

Breast Screening

Screen to Assessment

Quarter 2
1 July 2014 to
30 September 2014



Public Health
Agency

NORTHERN IRELAND BREAST SCREENING PROGRAMME QUARTERLY REPORT ON SCREENING TO ASSESSMENT

INTRODUCTION

Screen to assessment measures the interval between a woman's screening mammogram and the date of her first attended assessment.

The NHS Breast Screening Programme Publication No. 40 defines screen to assessment waiting time as an outcome measure as follows:

Objective:To minimise the interval from the screening mammogram to the assessment

Criteria:The percentage of women who attend an assessment centre within one week of the decision that further investigation is necessary and within three weeks of attendance for the screening mammogram

Minimum Standard:> 90%

Target:100%

Within the Northern Ireland Breast Screening Programme (from 1st January 2014) the screen to assessment report will analyse women within a specified DOFAA (Date of First Attended Appointment) range who were assessed on or after a specified assessment date. Prior to 1st January 2014 the programme reported on both the DOFOA (Date of First Offered Appointment) and DOFAA. The report will show the number of women broken down by weeks from screening to assessment. The

Screen to assessment is measured quarterly to provide close monitoring.

The monitoring periods are:

- Quarter 1: 1st April – 30th June
- Quarter 2: 1st July – 30th September
- Quarter 3: 1st October – 31st December
- Quarter 4: 1st January – 31st March

Screen to assessment reports are run one quarter after the quarter end date.

The screen to assessment data are presented for each screening unit and for Northern Ireland as follows:

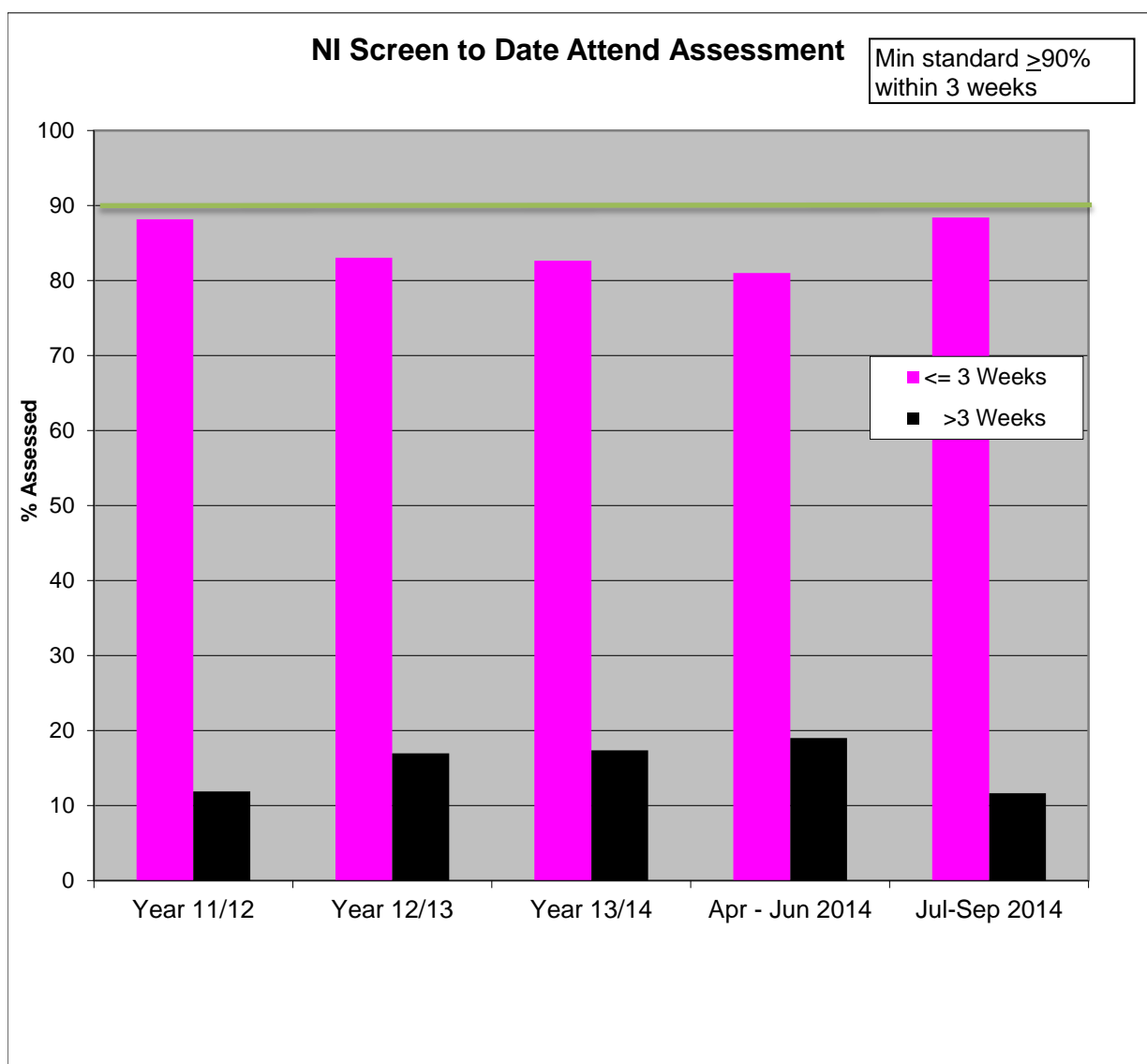
- Data and bar graphs for previous quarters.
- Detailed data as average values broken down for the most recent quarter.
- A cumulative percentage graph showing at which point the service achieved the 90% standard, for the most recent quarter.

