

THE RIGHT RESULTS
Guide to the Correct Processing and Issuing of Results

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1. INTRODUCTION

1.1 Previous guidance

The aim of this guide is to help breast screening services to develop local protocols to ensure that the results from breast screening are processed and issued correctly. The protocols must prevent the production of a normal result letter for a woman who requires recall for assessment or a technical recall.

The previous version of this guide, which was published as *The Right Results* (Guide to Good Office Practice 6) in October 1995,¹ was written for users of the National Breast Screening Computer System (NBSS). This updated version includes guidance for all breast screening services.

Other relevant guidance is included in *Quality Assurance Guidelines for Administrative and Clerical Staff*² and in *Systematic Management of Quality for Breast Screening Units: A Practical Approach To Quality Management*.³

1.2 Recommendations of the Commission for Health Improvement report

This revised guidance follows the investigation by the Commission for Health Improvement (CHI) into the West of London Breast Screening Service (WoLBSS).⁴ The investigation took place as a result of the discovery that the WoLBSS had not recalled a number of women for further assessment following their initial attendance for breast screening.

The CHI report of the investigation concluded that:

there was no robust and comprehensive operational protocol to ensure that women who had been screened received the correct results. WoLBSS had failed to learn from a similar incident in another service in 1994, following which national guidelines had been produced. WoLBSS was not compliant with these guidelines. This was an unacceptable and avoidable failure.

The report recommended that:

The NHS Breast Screening Programme should consider how detailed working guidance can achieve a greater degree of standardisation while allowing, where necessary, for local flexibility. In particular, consideration should be given to developing a list of minimum details which have to be filled in by radiologists reviewing mammograms, and also the use of national notation for mammogram results.

1.3 Revised guidance

This guidance is a series of key points, not a step by step list of instructions. Each breast screening service must develop the most appropriate 'right results' procedure for its own methods of working. The procedures must be part of the systematic management of quality in the breast screening service. They must also be consistent with trust protocols for clinical governance, risk management and incident handling.

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The procedures must be audited regularly by the breast screening service itself, and will also be reviewed as part of the programme of quality assurance (QA) visits by the regional QA team. Services will develop different ways of implementing this guidance, but the objective is the same: to achieve the correct result for each woman.

2. GENERAL PRINCIPLES

The director of breast screening of each breast screening service is responsible within the framework of clinical governance for ensuring that a 'right results' procedure is in place and is audited regularly. The procedure must conform to the following general principles.

1. There must be a systematic unit-wide approach to the right results that applies to all staff, including consultant medical staff.
2. All staff must be involved in drawing up explicit work instructions for those elements of the right results process that they are involved in.
3. There must be staff training about the 'right results' process so that each staff member understands how his or her role contributes to the overall process. For screening office staff this will be part of wider training on the NBSS or equivalent system.
4. Individual working practices must not be allowed to diverge from written work instructions.
5. Clearly laid out control forms (on paper or electronic equivalent) should lead staff through the tally and checking process at each stage of the results process.
6. All forms and other documentation must be kept up to date to reflect current work instructions.
7. If an individual feels that there is a better way of working, a change must be agreed at unit level and written work instructions revised.
8. All cases of non-conformance with work instructions should be recorded, and any mistakes should be brought to the attention of staff.

A summary of the right results process is shown in Figure 1. Detailed requirements are listed in Section 3. These requirements should act as a checklist for breast screening services when reviewing their right results protocols.

