

**QUALITY ASSURANCE GUIDELINES FOR CLINICAL NURSE  
SPECIALISTS IN BREAST CANCER SCREENING**

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### PREFACE

These guidelines were produced by the National Coordinating Group for Nurses in Breast Screening chaired by Veronica Rogers. They are a revision of the second edition of the guidelines which were published in November 2002. The group is composed of specialist nurses working in the NHS Breast Screening Programme. Past and current members who have contributed to the revision of these guidelines include:

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## 1. INTRODUCTION

### 1.1 Background

The process of breast screening takes a woman from invitation to diagnosis. The first stage of screening is routine mammography. The second stage of screening, recall for assessment, is generally recognised as leading to much higher levels of anxiety and distress.<sup>1</sup> Around 7% of women who are screened are called back to an assessment clinic.<sup>2,3</sup>

The Forrest Report<sup>4</sup> recommended that the specialist team in each assessment centre should include ‘an appropriately trained registered nurse to support this group of women’, that is women who are recalled for assessment. The report published by the Advisory Committee on Breast Cancer Screening in 1991 (*Evidence and Experience since the Forrest Report*<sup>5</sup>) highlighted the need for a specialist nursing service to be developed within the NHS Breast Screening Programme (NHSBSP). The most significant evidence supporting the role of the clinical nurse specialist (CNS) in breast screening was demonstrated by a study in 1997 of 1493 women who were recruited from eight screening centres nationally.<sup>1</sup> This study identified the value of the nurse in communication and information giving: ‘satisfaction with the information communicated to them was significantly higher for centres where a CNS provided women with the opportunity to talk in private before further investigations if they so wished’.

The NHSBSP publication *Clinical Guidelines for Breast Cancer Screening Assessment*<sup>6</sup> identified the specialist nurse as a core member of the assessment team, and suggested that a nurse specialist should be available to all women at the time of assessment. The *Guidelines for the Management of Symptomatic Breast Disease* produced by the Association of Breast Surgeons at the British Association of Surgical Oncologists (ABS at BASO)<sup>7</sup> state that a breast care nurse should be present when bad news is given to a patient and that the nurse should provide ongoing support and information. Studies have demonstrated the value of the CNS in identifying and reducing psychological morbidity for women diagnosed with breast cancer.<sup>8,9</sup> It is recognised that the CNS is a core member of the multiprofessional team.<sup>10</sup>

### 1.2 Aim of this publication

These guidelines set out the standards of practice for CNSs working in the NHSBSP. They include details of the role of the CNS in breast care (screening), arrangements for quality assurance (QA) and a protocol for the assessment of the performance of the CNS. The guidelines are reflective of other current NHS guidelines, including:

- *Manual of Cancer Services Standards*<sup>10</sup>
- *Making a Difference*<sup>11</sup>
- *The NHS Cancer Plan*<sup>12,13</sup>
- *The Nursing Contribution to Cancer Care*<sup>14</sup>
- *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer*<sup>15</sup>
- *New Ways of Working*.<sup>16</sup>

## 2. STANDARDS FOR BREAST CARE NURSING (SCREENING)

### 2.1 Philosophy

The well-being and optimal care of women in the NHSBSP is dependent on the provision of a high quality multiprofessional service. As a member of the multiprofessional team, the CNS (screening) has a commitment to ensure that, throughout the screening process, the woman receives the personal care and information that she requires in a sensitive manner, at the appropriate time and with due regard to her safety, comfort and dignity.

The provision of comprehensive nursing care and support is dependent on an appropriately trained CNS whose knowledge and skills are continually updated. Nursing care should be evidence based and open to regular review to ensure that high standards of practice are achieved and maintained.

### 2.2 Working arrangements

#### 2.2.1 *The role of the CNS in breast care (screening)*

The CNS works as a member of the multiprofessional team in the screening unit and provides specialist nursing advice, education and support to women and their families. The CNS is a professional resource for colleagues and other members of the multiprofessional team.

Key elements of the role are described below.

