line with national guidance and treatment.8, 9, 16

All aspects of the assessment, including the outcome, referral and further treatment, will be fully discussed with the woman and, where appropriate, their representative. Opportunities are provided for women to ask questions or raise concerns.

Criteria
6.1 Each NHS board ensures that 90% of women who have received their assessment results and who require surgical referral are seen by the surgical team within 2 working weeks.

6.2 Each NHS board ensures that the number of women with surgical benign biopsies attending for prevalent screening is in line with NHS Breast Screening Programme consolidated standards’ performance thresholds:3
- acceptable: <1.5/1000, and
- achievable: <1/1000.

6.3 Each NHS board ensures that the number of women with surgical benign biopsies attending for incident screening is in line with NHS Breast Screening Programme consolidated standards’ performance thresholds: 3
- acceptable: <1.0/1000, and
- achievable: <0.75/1000.

6.4 Surgical treatment will be undertaken in line with national guidance.16

What does the standard mean for a woman participating in breast screening?

- Women will be provided with information before their appointment about why they have been referred to the surgical team or for other treatment options, in a way that suits their needs.
- Women will be given an opportunity to discuss the assessment and raise any questions or concerns at their appointment.
<table>
<thead>
<tr>
<th>What does the standard mean for a member of staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Staff can demonstrate knowledge and skills in undertaking referral and provision of results in line with professional competency frameworks.</td>
</tr>
<tr>
<td>● Staff have an understanding of, and work within, national guidance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for the NHS board?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● NHS boards ensure that:</td>
</tr>
<tr>
<td>- pathways for surgical referral to monitor compliance with national standards and guidance are in place</td>
</tr>
<tr>
<td>- rates for surgical referral against agreed programme thresholds are monitored, and</td>
</tr>
<tr>
<td>- processes and care pathways are in place to ensure timely referral and management.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practical examples of evidence of achievement <em>(NOTE: this list is not exhaustive)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>● Data demonstrating achievement of key performance indicators and national standards.</td>
</tr>
<tr>
<td>● Evidence of audit of surgical practice.</td>
</tr>
<tr>
<td>● Details of support or further information for women referred for surgery.</td>
</tr>
<tr>
<td>● NHS Breast Screening Programme and Association of Breast Surgery audit of screen detected breast cancers.</td>
</tr>
</tbody>
</table>
Standard 7: Detection rates

Standard statement
Each NHS board monitors the number of breast cancers detected to improve outcomes and mortality rates.

Rationale
Breast screening aims to detect cancer early, and is a ‘test for breast cancers that are too small to see or feel’. Early detection can improve patient outcomes and reduce the amount of treatment required.

To improve patient outcomes and reduce mortality rates, the UK National Screening Committee monitors detection rates, including:

- age standardised detection rates for invasive cancers (including cancers <15mm diameter)
- non-invasive cancers, particularly ductal carcinoma in situ, and
- cancers detected between screening appointments (interval cancers).

Review of interval cancers is recommended to improve skills in detecting small breast cancers.

Criteria

7.1 The rate of invasive breast cancers detected per 1,000 women attending for prevalent screening is within the following performance thresholds:
   - acceptable: 2.7, and
   - achievable: 3.6.

7.2 Detection of invasive breast cancers at 3.0 per 1,000 women attending for incident screening.

7.3 Each NHS board ensures that the age standardised detection ratio (SDR) for invasive breast cancers is in line with NHS Breast Screening Programme consolidated standards’ performance thresholds:
   - acceptable: 1, and
   - achievable: 1.4.

7.4 Each NHS board ensures that the age standardised detection ratio for small invasive breast cancers (<15mm) is in line with NHS Breast Screening Programme consolidated standards’ performance thresholds:
   - acceptable: 1, and
   - achievable: 1.4.
Each NHS board monitors the rate of ductal carcinoma in situ detected in line with NHS Breast Screening Programme consolidated standards:\(^3\)
- prevalent screening is $\geq 0.5$ per 1,000 women, and
- incident screening is $\geq 0.6$ per 1,000 women.

Each NHS board will monitor the detection rates of interval cancers per 1,000 women screened in line with NHS Breast Screening Programme consolidated standards:\(^3\)
- $<0.65/1000$ diagnosed $<12$ months of their previous screen
- $<1.40/1000$ diagnosed between 12 and $<24$ months of their previous screen, or
- $<1.65/1000$ diagnosed between 24 and $<36$ months of previous screen.

