

The Warwickshire, Solihull & Coventry Breast Screening Service

Presentation for GP's within Solihull

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Breast Screening and Health Promotion Nurse Joanne Bailey
and Dr Aradhana Goud

Why Screen for Breast Cancer?

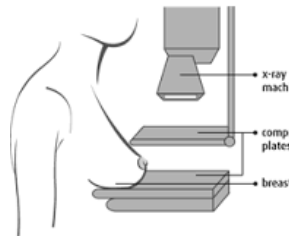
The advantages of screening are:

- Reduced mortality
- The possibility of more conservative treatment
- Small cancers are most likely to be treated with WLE and Radiotherapy

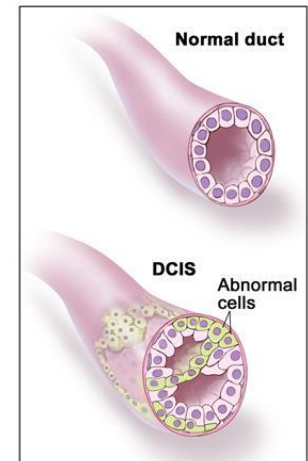
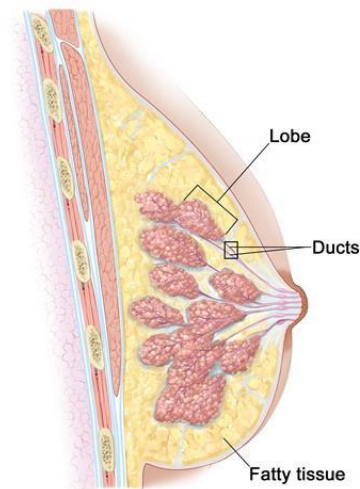
Disadvantages

