

Breast Cancer Screening

I enclose details of today's statement from the Secretary of State for Health and Social Care about Breast Cancer Screening. Any constituents who have concerns should call the breast screening helpline number on 0800 169 2692:

Check against delivery

Oral statement: Breast Cancer Screening

Secretary of State for Health and Social Care (Rt Hon Jeremy Hunt):

I wish to inform the House of a serious failure that has come to light in the national Breast Screening Programme in England.

The NHS Breast Screening programme is overseen by Public Health England and is one of the most comprehensive in the world. It screens 2m people every year, with women between the ages of 50 -70 receiving a screen every three years up to their 71st birthday. However earlier this year PHE analysis of trial data from the service found that there was a computer algorithm failure dating back to 2009. The latest estimates I have received from PHE is that, as a result of this between 2009 and the start of 2018, an estimated 450,000 women aged between 68 and 71 were not invited to their final breast screening.

At this stage, it is unclear whether any delay in diagnosis will have resulted in any avoidable harm or death, and that is one of the reasons I am ordering an independent review to establish the clinical impact. Our current best estimate – which comes with caveats as it is based on statistical modelling rather than patient reviews, and because there is currently no clinical consensus about the benefits of screening for this age group - is that there may be between 135 - 270 women who have had their lives shortened as a result. I am advised it is unlikely to be more than this range and may be considerably less. However, tragically, there are likely to be some people in this group who would have been alive today if the failure had not happened.

The issue came to light because an upgrade to the breast screening invitation IT system provided improved data to local services on the actual ages of the women receiving screening invitations. This highlighted that some women on the Age-X trial, set up to examine whether women up to the age of 73 could benefit from screening, were not receiving an invitation to their final screen as a 70 year old. Further analysis of the data quantified the problem and has found a number of linked causes, including issues with the system's IT and how age parameters are programmed into it. The investigation also found

variations in how local services send out invitations to women in different parts of the country.

The existence of a potential issue was brought to the attention of the Dept of Health and Social Care by Public Health England in January, although at that stage their advice was that the risk to patients was limited. Following that, an urgent clinical evaluation took place to determine the extent of harm and the remedial measures necessary. Public Health England escalated the matter to Ministers in March, with clear clinical advice that the matter should not be made public. This was to ensure a plan could be put in place that ensured any remedies did not overwhelm the existing screening programme and was able to offer proper support for affected patients.

I am now taking the earliest opportunity to update the House on all the remedial measures that have been put in place, which are as follows:

1. Firstly urgent remedial work to stop the failure continuing has now been completed according to the chief executive of Public Health England. This was finished by 1 April and PHE are clear that the issue is not now affecting any women going forward.
2. Of the estimated 450,000 women who missed invitations to a scan, 309,000 are estimated to be still alive. Our intention is to contact all those living within the United Kingdom who are registered with a GP before the end of May with the first 65,000 letters going out this week. Following independent expert clinical advice, the letters will inform all those under 72 that they will automatically be sent an invitation to a catch-up screening. Those aged 72 and over will be given access to a helpline through which they can get clinical advice to help them decide whether or not a screening is appropriate for their particular situation. This is because for older women there is significant risk that screening will pick up non-threatening cancers that may lead to unnecessary and harmful tests and treatment. However this is an individual choice and in all cases the wishes of the patients affected will be followed. By sending all the letters to UK residents registered with a GP by the end of May, we hope to reassure anyone who does not receive a letter this month that they are not likely to have been affected.
3. It is a major priority to do our very best to make sure that the additional scans do not cause any delays in the regular breast screening programme for those under 71. So NHS England have taken major steps to expand the capacity of screening services,

and have today confirmed that all women affected who wish to be screened will receive an appointment within the next six months. Of course we intend the vast majority to be much sooner than that.

4. We have held helpful discussions with the devolved administrations to alert them to the issue. Scotland uses a different IT system, and whilst the systems in Wales and Northern Ireland are similar neither believe they are affected. However we are discussing with them the best way to reach women who have moved to another part of the UK during this period. This is, obviously, more complicated but we are confident all those affected will be contacted by the end of May.
5. In addition, and as soon as possible, we will make our best endeavours to contact the appropriate next of kin of those we believe missed a scan and have subsequently died of breast cancer. As well as apologising to the families affected, we would wish to offer any further advice they might find helpful, including the process by which we can establish whether the missed scan is a likely cause of death and compensation therefore payable. We recognise that this will be incredibly distressing for some families and we will approach the issue as sensitively as possible.