#### **Clinical**

- Actively participate in multiprofessional team meetings and the decision making process as the patient advocate.
- See all women requiring assessment and provide information and support throughout the process.
- Assess the information needs of patients, service users, family and friends, and provide relevant support, information, education, advice and counselling when necessary.
- Provide up to date and relevant information on all aspects of breast disease/breast cancer and its treatment in order to facilitate informed patient/service user choice.
- Keep patients informed about treatment options and encourage them to take part in the decision making process, acting as their advocate when necessary.
- Identify patients' and service users' physical, social, psychological and spiritual needs and ensure that appropriate provision is made.
- Identify and use professional, voluntary, faith and charitable bodies at local and national level by direct or indirect referral.
- Keep appropriate nursing records.<sup>17</sup>
- Participate in multiprofessional clinical audits.

#### **Education/health promotion**

- Initiate and respond to the educational needs of those involved in breast screening and breast care/oncology (medical staff,

radiographers, general practitioners, primary care team, women and the general public).

- Ensure that access to appropriate educational material is available for service users and patients.
- Build working relationships with primary care trusts and cancer leads (and their equivalent in Wales, Northern Ireland and Scotland).
- Initiate and actively participate in health promotion relevant to women's health, specifically breast screening and breast health.
- Advise external bodies, including patient associations and service user groups, on nursing and other relevant aspects of the NHSBSP.
- Identify personal continuing development needs and access appropriate training/update to meet needs.

### **Audit/research and development**

- Initiate and participate in nursing audit/research and evaluate outcomes.
- Critically analyse research findings related to breast screening/breast cancer, including treatment options and psychological care, ensuring that clinical practice, protocols and standards of care are evidence based.
- Facilitate patients' awareness of informed choice regarding current trials, their protocols and surrounding issues.
- Monitor and review adherence to local, regional and national guidelines.
- Audit own clinical practice, pathways of care and patient experience, and use results to improve outcomes.

### **Management**

- Participate as a core member of the breast screening management team.
- Generate and contribute to clinical standards and guidelines within the service.
- Participate in annual reviews based on performance outcomes.
- Have awareness of responsibilities relating to clinical governance and risk management.
- Ensure that confidentiality in relation to women's records is maintained in line with Caldicott guidelines.<sup>18</sup>
- Agree a plan with line manager to ensure adequate arrangements for cover when post holder is not available.
- Clinical nurse specialists are accountable for their own professional practice in accordance with the *Code of Professional Conduct* produced by the Nursing and Midwifery Council (NMC).<sup>19</sup>

#### *2.2.2 Support for the CNS*

The CNS should be present during the assessment clinic and have access to dedicated facilities. The manager of the CNS should recognise the need for necessary resources to provide a continuing and effective service. These should include clerical support, appropriate equipment and relief staff.

Effective reflective practice/clinical supervision as well as psychological and peer support for the CNS are an integral part of the establishment of the post and must be clearly identified with the line manager as part of individual performance review (IPR) and personal development planning (PDP).

### 2.2.3 Referrals

There must be agreed patterns of referral to the CNS in both the hospital and community sectors and the facility to contact professionals in other health care settings whenever necessary.

### 2.2.4 Communication and interprofessional relationships

Channels of communication should be established between all members of the breast team within the screening programmes. Existing networks should then be used to ensure effective liaison between the screening programme as a whole and other areas of health care provision.

### 2.2.5 Management

Professional lines of accountability through nursing services must be in place. There must be clear lines of clinical reporting, which will usually be through the director of the breast screening unit. Where breast screening is allied to a symptomatic service, it is recommended that there is a team leader for breast care nursing.

### 2.2.6 Documentation

Systems of documentation must be agreed and established in line with NMC and trust policy so that accurate data are recorded for audit, quality assurance programmes and research. The CNS must accept responsibility for her own confidential records. Documentation should include evidence of:

- contact with the woman
- psychological assessment
- information given.

### 2.2.7 Education and professional development

The CNS must have educational preparation relevant to her role. She must also have access and support for continuous professional development (CPD) and have a CPD plan.<sup>14</sup> A list of training centres which provide breast care courses and professional practice support and development is at Appendix 1.

