



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG
17 January 1996

Dear Colleague

**PURCHASING AND MANAGEMENT ARRANGEMENTS
FOR THE SCOTTISH BREAST AND CERVICAL
SCREENING PROGRAMMES**

Summary

1. This Circular outlines the arrangements for implementing Ministers' decisions:
 - to devolve purchasing of the breast screening service to all 15 Health Boards with effect from 1 April 1996 subject to the requirement that they purchase from existing providers on the basis of the current specification; and
 - to extend the role of the Central Coordinating Unit (CCU) within the Common Services Agency to undertake various key national tasks in relation to both the breast and the cervical screening programmes.

Action

2. Board General Managers are requested to agree contracts with the NHS Trusts currently responsible for providing the breast screening service to their resident population for the provision of the breast screening service in 1996-97 in accordance with the current specification. Ring-fenced funding for this purpose was included in the allocations announced in December 1995.
3. Ms Jan Warner has been appointed as National Coordinator for Screening Programmes. She will be in contact about the detailed arrangements concerning the new purchasing arrangements for the breast screening service and about the role of the Central Coordinating Unit in relation to both the breast and cervical screening programmes. Further information is provided in Annex A (breast screening) and Annex B (cervical screening).

Addressees

For action:

General Managers, Health Boards
Chief Executives,
NHS Trusts
General Manager, Common Services
Agency

For information:

General Manager, State Hospitals
Board for Scotland
General Manager, Health Education
Board for Scotland
Executive Director
SCPMDE

Enquiries to:

On policy

Mrs Joyce Edwards
Health Gain Division
Purchasing Directorate
NHS Management Executive
Room 43
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2128

Fax: 0131-244 2372

On management and implementation

Ms Jan Warner
National Coordinator
Central Coordinating Unit
Common Services Agency
Trinity Park House
South Trinity Road
EDINBURGH
EH5 3SE
Tel: 0131-551-8626
Fax: 0131-551 2077

4. The contents of this Circular should be shared with all relevant staff and with GPs.

5. There will be an opportunity to discuss and finalise the new arrangements for the Breast Screening Programme at a seminar being held on Friday 23 February 1996. Details are being circulated separately.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kevin Woods', written in a cursive style.

KEVIN WOODS
Director of Purchasing

SCOTTISH BREAST SCREENING PROGRAMME

Introduction and Background

1. During the introduction of the Scottish Breast Screening Programme (SBSP), the programme was centrally funded and managed. This arrangement has recently been reviewed as this service is now well-established, and Ministers have decided that purchasing of the breast screening service should be undertaken by all 15 Scottish Health Boards with effect from 1 April 1996. Health Boards are required to purchase from existing providers to the current specification and to observe the Quality Assurance (QA) structure. This will clarify accountability for different aspects of the programme and strengthen local ownership whilst safeguarding the benefits accruing from a national specification and coordination.
2. The General Manager of the CSA has responsibility for facilitating and coordinating the introduction of local purchasing of the programme and for managing the Central Coordinating Unit (CCU).

Planning the Introduction of Local Purchasing

3. The CCU has held a series of discussions with Health Board coordinators, Screening Centre Directors and provider NHS Trusts about implementation of the new arrangements. This Annex describes the key roles and issues identified during this preparatory period on which decisions have now been taken by the Management Executive.

Role of Health Boards

4. With effect from 1 April 1996, Health Boards will have responsibility for:
 - purchasing a breast screening service for their population from the relevant existing provider Trust
 - maintaining the Community Health Index (CHI)
 - health promotion (including health education)
 - developing and supporting links with primary care (GPs)
 - local monitoring of the screening status of their population
 - monitoring of their contract with provider Trust(s) and ensuring that the quality assurance standards set nationally are being met
 - local evaluation of the effectiveness of the programme
 - working with the Central Coordinating Unit to safeguard the national programme.
5. Each Health Board currently has a designated individual who acts as co-ordinator or contact person for the SBSP. It is recommended that a Breast Screening coordinating or steering group is established in each Health Board, if this does not

already exist. Such a group should include representation from the screening centre and the provider Trust(s). This group could also be used by the CCU as a means of providing feedback to purchasers and providers.

Role of provider NHS Trusts

6. The 6 NHS Trusts currently providing a screening service will continue to do so, using existing services. There will be a contract between the Health Board(s) purchasing the service and the Trust(s) providing it. The Trusts will have responsibility for:

- provision of the screening service
- the appointment and support of a named Director
- support and local management of the screening centre staff and organisational issues
- securing full participation in QA arrangements in accordance with nationally defined policy, service specification and QA standards which include appropriate training.

Role of the Central Coordinating Unit

7. The Central Coordinating Unit (CCU), which is part of the Information and Statistics Division of the Common Services Agency, has been given an extended remit in relation to both the SBSP and the Scottish Cervical Screening Programme. It is headed by a National Coordinator of Screening Programmes, a new post responsible for national monitoring and evaluation of both programmes and the establishment, maintenance and development of QA programmes.