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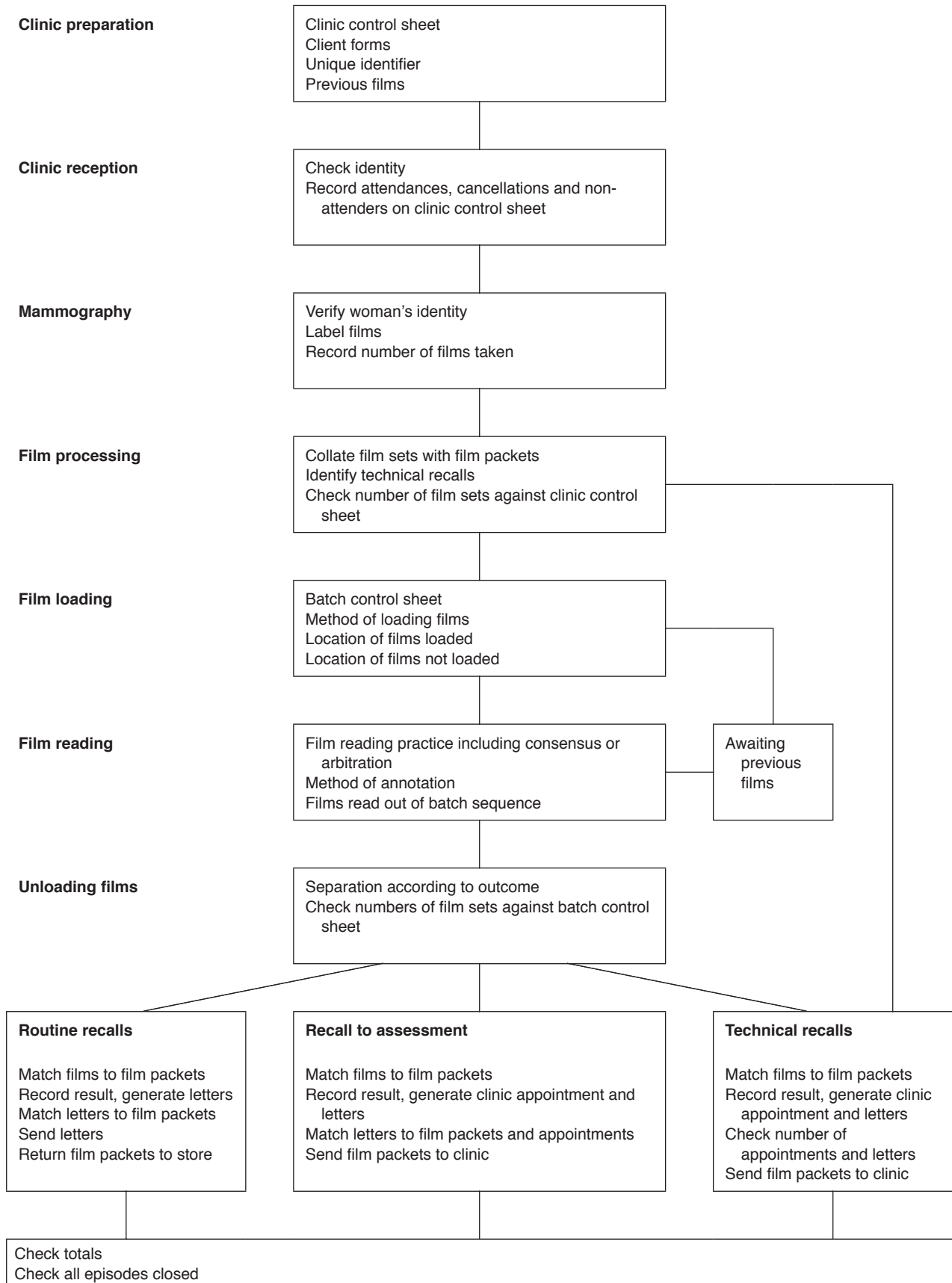


Figure 1 Summary of right results process.

3. DETAILED REQUIREMENTS

3.1 Clinic preparation

- 3.1.1 A clinic control sheet that lists all women invited to attend must be produced for each clinic session.
- 3.1.2 A client form must be produced for each woman invited.
- 3.1.3 The screening number (Sx No) (or non-NBSS equivalent) or the NHS number must be used as a unique identifier for each woman, both on the clinic control sheet and on the client form.
- 3.1.4 Women with the same name must be identified and this must be clearly marked on the clinic control sheet and client forms.
- 3.1.5 There must be written work instructions for requesting films for women who have been screened previously by another screening service, and recording the receipt of the films.