### 2.2.8 Audit of clinical practice

The CNS must be accountable for auditing her own clinical practice. She should seek the views of women who use the service which she provides (see section 3.5) and participate in the quality assurance (QA) visit (see section 4.1).

### 2.2.9 Staffing levels

Experience from the NHSBSP suggests that a minimum of 0.1 whole time equivalent (WTE) CNS is required per 10 000 screening population to cover the clinical role described in section 2.2.1.

It is recognised that some CNSs will develop and extend their roles according to local service needs. This should be with the agreement of the nurse, her line manager and the multidisciplinary team (MDT).

This must be adequately funded so as not to compromise the standard of existing supportive care for women.

A framework is being developed by the Royal College of Nursing (RCN) and the NMC that will allow senior registered practitioners, such as the CNS, to register as functioning at a higher level of practice. These practitioners will be supported by supervised registered practitioners.

Breast screening units which provide a chaperone service for medical staff may consider employing a support worker.

### 2.3 Standard 1: preparation to practise as a CNS in breast care (screening)

#### 2.3.1 Standard statement

The CNS meets the criteria to practise.

#### 2.3.2 Rationale

In order for a nurse to practise at this level, she should be adequately prepared. The document *Making a Difference*,<sup>11</sup> published by the Department of Health (DH), states that the academic level of study leading to a specialist qualification will be no lower than first degree level.

Minimum standard	Outcome measurement
a The CNS should be a registered general nurse (RGN) with five years' post-registration experience	Appropriate qualifications/evidence of qualifications are demonstrated (ie signed copies of educational certificates are produced for QA visits)  Post-registration qualifications should include: <ul style="list-style-type: none"> <li>• breast care nursing course (level 2/3)</li> <li>• an appropriate first degree</li> <li>• relevant counselling/communication skills certificate (minimum 100 hours training to include theoretical and practice skills)</li> </ul>
b The CNS should have experience of working within breast care/oncology	An oncology nursing certificate is also desirable
c The CNS should have the opportunity to complete an annual personal development plan in accordance with her knowledge and skills framework (KSF) <sup>20</sup>	Time and funding available to support CPD Evidence of ongoing professional development An annual development plan is available
d Effective reflective practice/clinical supervision and psychological support for the CNS must be an integral part of the establishment of this post and should be clearly identified	Availability of, and identified time for, reflective practice/clinical supervision/psychological support

### 2.4 Standard 2: standards of practice for a CNS in breast care (screening)

#### 2.4.1 *Standard statement*

The role of the CNS is to educate, inform and support the woman throughout the screening and assessment pathway.

#### 2.4.2 *Rationale*

Recall for breast assessment has been found to increase anxiety, and a poor assessment experience may deter a woman from attending for subsequent screening.<sup>1,21-23</sup> The CNS enhances the acceptability of breast screening by providing information and psychological support.<sup>24</sup> When anxiety and depression are recognised by a skilled CNS, and referral to an appropriate person is made, emotional distress can be reduced.<sup>21-23</sup>

Each assessment clinic should have a CNS present throughout the assessment process. Research has shown that giving patients adequate information in accordance with their needs can decrease anxiety and enhance the individual's ability to cope.<sup>25,26</sup> The skilled and knowledgeable CNS should therefore be effective in assessing the need for information and how that information has been understood. The CNS should also be involved in discussions with the woman regarding treatment options, and should provide information and support during the decision making process.

The CNS has a clinical, education/teaching and audit/research role. Minimum standards are given for each of these.