NB: A traffic light colour coding system is used, whereby breast screening units meeting the 90% standard are highlighted in green, those not meeting it are in red.

Units that do not achieve the minimum standard within 10% are asked to provide a brief explanation as to why the standard was not achieved, and action required. These reasons are listed in the exception reports at the end of this booklet.

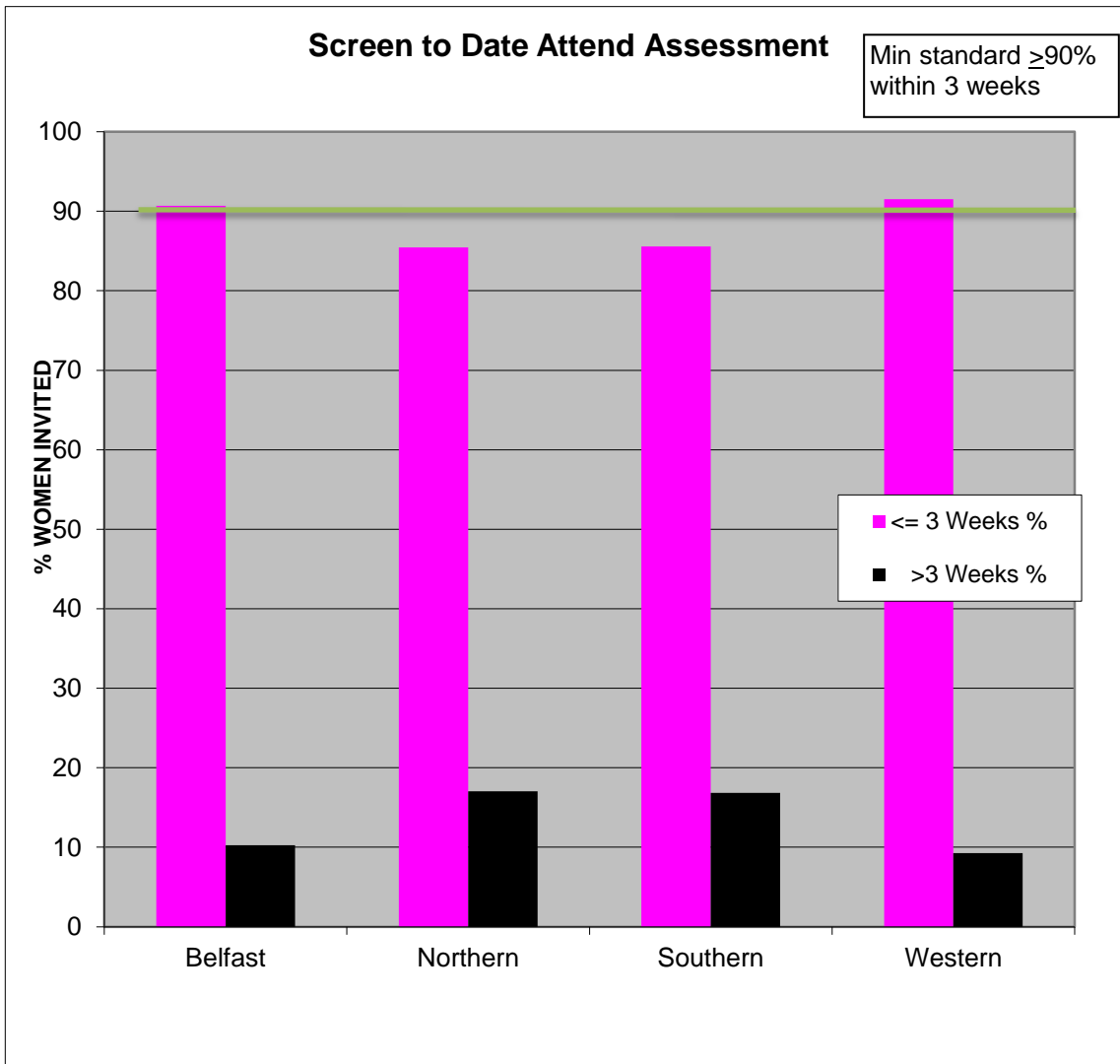
**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED**