- Uncomfortable
- Over diagnosis - DCIS
- Radiation - Minimal

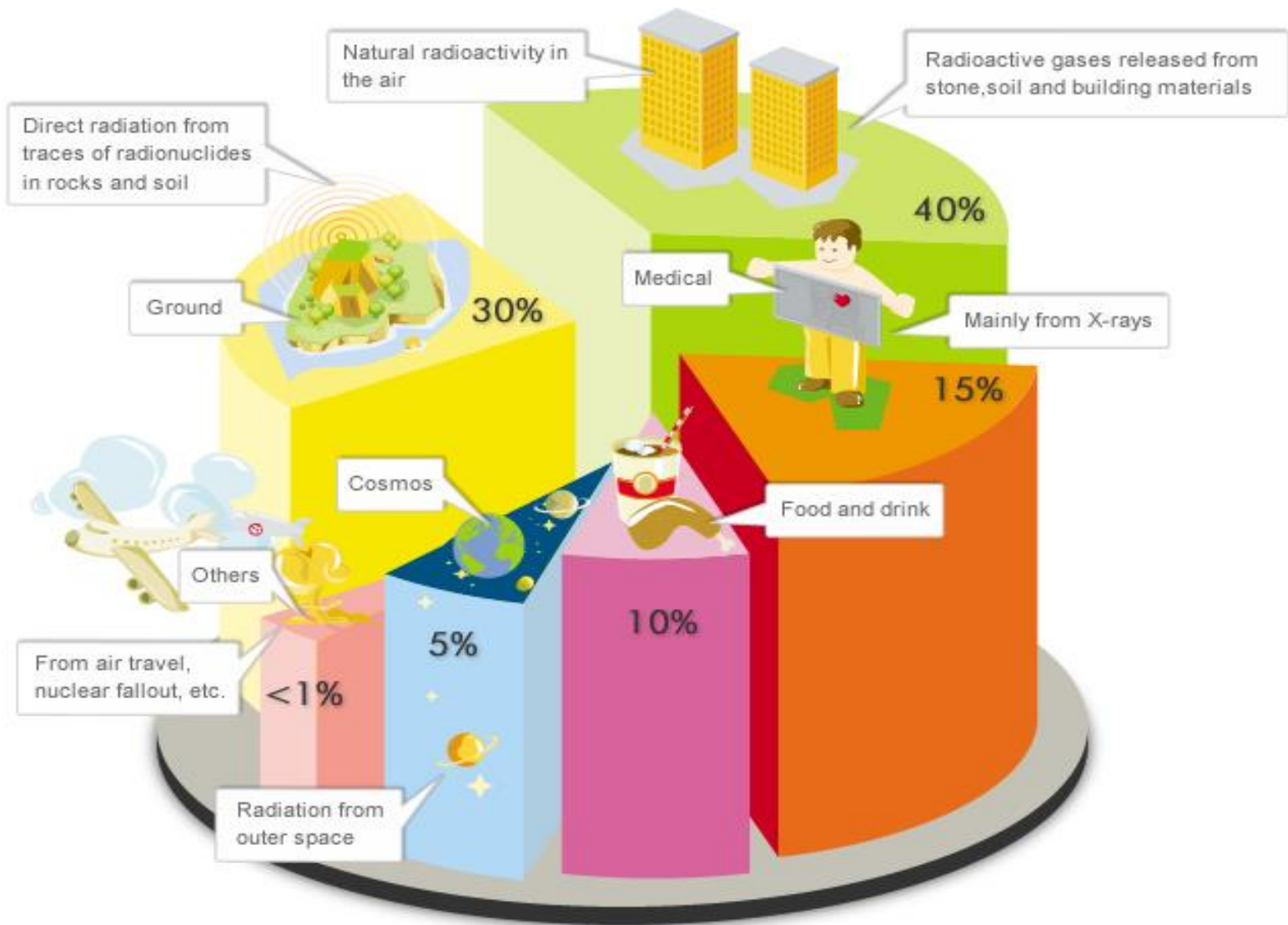
Mammography



Ductal Carcinoma In Situ (DCIS)



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WSCBSS Results 2014/15

- Invited 55,752 women (all ages)
- Screened 42,051 women – 75% uptake
 - Recalled 7.65%
 - Found 374 women with cancer of which 231 were invasive
 - 11% of patients recalled had breast cancer
 - Cost £37-50 per woman invited, £45-50 per woman screened

National Results for 2014/15

- 2.80 women invited within age group 45 –73yrs **on the increase!**
- 2.2 million women screened (71.3%) **on the decline!**
- 19,268 screen detected breast cancers

Mortality has now begun to decline. 98% of women with a screen detected breast cancer are alive at 5yrs.



Breast Screening Programme

- Which women should be screened?
 - 50-70 - routinely invited
 - 70 and over - on request
 - Age expansion trial 47-73
 - Randomly selected per GP practice by NBSP

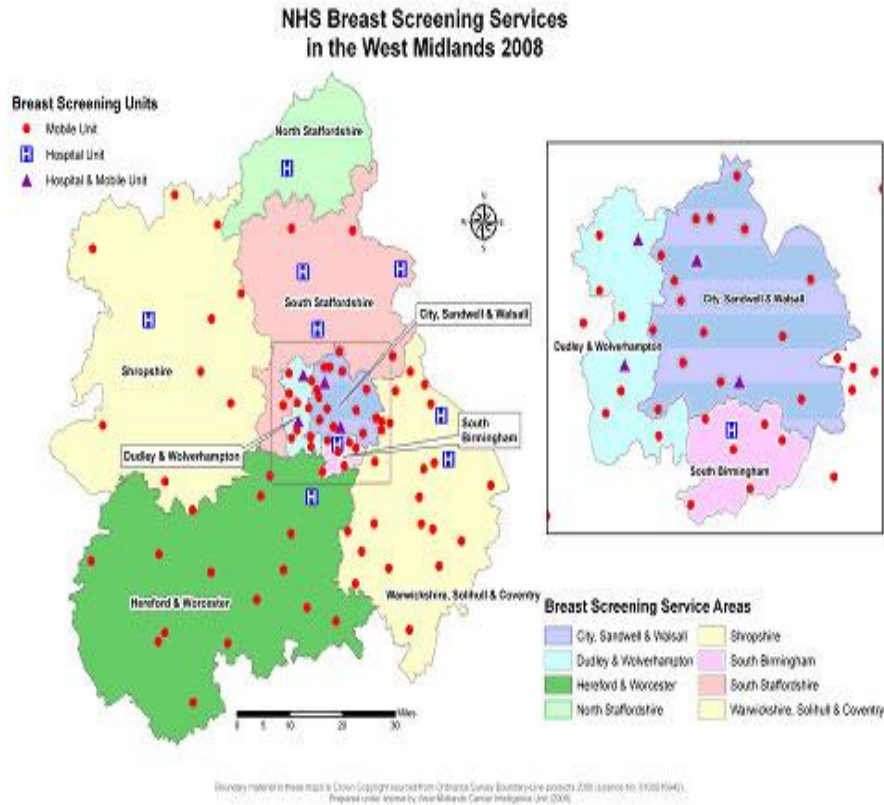


Warwickshire, Solihull and Coventry Breast Screening Service

- Main site at UHCW
- Static Site at George Eliot Hospital
- 3 Mobile Units, covering North, South and Central Warwickshire
- New Unit within City of Coventry Health Centre



