

Repeat Imaging Protocol

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

The purpose of this document is to ensure mammography performed within Hereford and Worcester Breast Screening Service and Worcestershire Breast Imaging Service meets the national standards for image quality set out in NHS BSP Breast screening programme standards ([Appendix 1](#)) to optimise cancer detection whilst limiting the dose to service users by minimising the number of repeat examinations in accordance with IRMER 2017 (Appendix 2) and national guidance on collecting, monitoring and reporting technical recall and repeat examinations (Appendix 3).

THIS PROTOCOL IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Radiographers, Assistant Practitioners and Associate Mammography Practitioners

Lead Clinician(s)

Julie Broomer

Radiographer, Breast Imaging QA
Lead

Approved by Breast Services Directorate on: 9th September, 2024

Approved by Women's and Children Divisional
Governance Meeting: 23rd October, 2024

Approved by Medicines Safety Committee on: NA
Where medicines included in protocol

Review Date: 23rd October, 2027
This is the most current document and should be
used until a revised version is in place

WAHT-RAD-031

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Key amendments to this guideline

Date	Amendment	Approved by: (name of committee or accountable director)
23 rd October, 2024	First document approved at Governance	Women's and Children's Governance

Scope: For the purpose of this document the term 'Mammographer' refers to a Radiographer, Assistant Practitioner or an Associate Mammography Practitioner who holds a certificate of mammography practice or equivalent.

Background:

Mammographers working in the NHS BSP are required to work to core programme standards (Appendix 1):

- to achieve optimum image quality to optimise cancer detection.
- to limit radiation dose
- to minimise the number of repeat exposures

Repeat imaging remains under the initial referral and existing justification for the examination.

Repeat Imaging Protocol:

An image may be judged to be inadequate for radiological interpretation for one or more of the following reasons:

- **Part of the breast is not imaged.**
- **Blurring:** the image is blurred or unsharp to a degree likely to hinder accurate image interpretation.
- **Nipple is not in profile in either view** and/or the retro-areolar area is not sufficiently clear to enable accurate image interpretation.
- **Artefact** obscuring breast tissue
- **Skin folds** obscuring breast tissue
- **Incorrect exposure:** such that noise, poor contrast or brightness is likely to impede accurate image interpretation.
- **Annotation is inadequate or incorrect:** repeats are only required if it is impossible to verify the identity the individual or the projection. A decision to repeat in this situation must be made by an advanced practitioner, consultant radiographer or radiologist.

To minimize radiation exposure, repeat imaging should be performed sparingly. For example, if the lateral border is missing from a CC projection, the repeat projection should specifically target the lateral border. It is not necessary to include the entire breast in the repeat imaging if it has already been adequately imaged.

Technical repeat (TP) Mammographers should use their clinical judgement to decide whether an image is inadequate for radiological interpretation, and a repeat is necessary. Repeat imaging must be accurately documented as such in the patient record.

A trainee must seek advice from a senior member of staff before repeating an image.

Where a mammographer is unsure whether a repeat is necessary, advice must be sought from an experienced colleague or an Advanced Practitioner. If there is doubt regarding the benefit of further imaging, a repeat should not be performed.

Repeats for equipment related issues: where a repeat is due to equipment failure (hardware or software) the exposure must not be repeated without ensuring the equipment is functioning correctly, advice must be sought from an RPS, RPA, superintendent or nominated deputy.

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Consideration should be given to reprocessing the original image. Repeat imaging due to equipment failure must be reported to NCCPM.

Technical recall (TC)

Clients and patients may be recalled for repeat imaging by an advanced practitioner or a radiologist following image reading or consensus review.

Before undertaking a repeat exposure, the following checks must be carried out to ensure:

- Check on the modality to confirm that repeat imaging was not performed during the initial attendance (occasionally images fail to transfer, in an examination with more than 4 images this may not have been identified during imaging checking).
- Check the TC request form against the original image(s) to ensure the correct side has been requested.
- Check which projection is required to complete the examination, take care not to perform unnecessary additional views – for example, if 'CC to demonstrate the lateral border' is requested, take one image specifically targeting the lateral border. It is not necessary to include the entire breast in the repeat imaging if it has already been adequately imaged.
- Ensure that consideration has been given to reprocessing the original image.

Partial Mammography: where it is not possible to acquire a complete set of technically adequate images due to physical limitations or a withdrawal of consent this must be clearly documented, with consideration given to whether it may be possible to complete the examination on another occasion – for breast screening clients the partial mammography protocol must be followed, for symptomatic patients a clinician must be consulted for advice.

