# Analysis of breast screening appointment lengths survey 2009

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## **Executive Summary**

**Document owner:** 

In August 2009, the Society of Radiographers (SoR) surveyed members carrying out breast screening in the UK about nominal appointment lengths. Over 200 respondents answered a range of questions in an online questionnaire about how much time they have per client, their workload and the effects of setting nominal appointment lengths. This document presents an analysis of the survey and the following bullet points highlight the main findings:

- Most respondents are expected to spend 6 minutes with each client to be screened, although for 4 respondents this was as low as 3 minutes or less. When asked how much time they felt should be allowed for each appointment, 59% of respondents felt they needed more than 6 minutes per appointment.
- Respondents largely agreed that setting nominal screening appointment lengths is necessary to meet screening targets. 56% consider their departments to be short-staffed. In addition, over half of all respondents think that pressure to complete appointments within a set time negatively affects their morale, with 47% saying it negatively affects their health.
- Many examples were given of situations where clients require more than the nominal appointment length. Some respondents commented that unless additional time is pre-booked, extending appointments has a knock-on effect on other clients or members of staff. Some respondents commented that breast screening resembles a production line or conveyor belt.
- The average respondent spends 2-3 days in breast screening each week, seeing on average 20-30 clients per day.

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### 1. Introduction

This document presents an analysis of an online survey in August 2009 of SoR members carrying out breast screening in the UK. Respondents were asked about their workload, nominal appointment lengths and their opinions of the effects of setting nominal appointment lengths.

The survey was anonymous and covered as many members specialising in mammography as possible. We identified 1032 potential subjects from the SoR membership database and emailed to ask if they would complete the online questionnaire. The questionnaire was completed by 223 individuals. The vast majority of respondents carried out breast screening in the NHS as part of a national screening programme. However 15 respondents worked in breast screening for private, independent or charitable organisations. Due to the low number of non-NHS responses, these results are given separately and cannot be considered necessarily representative of the wider non-NHS workforce.

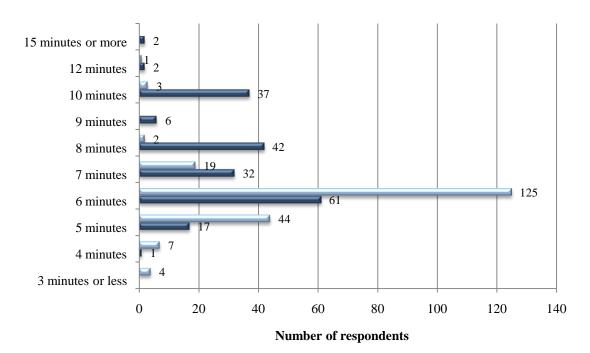
## 2. Length of appointments

Most respondents were expected to spend 6 minutes with each client to be screened, although for 4 respondents this was as low as 3 minutes or less. 20% of all NHS respondents said that the nominal time per appointment had reduced over the last year.

When asked how much time they felt they needed for each appointment, 59% of respondents felt they needed more than 6 minutes per appointment.

## Length of appointments

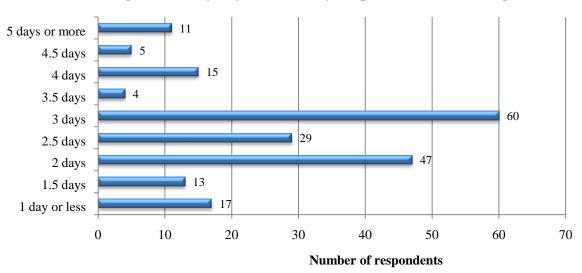
- How much time are you expected to spend with each client to be screened?
- How much time do you feel you need with each client in order to complete the work and interact with the client?



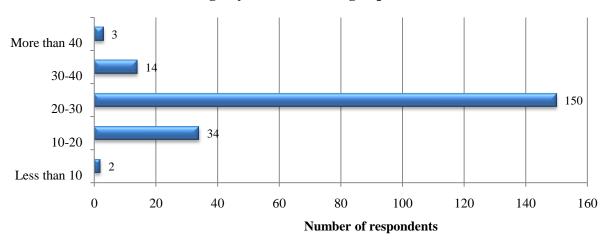
## 3. Workload

The average respondent spent 2-3 days in breast screening each week, seeing on average 20-30 clients per day.

## On average how many days a week do you spend breast screening?



# On average how many clients will you personally screen in a full working day in the screening department?



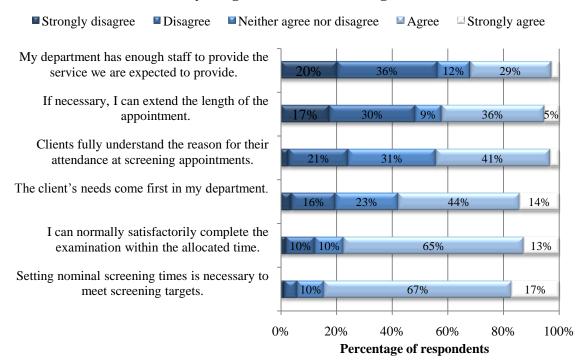
## 4. Opinions

#### 4.1 Statements

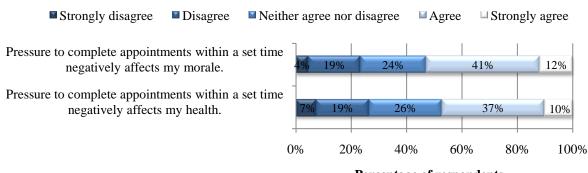
Respondents were asked how much they agreed or disagreed with a series of statements relating to the appointment lengths in the breast screening service.

