

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service name</b>	NHS London Breast Screening Programme Administrative Hub (referred to as The Hub)
<b>Service specification number</b>	The programme service specification no.24 (2024/25), for the NHS providers is available as part of the public health functions exercised by NHS England.
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<b>Provider lead</b>	TBC
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1. Introduction
<p>This document outlines what the provider of the London Breast Screening Administrative Hub (Hub), contracted by NHS England (London), is to deliver as part of the breast screening programme in London.</p> <p><b>1.1 Background</b></p> <p>The Breast Screening Programme in London is organised and delivered around a hub and spoke model; thus, several breast screening clinical service providers are organised around one centralised administrative hub. The administrative hub objectives are to provide</p> <ul style="list-style-type: none"> <li>• admin support to routine breast screening</li> <li>• central referral point for clinical genetics and others who wish to refer women who meet the criteria of being at very high risk of breast cancer for enhanced screening/surveillance</li> <li>• provide strategic support for the London service</li> </ul> <p>The Hub also plays an integral role in the reduction of health inequalities through data analysis and providing insights on breast screening uptake to partners.</p>
2. London Population
<p><b>2.1. National context and evidence base</b></p> <p>The purpose of this specification is to ensure that there is a consistent and equitable approach to the provision and monitoring of the NHS Breast Screening Programme (NHS BSP). For avoidance of doubt, this specification refers to the Hub provision (the service) to support clinical services in delivery of the NHS BSP in London. The provider is responsible for providing the service in London.</p> <p>This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008 or the work undertaken by the Care Quality Commission. In the event of new guidance emerging, the specification will be reviewed and amended, but, where necessary, both the commissioner and provider must work proactively to agree timely variations of contract ahead of the production of a revised specification.</p> <p>This specification needs to be read in conjunction with the NHS BSP guidance and standards in section 4: Applicable Service Standards and:</p> <ul style="list-style-type: none"> <li>• Cancer Screening Programmes (CSP) website: <a href="#">Population screening programmes</a><sup>1</sup></li> <li>• Technical guidance on the National Breast Screening Database System (NBSS) <a href="#">NBSS website</a></li> <li>• Breast screening professional guidance: <a href="#">Breast screening: professional guidance</a></li> <li>• Breast screening programme standards: <a href="#">Breast screening programme: standards</a></li> <li>• Breast screening pathway requirements specification: <a href="#">Breast screening pathway requirements specification</a></li> <li>• NHSE Serious Incident framework: <a href="#">Serious Incident framework</a></li> <li>• NHSE Equality and Health Inequalities Hub: <a href="#">The Equality and Health Inequalities Hub</a></li> <li>• NHS England Standard contract: <a href="#">NHS Standard Contract</a></li> </ul>

<sup>1</sup> To Note: this website refers to the current address at the time of writing. It is the intention of NHSE to update this site and as such the new address will not be reflected in this document. Providers and commissioners should update their records accordingly when any change occurs.

- The NHS Long Term plan (2019) [NHS Long Term Plan](#), which commits to modernising the NHS BSP to support the ambition to detect 75% of cancers at an early stage by 2028.
- Protocols for the surveillance of women at higher risk of developing breast cancer [Protocols for the surveillance of women at higher risk of developing breast cancer](#).

The aim of breast screening is to reduce mortality from breast cancer by diagnosing cancer at an early stage when treatment is more successful.

In England, the NHS currently offers breast screening to women aged from 50 up to their 71st birthday, every 3 years. Women aged 71 and over may self-refer every 3 years by contacting their local breast screening unit.

Women invited for breast screening have X-rays (mammograms) at a clinic or mobile breast screening unit. A female mammographer carries out breast screening, taking 2 mammograms of each breast. The appointment takes around 30 minutes, but the mammograms take only a few minutes.

Breast screening is a two-stage screening process involving mammography initially for all women, followed by further screening tests for a small proportion of women. The additional tests are to confirm the presence of breast cancer or to reassure women that they have no sign of cancer and can be discharged back to routine screening.

Women under 50 who have a very high genetic risk of breast cancer because of family history, or are a carrier of Breast Cancer (BRCA) gene, or on the Breast screening After Radiotherapy Dataset (BARD) database may be offered regular screening as part of very high risk (VHR) screening.

## 2.2 Local Context

This service specification has been developed to ensure that there is a consistent and equitable approach to the provision and monitoring of the NHS BSP across England. It will enable provision of the Breast Cancer Screening pathway and supports the national cancer 28-day Faster Diagnosis Standard. This is a national specification but is devolved down to each NHS England (NHSE) region for local management.

The NHS London Breast Screening Programme is made up of clinical providers and a central administrative hub (Hub). For the routine programme, the Hub is responsible for providing a regional support service for client booking (helpline), appointment booking function, website, the invitation (including repeat invitation) element for the programme, and communication of results to the person screened and their GP. The Hub is responsible for keeping up with the latest technological advancements and using such innovation to support operational delivery, client experience, and workflows.

The Hub will take on a strategic role in coordinating, standardising approaches, escalating issues relating to:

- overseeing and monitoring the screening programme progress against round plans.
- monitoring and working collaboratively with clinical providers in regulating, maintaining invitation rates within round plan and appointments booked not more than 6 weeks ahead.
- having an integral role in the reduction in the unwarranted variation of health inequalities through analysis/targeted interventions, data collation, collaboration with partners at a London level

The Hub must agree, with the clinical services, and document the coordination, approaches and escalations clearly in a Memorandum Of Understanding (MOU).

The MOU must state the:

- roles and responsibilities
- governance
- communication pathways, underpinned by a Standard Operating Procedure (SOP)
- escalation triggers and pathways

The MOU must be shared with commissioners and Screening Quality Assurance Service (SQAS). For VHR screening, the Hub will provide a single point of contact for receiving and coordination of very high-risk referrals to clinical service.

### 3. Key service outcomes

#### 3.1 NHS outcomes framework domains and indicators

Indicators are grouped around five domains which set out the high-level national outcomes that the NHS should be aiming to improve. They focus on improving health and reducing health inequalities. Those marked with "X" state those domains covered by NHS Breast Screening Programme.

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	X

### 4. Administrative Hub Description

#### **4.1 Aim**

The aim of the NHS BSP is to reduce mortality from breast cancer by diagnosing cancer at an early stage, earlier treatment more likely leads to improved outcomes. In conjunction with breast screening clinical service providers, the Hub will ensure that breast screening services in London deliver a high-quality screening service which meets the aims of the national screening programme and consistently meets nationally and locally agreed standards.

The Hub must contribute to this aim by delivering a service that:

- invites those eligible for invitation to the NHS BSP following notification from respective clinical services
- is safe, effective, of a high quality, externally and independently monitored (BS-Select audits by NHS digital), and quality assured
- reduces cancer mortality through early detection and appropriate referral of detected cases for further diagnostics to improve patient outcomes
- is delivered by suitably trained, competent and qualified staff
- has audit embedded in it
- provides the invited population with the information they require to make an informed decision about their participation in the screening programme, in the form they require it in
- ensures GP/Defense Medical Services (DMS) practices are informed of the outcome of their registered patients.
- provides call centre service to support client queries and / or requests to change appointments.

#### **4.2 Objectives**

- to maximise the number of cancers detected
- to minimise the number of cancers presenting between screening episodes
- to support clinical providers to strive to meet the achievable standards set out in Schedule 4
- to ensure the right people are invited at the right time
- to inform people of the risks and benefits of screening
- to participate in both approved national routine audits and ad hoc audits to evaluate overall programme quality and performance

#### **4.3 Strategy**

The Hub:

- leads on the assurance function (regular review and sign off) for service round length plans
- has oversight role and lead responsibilities for managing operational demand and makes recommendation on capacity across London Breast Screening System, with delegated authority to make strategic and tactical decisions
- has the authority to alert breast clinical services and notify (escalate) commissioners of actual and predicted deviations from round plan and work collaboratively to ensure that the necessary measures are taken to remedy the situation
- is accountable for overseeing and monitoring services' round plans and for highlighting to commissioners where they anticipate/ predict they cannot or will not be achieved or they predict round length targets will be breached
- will monitor and work closely with clinical providers in regulating, maintaining invitation rates within agreed guidelines (appointments booked not more than 6 weeks ahead)
- will seek agreement from commissioners and breast screening clinical services with a mitigation plan (dashboard) before extending appointments beyond six weeks.