Monitoring Repeat Imaging

In line with the departmental Image Quality standard operating procedure, and national guidance for mammographers (Appendix 4 and 5):

- Mammographers are required to review all images acquired by them which required a repeat exposure, each month to identify persistent issues with a view to reducing the number of repeats in future.
- The Superintendent Radiographer reviews repeat image audit information for the service each month, where an individual's repeat rate is consistently failing to meet national standards, the superintendent will bring this to the attention of the mammographer concerned.
- An Advanced Practitioner reviews the repeat images for the period with the mammographer concerned, with the aim of identifying persistent faults or other issues such as unnecessary repeat imaging.
- All or part of the support framework outlined in the image QA SOP may be employed if the mammographer or Advanced Practitioner feel it would be of benefit.
- Ongoing concerns are raised to the Superintendent.
- QA lead and an Advanced Practitioner complete a review of all repeat imaging each month to look for trends and identify potential equipment issues. The outcome is discussed with the Superintendent Radiographer, Trainers, and the Advanced Practitioners. Learning is shared with the whole team at staff meetings.

A recently qualified mammographer would be expected to review TC and TP images with an advanced practitioner. Recently qualified in this context is defined as less than 3 months since clinical competency has been achieved.

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Appendix

1	NHS BSP programme standards	NHS Breast screening programme screening standards valid for data collected from 1 April 2021 - GOV.UK (www.gov.uk)
2	IRMER 2017	Guidance for the implementation of the IR(ME)R Regulations 2017 - GOV.UK (www.gov.uk)
3	NHS BSP Guidance on collecting, monitoring and reporting technical recall and repeat examinations	PHE standard publication template (publishing.service.gov.uk) Guidance for breast screening mammographers - GOV.UK (www.gov.uk)
4	NHS BSP Guidance for breast screening mammographers	Guidance for breast screening mammographers - GOV.UK (www.gov.uk)
5	Image Quality Assurance SOP	M:\Acute\Radiology\BreastScreeningPOWCH\QMS\Core Processes\Quality Control

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Review whether repeat imaging is being performed and recorded appropriately	Audit of all examinations where more than 2 views per breast performed	4 times a year	QA Lead	Superintendent Radiographer Sub directorate	4 times a year

REFERENCES

All references should be 'Harvard' referenced, eg,

A book by a single author:

Seedhouse, D. (1997) *Health promotion: philosophy, prejudice and practice*. Chichester, John Wiley.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Director of Breast Screening
Superintendent and Deputy Superintendent
Advanced Practitioner team
Training Team

This key document has been circulated to the chair(s) of the following committee's /
groups for comments;

Committee
Breast directorate
Breast Imaging sub directorate
Women and Children's division governance team

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document
when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Broomer	QA Lead Breast Imaging	Julie.broomer@nhs.net
Date assessment completed	15.11.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Repeat Imaging Protocol			
What is the aim, purpose and/or intended outcomes of this Activity?	Ensure repeat imaging is performed appropriately in line with national guidance and IRMER legislation. Maximise cancer detection whilst keeping dose of ionizing radiation as low as reasonably achievable			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____		
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NHS Breast screening programme screening standards valid for data collected from 1 April 2021 - GOV.UK (www.gov.uk) Guidance for the implementation of the IR(ME)R Regulations 2017 - GOV.UK (www.gov.uk) PHE standard publication template (publishing.service.gov.uk) Guidance for breast screening mammographers - GOV.UK (www.gov.uk)
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	<p>Discussion with service leads, senior colleagues in advanced practice team and training team.</p> <p>Input from film reading team regarding impact on outcome where repeat imaging is performed.</p>
Summary of relevant findings	This protocol is required to provide guidance to staff

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			Ensures quality of service for clients eligible for breast screening – aged 50-70 years
Disability		✓		
Gender Reassignment	✓			Breast screening reduces impact of breast cancer in clients identifying as female
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex	✓			Breast screening reduces impact of breast cancer in clients identifying as female
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers;		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	✓			Ensures all clients receive the same high-quality service, allowing them to benefit from early diagnosis and treatment of breast cancer

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				



Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Julie Broomer
Date signed	15.11.2024
Comments:	
Signature of person the Leader Person for this activity	 Dr Claire Sutherland, Consultant Breast Radiologist & DoBS
Date signed	19.11.2024
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval