NSC UK National Screening Committee

NHS

the newsletter of the UK National Screening Committee
published three times a year

# Screening Matters

Gateway ref: 2014473

@PHE_screening www.screening.nhs.uk

Issue 19, November 2014

# Innovation at the heart of screening

This month I was able to talk about the innovative, expert-led approach of the UK National Screening Committee and NHS screening programmes.

This is not something we usually shout too loudly about as we are, understandably, focussed on our evidence reviews, recommendation process and existing programmes.

However, a recent PHE blog gave me the platform to talk over a few things that the UK NSC and, more importantly, the NHS screening programmes do to innovate.

The blog mentioned that the UK NSC has commissioned a review of non-invasive prenatal testing (NIPT), which incorporates emerging evidence including research led by University College London.

## Highlights in this issue



## Commons committee publishes recommendations

Last week saw the publication of the **Science and Technology Committee's report on health screening** which we contributed to earlier this year.

A number of recommendations were made which we are discussing closely with the Department of Health. This joint approach will ensure all recommendations are fully considered and we will be contributing to a formal response to the committee in due course.

## Dr Anne Mackie

**Dr Mackie is the UK National Screening Committee Director of Programmes**

The review, due to be published next year, aims to show whether NIPT can significantly and cost effectively improve the accuracy of non-invasive testing for Down's Syndrome as part of the NHS Fetal Anomaly Screening Programme.

I also used the blog to explain that research can tell us whether the things we've always done are still worthwhile.

For example, the NHS Newborn Hearing Screening Programme ensures babies with a hearing loss are identified shortly after birth, yet in England we still test children's hearing when they start school.

Do we still need to test school age children if the benefits of doing so are unclear?

In addition, I touched upon other research the UK NSC has commissioned and will look to use PHE blogs to keep people up to date with our proactive work. In fact, the screening blogs have been among the most read PHE blogs, so we must be saying something interesting!

The strategic reviews of PHE, NHS England and QA are continuing and we are engaging with them accordingly, as well as meeting with our stakeholders to discuss them. We will continue to keep you updated with news.

The QA teams are working to strengthen how we provide support to services in relation to the way we deliver quality assurance. We are working closely with our colleagues in cancer screening QA, looking to integrate where possible and to ensure we learn from each other.

In other news, the new antenatal and newborn screening parent booklet, *Screening tests for you and your baby*, is on its way.

This represents the start of work to refresh much of our public information, with new young person and adult screening programme leaflets to follow soon.

## Website transitions

**Work is continuing on the major overhaul of the national screening websites.**

**All the sites – the UK Screening Portal, CPD site and eight non-cancer programmes – will eventually be closed down.**

**Information for the public is moving to NHS Choices (linked to general information about the conditions being screened), with content for professionals going to the gov.uk website.**

**Our e-learning modules will also be moving to a new home in due course. Public content from the abdominal aortic aneurysm acreening site has already moved to NHS Choices and diabetic eye screening content is expected to 'go live' in the next week or so.**

**Work is currently being carried out to review and update content on all the other current websites.**

**During this process, some parts of the websites might not work quite as expected. If you find anything wrong, please accept our apologies and email phe.screeninghelpdesk@nhs.net. Look out for more information over the coming months.**

# Range of queries keeps team busy

The screening helpdesk continues to thrive dealing with queries from members of the public and healthcare professionals.

The helpdesk currently covers all the antenatal and newborn (ANNB) screening programmes as well as the cross programme teams – communications, education and training, KPIs, policy and evidence.

Please note all queries relating to the ANNB programmes should be directed to the helpdesk rather than individual programmes.

**New screening heldesk telephone number effective from 17/11/2014**
**0203 682 0890**

A new adviser has joined the team to provide short-term cover and there are plans to appoint a new permanent part-time member of staff to increase capacity.

The team also plans to publish helpdesk stats soon both in Screening Matters and on the UK Screening Portal website.

## Online screening induction resource updated

# Essential reading

The UK NSC's online screening induction resource has been redesigned, updated and improved.

The resource is for use by local screening coordinators/managers at Trusts and in Area Teams to facilitate induction sessions for staff new to screening or staff in need of a refresher. It can be used as a self-directed induction pack or can be printed out in sections and used as handouts.

The concise resource includes all the 'must know' information about the eight non-cancer screening programmes, along with links to other resources and more detailed information, including care pathways.