3.2 Clinic reception

- 3.2.1 There must be written work instructions for clinic reception procedures to check the identity of women attending for screening in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).⁵
- 3.2.2 Attendances must be recorded on the clinic control sheet.
- 3.2.3 Women who attend but who are not screened must be clearly marked on the clinic control sheet.
- 3.2.4 All women who cancel or who do not attend (DNAs) must be clearly marked on the clinic control sheet.
- 3.2.5 There must be written work instructions for noting and authorising changes to personal details, for updating the breast screening computer system and for notifying the population register.
- 3.2.6 A check must be made at the end of each clinic session to ensure that:
- women marked as cancellations or DNAs on the clinic control sheet match the unused client forms
 - the number of women who attended and the number of women who cancel or DNA matches the number of women recorded on the clinic control sheet.

3.3 Mammography

- 3.3.1 There must be written work instructions for verifying a woman's identity before mammography.
- 3.3.2 There must be written work instructions for the marking of films with a woman's identifying details.
- 3.3.3 There must be written work instructions for recording the number of films taken for each woman.

3.4 Film processing

- 3.4.1 There must be written work instructions for collating the processed films with the correct film packets and client forms.
- 3.4.2 There must be written work instructions for identifying films that the radiographer decides require a technical recall. There must be a local procedure for ensuring that the woman is sent a further appointment.
- 3.4.3 A check must be made at the end of processing to ensure that:
- the number of sets of films processed matches the number of women who attended for screening and had films taken.

3.5 Film loading

- 3.5.1 A batch control sheet must be produced for each batch of films loaded that enables the location, status and outcome for each woman's films and film packet to be identified at every stage of the film reading process.
- 3.5.2 There must be written work instructions which specify the method of loading films and their location on the roller viewer, and the location of the corresponding film packets.
- 3.5.3 Where previous films have been requested, there must be written work instructions for retaining current films and film packets until the previous films are available, and for loading them.
- 3.5.4 Any films which are not loaded (eg because they have been identified at the film processing stage as needing a technical recall) must be accounted for.
- 3.5.5 A check must be made at the end of film loading that all sets of films that have been processed are accounted for.

3.6 Film reading

- 3.6.1 There must be written work instructions to specify the exact method of annotation by the film reader (barcode, coloured pens, abbreviation) and also where the annotation is made (on the film, film packet or client form).

3.6.2 If abbreviations are used, these must correspond to the NBSS action codes:

- recall to assessment FV or RC
- technical recall TR
- routine recall RR.

Breast screening programmes that do not use NBSS action codes may use the equivalent action codes that are given in Appendix 1.

3.6.3 All cases for recall to assessment must be marked clearly, consistently and unambiguously. Each film reader must mark and sign* his or her opinion against the Sx No (or NHS number) and name of each woman requiring recall to assessment.

3.6.4 All cases for technical recall determined by the film reader must be marked clearly, consistently and unambiguously. Each film reader must mark and sign* his or her opinion against the Sx No (or NHS number) and name of each woman requiring technical recall.

3.6.5 There must be written work instructions to specify the exact method of consensus reading or arbitration. These must specify the procedure for consensus reading or arbitration, the method of annotating films and the method of recording interim and final screening opinions and identifying each film reader.

3.6.6 Films for consensus reading must not be removed from the screening unit.

3.6.7 The outcome for any films loaded and read out of their batch sequence (eg because previous films were awaited or for consensus reading or arbitration) must be recorded on the correct batch control sheet.

3.7 Unloading films

3.7.1 There must be written work instructions for the procedures for removing films from film viewers and matching them to the corresponding film packets.

3.7.2 There must be a system (eg separate trays or boxes) for the physical separation of each result category (recall to assessment, technical recall or routine recall).

3.7.3 There must be a check for each batch that:

- the number of film sets loaded matches the number of films sets unloaded
- the number of film sets in each result category tallies with the total number of film sets loaded and unloaded

*A unique set of initials or a stamp may be used as long as the film reader can be identified unambiguously. Where automated recording is used, each reader must be individually logged on and their identity recorded onto the system.

- the number of film sets retained awaiting previous films can be reconciled with the batch total
- the number of film sets retained for consensus reading or arbitration can be reconciled with the batch total.

3.8 Recall to assessment results

3.8.1 Film sets and film packets for women requiring recall to assessment must be kept in a specified location in the screening office.