Time Period	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Year 11/12	2271	2002	88	269	12
Year 12/13	2391	1986	83	405	17
Year 13/14	2116	1749	83	367	17
Apr - Jun 2014	553	448	81	105	19
Jul-Sep 2014	586	518	88	68	12



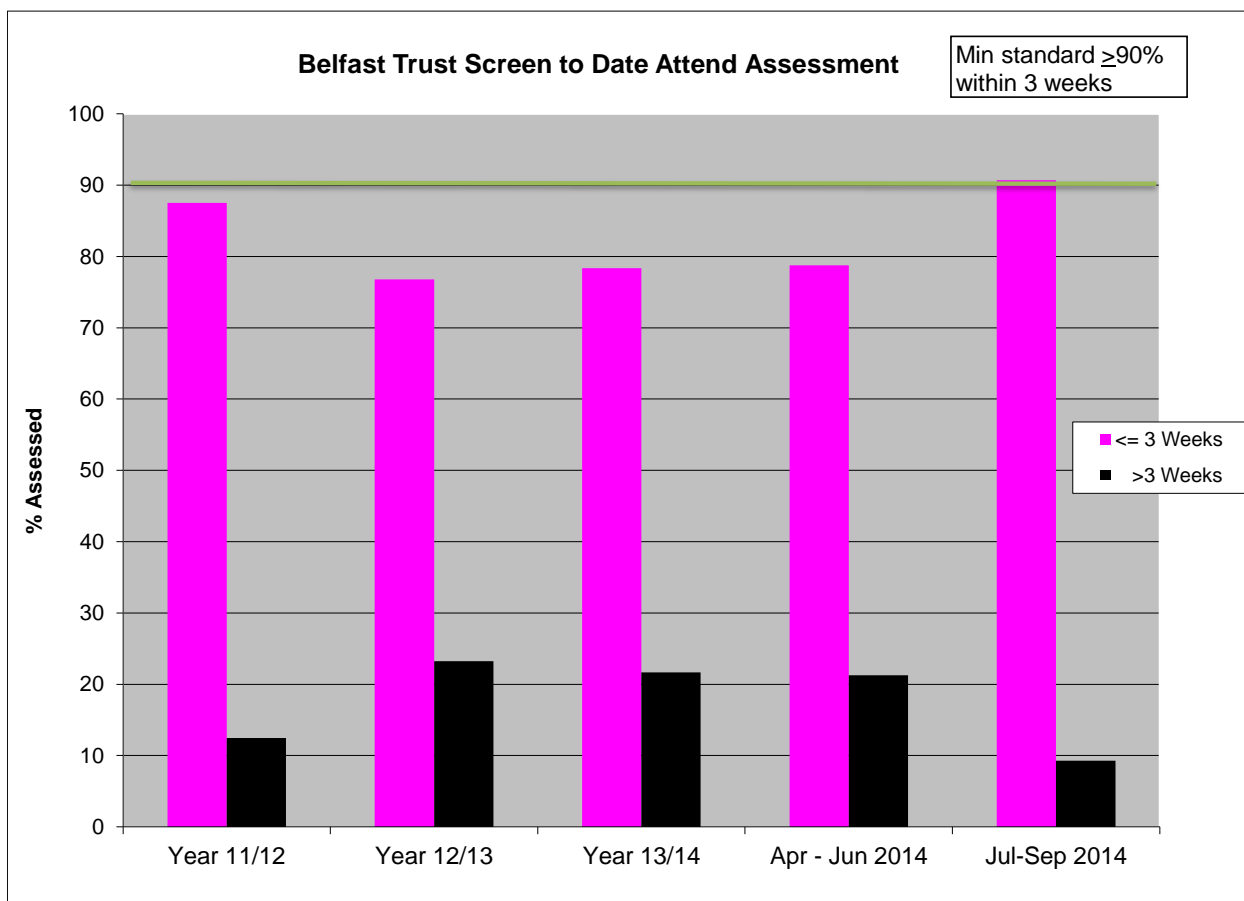
**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED
 1 July - 30 September 2014**