Breast Screening Locations



Solihull – Mobile Unit
Rear of Solihull Hospital on
Union Road

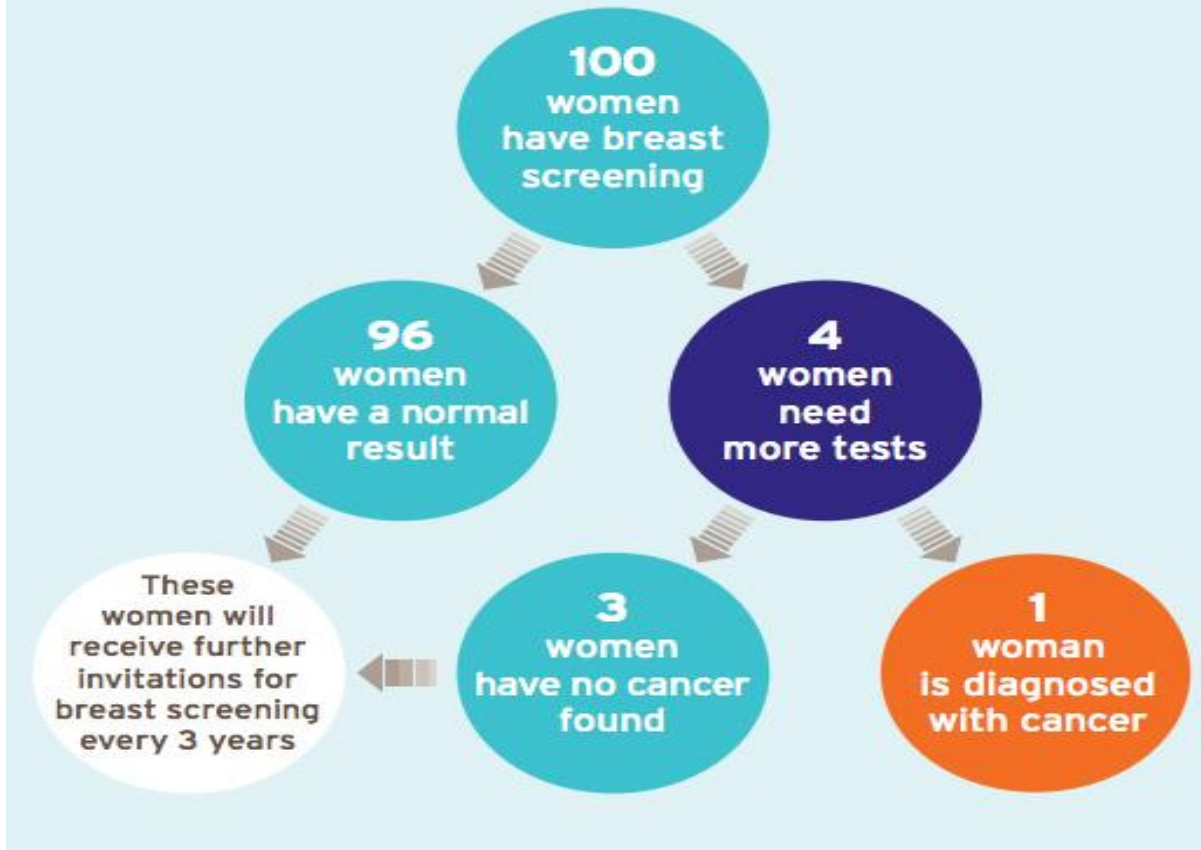
Chelmsley Wood – Mobile
Unit
North Solihull Leisure Centre