8. For the SBSP, the CCU will provide a service in 3 principal areas:

8.1 Strategic

- provision of a national overview of purchasing the SBSP including monitoring and ensuring compliance with the service specification
- maintenance of a national identity, both public and professional, for the SBSP
- in conjunction with the National Advisory Group, provision of overall strategic direction on national policy to the programme
- review and development of the service specification
- development and dissemination of professional and audit standards
- provision of advice to purchasers and providers
- establishment, development and support of a national (and international) network, including representation at appropriate UK meetings

8.2 Monitoring and Evaluation

- definition of information requirements to provide epidemiological evaluation of the programme and to reflect the diverse operational, clinical and QA activity which is a feature of the programme
- national monitoring of agreed performance indicators
- national monitoring of the acceptability of the programme
- review of the cost-effectiveness of the programme
- development of the SBSP information system
- analysis and feedback to purchasers and providers.

8.3 Quality Assurance

- development of a quality assurance accreditation scheme
- provision of external audit
- development of the SBSP QA structure and maintenance and development of the SBSP QA manual
- development and enhancement of a multi-disciplinary quality assurance infrastructure
- advice on, provision, support and coordination of SBSP core training
- support and development of an advisory service covering equipment replacement, maintenance and support
- analysis and feedback to purchasers and providers.

9. Funding for the CCU will be allocated to the CSA directly from the ME and there will be a contract between the ME and the CSA covering the role and functions of the Unit. In addition, a service level agreement will be drawn up between the CCU, Health Boards and the provider Trusts, specifying the role and remit of the CCU. The CCU will establish the appropriate sub-contracts to cover the services they purchase centrally on behalf of all Health Boards and Trusts, such as medical physics and maintenance of the mobile units.

Role of the Management Executive

10. The role of the Management Executive is to formulate the policy for the programme. This includes the age range of those screened, the frequency and the number of views that are taken, as well as the requirement for consistency and equity of service delivery and quality assurance. Breast screening policy is mirrored throughout the UK.

11. The Management Executive also has a high level monitoring role, which will be addressed through the performance management process of Health Boards. In addition, the Management Executive will ensure compliance with the national SBSP service specification if issues arise that cannot be resolved between the purchaser, the provider and the CCU.

Role of the National Advisory Group

12. The National Advisory Group (NAG) advises the Management Executive on policy, performance and resource issues. It liaises closely with the Vessey Committee (the English Advisory Group). Where a recommendation is made to change policy, the resource implications are also addressed as it is important to ensure that the financial implications of any change in service requirements are clear.

13. Membership of the NAG is by invitation from the Chief Medical Officer, on a personal basis rather than as a representative of a professional group. It is chaired by Dr Gordon Paterson, Director of Public Health, Grampian Health Board.

Funding - Revenue

14. Health Boards have received their revenue allocations for 1996/97 which include specific ring-fenced amounts for the purchase of breast screening. These allocations have been based upon 'actual' allocations to each provider NHS Trust in 1995-96 divided among the Boards using that centre.

15. A long-term funding mechanism will be developed during 1996/97 based on agreed criteria including uptake, cancer detection rates and use of the mobile screening units. The CCU, and Health Board and provider Trust finance directors will be involved in the development of this mechanism in conjunction with the Management Executive.

Funding - Capital

16. At present SBSP capital is allocated to the CSA and managed centrally. Replacement equipment is currently purchased by the CSA and these assets are then registered on provider Trust asset registers as appropriate. There is no provision for claiming capital charges under this arrangement but, in future, provider Trusts should include SBSP capital requirements in their capital programmes with effect from 1 April 1996. Trusts should agree contracts with the CCU to provide an equipment replacement programme, along with the necessary support and advice. Where appropriate, national maintenance contracts will be retained to ensure value for money and consistent quality standards. The CCU will be funded directly for such contracts. Equipment purchased by the CCU during 1995/96 for screening centres will be transferred on to provider Trust asset registers during the last quarter of 1995/96.

17. The mobile units are currently registered as a national resource and included on the CSA asset register. This arrangement will remain in place. Funding has been allocated to the CCU for mobile movements, maintenance and support.

SCOTTISH CERVICAL SCREENING PROGRAMME

1. Health Boards have always been responsible for purchasing a cervical screening service for their eligible population and for ensuring that it meets the standards and objectives of the national programme.
2. Guidance on the discharge of this responsibility was issued under cover of MEL(1995)64 in September 1995. This sets out the roles and responsibilities of Health Boards and GP Fundholders and of providers (GPs and NHS Trusts).
3. This guidance also requires Health Boards to provide the CCU with statistical reports in the format and frequency agreed for national monitoring and each Board's coordinator to assist the National Coordinator in monitoring the programme and its effectiveness at local and national levels.
4. In conjunction with the Service and the Management Executive, the National Coordinator will be working over the next few months to develop the role of the CCU in relation to the SCSP in a way that will achieve an appropriate balance between local and national responsibilities, including a national quality structure and performance indicators.

Information System

18. At present the SBSP IT system is undergoing major redevelopment. Support and development of NHS in Scotland IT services have recently been market tested and the contract has been awarded to CSC. The development of the SBSP system is included in this contract as one of 2 central initiatives that have been approved. Revenue funding for the information system and its support will be allocated to the CCU as at present.