- must collaborate with stakeholders to reduce health inequalities experienced by the Core20PLUS5 population, improve screening uptake through data analysis, providing information on population insights, and project support.
- will seek agreement from commissioners before amending invitation methodology e.g. open invites

#### 4.4 Routine Screening

The Hub will perform the following parts of the screening pathway for routine screening:

- invitation
- inform
- giving normal test results

The following service descriptions only apply to those elements managed directly by the Hub as part of the contracted service. Please see Appendix 1 for an overview of Breast Clinical Service responsibilities. The end to end pathway is available at (see Appendix 2

<https://www.gov.uk/government/publications/breast-screening-pathway-requirements-specification/breast-screening-pathway-requirements-specification#end-to-end-pathway> )

##### 4.4.1 Identification

The Hub must take appropriate actions when informed of planned changes in GP practice configurations such as closures, new practices and practice mergers. These should be communicated to all breast screening providers to avoid service users being invited late into the programme.

To optimise coverage and uptake the Hub must:

- agree population estimates for eligible cohorts with breast screening clinical service to underpin round length planning, identify service delivery requirements and enhance operational efficiency
- ensure that all eligible service users registered with a GP in the catchment area, and those resident in the area without a GP, are included in the service
- follow [national guidance](#) relating to the screening of [transgender and non-binary people](#)
- ensure that clinical services are inviting (batching) service users aged from 50 years up to their 71st birthday. In practice, the following age ranges will be used to identify the eligible population prior to invitation:
  - routine screening population: 49 years and  $\geq 8$  months to 70 years, 364 days (up to the 71st birthday)
- ensure that breast screening clinical service invite [include] all eligible service users for their final routine screen within 34 to 36 months of their 68th birthday
- escalate any deviations in round plan or age range identifications to commissioners promptly.
- identify service users who move into the screening catchment area from BS-Select, who are registered with a GP in the screening catchment area, or self-referred themselves by contacting the Hub
- ensure that service users who are not on the Personal Demographics Service (PDS) have access to screening, and that local arrangements are made to cover residential institutions, including secure estates
- work with respective clinical service to utilise BS-Select and the National Breast Screening System (NBSS) to ensure that coverage is optimised and ensure that all GP practices and Defence Medical Service (DMS) practices are correctly identified
- ensure the inclusion of cohorts of all eligible military and non-military personnel registered with a Defence Primary Healthcare centre who are registered on the PDS (spine) within its responsible population boundaries

- include SMS text message reminders as part of their invitation processes. The requirement is a text message reminder for the initial invitation and at least one reminder for non-attenders. Further guidance can be found here: <https://www.gov.uk/government/publications/nhs-population-screening-effective-text-message-use> ( add the invitation)
- confirm with service users that phone numbers held on breast IT systems are accurate at each contact (either by phone or in person) to help support appropriate text messaging and screening uptake
- if national data recording ethnicity is not available, aim to collect ethnic origin information for all service users who contact the Hub on NBSS to identify whether certain ethnic groups are more or less likely to attend for screening which can feed into health equity audits and uptake improvement planning
- make reference to out of area policy

#### 4.4.2 Exclusion

This specification does not include the following activities, or any work or cost associated with:

- service users below the current eligible age group who do not meet the criteria for very high-risk screening within the NHS BSP
- service users who have had bilateral mastectomy
- symptomatic referrals
- post diagnosis follow-up and management
- the treatment of breast cancer
- not resident in England
- not registered with a GP practice

#### 4.4.3 Invitation/offer

The Hub must manage call/recall for the London and parts of West Hertfordshire (Hertsmere, Three Rivers and Watford) breast screening programmes.

Appointments should not be more that 6 weeks in advance.

The specific call/recall function is determined by NBSS which has inbuilt failsafe to ensure this function is performing to the correct standard. NBSS/BS Select automatically selects the cohort from the Spine. The Hub should have in place a process for engaging with clinical services to ensure screening invitations and appointments are set and sent within standard timeframe.

The Hub must:

- work collaboratively with the clinical services and agree on a plan to invite people between 34 to 36 months of their last invitation according to the criteria specified by the NHS BSP with clinical services. This will give time to accommodate unforeseen circumstances and reduce the risk of slippage. The breast screening admin hub is responsible for issuing invitations to the eligible population within 34-36 months of the last screening test and monitoring compliance
- work collaboratively with clinical services to develop and regularly review the screening round plan to ensure that the appropriate population is covered and that invitations are sent promptly
- through monitoring and working with commissioners, support and encourage the clinical services to use the national digital round length planning tool on BS-Select
- work collaboratively with clinical services to ensure all service users are invited to attend for their initial (prevalent) screen between their 50<sup>th</sup> birthday and before their 53<sup>rd</sup> birthday through regular monitoring.
- comply with national guidance on invitation

- 1.1. ensure timely despatch of invitation/appointment letters

1.2. provide the correct information about the screening process and appointment the person receives

- send service users two screening invitations, where they do not attend or do not respond to the initial invitation in accordance with current programme policy
- ensure that all service users with learning disabilities, autism, or other additional identified needs and those invited breast programme receive two timed appointments.
- ensure that all service users with learning disabilities, autism, or other additional identified needs have longer appointment slots if required
- use national letter templates held within NBSS website (accessible to services)
- post initial invitation letters at least 2 weeks before the appointment date;
- have SMS text messaging facilities available to encourage attendance by reminding all service users of their initial screening appointment and sending at least one reminder to non-attenders
- ensure systems in place to reduce the risk of service users not being able to contact the Hub in cases where demand is high or administrative capacity is low.

All service users must have access to:

- a generic email address which is quoted in invitation letters and responded to daily
- telephone line, with answerphone facility to be able to leave a message. The telephone number should be quoted in invitation letters. Hub should respond to service users' voicemails within 2 working days of leaving a message as a minimum
- have a breast screening webpage referenced in the invitation with full details of how to contact the Hub and inform them if they wish to change/re-book/cancel their appointment. Webpage content should be reviewed regularly to ensure data is current and links are accessible
- develop and implement social media campaigns, in collaboration with NHS communication teams, to inform service users about breast screening and how to access it
- provide the breast screening clinical service with the information required to liaise with their responsible GPs to contact service users, when appropriate, to encourage their screening attendance, and follow up with those who have not responded
- work collaboratively with the breast screening clinical service to ensure service users are invited to screening at accessible screening sites to ensure efficient screening delivery to optimise coverage and screening uptake
- encourage attendance by ensuring that the process of changing appointments is easily accessible for those service users who request this
- accommodate service users who request to be screened at an alternative screening provider according to guidance ([Breast screening: guidance for providers on 'out-of-area screening'](#)), which will include undertaking their assessment to minimise the risk associated with transfer of client information across organisations
- inform service users of their right to request screening if they are aged 71 years or over. The programme will screen service users aged 71 or over who self-refer or refer via their GP every 3 years.

#### **4.4.4 Reminders / non-responders**

The Hub must ensure that non-responders are sent a reminder letter. They should also ensure these people are sent another screening invitation 3 years' time (if they remain eligible and have not 'late-responded' to the programme offer.)

The Hub is encouraged to use a variety of prompts and reminders to maximise screening attendance and reduce late cancellations where this is possible. These may include:

- GP endorsement and reminder letters and/or text
- direct telephone contact to enquire if service users have received their invitation (in the case of non-attenders) and enable appointments to be booked during that contact.