Respondents largely agreed that setting nominal screening lengths were necessary to meet screening targets, and that they could normally satisfactorily complete the appointment within the allocated time. However, 47% could not extend the length of the appointment if they needed to. It is also of concern that 56% considered their departments to be short-staffed. In addition, over half of all respondents thought that pressure to complete appointments within a set time negatively affected their morale, with 47% saying it negatively affected their health.

### How much do you agree with the following statements?



#### How much do you agree with the following statements?



Percentage of respondents

## **4.2 Free text responses**

The table below illustrates the themes which were raised by more than two respondents when asked if they wished to comment further.

Themes arising from free- text responses:	Number of respondents	<b>Example comments</b>	
Better appointment systems are required.		"Maybe the service should invite women, but put the onus on them to make an appointment (like the pap smear), with a time scale of when the van will be in their area; thus there would be fewer wasted slots and better timing of appointments"	
<ul> <li>Extended appointments need to be arranged in advance.</li> </ul>	5	"For certain reasons it can be recorded that a lady needs a longer appointment time, so that in 3 years time she will be given a double slot. For the current appointment if difficulties were encountered you would have to take the time needed but then run late."	
<ul> <li>The main reasons for extending appointments are:         <ul> <li>Disabled clients or clients with learning difficulties;</li> <li>Older clients;</li> </ul> </li> </ul>	15 6	"6 minute time slots are fine for average fit ladies, but many 70-year-olds have mobility problems, take longer to x-ray and don't want to be rushed.	
<ul><li>Practitioners in training.</li></ul>	5		
<ul> <li>Extending appointments has a knock-on effect.</li> </ul>	9	"If I need to spend extra time with a woman this means that my colleagues need to pick up extra work."	
<ul> <li>Activities other than radiography take time.</li> </ul>	3	"The actual radiography takes less time than all the other tasks involved such as checking the demographics / history are accurate, resourcing the examination and cleaning the equipment."	
<ul> <li>Screening resembles a production line or conveyor belt.</li> </ul>	7	"At busy times we often have to choose between pushing the clients through at a pace that gives the impression of a "production line" (and it is noticeable that the clients do not ask as many questions at these times) and the alternative of allowing appointment times to get badly behind, which again impacts negatively on the clients as well as the staff."	
<ul> <li>It is difficult to get perfect films in a short time frame.</li> </ul>	4	"Getting perfect films in such a short time is not always possible so technical recall rates increase."	
<ul> <li>There is an expectation that introduction of digital equipment allows reduction in appointment time.</li> </ul>	4	"Women screened on digital equipment can NOT be screened any more quickly than with analogue equipment."	
Staff skip breaks to give clients more	4	"Breaks are built into the day, but these are only on paper; we always give our ladies all the time they need, so by the	

text res	sponses:	respondents	•
	time.		time we have caught up with ourselves the break time has passed and the next wave of the clinic are arriving, so we just have to keep going."
•	Work is physically demanding.	6	"After a busy day on the mobile unit I usually feel extremely tired, impacting on my free time in the evening."
•	Some staff have RSI	5	"One colleague took early retirement with RSI to her wrist."
•	Some staff are off sick	3	"Due to a lack of staff we are struggling to hit round length targets and that is affecting the morale of the department and the health of the radiographers who are not already off sick."
•	Rotation of staff and flexibility of working important.	6	I am lucky to work part-time but I feel for my colleagues who are working three or four days a week in breast screening as the increased work load must take its toll.

**Example comments** 

Number of

### 5. Non-NHS

Themes arising from free-

Thirteen people responded from private or independent healthcare providers and two people responded from charities. Due to the small number of non-NHS respondents the results in this section should be treated with care and should not necessarily be considered representative of all non-NHS breast screening services.

The non-NHS respondents all indicated that they had a nominal appointment time of at least 10 minutes or no nominal appointment time at all. The average respondent saw between 10 and 20 clients on average. They were generally positive in response to the following statements:

- Setting nominal screening times for each appointment is necessary to meet screening targets. (8 agree; 6 neither agree nor disagree; 1 not applicable)
- The client's needs come first in my department. (8 strongly agree; 4 agree; 3 neither agree nor disagree)
- My department has enough staff to provide the service we are expected to provide. (10 agree; 1 neither agree nor disagree; 4 disagree)
- Patients fully understand the reason for their attendance at screening appointments. (1 strongly agree; 11 agree; 2 neither agree nor disagree; 1 strongly disagree)
- I can normally satisfactorily complete the examination within the allocated time. (6 strongly agree; 9 agree)
- If necessary, I can extend the length of the appointment. (4 strongly agree; 8 agree; 2 neither agree nor disagree; 1 disagree)
- Pressure to complete appointments within a set time negatively affects my morale. (3 neither agree nor disagree; 7 disagree; 2 strongly disagree; 2 not applicable; 1 blank)
- Pressure to complete appointments within a set time negatively affects my health. (3 neither disagree nor agree; 9 disagree; 1 strongly disagree; 1 not applicable; 1 blank)

The following comment is representative of comments made by five of the non-NHS respondents:

"It is a luxury to spend 10 mins with a client but it leads to a much more relaxed service that previous clients of the NHS comment on frequently."