## Quality Assurance Guidelines for Clinical Nurse Specialists in Breast Cancer Screening

Minimum standard	Outcome measurement
<b>Clinical role</b>	
a The CNS is present throughout the assessment clinic to provide psychological support and information	All women recalled have access to the CNS
b All women recalled for assessment are made aware of the availability of the CNS from the point of recall, and contact details for the CNS are evident in the recall letter	Records reflect the involvement of the CNS
c The CNS undertakes physical/psychological/social assessment of all women seen during assessment and ensures that appropriate intervention is made	There is documented evidence of assessment within the client/nursing records. There is evidence of appropriate referral mechanisms Any women not seen by the CNS are given contact details for the CNS before leaving the assessment clinic
d All women requiring further investigations (eg fine needle aspiration/core biopsy) or further treatment are offered a consultation with the CNS	Contact details of the CNS are made available. This should include the contact number for the breast care nurse who provides ongoing care Records reflect the involvement of the CNS
e Appropriate facilities are available for private consultation with the CNS	Evidence that appropriate private facilities are available
f The CNS assesses the woman's requirement for information and offers appropriate verbal and written information as required	The records reflect the information given by CNS. Patient satisfaction surveys reflect that information received was appropriate
g The CNS discusses ongoing care and treatment options with the patient and supports her through the decision making process	Records reflect the CNS involvement in this area of care
h The CNS is a core member of the multiprofessional team and contributes to the discussions regarding the ongoing care of the woman	The minutes of multiprofessional meetings (MDT and unit business meetings) record the regular presence of the CNS The outcome of MDT discussions is recorded in the nursing notes
i Documentation to record details of the support and information provided. This information is shared with the symptomatic CNS for the woman's ongoing care beyond assessment	CNS records reflect the information and support given Documentary evidence of referral to symptomatic CNS Standard nursing procedures are documented and reviewed as part of the quality management system
<b>Education/teaching role</b>	
j The CNS contributes to the overall development of the breast screening programme through her involvement in teaching and education particularly in relation to psychological care and information giving	Evidence of formal/informal teaching Evidence that appropriate study days/courses have been undertaken
<b>Audit/research role</b>	
k The CNS is able to demonstrate evidence based practice	Evidence of relevant audits relating to care pathways, eg patient survey

### 3. QUALITY ASSURANCE FRAMEWORK

#### 3.1 Responsibilities for quality assurance

Quality assurance in breast care nursing (screening) operates at three levels: national, regional and screening unit.<sup>27</sup> The National Coordinating Group for Nurses in Breast Cancer Screening coordinates quality assurance activities at national level. At regional level, the QA nurse audits the nursing role in breast screening units in the region and participates in QA visits to assess professional nursing performance. At unit level, the CNS regularly audits her own performance against the standards described in Chapter 2 and participates in the assessment of nursing performance described in Chapter 4.

#### 3.2 National coordination

The National Coordinating Group for Nurses in Breast Cancer Screening represents the nursing profession working in the NHSBSP. It advises the NHSBSP on the provision of nursing care and the contribution that this can make to the care of women who attend for breast screening. The group is made up of representatives (QA nurses) from each English QA team and from Wales, Scotland and Northern Ireland. Members of the group work with other organisations, such as the RCN Breast Care Nursing Society, the Advisory Committee on Breast Cancer Screening and the Association of Breast Surgery at the British Association of Surgical Oncology (ABS at BASO).

The group's responsibilities are to coordinate QA activities across the profession and to provide a dynamic nursing contribution to the breast screening programme. Specifically, the group:

- sets and reviews the standards to be achieved by each CNS working in the NHSBSP
- advises the NHSBSP on development, implementation and review of guidance
- identifies the education and training needs of nurses who work in the NHSBSP
- fulfils a consultative role on proposed and completed research relating to breast care nursing in the NHSBSP.

The constitution of the National Coordinating Group is shown in Appendix 2.

#### 3.3 Regional QA nurse

The regional director of quality assurance for breast screening appoints a CNS to act as professional nursing coordinator (the QA nurse) for the region. The QA nurse is a member of the regional quality assurance team and represents the region on the National Coordinating Group for Nurses in Breast Cancer Screening.

The role of the QA nurse is to:

- act as a coordinator for other CNSs who work in local screening units in the region

- represent their interests at national level and report to them about local and national developments
- be responsible for the region-wide audit of breast care nursing (screening) standards and report the findings to the regional QA director
- provide advice on breast care nursing (screening) education and training in the region to ensure and maintain an agreed level of care.