There is also the facility for screening leads to add in local details/contacts. The resource can be accessed freely at cpd.screening.nhs.uk/induction-resource

The UK NSC education team is working closely with Health Education England to ensure sustainable training programmes for newborn hearing screeners, AAA screening technicians and diabetic eye screeners.

The East Midlands Local Education and Training Board is taking the lead nationally on this project and has established a steering group to take this work forward.

It is anticipated that a new national screener qualification will be established in 2015. This will provide screeners in the three programmes with a recognised qualification on the Qualifications and Credit Framework (QCF) and a career pathway. For more information contact the UK NSC Education Lead Jo Harcombe at j.harcombe@nhs.net.

## Events, meetings and conferences

**11-12 November:**

UK NSC and NHS screening programmes exhibiting at the Royal College of Midwives conference in Telford

**20 November:**

NHS AAA Screening Programme attending AAA screening four nations meeting in Belfast

**26-28 November:**

NHS AAA Screening Programme exhibiting at the Vascular Society of Great Britain and Ireland AGM in Glasgow

**27 November:**

Fetal Anomaly Screening Programme Screening Support Sonographer Conference at The Kia Oval, London

**15 January, 2015:**

NHS Diabetic Eye Screening Programme holding common pathway post-implementation event for programme managers, failsafe officers, software suppliers and QA in Gloucester

**9 February, 2015:**

NHS AAA Screening Programme holding national audit and research meeting in Manchester

# Lessons learnt

Investigations of screening incidents are undertaken to ensure that lessons can be learnt and those lessons used and applied to prevent similar harm occurring again.

The UK NSC Quality Assurance (QA) team analyses all reported screening incidents each quarter and develops key lessons for learning.

Lessons learnt can be found online at www.screening.nhs.uk/si-learning.

The following is an example of a Down's syndrome screening incident and the lessons learnt for all screening laboratories.

## Background

As part of the process for measuring biochemical marker concentrations, wash fluid is delivered into wells in a multiple well plate through a manifold with multiple tubes. On rare occasions a tube may become blocked, affecting the measurements associated with it. On such occasions, other tubes continue to function normally and the problem may persist for some time undetected.

As a failsafe, a manifold wash check should be carried out daily to identify blocked tubes.

## What happened?

A laboratory had standard operating procedures in place that included a checklist to record daily wash checks. However, although the daily records indicated that daily wash tests were undertaken, they were not.

This resulted in the failure to identify a blocked manifold tube which produced unreliable screening results for a number of women over an indeterminate period of time. The investigation concluded that it could not ascertain when daily testing had occurred. Approximately 300 screening results were reviewed following the incident.

## What should have happened?

Staff should have carried out daily quality control checks according to their standard operating procedures to identify blocked tubes in a timely way with corrective action to avoid any negative impact on patients.

## Learning points

The laboratory reported that the wash check had not produced a 'failed test' in 14 years. Consequently it was not perceived as a productive use of time when staffing levels were low and staff were under pressure.

Failsafe processes like the wash check guard against events that have serious consequences. The fact that these events are rarely, if ever, experienced should never be used as a reason to not perform them.

Staff in the laboratory reported feeling undervalued. As a result they became insular and defensive and felt unable to express concerns, highlighting the impact that human factors can have on quality.

Senior leaders and managers should create a culture where staff feel valued and can openly discuss concerns. If staff feel unable to undertake failsafe checks for any reason they must bring it to the attention of senior leaders and managers responsible for the laboratory.

# First QA visit was valuable experience

Optimum standards need to be achieved and maintained within screening programmes in order to maximise the potential for doing good and minimise harm. The QA process is pivotal in ensuring this is the case.

**by Mai Buckley**

Divisional Director of Midwifery and Nursing

The Royal Free Hospital

The focus on quality assurance means trusts increasingly need to demonstrate that they have appropriate systems in place to deliver screening programmes of the highest quality. Heads of midwifery need to work closely with their screening teams to ensure failsafes are in place and national standards met.

In February this year, my trust became the first in London to undergo the QA visit process for antenatal and newborn screening. In preparation, key stakeholders from inside and outside the trust were brought together to examine the entire pathway of each antenatal and newborn programme and gather the evidence required. Following the visit, a report was produced by the regional team with a set of recommendations for the Trust, commissioning team and external providers.

