Trust Protocol for the Management of Early Recall as part of the Breast Screening Programme

Document Control:

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V6.0	09/09/22	Breast Imaging Manager	Document Review
V7.0	24/03/23	Breast Imaging Manager	Document transferred to new template and EIA added

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

This guideline is based on the NHSBSP (NHS Breast Screening Program) quality assurance documentation and is up-to-date and in line with national standards.

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is protocol applicable to the Norfolk and Norwich University Hospitals NHS Foundation Trust; please refer to local Trust’s procedural documents for further guidance, as noted in Section 5.

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Quick reference

When to use early recall (sooner than the usual 3-year interval) of a woman to a mammographic screening appointment, within the NHS Breast Screening Program (NHSBSP). This is occasionally necessary when the usual diagnostic methods have failed to provide a definitive answer. The aim is to minimize the number of women subjected to this process which is known to produce significant anxiety.

- This protocol should only be applied to women who have been through an assessment clinic
- Consultant Breast Radiologists, as well as Consultant Breast Radiographers, in discussion with the wider multi-disciplinary team (MDT), should be the only users of the protocol.

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1. Introduction

1.1. Rationale

Between 5 and 7% of women attending for mammographic screening as part of the NHSBSP are recalled for further tests at an assessment clinic. After clinical examination, further imaging, and if necessary, needle biopsy, the aim is to have diagnosed all who have breast cancer and refer these to the breast surgeons. The others will have been reassured that they do not have serious disease and are returned for routine screening in 3 years' time. In a small minority of cases the usual techniques fail to produce a definite diagnosis and recalling them to another assessment clinic in less than 3 years' time (early recall) for further investigation may be a useful option.

This process is known to provoke significant anxiety in the women subjected to it (1). If used too often it may be associated with delayed cancer diagnosis (especially if used on a background of inadequate investigation in the assessment clinics).

The use of early recall should therefore be minimised (Quality Assurance Guidelines for Breast Cancer Screening Radiology) (2).

To minimise the number of women subjected to early recall as part of the NHS Breast Screening Programme.

1.2. Scope

This guideline applies to women recalled for screening assessment at an interval shorter than the normal screening interval (currently 3 years) after a previous screen and attendance for assessment.

1.3. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
NHSBSP	National Health Service Breast Screening Programme
MDT	Multi-Disciplinary Team

2. Responsibilities

Clinical Director of Breast Screening, Consultant Breast Radiologist. Oversees early recall process and authorises early recall.

3. Processes to be followed

- It is not acceptable practice to place a woman on early recall without first explaining the reasons to her in person and offering appropriate counselling.
- This means that all women on early recall should have previously attended for assessment.
- Early recall should not be used as a routine outcome following assessment.
- Every effort should be made to obtain a definitive diagnosis at initial assessment.

- Early recall should only be used in exceptional circumstances, with fully informed consent, and after approval by the multi-disciplinary team (MDT) at its weekly meeting.
- No more than one early recall outcome should be used per woman per normal (3 year) screening cycle.
- Both breasts should be mammographically screened at early recall.
- Women on early recall should be returned to an assessment clinic, where they can be informed without delay of the results of any further imaging or other investigations.
- They should not be returned to a routine screening session, where further management cannot usually be discussed directly with them.
- Women placed on short-term recall should not be recalled at a time interval of less than 12 months.

4. References

1. Brett J, Bankhead C, Henderson B, Watson E, Austoker J. The psychological impact of mammographic screening. A systematic review. Psyco-Oncology, 2005, 14: 917-938.
2. Quality Assurance Guidelines for Breast Cancer Screening Radiology, NHSBSP Publication no 59, Feb 2023, pages 6-8.

5. Clinical Audit Standards

The percentage of women screened who are placed on early recall as defined in the Quality Assurance Guidelines (2).

- minimum standard < 0.25%
- achievable standard </= 0.12%
- this data is available at least annually as part of the KC62 data return.

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
%early recall	NBSS CRYSTAL REPORT KC62	MANDY BALLANTYNE	NHSBSP SQAS	ANNUALLY

The audit results are to be discussed at Breast Imaging and Radiology governance meetings to review the results and recommendations for further action. Then sent to the Clinical Director who will ensure that the actions and recommendations are suitable and sufficient.

6. Equality Impact Assessment (EIA)

Type of function or policy	Existing

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Division	Radiology	**Department**	Breast Imaging
Name of person completing form	Rebecca Bond	**Date**	24/03/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	No Impact	No Impact	No Impact	No
Pregnancy & Maternity	No Impact	No Impact	No Impact	No
Disability	No Impact	No Impact	No Impact	No
Religion and beliefs	No Impact	No Impact	No Impact	No
Sex	No Impact	No Impact	No Impact	No
Gender reassignment	No Impact	No Impact	No Impact	No
Sexual Orientation	No Impact	No Impact	No Impact	No
Age	No Impact	No Impact	No Impact	No
Marriage & Civil Partnership	No Impact	No Impact	No Impact	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?		No impact		

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.