The Screening Process

- Screen by GP Practice
- Once every 3yrs

What happens to 100 women **each time** they have breast screening



Uptake – regional 2014/15



Key outcome measure	Breast Screening Service 2014/15								
	MBW	MDU	MHW	MST	MSH	MBS	MAS	MCO	WM
Overall uptake rate	65.0	72.0	74.8	75.5	76.5	70.4	73.5	72.2	72.0
Uptake rate - prevalent screen	61.4	71.1	74.0	70.0	75.2	67.2	69.6	68.2	69.9
Uptake rate - incident screen	84.6	88.9	87.4	89.7	88.2	87.5	88.1	87.5	87.5
Round Length	98.0	94.0	87.0	99.0	96.0	96.0	97.0	97.0	95.5
Screen to result	99.4	98.4	99.6	83.1	99.4	99.1	98.9	96.7	97.3
Screen to Assessment	93.8	90.4	96.7	69.1	90.7	92.3	94.4	88.8	89.3
TCTP	2.2	1.5	2.5	2.0	1.8	2.1	2.8	2.6	2.3
Non-operative diagnosis - invasive	100.0	98.6	99.5	100.0	99.3	100.0	99.4	99.1	0.0
Non-operative diagnosis - non invasive	95.8	77.5	93.0	91.9	88.4	84.2	94.9	89.9	0.0
SDR - all sizes - overall	1.42	1.82	1.51	1.17	1.55	1.33	1.60	1.59	1.51
SDR - all sizes - prevalent screen	1.91	1.36	1.76	1.41	1.39	1.41	1.53	1.31	1.55
SDR - all sizes - incident screen	1.34	1.90	1.46	1.14	1.58	1.32	1.61	1.64	1.51
SDR (<15mm) - overall	1.26	1.95	1.33	1.46	1.55	1.01	1.85	1.29	1.45
Non-Invasive cancer rate - prevalent screen	4.55	2.26	3.03	1.33	2.06	1.80	1.69	2.51	2.54
Non-Invasive cancer rate - incident screen	1.81	2.12	1.19	2.29	1.82	1.90	1.39	1.96	1.76
Recall to Assessment - prevalent screen	4.78	10.09	4.54	10.76	5.67	8.19	6.41	7.65	6.48
Recall to Assessment - incident screen	2.03	3.51	1.68	3.51	2.27	2.85	2.74	3.65	2.70
Short-term recall from Assessment - overall	0.02	0.01	0.01	0.04	0.03	0.01	0.03	0.02	0.02
Benign open biopsy - prevalent screen	0.91	3.01	1.21	0.00	0.69	1.80	0.34	1.67	1.12
Benign open biopsy - incident screen	0.21	0.71	0.22	0.24	0.29	0.51	0.06	0.53	0.32

Data are presented for women aged 50-70 years

- Achieved minimum standard and target
- Achieved minimum standard but failed target
- Failed both minimum standard and target

Where no target is set just green and red are used

* NB: The minimum standard is 90% for Screen to Assessment and 100% is expected for Screen to DOFOaA

MBW	City, Sandwell & Walsall	MBS	South Birmingham
MDU	Dudley & Wolverhampton	MAS	South Staffordshire
MHW	Hereford & Worcester	MCO	Warwickshire, Solihull & Coventry
MST	North Staffordshire	WM	West Midlands
MSH	Shropshire		

Uptake rate

Target: 80% of the eligible invited population

Minimum standard: 70%



With declining uptake rates...will the service continue?

How can we improve the uptake?

Why are is the prevalent uptake so low?

Lower in deprived and ethnic minority areas



Health Promotion

Visiting GP's who are under the minimum 70% uptake from previous rounds to implement strategies

Educating and presenting to low uptake groups

Advertising – social media

Auditing how we can improve our service, and look at reasons why people DNA.

Check the **ROUND PLAN**



GP visits

- 1) Generic Health Promotion text to be sent from GP practice to promote attending breast screening
- 2) Alert system for ladies aged 47- 73 on GP's and PN's computers.
- 3) Pre-letter from GP practice encouraging ladies to attend for previous DNA ladies.
- 4) Telephoning 2 nd DNAs from GP reception
- 5)Learning Disability packs to be sent to relevant pts from GP practice
- 6) Advertising on GP website with dates and location of mobile unit/ site.
- 7) DVD/ audio CD to be played in the reception area.
- 8) Ensure correct languages and relevant info is being displayed in reception area.
- 9) Breast Screening Business cards to be added to appointment cards.

Contact us on 02476 967200

www.bscreen.org.uk/coventry

Breast Screening and Health Promotion Nurse

Joanne.bailey@uhcw.nhs.uk

Associate Specialist Dr Aradhana Goud

NarayanAradhana.Goud@uhcw.nhs.uk