#### 4.4.5 DNAs

- If the person does not attend (DNA) their screening appointment, the Hub must have a robust process in place for follow up with service users who do not attend (DNA) or do not book their appointment. Direct phone contact with non-attenders in areas of low uptake is recommended to ascertain barriers to attendance and support uptake improvement strategies.
- The Hub must send service users two screening invitations, where they do not attend or do not respond to the initial invitation in accordance with current programme policy.
- Annual DNA audit

#### 4.4.6 Self-referrers/opting in/withdrawal and ceasing

The Hub will:

- have processes in place to allow people aged 70 and over who are resident in England and registered with a GP to 'over-age self-refer'. They should also facilitate those who have previously not responded to their invite to 'late-respond self-refer', if they so wish. Arranging for a screening appointment to be set up in these cases, as long as there is no screening result for these people recorded on NBSS/BS select within the last 3 years.
- have a process in place to allow people to opt out of the service on a single occasion (temporarily opt out of screening episode) or permanently (cease).
- upload all supporting documentary evidence for any service user who is ceased from the programme onto BS-Select. All supporting paper documentation should then be confidentially destroyed, ensuring that all relevant policies and procedures are adhered to.
- carry out annual audits on ceased service users to ensure that service users have been ceased appropriately in compliance with national [programme guidance](#) and review results with the local programme board
- routinely cease only those service users who have had bilateral mastectomies, service users who are excluded due to a best interests decision or who request to opt out from screening to ensure that they no longer receive invitations for screening
- work closely with the clinical services in supporting and actioning requests by people to withdraw from the very high-risk screening pathway

#### 4.4.7 Inform

The provider must:

- always use the national patient letter template, with links to the national patient information, [Breast screening: information leaflets](#), at all stages of the screening pathway to allow personal informed choice
- ensure that clear directions and a map to the screening site are sent with the screening invitation
- identify service users requiring reasonable adjustments to ensure they can be provided with appropriate support to enable them to understand all processes and results. More information in the GP pre-screening pack here: <https://www.gov.uk/government/publications/breast-screening-gp-pre-screening-pack>
- use information which is consistent with national policy for local NHS websites or social media and this must always link through to the national information on NHS.UK (<https://www.nhs.uk/conditions/breast-cancer-screening/>) and GOV.UK (<https://www.gov.uk/topic/population-screening-programmes/breast>)

- involve regional commissioning teams and central NHSE screening team in the development of local publicity campaigns to ensure accurate and consistent messaging, particularly around informed choice, and to access nationally developed resources. For local awareness campaigns, local contact details must be used and content and access to webpage links checked regularly for accuracy and access to links.
- The Hub is responsible for sending normal test result letters in line with national standards and that the individual's GP is notified of the results.

#### **4.4.8 Results Normal Test giving, reporting, and recording**

The Hub must:

- send results of routine screening to the service user and GP within two weeks of screening attendance. This is dependent on when the breast screening clinical service upload the results.
- return individuals without breast cancer to routine recall as soon as possible
- automatically send results of breast screening from the NBSS system to BS-Select to determine future call/recall management. This system runs national returns showing screening coverage (KC63)
- ensure that the GP is informed of the normal outcome of all their eligible population at the earliest opportunity.

#### **4.5 Round Length Oversight and Scrutiny**

The Hub plays a vital role in monitoring and overseeing the round length. This can be efficiently achieved by using the dashboard to show the progress of each clinical service in meeting their round length goals. To ensure transparency and collective responsibility, the Hub must:

- provide impartial oversight and scrutiny
- maintain, use, and monitor the dashboard to track progress on round length.
- share weekly reports from the dashboard with breast clinical services during the weekly demand and capacity planning meetings.
- agree with the clinical services and commissioners on thresholds for escalation
- in case of breaches, inform breast clinical services through the programme manager and obtain assurances on how these breaches will be resolved.
- offer support, guidance, and potential solutions to clinical services and keep track of their progress.
- if assurances are not provided, escalate the issue to the commissioners and notify the respective programme manager.
- provide the commissioner with a quarterly summary of breaches, including trend analysis.

See Appendix 5 for round length monitoring template

#### **4.6 Very High Risk (VHR)**

The Hub will be the central point of contact for receiving from various sources (as per national guidance) and forwarding referrals to the relevant clinical services. The Hub must accept referrals for service users fulfilling eligibility criteria for very high-risk screening using the national referral proforma from the following sources:

- a genetics service by a consultant geneticist, genetic counsellor or an appropriately trained individual nominated by them
- the treating clinician (surgeon or oncologist) for cancer patients found to carry a genetic mutation that meets the eligibility criteria for very high-risk screening
- an oncologist (in the case of service users treated with radiotherapy to sites involving breast tissue)

- the Breast Screening After Radiotherapy Dataset (BARD) for service users treated with radiotherapy to sites involving breast tissue during treatment for lymphoma (BARD oncology consultant referral)
- to ensure that referrals have been received for the very high-risk (VHR) screening programme, the provider must carry out, as a minimum, an annual audit to reconcile the service users referred to screening by the VHR referrer (clinical genetics, BARD or oncology) and the cases received by the screening provider. This is in compliance with [programme guidance](#) and results should be reviewed by the local programme board
- to ensure robust processes are in place to monitor, track and cross-reference referrals received from genetic services etc against clients seen by clinical services as part of good 'safety netting'
- send referral to appropriate clinical service (including client's details and referring organisation details) and ensure confirmation of referral. This should be completed in a timely manner of receiving their initial referral to enable the clinical service to offer the very high-risk cohort clients an appointment date.
- Hub checks all details are complete and identifies screening service based on GP within 24 hours (1 working day).
- Hub receives confirmation of
  - referral receipt from clinical services within 24-48 hours and
  - clinical acceptance or non-acceptance within 28 days
- to ensure robust processes are in place to track and cross-reference referrals against clients seen at a given time as failsafe.
- action client requests to cease from very high-risk screening where requested

#### 4.7 Personal informed choice

All screening is an individual choice. The provider must refer to the UKNSC guidance for screening programmes: <https://www.gov.uk/government/publications/uk-national-screening-committee-information-development-guidance>

The provider must ensure that everyone is given the opportunity to make a personal informed choice about whether or not to be screened. The decision will be based on an understanding of:

- why they are being offered screening
- what happens during screening
- the benefits and risks of screening
- the potential outcomes (including types of result, further tests and treatment)
- what happens to their screening records.

If someone is provided with the above information about the programme (in a format they can understand) and chooses not to have screening, then the provider must respect this decision as a valid choice.

#### 4.8 National accessible information materials

The Hub must ensure that information is provided to people in an appropriate format. If the person requires additional material in an alternative format this should be provided. There is published national easy read versions of screening information:

<https://www.gov.uk/government/publications/breast-screening-easy-read-guide>

All leaflets are now produced in HTML format, which can be enlarged and printed to the font size a person requires and can be used with most screen readers to provide an audio version. The provider must use the screening information materials published at:

<https://www.gov.uk/government/collections/breast-screening-information-leaflets>

Information is also available in British sign language and in braille

- <https://phescreening.blog.gov.uk/2017/01/04/braille-is-just-one-of-many-ways-we-can-make-information-accessible-to-people-with-sight-loss/>

- <https://www.gov.uk/government/publications/nhs-breast-screening-accessible-format-informed-choice-letter-content>

People who require information about VHR pathway should be signposted to online resources or a paper version downloaded and sent out in the appropriate format.

<https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols>

Leaflets can be ordered via APS Ltd on 0161 495 4962 or email

[PHEScreening.CST@theapsgroup.com](mailto:PHEScreening.CST@theapsgroup.com)

#### **4.9 Reasonable adjustments**

Under the 2010 Equality Act, the provider has a legal duty to make reasonable adjustments to ensure services are accessible to people with disabilities and be equally accessible to everybody. The provider must follow the Accessible Information Standard by law. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, so they can communicate effectively with health and social care services.

As part of the Accessible Information Standard, the Hub must:

- support and advise clients who require reasonable adjustments to ensure breast screening is accessible to the eligible population.
- ask people if they have any information or communication needs, and find out how to meet their needs and record those needs clearly and in a set way
- highlight or flag the person's file or notes so that it is clear they have information or communication needs and how these are met
- share information about people's information and communication needs with other providers of NHS and adult social care, when it has consent or permission to do so
- take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

#### **4.10 Audit and quality assurance**

The Hub must work with the commissioner and Screening Quality Assurance Service (SQAS):

- through regular audit and evaluation, ensure that the service is delivered in a safe, effective, timely, equitable and ethical way, in accordance with national policy and NHS BSP standards, guidelines, internal and external quality assurance (QA) arrangements, and risk assessments
- to monitor, collect and report statistical data and other relevant information relating to the Hub pathway, and use this to: promote continuous improvement in service performance and outcomes and reduce unwarranted variation in health inequalities; give formal feedback to the stakeholders and the population served by the programme; and provide key information and models of good practice/ innovation/achievement to those working in the area of breast screening
- to participate willingly in multidisciplinary QA visits and annual assessments and action any recommendations that are made to the service
- to ensure capacity is in the Hub system to support any future changes to the breast screening programme.
- to actively participate in the clinical services Right Result Audit, [Breast screening: Right Results audit - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/breast-screening-right-result-audit)

#### **4.11 Reducing Health Inequalities**

The NHS England Standard Contract Service Condition 13 (SC13) outlines the contractual requirements for equity of access, equality and the avoidance of discrimination.

