Reducing the Prevalent Round Recall Rate to Assessment to meet NHSBSP QA standard
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Background

• In 2015, our recall rate (RC) for the assessment of prevalent round (XP) patients (women having their first screening mammograms as part of the NHS Breast Screening Programme) exceeded the national standard at 11.8% (target <7%).
• An elevated recall rate is associated with increased patient anxiety, risks decreased future patient engagement, and adds a strain on departmental capacity to assess these patients.

Method

• Standard used: NHS Breast Screening Programme (NHSBSP) Consolidated Standards, KC62 key performance indicators
• Indicator:
  a) The percentage of women who are referred for assessment
  b) Standardised Detection Ratio (SDR) for invasive cancers
• Target:
  a) Minimum standard: <10%; Target <7%
  b) Minimum standard: >=1.0; Target >=1.4
• Retrospective review of all prevalent round patients recalled for assessment between 1st July 2015 to 31st December 2015.
• Radiological abnormality (well defined mass = WDM; ill defined mass = IDM; spiculate mass = SPM; asymmetric density = ASD; D = distortion; calcifications = calc; clinical), biopsies, assessment outcome and histology were recorded.

Results of 1st Audit Round

• 335 XP patients recalled to assessment in 6 consecutive months (1st July 2015 to 31st December 2015).
  • Of the 98x WDM and 85x ASD recalled, all were benign. No cancers presented as WDM or ASD.
  • 121 biopsies performed: 79 biopsies confirmed benignity; and 24 carcinomas diagnosed.
  • All cancers were a result of the remaining radiological abnormalities.

1st Action Plan

1. Introducing a new team consensus approach to arbitrate all cases for potential recall
2. No need to recall WDMs or ASDs (if judged physiological)
3. Re-audit in 1 year

Results of 2nd Audit Round

• 204 XP patients recalled to assessment from 1st September 2016 to 28th February 2017 (previously 335).
  • Of the 25x WDM and 46x ASD recalled (from 98 and 85 respectively), all were again benign. No cancers presented as WDM or ASD.
  • 79 biopsies performed (previously 121): 30 proved benignity (previously 79); similarly 25 carcinomas diagnosed.
  • Radiological abnormalities IDM and calc yielded 22/25 cancers.
  • Successful reduction in recall rate for XP patients from 11.8% to 7.8% with a SDR=1.34 (target range achieved).

2nd Action Plan

1. Continue consensus arbitration process
2. No need to recall WDMs or ASDs
3. Re-evaluate in light of potential interval cancer detection

Reference: NHSBSP Consolidated Standards
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