**The Parliamentary Under-Secretary of State for Public Health and Primary Care (Steve Brine MP):** **The publication of the Independent Breast Screening Review report**

The Independent Breast Screening Review was announced on 2 May to look into a serious incident in the Breast Screening Programme in England, which resulted in hundreds of thousands of women aged between 68 and 71 not being invited to their final breast screening. I would like to apologise for the distress and suffering caused by this incident.

The review concluded that the policy on the upper age limit for breast screening had been ambiguous since the outset of the programme in 1988. A new specification, issued in November 2013 by the Department of Health and NHS England (NHSE), attempted to clarify how the upper age limit should be defined. However, the specification inadvertently changed the policy, which resulted in a discrepancy between the specification and the IT systems in use, and was not consistently implemented by the breast screening units. This was the source of the incident, which first became apparent in January 2018. The impact of the change in policy was not fully understood at this time.

Whilst subsequent advice provided to the then Secretary of State (Jeremy Hunt) was based on an incomplete understanding of what had happened, we welcome the review’s conclusions that the former Secretary of State was correct, based on the information provided, to inform the House of the breast screening incident. The review makes clear that the number of women affected by this incident is significantly lower than previously estimated. Based on the review’s conclusions, Public Health England’s (PHE) current estimate of the number of women who may have had their lives shortened is zero to 34. We agree with the recommendation that PHE progresses as quickly and as sensitively as possible the clinical review with the NHS of all women who may have suffered harm.

The protection of the public’s health has been, and remains, the paramount consideration when responding to this incident. Although PHE was slow to develop a clear understanding of the incident and its causes, we reiterate the review’s praise of the operational response. We would like to put on the record our tremendous gratitude to PHE and the dedicated NHS staff in breast screening centres across England who worked tirelessly to manage significant additional demand and pool capacity across centres to ensure that additional appointments were made available and offered to all women who wanted one.

We agree that there is an urgent need to clarify how we define the upper age limit for breast screening. We will commission the UK National Screening Committee (UKNSC) to provide advice as soon as possible on the scientific evidence to support a precise definition of age. On the basis of the Committee’s advice, we will ensure that a new, fit-for-purpose specification for our national breast screening service is agreed and is reflected in the programme’s delivery. DHSC will work with NHSE and PHE to ensure that the management of local breast screening units, quality assurance of the service they provide, and the National Breast Screening Programme performance indicator are consistent with the new service specification.

We agree it is vital to ensure clarity in roles and responsibilities within each of the national cancer screening programmes, and in accountability arrangements for how these services are commissioned and delivered. We welcome the report’s reference to the comprehensive review of cancer screening programmes by Professor Sir Mike Richards that was recently announced by NHSE. Terms of reference will be published once we have had an opportunity to fully reflect on the review’s recommendations.

We also need to ensure that our current systems adequately support effective delivery and we acknowledge the review’s criticisms that the current National Breast Screening System (NBSS) is outdated. We welcome the review’s conclusion that the introduction of Breast Screening Select by PHE in 2016 was a step forward. I can confirm that Government has already committed an initial £1.8m to design a replacement for NBSS.

We will continue to monitor closely all screening IT systems to ensure they are robust and operating as they should. A series of fail-safes to ensure the monitoring of the use of ‘call and recall’ systems within breast screening offices has already been put in place, together with additional national assurance to ensure that these fail-safes are being used effectively.

The AgeX trial will continue as planned. The trial will provide significant new evidence on screening women under 50 and over 70 that simply is not available now, providing the evidence needed to make decisions about the age range for breast screening.

It is essential that we take all necessary actions to learn from the mistakes made. We will consider the review’s report and its recommendations in detail over the coming weeks and will provide a substantive response in the new year. I would like to record my thanks to the co-chairs of the review for their thorough report.