The Hub must make sure systems are in place to address unwarranted health inequalities and ensure equity of access to screening, and where relevant. The Hub must be able to demonstrate evidence of how this has been done on request from their commissioner.

NHS breast screening programme guidance for identifying and reducing inequalities can be found here: <https://www.gov.uk/government/publications/breast-screening-identifying-and-reducing-inequalities/breast-screening-identifying-inequalities>

#### **4.12 Data Collection, Monitoring and Reporting**

The Hub must ensure it has appropriate skilled staff to deliver the following activities:

- provide routine data to the commissioner, SQAS and NBSS/BS select team in a timely manner to monitor performance and quality. This includes collection of routine data, analysis and feedback to the breast screening clinical service.
- work in collaboration with breast screening clinical service to contribute to national data collection exercises including outcome data (surgical, pathology and oncology) and audits where required
- provide annual data measuring performance against both standards and the KPI to monitor performance and measure trends.
- ensure that appropriate data is collected to enable audit and evaluation of the screening programme.
- provide data and reports as requested against programme standards, key performance indicators (KPIs) and screening outcomes to provide commissioners with assurance of effective operational delivery
- use the NBSS and BS Select systems to manage screening episodes and to support the programme by supplying data for the purpose of auditing performance against national standards and KPIs
- Data reporting (collating, validating and reporting)
  - KC62
  - KC63
  - Annual NHS BSP & ABS audit submission
    - Clinical services submit data on screen detected cancer and surgical activity (as per surgical Quality Assurance standards recommended by the UK NHS BSP) to the Hub who collates it for annual submission.

#### **4.13 Sharing personal information**

The duty of care to share information can be as important as the duty to protect patient confidentiality. GPs and other health professionals should have the confidence to share relevant information with screening services in the best interests of their patients. For example, a GP may know that an individual with a learning disability requires accessible information about screening in easy read format or needs a longer than normal appointment slot.

See NHS England's information sharing policy for more detailed guidance:

<https://www.england.nhs.uk/publication/information-sharing-policy/>

NHS England is the controller for personal data that is processed to support screening functions under the Data Protection Act 2018.

NHS England's Privacy Notice has more information on how NHS England processes personal data <https://www.england.nhs.uk/contact-us/privacy-notice/>

#### **4.14 Safety and safeguarding**

The Hub must refer to and comply with the safety and safeguarding requirements set out in the NHS Standard Contract.

#### **4.15 Outsourcing**

The Hub must ensure contract monitoring and governance arrangements for outsourced posting and printing are in place.

#### **4.16 Location**

Due to London's geography, and unique and complex demographic, the Hub will be located in London.

### **5. Roles and Accountability /Interdependencies**

The Hub is dependent on systematic, specified relationships between stakeholders (including, but not limited to: breast clinical services, intergrated care boards (ICBs), internal trust departments, primary care networks (PCNs), individual GP practices, and their representatives, Cancer Alliances, prison services and Defence Medical Services (DMS). These relationships are both formal and informal.

Accurate and timely communication and handover across these interfaces are necessary to reduce the potential for errors and ensure a seamless care pathway.

The Hub must support the breast clinical services to ensure that interorganisational systems are in place to maintain the quality of the whole screening pathway.

The Hub must ensure that:

- a programme manager and a named Hub director of breast screening is in place. Both will be actively involved in the screening programme, and the latter will be an individual possessing suitable competencies, capability and experience who will take overall responsibility and accountability for the service and its quality
- the Hub director of breast screening and the programme manager are given adequate resources to carry out their roles effectively
- a deputy Hub director is appointed where the eligible population is large (over 100,000 eligible service users)
- robust electronic links with IT systems and relevant organisations across the screening pathway are maintained
- there is co-ordinated screening across organisations and that all parties are clear about their roles and responsibilities at every stage of the screening pathway, particularly where responsibility for a service user is transferred from one party to another
- it has oversight of service user transfers and support clinical services in minimising repeat diagnostics
- they work with the clinical services to develop SOPs with clear lines of clinical responsibility are stated
- joint audit and monitoring processes are in place
- joint failsafe mechanisms are in place between all agencies to ensure safe and timely processes across the whole screening pathway
- they contribute to any initiatives led by the commissioner to develop the screening pathway in line with NHS BSP expectations
- robust electronic links with the IT systems of relevant organisations across the screening pathway are maintained
- links with primary care and with secondary and/or tertiary care are in place.

### **6. Call Centre**

The Hub must provide a call centre service to handle incoming and outgoing communications from prospective and existing breast screening service users. The call centre plays an integral role in creating a great end user experience, so they must always maintain a high level of service and as minimum expect to:

- deliver telephone helpline services
- provide a website for people invited for screening
- a live chat function
- support via interactive FAQs or other IT solutions provide as a minimum telephone helpline that is the frontline service for the public to ask questions about the breast screening and to request change of appointment.
- ensure there are adequate measures in place to audit the helpline, including answer rates, call waiting times and monitoring of call quality. This is to ensure callers can get through to the helpline which will reduce any barriers which may stop them from participating in the programme.
- escalate clinical questions and request support from respective breast clinical services to manage clinical enquiries.

Helpline operatives must be knowledgeable about breast screening, patient and helpful when interacting with breast screening service users via the helpline.

#### **7. Workforce, Education and Training**

Training and education for all staff groups will be conducted in line with administrative hub/breast screening national programme guidance <https://www.gov.uk/guidance/breast-screening-education-and-training>.

The Hub must:

- ensure all staff engaged in providing breast screening are trained and complete CPD
- ensure training has been completed satisfactorily and recorded, and that a system is in place to assess ongoing competency
- ensure that there is a named programme manager who is responsible for the co-ordination of planning and delivery. This individual will be given appropriate administrative support to ensure timely reporting and response to requests for information
- appoint a named director and programme manager. Both must be actively involved in the screening programme, and the provider must ensure they have adequate resources to carry out their roles effectively
- ensure that there are adequate numbers of trained, qualified and competent staff in place to deliver a high quality service, in line with best practice guidelines and national guidance
- ensure that all staff demonstrate competence in their area, linked to training (qualifications will be specific to the groups of staff delivering the service across the care pathway)
- ensure that adequate cover arrangements are in place to ensure sustainability and consistency of the programme
- have in place a workforce plan designed to maintain a sustainable programme, especially where an increase in the eligible population is predicted and/or the recruitment of appropriately qualified healthcare staff is difficult
- meet the commissioner at regular intervals (at least annually). The meetings will include representatives from Hub and trust management.

- ensure that staff are appropriately trained and supported by national continuing professional development (CPD) and skills frameworks, enabling them to develop their skills, competencies and potential
- participate in educational schemes and agreed external quality assurance (EQA) schemes where appropriate
- use only approved/accredited training courses
- Support delivery of admin and clerical training for London, in conjunction with national and education training centre partners
- Develop standardised training protocols for admin and clerical staff to ensure consistency of approach across London
- Have appropriate skilled staff to deliver health inequalities function. Skills should include, but not limited to, data analysis and interpretation, equity tool development, co-ordination with stakeholder on delivery of the function

#### **7.1 Hub Director**

The Hub director must be a consultant breast radiologist, consultant radiographic practitioner or breast clinician experienced in the full range of triple assessment. Alternatively, they can be a breast screening consultant (for example a breast surgeon or histopathologist) within the breast service but they will have the additional support of a radiology lead.

The Hub director has overall responsibility for strategic, professional and operational performance, including local quality assurance (QA) and:

- are overall responsible for the management and smooth running of the programme Hub
- provide advice and support to the Hub's programme manager and Hub staff
- ensure the Hub meets all screening standards and KPIs, and any underachievement is acted upon
- participate in root cause analysis of screening incidents
- ensure close liaison with associated screening centres
- respond to SQAS findings from QA visits
- liaise with commissioners on a regular basis
- are responsible for service development

The Hub must have a nominated deputy to provide leadership in the absence of the Hub director.