Unit	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Belfast	258	234	91	24	10
Northern	158	135	85	23	17
Southern	111	95	86	16	17
Western	59	54	92	5	9



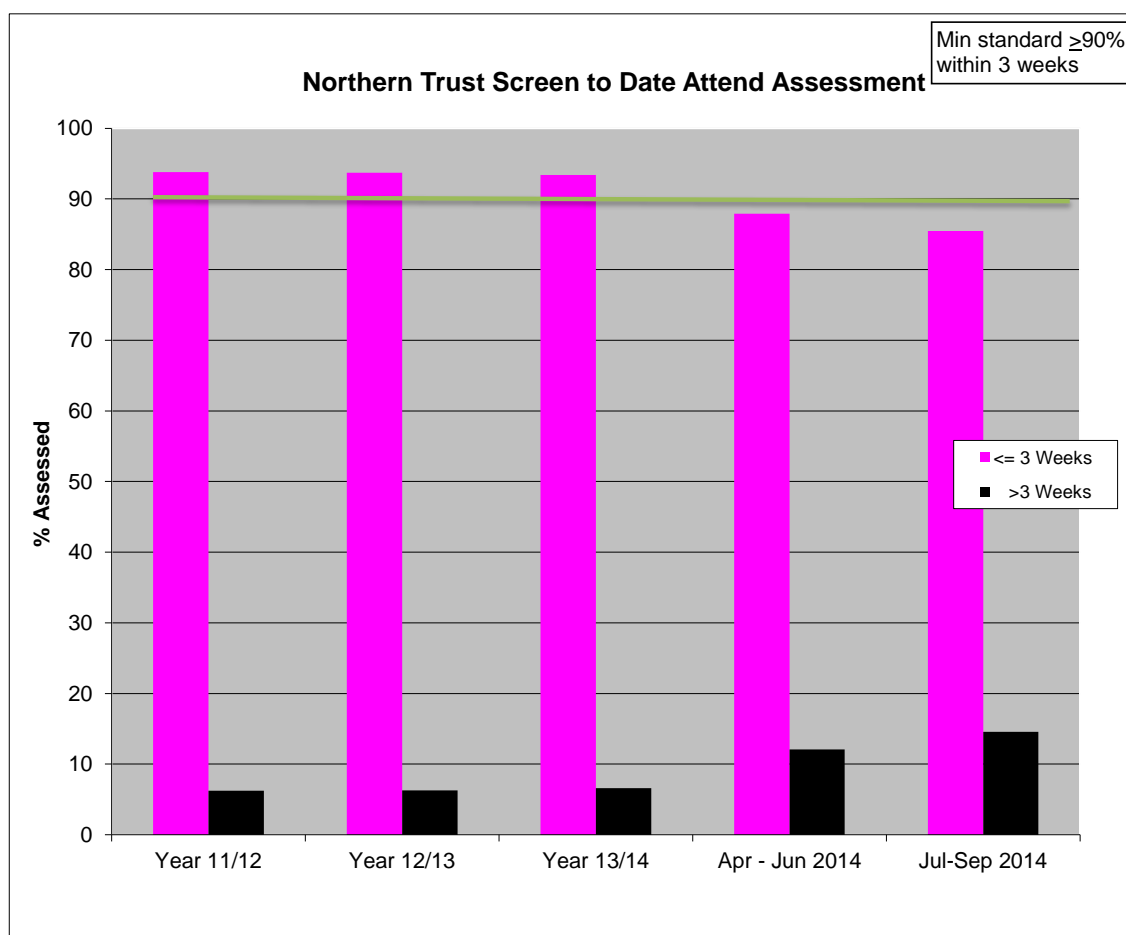
**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED
 BELFAST TRUST**

Time Period	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Year 11/12	1001	876	88	125	12
Year 12/13	1037	796	77	241	23
Year 13/14	872	683	78	189	22
Apr - Jun 2014	207	163	79	44	21
Jul-Sep 2014	258	234	91	24	9