### 3.4 Quality assurance visits

As a member of the regional quality assurance team, the QA nurse participates in quality assurance visits to breast screening units in the region.<sup>28</sup> The QA visit provides a forum for the review of the whole screening process on a multidisciplinary basis and an assessment of the effectiveness of teamworking in the breast screening unit. The protocol for the assessment of the professional performance of the CNS in breast care (screening) is given in Chapter 4.

### 3.5 Audit of individual practice

In order to achieve a high standard of care for women, it is important that the standards of practice set out in Chapter 2 are adhered to and monitored. The CNS should review her practice regularly. In order to audit her individual practice, the CNS should seek the views of women who attend for breast screening assessment. Questionnaires should be developed and agreed locally with guidance from the QA Reference Centre (QARC). It is recommended that such surveys should be conducted once every screening round. Ideally, these should be conducted at the same time across a region so that the QARC can coordinate the results.

The following is a guide to possible questions, but it is not meant to be prescriptive. It is aimed at women who have come to assessment but who have had a negative result and have returned to routine screening. Questionnaires should be developed and agreed locally with guidance from the QARC.

#### **Before the appointment**

- Did you know in advance that a breast care nurse (BCN) would be available to help you?
  - If so, how did you know this?
- Were you given a contact number for the BCN before your appointment?
- Did you speak to the BCN before your appointment?
  - If so, did you find this helpful?
  - If not, would you have found it helpful?

#### **During the appointment**

- Did you speak to a BCN at the assessment clinic?
  - If so, was the discussion in private?
- Did you feel you had enough time with the BCN?
- Did you find speaking to her helpful?
- Did she give you enough information about the appointment?
- Did she give you written information afterwards?
- When you were given the results, did you know who would contact you about your routine visit?

- Did you know when you would be contacted?
- If you did not speak to the BCN would you have found it helpful?
- Have you any other comments?

When conducting the survey, best practice should be followed:

- The questionnaire should be piloted, reviewed and revised in the light of data collected.
- A starting date should be agreed between the QA nurse and the local QARC, avoiding main holiday periods.
- The QARC should post a questionnaire to all women who have attended the assessment clinic in the last four to six weeks and who were then returned to routine recall.
- A covering letter of explanation, together with a stamped addressed envelope (to be returned to the QARC), should be enclosed with the questionnaire.
- The QA nurse and QARC should arrange a meeting for the CNSs who participated in the audit to discuss the results. The aim is to identify good practice where it exists and to recommend changes where it does not.
- The QA nurse should feed back the audit results to the National Coordinating Group for Nurses in Breast Cancer Screening, identifying good and bad practice along with recommendations for improvement.

## 4. ASSESSING THE PERFORMANCE OF THE CLINICAL NURSE SPECIALIST IN BREAST CARE (SCREENING)

### 4.1 QA visit questionnaire

The performance of the CNS should be reviewed by the QA nurse (or her deputy) at the QA visit. The QA nurse (or her deputy) should have a clear understanding of the role of the CNS in breast screening. To ensure consistency in the review of the nursing role and responsibilities, a standard questionnaire should be used. The questionnaire is at Appendix 3. The questionnaire should be sent to the unit being visited for completion at least two weeks before the visit. During the QA visit, the completed questionnaire should be reviewed alongside the standards described in Chapter 2.

The aims of the questionnaire are:

- to review the performance of the CNS against the national minimum standards of practice
- to determine whether the CNS has undergone, or is currently undergoing, training for the relevant qualifications
- to ensure that a high standard of care is being achieved by regular auditing and monitoring practice according to the NHSBSP standards of care
- to ensure that the CNS participates as a member of the multiprofessional team
- to provide an opportunity for the CNS to demonstrate working practices and to raise any specific issues relating to quality assurance which the QA team or trust may need to address
- to provide a tool to facilitate discussion about issues that affect quality, eg workload
- to disseminate good nursing practice
- to discuss and agree actions and timeframes if NHSBSP standards of nursing care are not being achieved.