#### **7.2 Programme Manager/Operational Lead**

Their main duties and responsibilities must include, but are not limited to:

- working with the clinical services in the production of their 3-year screening round plan
- working with the clinical services on their right results (client pathway) procedure
- making sure there is safe and effective management of the call and recall system, including the running of failsafe batches to make sure all eligible women are invited for screening
- day-to-day management of the service budget
- monitoring and authorising expenditure against a controlled budget
- making sure systems are in place to maintain and accurately monitor expenditure
- advising of any budgetary problems and providing forecasts of expenditure throughout the year, alerting the director if the service is at risk of breaching its targets
- participating in the agreement of the service specification with local commissioning teams
- making sure there is a workforce plan to maintain a sustainable service, taking account of changes in the eligible population or where there are difficulties in the recruitment of appropriately qualified healthcare staff

- making sure governance structures are in place
- making sure a risk register is maintained that fully covers the screening client pathway and risks are escalated in line with local trust processes
- making sure IT systems are updated and changes communicated
- developing a knowledge and understanding of the consolidated standards (national standards) for breast screening
- overall responsibility for the collection and distribution (in liaison with the screening office manager) of:
  - performance data
  - statistical information on screening activity
- responsibility for the production and validation of the KC62 and KC63
- discussing and resolving any issues with other breast screening services such as boundary issues
- responsibility for the quality management system (QMS) through the production of work instructions, policies and procedures and that it is periodically reviewed in line with national guidance
- ensuring all staff are involved in the production of QMS and the annual audit process
- providing screening service leadership in the routine quality assurance visits which will include making sure all required staff and facilities are available
- attending regional role specific meetings facilitated by SQAS to make sure best practice is cascaded to the service
- responsibility for undertaking an annual consumer/client satisfaction survey
- undertaking audits required by SQAS, such as the ceased women audit, which are presented at programme board meetings
- writing an annual report to be presented at local programme board meeting and to host trust board meetings
- participating in health promotion activities, as and when required, to meet service demands
- participating in the investigation of complaints and incidents relating to the service and, where necessary, reporting to SQAS according to screening guidance and implement identified corrective procedures
- organising regular meetings with clinical services to make sure screening round length and waiting times standards are being met
- liaising with the director of breast screening on matters raised by stakeholders, including screening commissioners, SQAS or the trust management team
- appraisals and overseeing staff personal development

Many duties of the programme manager may be delegated by the director of breast screening through the senior management team structure. It must be explicitly clear who is responsible for which tasks and functions with clear lines of accountability. There may be additional responsibilities of the role in accordance with local organisation and clinical requirements.

### **7.3 Screening Office Manager**

Screening office management responsibilities may include:

- the ongoing maintenance of the 3-year screening round plan, monitoring circumstances so there are no delays to the 36-month recall standard
- production of regular breast screening population estimates from BS Select to help produce and maintain the screening round plan

- being the named contact point for the management of the national breast screening system (NBSS), having a designated deputy for this role so there is system access and maintenance at all times
- issuing user logins and passwords as appropriate
- making sure software updates are installed as necessary on IT systems and identifying and rectifying faults and issuing communications to relevant members of staff
- working with trust IT so that remote access to the NBSS system is available to authorised users, including NBSS Support, SQAS and screening histories information manager (SHIM)
- developing a knowledge and understanding of the consolidated standards (national standards) for breast screening
- managing the collection of statistical information on current workload and screening activity
- managing the production of the KC62 and KC63
- managing administrative staff, their recruitment, induction, training and competency
- undertaking appraisals and overseeing staff personal development
- attending regional role specific meetings facilitated by SQAS and reviewing and making recommendations relating to NHS BSP guidelines and computer issues through the regional forum
- participating in local management meetings such as programme board, senior leadership team and service staff meetings
- participating in the agreement of the service level specification with local commissioning teams
- participating in health promotion activities, as and when required, to meet service demands
- participating in the investigation of complaints and incidents relating to the service and, where necessary, reporting to SQAS according to screening guidance and implementing identified corrective procedures

The screening office manager is responsible for day-to-day management of the call and recall system in BS Select ensuring appropriate measures are taken to invite all eligible women. This includes:

- running monthly failsafe data batches and making sure the correct results are sent to the right women
- participating in the annual external review of BS Select undertaken by NHS Digital and the completion of recommendations

The postholder manages the collection and distribution of NHS BSP performance data and sends information as appropriate to:

- GPs
- SQAS
- commissioners
- internal service personnel
- host trust

The postholder takes part in routine quality assurance visits which will include:

- completion of visit questionnaires and associated evidence
- helping SQAS with the organisation of the day

Many duties of the screening office manager may be delegated by the programme manager through the senior management team structure. It must be explicitly clear who is responsible for

which tasks and functions with clear lines of accountability. There may be additional responsibilities of the role in accordance with local organisation and clinical requirements.

#### 8. Managing Risks and Incidents

Failsafes are a back-up mechanism to ensure that things that are going wrong are identified and actions taken to ensure a safe outcome. In breast screening most of the failsafes are built into NBSS/BS Select.

Where manual intervention is required, the Hub must use the reports that NBSS/BS Select produces. The provider must have protocols for the management of the information in the reports.

The Hub must:

- include appropriate failsafe mechanisms across their section of the screening pathway
- review and risk assess local screening pathways in light of guidance offered by QA, NHS BCSP or the commissioner
- ensure that appropriate links are made between the Hub and internal provider governance arrangements, such as incident reporting and risk registers
- work with the commissioner and SQAS teams to develop, implement and maintain appropriate risk reduction measures
- ensure that mechanisms are in place for implementation and regular audit of risk reduction measures and reporting of safety concerns, safety incidents and serious incidents.
- ensure that the NHS BSP recommendations for handling safety concerns, safety incidents and serious incidents are adhered to, in addition to local reporting procedures

#### 9. Governance and leadership

The Hub must:

- be responsible for ensuring that the part of the programme it delivers is co-ordinated. Where collaboration is necessary, each part of the programme will interface seamlessly with others, particularly for timeliness and data sharing. This will ensure that the aims and objectives of the NHS BSP are met
- co-operate with and have representation on local oversight arrangements as agreed with the commissioner
- identify the organisational board level member who is responsible for the screening programme
- ensure internal clinical oversight and governance is overseen by an identified Hub director and a programme manager
- provide documented evidence of clinical governance that includes:
  - compliance with the NHS trust and NHS England information governance/records management
  - user involvement, experience and complaints
  - failsafe procedures
  - risks and mitigation plans
  - compliance with the NHS cancer screening programme confidentiality and disclosure policy <https://www.gov.uk/government/publications/patient-confidentiality-in-nhs-population-screening-programmes>

- ensure that there is regular monitoring and audit of the screening programme, and as part of the organisation's clinical governance arrangements, the board is assured of the quality and integrity of the screening programme
- produce an annual report of screening services which is signed off by the organisation's board

#### **9.1 Programme board**

The provider must attend regular review meetings at a schedule agreed with the commissioner. As a minimum, the Hub must ensure attendance from the screening director, programme manager and office manager.

The Hub must:

- ensure co-operation with and representation on the local screening oversight arrangements/ structures
- ensure good governance of the screening programme; a screening programme board must meet every 6 months at a minimum and at a schedule agreed with the commissioner.
- ensure that any service improvements required are adhered to in compliance with contractual requirements

### **10. Public/patient information**

- the provider must always use the national client information, [NHS breast screening \(BSP\) programme](#), at all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided. The regional commissioning teams and national breast screening team in the Vaccinations and Screening Directorate within NHSE must be consulted and involved before developing any other supporting materials.
- the commissioner will be consulted and involved before developing any other supporting materials.
- the provider must involve the regional commissioning teams and national breast screening team in the development of local publicity campaigns to ensure messaging is accurate and consistent, particularly around informed choice, and to access nationally developed resources. For local awareness campaigns, local contact details must be used.
- services are encouraged to develop web content and resources to encourage screening uptake on a variety of social media. The messaging must align with [national available resources](#) and should be reviewed regularly by the local programme board.
- leaflets are regularly updated so the Hub should download the latest versions online, to ensure information is up-to-date. All leaflets are available in HTML format to allow provision of large print versions or so they can be used with screen readers. Only one leaflet should be provided during a prevalent screening episode, unless it is requested in an alternative format (such as easy guide or braille), additional copies of leaflets should not be sent with reminders, unless specifically requested. Subsequent invitation letters (sent during incident screening rounds) will contain a QR code which can be scanned to provide digital access to programme information.
- services should only provide one printed leaflet per service User at the prevalent invitation or until a service user attends for screening. Thereafter, service users do not receive the NHS BSP invitation leaflet. People who are referred for further assessment following a screen must receive information to help them understand the screening assessment process from the provider. People should be signposted to electronic sources of information, where appropriate.