3.8.2 There must be a written work instruction for entering the result on the breast screening computer system and generating an assessment appointment.

3.8.3 There must be a written work instruction for producing and sending an appointment letter to the woman and a letter to her GP.

3.8.4 There must be a written work instruction for checking that the correct letter is placed in the correct film packet.

3.8.5 There must be a written work instruction for sending the screening packets to the assessment clinic.

3.8.6 There must be a check for each batch that:

- the Sx No (or NHS number) and name of each woman given an appointment for assessment corresponds with those women listed by the film reader as 'recall to assessment'
- the number of recall to assessment letters to women matches the number of women listed by the film reader as 'recall to assessment'.

The check should be made by a different person from the person who entered the result on the breast screening computer system. Any discrepancies must be resolved by the film reader or consultant radiologist.

3.9 Technical recalls

3.9.1 Film sets and film packets for women requiring technical recall must be kept in a specified location in the screening office.

3.9.2 There must be a written work instruction for entering the result on the breast screening computer system and generating a technical recall appointment.

3.9.3 There must be a written work instruction for producing and sending an appointment letter to the woman.

3.9.4 There must be a written work instruction for checking that the correct letter is placed in the correct film packet.

3.9.5 There must be a written work instruction for sending the screening packets to the correct screening clinic.

3.9.6 There must be a check for each batch that:

- the Sx No (or NHS number) and name of each woman given a technical recall appointment corresponds with those women listed by the film reader as ‘technical recall’ and the women identified by the radiographer as needing a technical recall
- the number of letters generated matches the total number of women identified as ‘technical recall’.

The check should be made by a different person from the person who entered the result on the breast screening computer system. Any discrepancies must be resolved by the film reader or consultant radiologist.

3.10 Routine recalls

3.10.1 There must be a written work instruction for entering the result on the breast screening computer system.

3.10.2 There must be a written work instruction for producing and sending a result letter to the woman.

3.10.3 There must be a written work instruction for returning the screening packets to the film store.

3.10.4 There must be a check for each batch that:

- the number of result letters generated matches the number of women marked on the batch control sheet as ‘routine recall’.

The check should be made by a different person from the person who entered the result on the breast screening computer system.

3.11 Batch reconciliation

3.11.1 The number of women listed on the clinic control sheet must be reconciled with the number of women listed on the batch control sheet.

3.11.2 The number of women listed on the batch control sheet in each result category must be reconciled with the number of result letters produced in each category.

3.11.3 Batch reconciliation must be completed within a specified timescale, consistent with the national target that women should be sent their result within 2 weeks of their screening attendance.

3.12 Audit of result letters

- 3.12.1 There must be a regular audit of a sample of film packets to check that the correct result has been entered on the breast screening computer system and that the correct letter has been sent. This should be at least every 3 months.

3.13 Audit of 'right result' procedures

- 3.13.1 There must be a regular audit of written work instructions and control forms to ensure that they are up to date. This should be at least annually.
- 3.13.2 There must be a regular audit of working practices to ensure that they comply with work instructions. This should be at least annually.

REFERENCES

1. *The Right Results*. NHS Breast Screening Programme, 1995 (Guide to Good Office Practice 6).
2. *Quality Assurance Guidelines for Administrative and Clerical Staff*. NHS Cancer Screening Programmes, 2000 (NHSBSP Publication No 47).
3. *Systematic Management of Quality for Breast Screening Units: a Practical Approach to Quality Management*. NHS Breast Screening Programme, 1999 (NHSBSP Publication No 34, Part II).
4. *Investigation into the West of London Breast Screening Service at Hammersmith Hospitals NHS Trust*. Commission for Health Improvement (CHI), 2002.
5. *Guidance Notes on the Implementation of the Ionising Radiation (Medical Exposure) Regulations 2000 in the NHSBSP*. NHS Cancer Screening Programmes, 2000 (Occasional Report, unnumbered).
6. *National Breast Screening Computer System (NBSS). Use of Action and End Codes*. NHS Cancer Screening Programmes, 2000 (Good Practice Guide No 3).