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Deputy Doublet
Chair, Health and Social Security Scrutiny Panel
BY EMAIL

11 July 2024

Dear Chair,

BREAST SCREENING SERVICE

Thank you for your letter dated the 1st July concerning the Breast Screening Service. The Royal College of Radiology (**RCR**) report and the accompanying action plan are scheduled for publication as part of the Healthcare Services Advisory Board papers on the 18th July.

A copy of the report produced by The Royal College of Radiologists and the British Society of Breast Radiologists.

I would be pleased to offer a meeting for you with the Medical Director and Deputy Medical Director to present the RCR and the British Society of Breast Radiologists report to the panel at your earliest convenience.

An explanation as to why the Panel was not made aware of the review in confidence.

As you are aware the Health Ministerial portfolio is broad and complex, and there is a great deal of information to take onboard when first coming to office. I was only made aware that a report had been undertaken in the middle of March and at that time had no knowledge of the fact that you were unaware of its existence. I can only apologise for this oversight and would like to assure you that I have no intention of withholding any information from the Scrutiny Panel, unless it would not be in the interest of patient safety to do so.

Evidence to support the Minister's expressed views that that the errors made by the breast screening service are within an accepted margin.

There is published data to support that the current recognised error rate for this practitioner falls within recognised false negative rates in the United Kingdom.

The following paper is one example:

"The relationship between missed breast cancers on mammography in a test-set based assessment scheme and real-life performance in a National Breast Screening Programme".

Yan Chen ^a, Jonathan J. James ^b, Eleni Michalopoulou ^a, Iain T. Darker ^a, Jacquie Jenkins ^c
[European Journal of Radiology Volume 142](#), September 2021, 109881

This paper reports a retrospective review of Breast practitioners in the UK breast screening intervention service. It highlights a variable error rate in real life screening of a mean average of around 5%.

The error rate before review has been concluded to be 1.3% for this practitioner, split between 0.6% for those who have received a duty of candour conversation and 0.7% who have been recalled for

further review. It is important to note all those reviews would have been seen one year on from their last scan but have been recalled early.

The final false negative rate will not be known until all recalled patients have been seen, any biopsies returned, and the data collated. I am informed this process will take another three weeks. It is important to note that any errors here are already within an accepted range.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'T Binet', written in a cursive style.

Deputy Tom Binet
Minister for Health and Social Services
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