#### **10.1 Digital Information Leaflets**

The government's digital by default policy, [GOV.UK: making public service delivery digital by default](#), as well as user expectations, means that most people will receive screening information in digital form rather than as physical leaflets. All NHS national screening information leaflets for the public are now available in accessible HTML digital format for reading on screens. The only exceptions are the easy read guides for people who may require this format, which are available in PDF format for printing out by providers. Only the national screening invitation leaflet remains as an orderable print resource. Screening providers should ensure:

- people are directed to the appropriate nationally developed information resources to comply with national service specifications.
- orders of free printed leaflets are limited to one copy per individual, for each screening episode
- printed screening invitation leaflets are enclosed only with prevalent screening invitations, not with incident invitations
- people are directed to the appropriate digital information leaflets with all incident invitations (people requiring further investigations should be provided with a printed leaflet about colonoscopy)
- printouts of digital information are provided for the small minority of people who cannot access online information

#### 11. User Involvement

In accordance with good practice, to gain feedback on the services provided and to have public involvement on the provision of services, the provider must collect the views of service users via surveys or questionnaires. These surveys will take place on a regular (rather than ad hoc) basis (at least annually) and the results will be made available to the commissioner. These surveys will take place on a regular (rather than ad hoc) basis (at least annually) and the results will be made available to the commissioner.

The provider must:

- demonstrate that they have collected the views of service users, in respect of the services they provide (call centre, invitation, appointment booking and result letter)
- develop a service user survey and agree content with commissioners and SQAS, incorporating national guidance as appropriate
- demonstrate how the views collated from service users will influence service delivery for the purposes of improving quality and uptake
- evidence that all participants are given information about how to provide feedback about services they receive, including the complaints procedure.

#### 12. Coverage and Uptake

##### 12.1 Coverage

Cohort information will be provided to clinical service providers through BS-Select.

Clinical service providers must:

- ensure that up-to-date population registers and lists of GP registered populations are maintained
- review the screening round plan with the clinical services regularly to incorporate any GP practice or integrated care system (ICS) changes
- optimise coverage and uptake across the catchment area
- co-operate with regular analysis of breast screening coverage and uptake to identify groups of service users who either access breast screening at lower levels, or do not access screening at all and make appropriate interventions to improve uptake

## 12.2 Activities

The Hub must:

- work with clinical services to optimise coverage and uptake across London and West Hertfordshire.
- co-operate with regular analysis of screening coverage to identify groups who either access screening at lower levels or do not access services at all
- ensure that participation rates are optimal
- work with local authorities, Cancer Alliances, integrated care boards, commissioners, Defence Medical Services (DMS), primary care networks (PCNs), GPs, integrated neighbourhood teams, and third sector organisations to understand and collaboratively develop plans to address local uptake and inequalities. The co-ordinated plan should support the uptake of screening, particularly with regards to the socially excluded and underprivileged ([Core20PLUS](#)). Local community engagement is encouraged when producing resources or designing initiatives to improve uptake. These plans should be discussed at local programme board meetings or via other locally agreed forums. SQAS visits and review should include an assessment of the process to develop such plans and their implementation at a local level
- plan, pilot, execute and evaluate local solutions to address inequalities of access. Before piloting, these local proposals will be agreed with the commissioner to ensure consistency of message with nationally agreed resources
- text reminder services should be used by the provider in accordance with its trust local guidelines and the provider should give due consideration to introducing text reminders where currently not used. For further advice on text messaging principles, please go to: <https://www.gov.uk/government/publications/nhs-population-screening-effective-text-message-use/screening-text-message-principles>
- work with the clinical services to have a robust process in place for follow up of service users who do not attend (DNA) or do not book their appointment. Direct phone contact with non-attenders in areas of low uptake is recommended to ascertain barriers to attendance and support uptake improvement strategies

The Hub must share uptake initiatives undertaken including methodology and outcomes on the [Future NHS platform](#) to allow sharing of best practice, including initiatives which have not achieved expected outcomes. Results should be published, preferably in peer reviewed journals (the process is set out by the Research, Innovation and Development Advisory Committee (RIDAC), [NHS population screening: data requests and research](#), and Screening Office for Data Release).

The Hub must:

- contribute to optimising acceptance by liaison with GP practices (by visiting, telephone call, or in writing) and by providing practices with up-to-date information about the programme
- collaborate with commissioners to use mechanisms such as [CQUIN](#) to improve programme acceptability, where appropriate.
- in addition, undertake data analysis around uptake, develop insights into uptake across London, and work with system partners (including pan-London partners, e.g., GLA, voluntary sector organisations) and clinical services to develop strategies to improve uptake and reduce inequalities.
- work with clinical services to provide insight and analysis around uptake and inequalities at a pan-London level. This can be feedback to clinical services to inform uptake improvement work and/or supporting health promotion posts at the local level
- undertake patient and service user surveys

### 13. Equality and Diversity

See the NHS England Standard Contract Service, [NHS Standard Contract 2024/25](#), Condition 13 (SC13) for the contractual requirements for equity of access, equality, and the avoidance of discrimination.

The Hub must make sure systems are in place to address health inequalities and ensure equity of access to screening appointments. The provider must be able to demonstrate evidence of how this has been done and present this to the local programme board.

The Hub, in conjunction with the clinical services, must:

- take a systematic and strategic approach to identifying and addressing screening inequalities by providing data insights required to conduct health equity audit (HEA) that includes equality characteristics, socioeconomic factors, local vulnerable populations, and geographical variation
- deliver the service in a culturally sensitive and appropriate way to meet the needs of London's diverse populations
- involve service users in developing and evaluating the service
- apply high levels of diligence when considering excluding people with protected characteristics from screening and follow equality, health inequality and screening guidance when making such decisions
- address local health inequalities, tailoring and targeting interventions when possible including locally translated materials when needed (outside of the languages translated nationally). Screening leaflets are published in [10 languages](#) alongside English
- provide appropriate support for people with physical disabilities
- ensure that people with learning disabilities are supported to understand the screening pathway and results.

The health equity audit (HEA) will result in a screening inequalities action plan which is monitored at the local programme board. Action plans must contain specific, measurable actions and goals and services should evaluate their performance against them. The following resources may be of use: NHS population screening: a HEA guide

<https://www.gov.uk/government/publications/nhs-population-screening-a-health-equity-audit-guide/health-equity-audit-guide-for-screening-providers-and-commissioners> and the PHE Health Equity Assessment Tool <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

service user involvement in service development and evaluation must include representation from service users reflecting the local community, including those with protected characteristics <https://www.legislation.gov.uk/ukpga/2010/15/section/4>.

The provider must have procedures in place to identify and support people who are considered vulnerable or underserved, including but not exclusive to:

- those who are not registered with a GP
- homeless people and rough sleepers
- asylum seekers
- Gypsy, Roma and Traveller communities
- those in secure estates
- those with mental health conditions
- those with drug or alcohol harm issues
- those with learning disabilities, physical disabilities, neurodiversity or communication difficulties
- transgender and non-binary people
- non-English speakers

The Admin Hub must comply with safeguarding policies and good practice recommendations for such people.

The Admin Hub must include in the service user involvement process, appropriate cohorts of local armed forces personnel and their dependents who are registered with defence medical centers within its responsible population boundaries. The NHS is committed to the [Armed Forces Covenant](#) which supports the Armed Forces community ensuring that those who serve in the armed forces and their families are treated fairly.

#### 14. Days/hours of operation

The days and hours of operation will be locally determined. However the helpline must be staffed during the minimum operational hours of 8am to 6pm Monday to Friday but can be open for extended hours beyond these times. The provider must therefore be able to demonstrate efficient and effective use of resources.