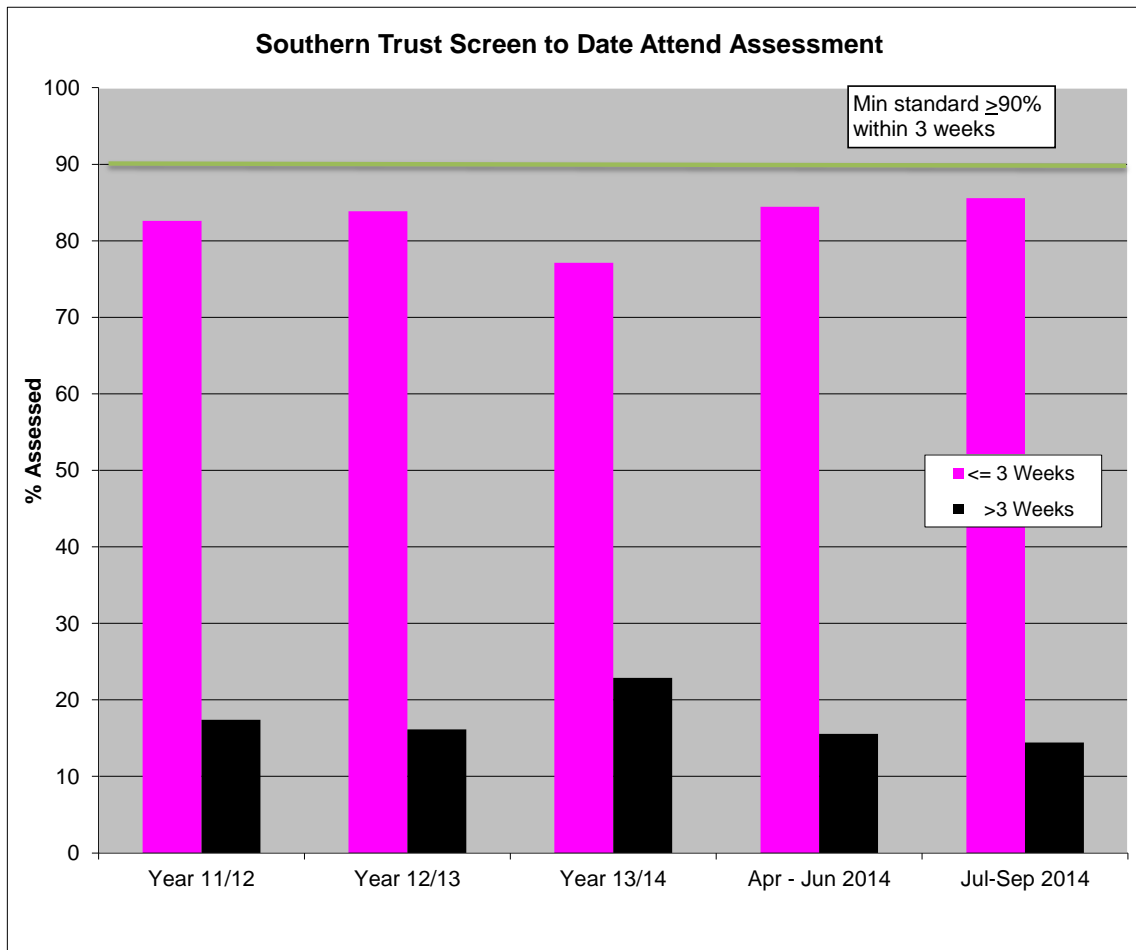
**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED
 NORTHERN TRUST**

Time Period	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Year 11/12	579	543	94	36	6
Year 12/13	556	521	94	35	6
Year 13/14	621	580	93	41	7
Apr - Jun 2014	149	131	88	18	12
Jul-Sep 2014	158	135	85	23	15



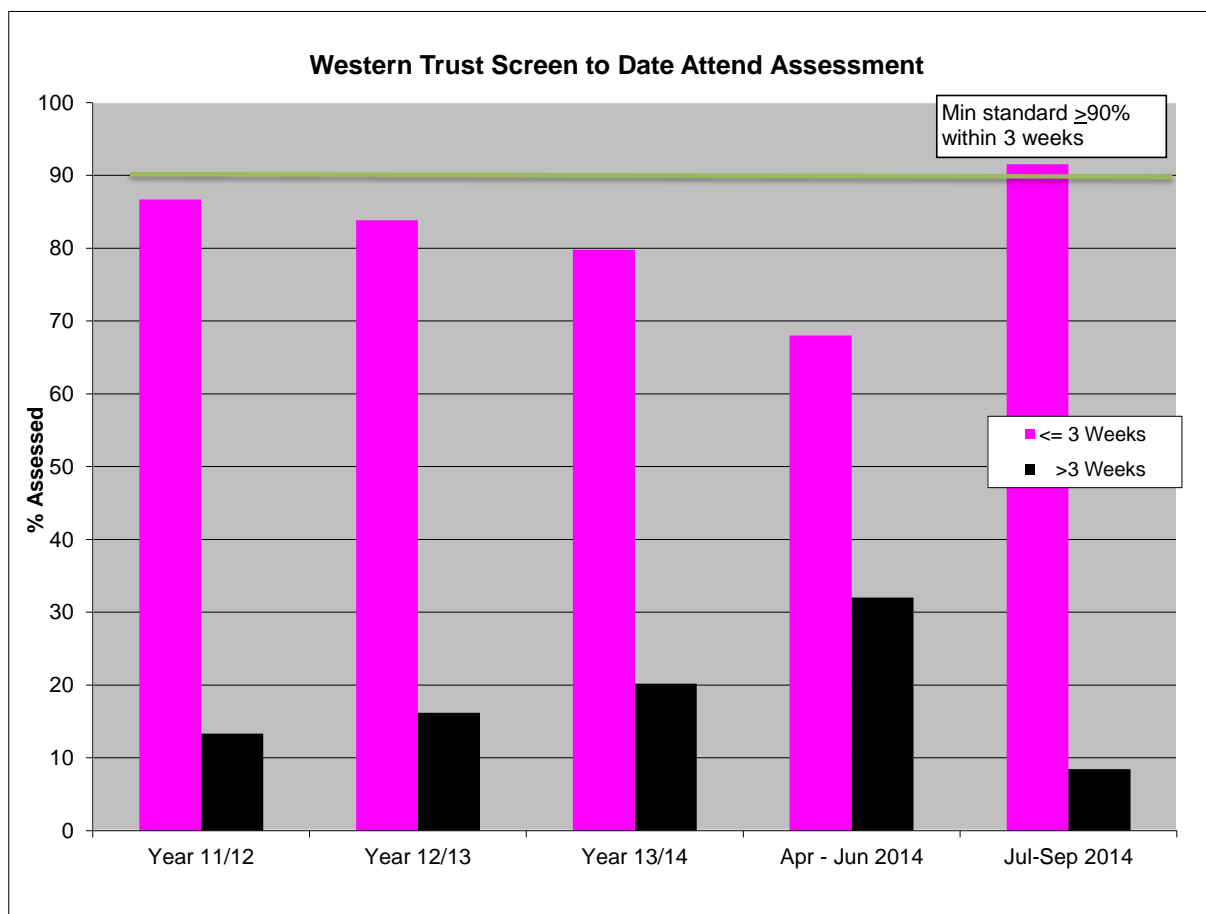
**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED
 SOUTHERN TRUST**

Time Period	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Year 11/12	391	323	83	68	17
Year 12/13	415	348	84	67	16
Year 13/14	415	320	77	95	23
Apr - Jun 2014	122	103	84	19	16
Jul-Sep 2014	111	95	86	16	14



**NI BREAST SCREENING PROGRAMME
 QUARTERLY SCREEN TO ASSESSMENT REPORT
 BASED ON DATE SCREENED
 WESTERN TRUST**

Time Period	Total No. Assessed	<= 3 Weeks		>3 Weeks	
		No	%	No	%
Year 11/12	300	260	87	40	13
Year 12/13	383	321	84	62	16
Year 13/14	208	166	80	42	20
Apr - Jun 2014	75	51	68	24	32
Jul-Sep 2014	59	54	92	5	8.5



**Exception Report
Screen to Assessment
1st July 2014 – 30th September 2014**

Screening services that did not achieve the minimum standard gave the following reasons.

Unit	Reason	Trust Action Plan and Timeframe for Meeting the Standard
Eastern		standard achieved
Northern		
Southern	1patient late as arbitration not being read on time due to film readers annual leave. Some patients also either DNA'd or cancelled and rebooked their assessment appointments due to summer holidays	Reduce number of screening prior to holiday period(Christmas holiday). New Con Radiologist recruitment (Sept 14) will ease the pressure during the holiday period and films will be read in a timely fashion.
Western		standard achieved