



## **Assurance required for use of Independent Sector Providers (ISPs) for breast screening during COVID-19**

(Based on National Guidance issued 10 July 2020)

### **Introduction**

In order to return screening round length to 36 months breast screening services will need to consider any capacity available to them including independent sector providers (ISPs).

This checklist is to support breast screening providers when considering using independent sector providers for delivery of breast screening services during the COVID 19 recovery period. It highlights minimum criteria that need to be in place before using ISPs for breast screening. Screening providers are responsible for ensuring the safety and quality of the service provided by ISPs, which should be in line with the national breast screening programme standards. Screening providers will be aware that there are specific standards and requirements for breast screening which are more stringent than for symptomatic breast work. They will need to work with their Trust contracting team and the ISP to make them aware of these requirements.

This checklist for use in the Northern Ireland is based on the attached national guidance

Criteria to be met	Criteria met Yes / No	If No – action to be taken	Additional comments
<p><b>GOVERNANCE</b></p> <ul style="list-style-type: none"> <li>• There is a written agreement in place between the host Trust and the ISP for provision of the service.</li> <li>• The agreement should make specific reference to any relevant NHS Breast Screening Programme standards and the need to routinely measure performance against them.</li> <li>• The screening service has appropriate governance for oversight of the service provided by the ISP.</li> <li>• A lead representative of the service has visited the provider to assess the physical environment and the patient pathway.</li> <li>• The required process for reporting and investigating screening incidents in line with local procedures and national guidance will be followed (this should be specified in the agreement).</li> <li>• There are plans for communication about the new site to GPs and women.</li> </ul>			
<p><b>WORKFORCE</b></p> <p>Mammographers meet the training (certificate of mammography) skills, competency and CPD requirements of the NHS BSP.</p> <ul style="list-style-type: none"> <li>• The screening service is assured that staff are fit to practice and will work within their scope of practice.</li> </ul>			

Criteria to be met	Criteria met Yes / No	If No – action to be taken	Additional comments
<ul style="list-style-type: none"> <li>• There has been induction and training for other ISP staff who will have contact with screening women (e.g. reception staff).</li> </ul>			
<p><b>EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>• Equipment that will be used for screening has national approval for use in the NHS BSP.</li> <li>• User QC and medical physics checks on equipment have taken place and these checks confirm that equipment meets NHS BSP standards.</li> <li>• A schedule for future checks by user QC and medical physics is in place in line with NHS BSP guidance.</li> </ul>			
<p><b>IT</b></p> <ul style="list-style-type: none"> <li>• Access to NBSS worklists will be available through Trust laptops.</li> <li>• There are SOPs for the safe transfer of images between sites and reconciliation of records.</li> <li>• End to end testing using a phantom mammogram has taken place.</li> <li>• There are appropriate information governance agreements in place between providers for the transfer of imaging.</li> </ul>			

Criteria to be met	Criteria met Yes / No	If No – action to be taken	Additional comments
<p><b>PATHWAY/STANDARDS OF CARE</b></p> <ul style="list-style-type: none"> <li>• Mammographers will follow best practice in breast screening in optimising image quality, limiting radiation dose, and minimising the number of repeat examinations.</li> <li>• SOPs are in place for the patient pathway which include use of the new site.</li> <li>• A right results walk through has taken place and any changes to the pathway/processes made as a result .</li> <li>• Appropriate adjustments have been made for a female-only service (e.g. waiting areas, toilets).</li> </ul>			
<p><b>INFECTION CONTROL</b></p> <ul style="list-style-type: none"> <li>• Appropriate arrangements have been made for the risk of COVID-19 transmission to be minimised (eg social distancing, environmental decontamination, appropriate PPE).</li> <li>• The host Trust’s infection control team has approved these arrangements.</li> </ul>			

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signed off: \_\_\_\_\_ (Clinical Services Manager/or equivalent) Date signed off: \_\_\_\_\_

A completed copy of this checklist should be signed and retained by the HSC Trust. A copy should also be sent to Programme Manager for Breast Cancer Screening at the Public Health Agency **(insert contact details here)**