#### 15. Premises and equipment/information technology (asset)

The provider must ensure that:

- they provide suitable premises, equipment and systems for delivering the breast cancer screening programme
- appropriate policies are in place for equipment maintenance and replacement
- they supply suitable premises and equipment for the screening programme which meets NHS BSP standards
- the NBSS/ BS Select system is able to support the programme and to supply data for the purpose of auditing performance against national standards and KPIs
- the NBSS/ BS Select IT system is able to perform failsafe checks
- only technologies and protocols that have been evaluated and recommended by the programme are used, and that the manner of their use accords with national guidelines. The provider must make all staff aware that unorthodox use of approved technologies or use of unapproved technologies is prohibited in the NHS BSP, except as part of a formal national pilot or a properly constituted and approved research project. The definition of 'technology' here is an inclusive one.

##### 15.1 Information technology

The Hub must:

- comply fully with local, NHS BSP and NHS England information governance requirements relating to the confidentiality and disclosure of patient information and system/information security
  - ensure that technologies interfacing with NBSS/BS select have an up-to-date compatible internet browser as specified by NHS England.
- use the programme's IT systems, NBSS, BS-Select and the Breast Screening Information System (BSIS), to manage service users through the screening process, and to capture key screening data/outcomes promptly and accurately, supporting local and national SQAS, cancer registration processes and programme evaluation
- ensure that any local commissions of IT initiatives will not be implemented where national procurement is being developed by the Digital Transformation of Screening (DToS) programme. Any proposed initiatives should be discussed with the BSP IT team in the first instance to ascertain support and required access to system changes, if deemed appropriate
- ensure the necessary hosting environment for NBSS (e.g., the appropriate version of Windows) is provided to the minimum standard specified by the current NBSS contractor including the connectivity necessary for the contractor to support the system

- ensure the alignment and adoption of a shared cloud service for the breast screening system when made available
- work in a collaborative and timely manner with the NBSS contractor with regards to NBSS changes, releases, and security patch management
- collaborate with the commissioner on any new national system developments, to produce system refinements to optimise the administration and reporting of outcomes of the screening programme
- new technologies will not be used for screening unless approved by the UK National Screening Committee following full evaluation of the technology and with the direct permission of the commissioner

The existing NBSS/ BS Select IT information system is bespoke for the NHS BSP and supports all elements of the breast screening pathway.

## 16. Applicable service standards

### 16.1 Applicable national standards

The Hub must:

- meet the acceptable national programme standards and work towards attaining and maintaining the achievable standards
- adhere to specific professional standards and guidance
- maintain a register of risks with mitigations and work with the commissioner and SQAS to identify key areas of risk in the screening pathway, and ensure that these areas are reviewed in contracting and peer review processes
- participate fully in national QA processes which includes:
  - submitting agreed minimum datasets and reports from EQA schemes
  - undertaking ad hoc audits and reviews as requested
  - participating fully in the quality assurance process to include providing evidence and completion of paperwork ahead of any review
- complete self-assessment questionnaires/tools and associated evidence
- adhere to Hub quality structural standards
- respond to SQAS recommendations within agreed timescales and providing specified evidence
- produce with agreement of the commissioner an action plan to address the areas for improvement that are identified in recommendations
- identify, as early as possible, individuals that may have missed screening, where screening results are incomplete or where referral has not happened
- have processes in place to mitigate against weaknesses in the pathway
- demonstrate that there are audited procedures, policies and protocols in place to ensure the service consistently meets programme requirements
- comply with guidance on managing safety incidents in national screening programmes and NHS England's serious incident framework:
  - <https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>
  - <https://www.england.nhs.uk/patient-safety/incident-response-framework/>
- ensure business continuity – business continuity plans will be in place and submitted to the commissioner on request
- ensure subcontracts and/or service level agreements with other providers are robust and approved by the commissioners prior to their start and meet national standards and guidance.
- Agree with commissioners on request for ad hoc data and report requests.

## 16.2 Key performance indicators

The descriptions of the KPIs are in Schedule 4.

Current standards for the NHS Breast Screening Programme are available at:

<https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards>

## 16.3 Hub Performance Standards

Frequency of reporting of the following standards will be stated in Schedule 6 of the contract.

### 16.3.1 Call Centre

- a. Total number of received calls
  - i. actuals
- b. Total number of answered calls
  - i. actuals
  - ii. percentage (acceptable 95%; achievable 100%)
- c. Total number of calls abandoned (calls that do not get answered or do not go to voicemail)
  - i. actuals
  - ii. percentage (acceptable 3-5%)
  - iii. average wait time (abandoned)
- d. Total number of calls directed to voicemail
  - i. actuals
  - ii. percentage
- e. Average call wait time
  - i. average number of clients in queue
  - ii. max clients in queue
  - iii. service level (%) = <02:30 waiting time
  - iv. average wait time (answered)
  - v. average length of call
- f. Wrap up reasons
  - i. total number of general enquiries
  - ii. total number of rescheduled appointments
  - iii. total number of self-referral appointments
  - iv. total number of calls from the wrong telephone number
  - v. calls referred to clinician
  - vi. VHR related calls
  - vii. other

### 16.3.2 Mail Service (London and service level)

- a. Number of routine invitation letters sent (London and service level data)
- b. Number of returned mail
- c. Number of normal result letter (London)
- d. Number of result letter/GP report reprinting requests
- e. Number of second appointment letters (London and service level)

### 16.3.3 Internet Service

- a. Online appointments booking
  - i. Number of website booking/rebooking and cancellation requests
  - ii. Number ad hoc email requests\* pan-London generic email.
- b. Website Management

Commented [CS(FLNFT1)]: does this have a specific meaning or need another word in here perhaps?

- i. page views/ viewability number of pages viewed by your visitors over a given period without robot and spider traffic
- ii. absolute unique visitors: The number of individuals who visited your site over a given period (as opposed to visits, where each returning visitor is counted again)
- iii. actions per visit

#### **16.3.4 Text Messages**

- a. Number of text messages for all clients invited
  - i. 7 day reminders text messages
  - ii. 48 hour text reminder prior to appointment date
  - iii. Number of failed messages
- b. Number of text messages sent to clients\* who do not attend (DNA) appointments 2TA
  - i. 7 day reminders text messages following second time appointment.
  - ii. 48 hour text reminders 48 hour text reminder prior to appointment date
  - iii. Number of failed messages

See Appendix 4 for Hub Invitation process map

#### **16.3.4 Clinic Cancellations**

- a. Cancelled Clinic Statistics
  - i. clinics cancelled due to equipment failure, staffing sickness, strikes, etc
  - ii. % clients cancelled vs. number invited (equipment failure, sickness etc)
  - iii. % women affected of those invited (women affected by clinic cancellation / Total number of women affected)
- b. Thinned Out Clinics
  - i. number of clients rebooked (clinic reduced/thinned out) After batches are drawn and before initial invitations are issued
  - ii. % clients rebooked (clinic reduced/thinned out) after batches are drawn and before initial invitations are issued
  - iii. Number of clients rebooked (clinic reduced/thinned out) after initial invitation letters are issued
  - iv. % Clients rebooked (clinic reduced/thinned out) after initial invitation letters are issued vs total women invited

#### **16.3.6 Very high risk**

- a. Number of referrals received and passed on to clinical services (London and service level)
- b. Referral outcome (London level or service)

#### **16.3.7 Self-Referrals**

- a. Number of self-referral by age range
  - i. Age 50-70 self-referral
  - ii. Age 71+ self-referral

#### **16.3.8 Data Reporting**

- a. Data Submission (Collating, Validating)
  - i. KPI reports to SQAS
  - ii. Department of Health Returns (KC62) collate and submit
  - iii. Collate and validate data from clinical services and submit ABS Audit
  - iv. Regular Data Auditing
  - v. Ad hoc data request
- b. Data Analytics
  - i. Requirement for the Admin Hub to undertake pan-London Health Equity Audit

- ii. Analysis of breast screening data e.g. uptake variation between GP practices and population groups and make recommendations

#### **16.4 Service improvement**

Where national recommendations and acceptable/achievable standards are not fully implemented the Hub is expected to indicate in service plans what changes and improvements will be made over the course of the contract period. The provider must develop a service development improvement plan (SDIP) in line with the standards and key performance indicators and the results of internal and external quality assurance checks. The SDIP will respond to any performance issues highlighted by the commissioner, having regard to any concerns raised via any service user feedback. The SDIP will contain action plans with defined timescales and responsibilities and will be agreed with the NHSE commissioner.