Mr Speaker irrespective of when the incident started the fact is that for many years oversight of our screening programme has not been good enough. Many families will be deeply disturbed by these revelations, not least because there will be some people who receive a letter having had a recent diagnosis of breast cancer.

We must also recognise that there may be some who receive a letter having had a recent terminal diagnosis. For them and others, it is incredibly upsetting to know that you did not receive an invitation for screening at the correct time, and totally devastating to hear you may have lost or be about to lose a loved one because of administrative incompetence. So on behalf of the government, Public Health England and the NHS I apologise wholeheartedly and unreservedly for the suffering caused.

But words alone are not enough. We also need to get to the bottom of precisely how many people were affected, why it actually happened and most importantly how we can ever prevent it ever happening again.

Many in this House will also have legitimate questions that need answering: why did the algorithm failure occur in the first place and how can we guarantee it does not happen again? Why did quality assurance processes not pick up the problem over a decade or more? Were there any warnings – written or otherwise - which should have been heeded earlier? Was the issue escalated to Ministers at the appropriate time? What are the broader patient safety lessons for screening IT systems?

I am therefore commissioning an independent review of the NHS Breast Screening Programme to look at these and other issues, including its processes, IT systems and further changes and improvements that can be made to the system to minimise the risk of any repetition of this incident. The review will be chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at The Royal Marsden, and is expected to report in six months.

Mr Speaker the NHS has made huge progress under governments of both sides of this House in improving cancer survival rates which are now at their highest ever. 7,000 people are alive today who wouldn't have been if mortality rates had remained unchanged from 2010.

But this progress makes system failures even more heart-breaking when they happen.

Today everyone in this House will be thinking of families up and down the country worried they may have been affected by this failure. We cannot give all the answers today, but we can commit to take all the necessary steps to give people the information they need as quickly as possible. Most of all we want to be able to promise this will not happen again. So today, the whole House will be united in our resolve to be transparent about what went wrong and take the necessary actions to learn from the mistakes made.

I commend this statement to the House.

Press release: Women offered NHS breast screening after missed invitations

The decision follows analysis by Public Health England (PHE) dating back to 2009, which found that a number of invitations for a final test had not been sent out to women, between their 68th and 71st birthday. The total number of older women affected since 2009 is estimated to be approximately 450,000.

The routine NHS breast screening programme invites more than 2.5 million women every year for a test, with women between the ages of 50 to 70 receiving a screen every 3 years up to their 71st birthday. Around 2 million women take up the offer.

The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (AgeX). It then became apparent that a similar impact has resulted from long term problems with the routine programme as well. In addition, some local services have not invited everyone for a final screen in the 3 years before their 71st birthday.

PHE has carried out a thorough investigation including a detailed analysis of data going back to 2009 and has been advised by experts and clinicians. The fault has now been identified and fixed and women who did not receive their final routine invitation and are registered with a GP are being contacted and offered the opportunity to have a catch up screen. All of these women will be contacted by the end of May 2018. Women can seek advice by calling the helpline on 0800 169 2692. We anticipate that all rescreens will be completed by the end of October 2018 and extra capacity is being identified so that routine screening will not be affected.

Dr Jenny Harries, PHE Deputy Medical Director said:

On behalf of NHS breast screening services, we apologise to the women affected and we are writing to them to offer a catch-up screening appointment. They and their families' wellbeing is our top priority and we are very sorry for these faults in the system.

A complex IT problem with the breast screening invitation system has led to some women not being invited for their final screen between their 68th and 71st birthdays. We have carried out urgent work to identify the problem and have fixed it. Additional failsafe systems have been introduced to ensure the problem does not reoccur.

The NHS breast screening programme is a world leading prevention service for women in England detecting around 18,400 cancers per year and saving 1,300 lives.

Local breast screening services are currently working closely with NHS England and PHE to ensure that all of the women affected are contacted and offered the opportunity for a screen.

The Secretary of State for Health and Social Care has commissioned an independent review of the NHS breast screening programme to look at issues, including its processes, IT systems and further changes and improvements that can be made to the system to minimise the risk of any repetition of this incident.

The review will be chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at The Royal Marsden, and is expected to report in 6 months.