### 4.2 Action by the QA nurse

The QA nurse should clearly identify areas of concern and areas where the minimum standards of practice are not being achieved. She should inform the QA director and the QA team of those areas of concern. The QA nurse, QA director and QA team should plan a course of action with the CNS, the line manager and the clinical director of breast screening to address these concerns. The proposed plan of action should be clearly documented in the QA visit report with a specific time scale set and a person responsible for taking actions forward identified. Confidentiality should be maintained. It should be noted that in most situations it would be anticipated that the areas of concern will be addressed at local level. Unresolved issues must be reported to the QA director, who will decide on the most appropriate action.

### 4.3 QA visit reports

Following each QA visit, the QA nurse (or deputy) should submit a written report to the QA director within the specified time. The QA nurse should retain all QA visit questionnaires and regional reports for a minimum of eight years. On completion of the period of appointment, they should be handed on to the newly appointed QA nurse.

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## APPENDIX 1: CURRENT TRAINING CENTRES FOR BREAST CARE COURSES AND PROFESSIONAL PRACTICE SUPPORT

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## APPENDIX 2: CONSTITUTION OF THE NATIONAL COORDINATING GROUP FOR NURSES IN BREAST CANCER SCREENING

### A2.1 Membership

- A nursing representative from each English QA team, and observers from Scotland, Wales and Northern Ireland.
- A co-option to represent the RCN Breast Care Nursing Society.
- A representative of the NHSBSP national team.
- A co-option of the nurse representative from the Advisory Committee on Breast Cancer Screening.
- A co-option to be made from the other national coordinating groups, education and research, as and when necessary, to facilitate the ongoing work of the group.
- A chairperson will be elected from the group, and approved by the national office, for a period of three years.
- A secretary and a treasurer will be elected from the group for a period of three years.

### A2.2 Representation

- The QA nurse coordinator is a CNS appointed by each of the breast screening quality assurance directors in accordance with EL(97)67 *Cancer Screening: Quality Assurance and Management*.<sup>27</sup>
- The QA nurse representative should fulfil the competencies and criteria for a CNS in breast screening.
- This representative must work in an assessment clinic and with patients who have screen detected lesions.

### A2.3 Remit

- To maintain and improve the standard of nursing within the NHSBSP throughout the UK by ensuring that the nurses working within the screening units maintain the QA guidelines for nurses.
- To advise the NHSBSP on nursing matters and provide feedback and information relevant to nursing in the NHSBSP to the regional QA director and other members of the QA team.
- To ensure dissemination of relevant information in order to develop and support the CNS within her local region, in particular to establish networks and facilitate information exchange between nurses working within breast screening locally.
- To ensure dissemination of relevant information both to and from the national coordinating group by meeting with the nurses working in screening within the region
- To identify the educational needs of the CNSs working in breast screening, and to assist in developing educational programmes to meet these needs.
- To advise regional QA directors and programme managers of the educational and training needs for nurses working in the screening programme.
- To advise the NHSBSP and to act as a resource to the NMC in relation to the training needs for nurses working in the screening programme.
- To identify ways in which links with the private sector and other non-NHS screening providers can be developed and maintained.
- To define, agree and audit professional standards of nursing care relevant to breast screening against which the quality of the service can be measured.

## Quality Assurance Guidelines for Clinical Nurse Specialists in Breast Cancer Screening

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- To agree, implement, continually evaluate and update guidelines for nurses working within the screening programme.
- To identify research needs and facilitate, coordinate and promote collaboration in research and development activities.
- To have annual access to IPR with the quality assurance director and produce a personal development plan.
- To evaluate and update these terms of reference and the guidelines of the group at least every three years.

### **A2.4 Meetings**

- To achieve the above remit, at least two meetings will be held per annum. Working parties may be convened to address specific issues.

### **A2.5 Financial guidelines**

- The QA representative is funded by the QA budget.
- Travel to QA meetings and visits plus the national meetings should be reimbursed from the QA budget.
- Additional expenses incurred as a result of QA work duties should be negotiated with the QA director.
- These guidelines will be reviewed in the event of changing circumstances.

**APPENDIX 3: BREAST CARE NURSING QUALITY ASSURANCE VISIT PROFORMA**

**Instructions for completion of this pro forma**

The lead CNS (breast screening) should complete this pro forma in collaboration with the other CNS/BCNs in the screening team. The form can be completed electronically, but one copy must be printed and signed by the lead CNS (breast screening) and returned to the QARC. Any CNS/BCN screening can complete a separate pro forma if they have a particular concern or they can contact the QA nurse.

Tel: ..... Email: .....

The lead CNS (breast screening) is responsible for attaching and sending copies of educational certificates for each nurse, which she must sign on the back as being a true copy of the originals.

QA to insert logo      QARC region

Date of QA team visit: (QARC to insert)

Name: \_\_\_\_\_ (please print) Signature \_\_\_\_\_

(Lead CNS breast screening)

Breast screening unit: (QARC to insert)

Hospital: (QARC to insert)      CNSs/breast care nurses (BCN) in attendance (to be completed on the day):

QA nurse (QARC to insert)

Please return the completed form by: (QARC to insert date):

To (QARC to insert name and address):

### CNSs involved in breast screening

Please complete both sections for each CNS/BCN involved in breast screening

Name	Job title	AfC* band	WTE† Screening/symptomatic/ combined	Accountable to	
				Professionally Name and title (ie senior nurse)	Clinically Name and title (ie clinical director)

Name of CNS	RGN‡	ENB¶ AII	Counselling certificate (100 hours)	Teaching certificate (998, 730)	Relevant degree	Relevant Masters degree	ENB oncology	Others (please state)	Signature of QA nurse on verification of certificates

\*Agenda for Change band (AfC).

†Whole time equivalent (WTE).

‡Registered general nurse.

¶English National Board (ENB).

## Quality Assurance Visit (Nursing) Pro forma

Topics for review		QA standard or reference	Comments
<b>1.0</b>	<b>Facilities</b>		
1.1	Does each CNS/BCN have access to a private designated counselling room within the breast screening unit?	2.4.2 (e)	
	(i) a bleep/mobile telephone?		
	(ii) sufficient secretarial support?	2.2.2	
	(iii) a computer/email?		
	(iv) a contact card?		
	(v) an answer phone?		
	(vi) adequate office space?		
<b>2.0</b>	<b>Assessment</b>		
2.1	(i) How many assessment clinics are held each week? (ii) What is the approximate start time of the clinics? (iii) What is the approximate finish time of the clinics? <i>ie number of hours spent in clinics per week by the CNS/BCN</i>	2.2.9	
2.2	How many assessment clinics have a CNS/BCN present in them each week?	2.4.2 (a)	
2.3	(i) What is your current screening population size? (ii) How many CNS/BCN hours are contracted to the NHSBSP each week?	2.2.9	
2.4	Does your unit's service level agreement state this number of hours?		
2.5	Are women provided with: (i) the telephone number of a CNS/BCN before attending the assessment clinic? (ii) the name and number of the CNS/BCN at the assessment clinic? Please attach a copy of the recall letter with this completed pro forma	2.4.2 (b)	
2.6	Please outline the woman's pathway throughout your assessment clinic. This should be from the moment she arrives until she leaves. You should state what the responsibilities of the CNS/BCN are during this time. Please continue on a separate sheet if necessary	2.2.1 2.4.2 a, b, c, d	

2.7	Which women would the CNS/BCN routinely assess? Please state the percentage of women that are assessed in each of the following stages: (i) at the time of the assessment clinic? (ii) at the time of diagnosis? (iii) for ongoing care?	2.2.1 2.4.2 g	
2.8	(i) Do you refer women to the CNS in symptomatic clinics? (ii) Do you refer women to other hospitals/trusts or to the private sector? (iii) If women are not treated locally, to whom do you refer and how is this done? (iv) Please explain the referral mechanisms for all the above questions	2.2.3 2.4.2 g	
2.9	(i) Is written literature/information available for women in the assessment clinic? (ii) Please list the titles of all written information routinely offered At the QA visit please provide evidence of this information	2.2.1 2.4.2 f	
2.10	(i) Does the CNS/BCN undertake a psychological, social and physical assessment of the women seen at assessment? If so, please explain (ii) Do you have easy access to a counsellor or psychologist for the women?	2.2.1 2.2.6 2.2.4 2.4.2 a, c	
<b>3.0</b>	<b>Record keeping</b>		
3.1	Does the CNS/BCN record a psychological, social and physical assessment of all women seen at assessment? Please have evidence available for QA visit	2.2.6 2.4.2 i	
3.2	Before the QA visit, the QARC will request five sets of CNS/BCN notes. These will be identified by the screening number only. A copy of these notes will be sent to the QA nurse, and they will be returned at the visit	2.2.6 2.4.2 i	
<b>4.0</b>	<b>Patient choice</b>		
4.1	Do women have a choice of the following: (i) CNS/BCN? (ii) consultant surgeon? (iii) hospital? (iv) treatment centre?	2.2.3 2.4.2 g	

<b>5.0</b>	<b>Multidisciplinary team meetings</b>		
5.1	Describe how the CNS/BCNs participate in the multidisciplinary team (MDT) meetings (i) How often are the meetings? (ii) How long do they last? (Please state times) (iii) How many cases are discussed at the meetings?	2.4.2 h	
5.2	Is a CNS/BCN present at every MDT? Yes/No	2.2.9	
5.3	What records are kept of the meetings, ie is there a record of the result recorded in the nursing notes and screening packet/hospital notes?	2.4.2 h, i	
5.4	Does the CNS have documented evidence of the MDT discussion when she sees women with their results?	2.4.2 h	
<b>6.0</b>	<b>Audit activities</b>		
6.1	Has the CNS/BCN participated in audit (i) regional QA audit for nursing? (ii) local audit?	2.2.1 2.4.2 k 2.2.8	
6.2	What changes have been implemented/considered, based on the outcome of the audits in the last three years?	3.5	
6.3	Are CNS/BCNs involved in any research related to screening?	2.2.1	
<b>7.0</b>	<b>Professional development</b>		
7.1	Does every CNS/BCN have a professional development plan (PDP)? Have these been updated in the last 12 months? If not, when is this planned?	2.2.7 2.3.2 c	
7.2	Does every CNS/BCN have the opportunity for ongoing education?		
7.3	Is your ongoing education/training supported by the trust?	2.2.7 2.3.2 c	
<b>8.0</b>	<b>Working arrangements</b>		
8.1	(i) Is there cover available for sick leave/study days/annual leave? (ii) Has your CNS/BCN team had a significant sickness record in the last 12 months (ie defined as > 50 days total)?	2.2.2 2.2.9	

8.2	(i) What clinical supervision do CNSs/BCNs have? (ii) Is clinical supervision identified in your PDP?	2.2.2 2.3.2 d	
8.3	(i) Do CNSs/BCNs have an annual individual performance review (IPR)? (ii) Has the knowledge and skills framework been linked to your IPR? (iii) Name and job title of appraiser(s)	2.3.2 c	
8.4	Are CNSs/BCNs involved in teaching formally/informally? If yes, please provide evidence/details	2.4.2 j	
8.5	Are CNSs/BCNs involved in health promotion activities? If yes, please provide evidence/details	2.4.2 j	
8.6	Does your unit undertake any form of succession planning for CNSs/BCNs? (Please specify)	2.2.9	
<b>9.0</b>	<b>Working relationships</b>		
9.1	Are the CNSs/BCNs satisfied with working relationships within the team? Please comment	2.2.4	
<b>10.0</b>	<b>Other comments</b>		
10.1	Are there any initiatives or problems relating to the assessment process likely to have a negative impact on the woman's experience? Please specify		
<b>11.0</b>	<b>Points of good practice</b> (to be completed at the QA visit)		
<b>12.0</b>	<b>Recommendations</b> (to be completed at the QA visit)		
	(i) Actions within three months		
	(ii) Actions within six months		
	(iii) General recommendations		

All recommendations to be signed by the QA nurse

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_