#### **16.5 Research activities and participation**

The research must have appropriate ethical approvals and should seek input from the NHS Breast Screening Programme Research, Innovation and Development Advisory Committee (RIDAC) and support for the research and access to programme data and programme resources must have been obtained. The commissioner must be notified of any planned research activities undertaken by the Hub which may impact on delivery of the screening service.

The Hub has a responsibility to promote opportunities to take part in health and social care research by service users in appropriate clinical trials or studies.

#### **16.6 Professional best practice guidance**

Professional Best Practice Guidance can be found here:

Collection of breast screening professional guidance

<https://www.gov.uk/government/collections/breast-screening-professional-guidance#service-specific-guidance>

### **17. Sub-Contracting**

The Hub must not subcontract any element of the service without the prior discussion and agreement with the regional commissioner and Screening Quality Assurance Service (SQAS). The Hub must have robust formal subcontracting arrangements using the NHS Standard Contract subcontracting template, [NHS Standard Contract 2024/25: Sub-contracts](#), or equivalent, for any agreed subcontracted elements of the service. The provider must regularly review and monitor subcontracted elements and maintain overall responsibility and accountability. The provider must ensure that subcontracted elements do not deviate in omission or addition from the service as described in this specification.

### **18. Applicable quality requirements and CQUIN goals**

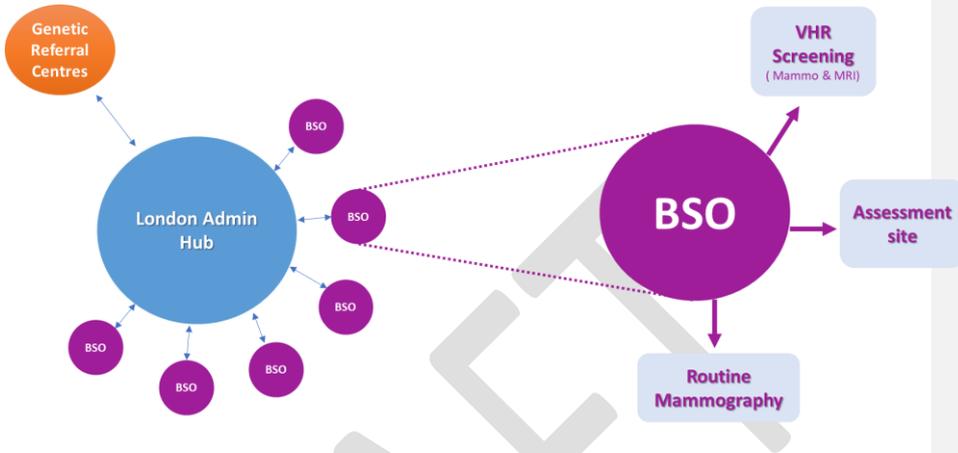
#### **18.1 Applicable quality requirements**

The provider is required to meet the acceptable (threshold) and work towards the achievable standards in Schedule 4.

#### **18.2 Applicable CQUIN goals**

*This section is to be populated by regional commissioning teams.*

**Appendix 1: Hub responsibilities**

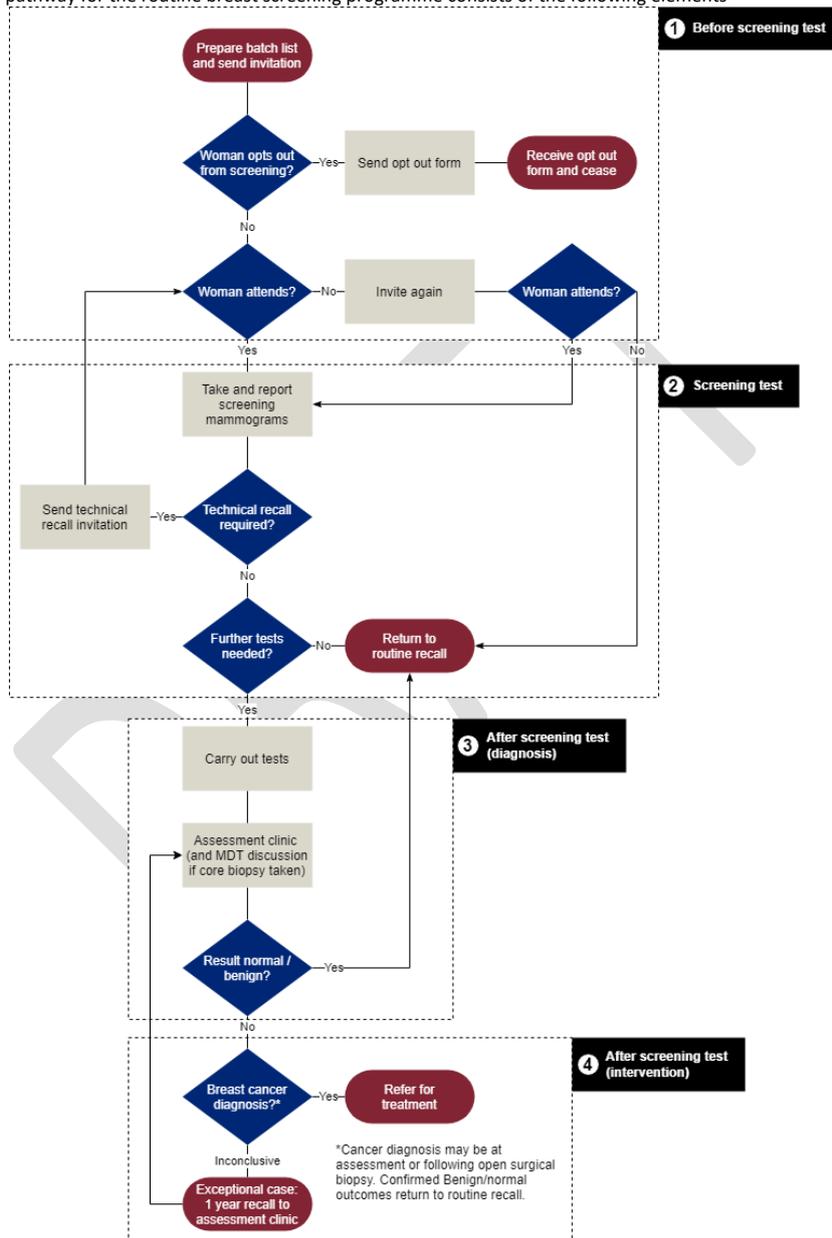


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## Appendix 2: Routine Screening

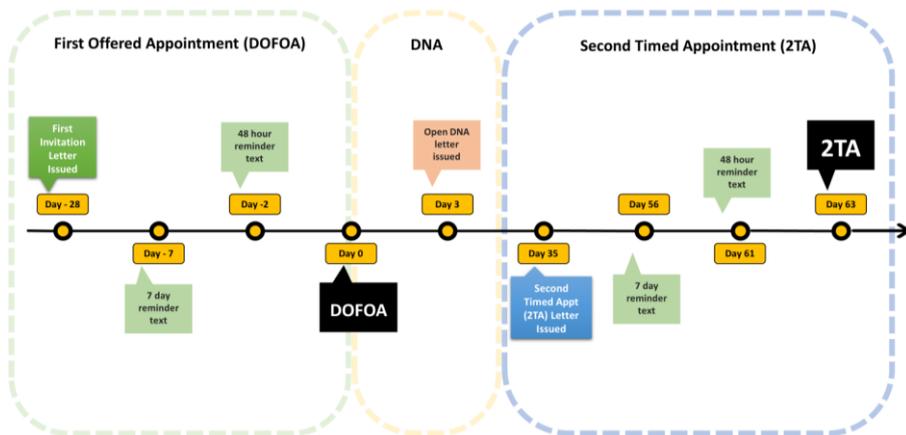
End-to-end routine breast screening programme pathway

The pathway for the routine breast screening programme consists of the following elements





**Appendix 4 Hub Invitation Process**



Date of First Offered Appointment – DOFOA

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Appendix 5: Round Length Monitoring Template



Admin\_Hub\_Dashboa  
rd\_template.xlsx

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