Background

1. It is estimated that 450,000 women since 2009 were not invited for a screen and 309,000 women were not invited for a screen and are alive.
2. The long term clinical research trial called AgeX, led by Oxford University, is ongoing to assess reliably the risks and benefits of offering an extra screen to women aged 71 to 73 and between 47 to 49 years.
3. All women that were not sent an invitation for their final screen will be given the opportunity for a new screening appointment. All women under 72 years old who are affected will receive an appointment letter informing them of their time and date. Women aged 72 years old and above will be able to contact a dedicated helpline to discuss whether a screen could benefit them.
4. There are 79 local NHS breast screening services across the country. Women are routinely screened every three years, with the number of women invited per screening service ranging from 25,738 to 254,645.
5. An independent panel concluded in 2012 that, while routine breast screening at ages 50 to 70 confers significant benefit to UK women, the advantages and disadvantages of starting breast screening at younger or older ages were uncertain. A clinical trial, AgeX led by Oxford University, is ongoing to assess reliably the risks and benefits of offering an extra screen to women aged 71 to 73 and between 47 to 49 years.
6. The total number of women screened in 2016 to 2017 was 2.2 million (2,199,342). The number of women invited was 2.9 million (2,959,979).

7. In developing its response to this issue, PHE consulted an expert clinical group including radiologists, consultant breast surgeons, oncologists and epidemiologists.

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[Company fined after worker loses tip of finger](#)

A metal fabrication company was sentenced today after a worker was injured when using a vertical milling machine.

Sunderland Magistrates' Court heard how, on 7 December 2016, an employee of Complete Maintenance Solutions Limited was using the machine to drill a hole in a number of metal fence posts. While doing this the glove on her right hand touched the spinning drill bit and became entangled with it. This entanglement resulted in the amputation of the tip of her right ring finger to the first knuckle.

An investigation by the Health and Safety Executive (HSE) found the company had not properly guarded the machine to prevent accidental contact with the moving spindle and drill bit.

Complete Maintenance Solutions Limited of Tower Road, Glover Industrial Estate, Washington pleaded guilty to breaching Regulation 11(1)(a) of The Provision and Use of Work Equipment Regulations 1998 and was fined £4,000 with £957.65 in costs.

Speaking after the hearing, HSE inspector Christopher Lucas said: "This injury could easily have been prevented had the company put in place simple guarding measures. This should serve as a lesson to others in the metalworking industry about the importance of effectively guarding their machinery to stop others being similarly injured."

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. hse.gov.uk
2. More about the legislation referred to in this case can be found at: legislation.gov.uk/
3. HSE news releases are available at <http://press.hse.gov.uk>

Journalists should approach HSE press office with any queries on regional press releases.

[March 2018 – Euro area unemployment at 8.5% – EU28 at 7.1%](#)

The **euro area** (EA19) seasonally-adjusted unemployment rate was 8.5% in March 2018, stable compared with February 2018 and down from 9.4% in March 2017. This is the lowest rate recorded in the **euro area** since December 2008. The **EU28** unemployment rate was 7.1% in March 2018, stable compared with February 2018 and down from 7.9% in March 2017. This is the lowest rate recorded in the **EU28** since September 2008. These figures are published by **Eurostat, the statistical office of the European Union**.

[Full text available on EUROSTAT website](#)

[Declaration by the High Representative, Federica Mogherini, on behalf of the EU on the occasion of the World Press Freedom Day, 3 May 2018](#)

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On this day we celebrate the **World Press Freedom Day** in a difficult context for journalism. Freedom of expression and Freedom of the press are threatened around the world.

Attacks against media and journalists are attacks against democracy, against the freedom of all of us. We pay tribute to all journalists in Europe and worldwide who have lost their lives in the exercise of their profession. We call on all states to condemn violence against journalists, to take action to improve the safety of journalists with particular attention to women journalists, and to bring perpetrators and instigators of such violence to justice.

The European Union is founded on the values of democracy, human rights and the rule of law, on free and pluralistic media as enshrined in the EU's fundamental rights charter. Press freedom plays a crucial role in promoting good governance, transparency, and accountability. Independent journalism is vital to hold states accountable and to monitor democratic processes. Free, diverse and independent media, both online and offline, are pillars of a pluralistic and open society, and they bear the great responsibility to guarantee checked and correct news to the public.

Respect for freedom of expression is integrated in all EU policies and development programmes. EU legislation, policies and instruments have been designed to strengthen media freedom across the union and to improve transparency, credibility and diversity of information online. The EU will continue funding targeted projects in third countries enhancing quality of journalism, access to public information and freedom of expression.

We will consistently condemn violence against journalists and oppose – in bilateral contacts with third countries as well as in multilateral and regional fora – any legislation, regulation or political pressure that limits freedom of expression and will take concrete steps to prevent and respond to attacks against journalists and bloggers, including emergency assistance to protect human rights defenders at high risk, sometimes by means of relocation.

Today we reaffirm EU's determination to keep protecting and promoting freedom of opinion and of expression as rights to be exercised by everyone everywhere, based on the principles of equality, non-discrimination and universality, through any media, within our borders and beyond.

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