Each NHS board monitors interval cancer rates for national benchmarking.

Interval cancer images and classification are reviewed to improve detection in small breast cancers.

<table>
<thead>
<tr>
<th>What does the standard mean for a woman participating in breast screening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Women can be confident that NHS boards monitor detection rates to ensure that cancers, particularly those which are too small to see or feel, are detected at the earliest opportunity.</td>
</tr>
<tr>
<td>- Women can be assured that there is ongoing education and training in breast cancer detection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for a member of staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Staff have an understanding of the importance of monitoring and reviewing detection rates, and</td>
</tr>
<tr>
<td>- Staff undertake continued training in image reading to improve detection of small breast cancers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for the NHS board?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Each NHS board records, monitors and publishes board breast cancer detection rates as specified.</td>
</tr>
</tbody>
</table>

**Practical examples of evidence of achievement** *(NOTE: this list is not exhaustive)*
- Reports detailing cancer detection rates.
- Quality assurance reports demonstrating review of radiological images for service improvement and education.
References


Appendix 1: Development of the breast screening standards

The draft breast screening standards have been informed by current evidence, best practice recommendations, and developed by group consensus.

Development activities

To ensure each standard is underpinned with the views and expectations of healthcare staff, third sector representatives, individuals and the public in relation to breast screening, information has been gathered from a number of sources and activities, including:

- a scoping meeting in April 2016 with a subset of development group members
- a scope engagement exercise in May 2016
- literature review and equality impact assessment, and
- two standards development group meetings between June and September 2017.

A standards development group, chaired by Dr Emilia Crighton, Interim Director of Public Health, NHS Greater Glasgow and Clyde was convened in June 2017 to consider the evidence and to help identify key themes for standards development.

Membership of the standards development group is set out in Appendix 2.

Quality assurance

All standards development group members were responsible for advising on the professional aspects of the standards. Clinical members of the group were also responsible for advising on clinical aspects of the work. The chair was assigned lead responsibility for providing formal clinical assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All group members made a declaration of interest at the beginning stages of the project. They also reviewed and agreed to the group’s Terms of Reference. More details are available on request from hcis.standardsandindicators@nhs.net

Healthcare Improvement Scotland also reviewed the standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.

For more information about Healthcare Improvement Scotland’s role, direction and priorities, please visit: www.healthcareimprovementscotland.org/drivingimprovement.aspx.
## Appendix 2: Membership of the breast screening standards development group

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilia Crighton (Chair)</td>
<td>Interim Director of Public Health</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Mary Alison</td>
<td>Director for Scotland</td>
<td>Breast Cancer Now</td>
</tr>
<tr>
<td>Debbie Archibald</td>
<td>Breast Screening Services Manager</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Matthew Barber</td>
<td>Consultant Breast Surgeon</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Margo Biggs</td>
<td>Public Partner</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Carol Colquhoun</td>
<td>National Screening Co-ordinator</td>
<td>National Specialist and Screening Services Directorate</td>
</tr>
<tr>
<td>Andy Evans</td>
<td>Professor of Breast Imaging</td>
<td>University of Dundee</td>
</tr>
<tr>
<td>Alison Fraser</td>
<td>Senior Programme Manager (Breast Screening)</td>
<td>National Specialist and Screening Services Directorate</td>
</tr>
<tr>
<td>Belinda Henshaw</td>
<td>Senior Programme Manager</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Jen Layden</td>
<td>Programme Manager (until December 2017)</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Joseph Loane</td>
<td>Consultant Pathologist</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Sarah Manson</td>
<td>Senior Policy Manager</td>
<td>National Screening Programmes, Scottish Government</td>
</tr>
<tr>
<td>Husam Marashi</td>
<td>Consultant Clinical Oncologist</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Tracey Mitchell</td>
<td>Project Officer</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Mike McKirdy</td>
<td>Director of Global Health</td>
<td>Royal College of Physicians and Surgeons Glasgow</td>
</tr>
<tr>
<td>Shelley-Marie O'Hare</td>
<td>Lead Clinical Nurse Specialist</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Donna O'Rourke</td>
<td>Programme Manager</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>John Quinn</td>
<td>Senior Information Analyst</td>
<td>Information Services Division</td>
</tr>
<tr>
<td>Katherine Schofield</td>
<td>Lead Mammography Physicist</td>
<td>NHS National Services Scotland</td>
</tr>
<tr>
<td>Louise Scott</td>
<td>General Practitioner</td>
<td>The Group Practice, Stornoway</td>
</tr>
<tr>
<td>Jim Smith</td>
<td>Project Officer (until March 2018)</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Janice Tannock</td>
<td>Superintendent Radiographer</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Fiona Wardell</td>
<td>Team Lead</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Laura Wilkinson</td>
<td>Consultant Radiologist</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
</tbody>
</table>
### Appendix 3: Glossary

The majority of the descriptions in this glossary have been taken directly from ISD: Scottish Breast Screening Programme Statistics – Glossary of terms.\(^{17}\)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment</td>
<td>The process a woman undergoes following an abnormal mammogram in order to obtain a definitive diagnosis.</td>
</tr>
<tr>
<td>B3 lesions</td>
<td>Lesions categorised as B3 (of uncertain malignant potential) may be associated with co-existing adjacent malignancy and some are also associated with a longer term increased risk of developing cancer.</td>
</tr>
<tr>
<td>benign surgical biopsy</td>
<td>A surgical diagnostic biopsy where the outcome is normal or not malignant.</td>
</tr>
<tr>
<td>biopsy</td>
<td>The removal of a small piece of tissue from an organ or part of the body for laboratory examination. It is an important means of confirming or excluding a diagnosis of cancer from analysis of a fragment of the tissue sample.</td>
</tr>
<tr>
<td>ductal carcinoma in situ (DCIS)</td>
<td>An early form of breast cancer, where the cancer cells are only found inside the milk ducts (in situ) and have not developed the ability to spread either outside the ducts into the breast tissue or to other parts of the body.</td>
</tr>
<tr>
<td>early recall</td>
<td>Recall for the next screening episode earlier than the usual interval (3 years). Early recall is normally 3 months, 6 months or 1 year. An early recall appointment is considered as non-routine.</td>
</tr>
<tr>
<td>failsafe processes</td>
<td>Designed to ensure that, where something goes wrong, processes are in place to identify: what is going wrong; and what actions are necessary to ensure a safe outcome. (Service specification no.24 Breast Screening Programme)(^{18})</td>
</tr>
<tr>
<td>incident screen</td>
<td>Any mammographic screen a woman has after her first screen. It can identify disease that has arisen since the previous screen.</td>
</tr>
<tr>
<td>invasive breast cancer</td>
<td>Breast cancer that can or has spread from its site of origin.</td>
</tr>
<tr>
<td>non-attendance</td>
<td>Eligible people who do not attend following an invitation for screening.</td>
</tr>
<tr>
<td>prevalent screen</td>
<td>A person’s first mammographic screen.</td>
</tr>
<tr>
<td>recall</td>
<td>The part of the screening system whereby a person is recalled for a repeat screen or an assessment appointment. This includes routine recall and early recall.</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>routine recall</td>
<td>Recall for the next screening episode at the normal interval (normally once every 3 years). The routine recall rate is the percentage of eligible women whose date of first offered appointment is within 36 months of their previous screen. Women being screened for the first time will not be included in screening round length statistics.</td>
</tr>
<tr>
<td>screening</td>
<td>Examination of people with no symptoms to detect unsuspected disease.</td>
</tr>
<tr>
<td>screening episode</td>
<td>A cycle of a person’s screening events.</td>
</tr>
<tr>
<td>self-referral</td>
<td>The process whereby a woman refers herself for screening.</td>
</tr>
<tr>
<td>standardised detection ratio (SDR)</td>
<td>The observed numbers of invasive cancers detected divided by the number expected given the age distribution of the population.</td>
</tr>
<tr>
<td>uptake rate</td>
<td>The proportion of women invited to a breast screening appointment who attend.</td>
</tr>
</tbody>
</table>
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

www.healthcareimprovementscotland.org

Edinburgh Office: Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB
Telephone: 0131 623 4300

Glasgow Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone: 0141 225 6999

The Healthcare Environment Inspectorate, Improvement Hub, Scottish Health Council, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.