The experience was valuable and constructive, promoting collaborative working across the pathways and raising the profile of ANNB screening at board level.

## Service spec updates

**The updated Section 7A Service Specifications for 2015/16 have been developed by all NHS Screening Programme teams and submitted for consideration by NHS England.**

**We are close to finalising this process and are pleased that NHS England has welcomed the work undertaken in improving the consistency and structure of the current versions.**

**One key change for 2015/16 will be the specification for abdominal aortic aneurysm screening which has been developed as part of a joint project with NHS England.**

**It is proposed that this new style of specification will be used across the board when it comes to refreshing all the service specifications for 2016/17.**

**We anticipate that the process of agreement on 2015/16 specifications with NHS England will be completed in the near future with a view to them being published in early November 2014.**

## Exploring the ethics of expanded blood spot test

# Issues are complex

Justifications for screening that are driven by technology remain controversial.

One example is tandem mass spectrometry (TMS), which is used in the newborn blood spot programme to enable the rapid identification of a large number of screening markers at low cost.

The performance of this technology was a major driver behind the decision to expand the US blood spot programme to screen for 29 primary and 24 secondary conditions.

When technical feasibility and the cost of screening become less significant as obstacles, attention can focus on other considerations in the policy decision-making processes.

### Policy consultations

#### Current

- **Gaucher disease (closes 6 November)**
- **Depression (closes 26 December)**
- **Sudden cardiac death (closes 1 February)**

#### Coming up

- **Hearing loss in adults**
- **Psychiatric illness in pregnancy**
- **Amino acid metabolism disorders**
- **Fatty-acid oxidation disorders**

In rare metabolic diseases, the very limited evidence base on issues such as epidemiology and treatment outcomes can hinder the discussion of the benefits and harms of screening.

In this context, the debate about the expansion of blood spot screening has turned to ethical discussions on a range of issues, including whether to extend the definition of the benefits of screening beyond solely the mortality/morbidity of the babies screened to potential wider benefits.

The UK NSC commissioned a report from the University of Warwick to provide an overview of some of the issues in this debate.

The report explores the way that the benefits and harms of expanded blood spot screening have been addressed in the published literature.

It also raises two important questions: what should be the aim of screening and what evidence is needed to demonstrate the intended benefit?

# Fourth quarter data on Screening Portal

Key performance indicator (KPI) data for the NHS Screening Programmes covering the fourth quarter of 2013/14 (1 January to 31 March) have been released.

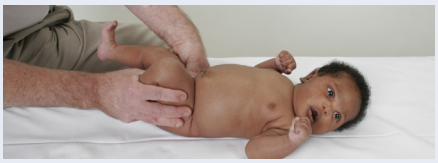
The data is available on the screening portal at www.screening.nhs.uk/kpi/reports/2013-14. Key findings from the data included:

- the national average for newborn blood spot screening coverage (NB1) increased from 93% to 96% and was above the acceptable level for the first time in 2013/14. However, the number of providers not submitting data increased from three to 10
- the timeliness of referral for hepatitis B positive women dropped in all regions outside London, whereas London reported an increase of 8%. There was also a decrease in all four regions in the proportion of women tested by 10 weeks for sickle cell disease and thalassaemia (ST2)
- average values for ST3 (completion of family origin questionnaire in sickle cell and thalassaemia programme) and NH1 (coverage in newborn hearing programme) increased by a small margin across all four regions
- data for the NHS Diabetic Eye Screening Programme is not included in this publication of KPIs due to an identified software problem. This issue is being resolved and data for quarter 4, including annual data, should be available in November 2014
- less than a quarter of providers submitted NIPE KPI data. We expect higher completeness rates from quarter 1 2014/15 onwards as more providers implement the recommended national IT system (NIPE SMART).

### KPIs for NIPE published for the first time

**For the first time indicators for the NHS Newborn Infant Physical Examination (NIPE) Programme were published. These are:**

- **NP1 – Coverage (the proportion of babies eligible for the newborn physical examination tested within 72 hours of birth)**
- **NP2 – Timely assessment of developmental dysplasia of the hip (DDH)**



**The recommended national IT system (NIPE SMART) is currently rolling out across England. The system enables providers to track and manage programme activity, clinical referrals and outcomes.**

# NHS Fetal Anomaly Screening Programme

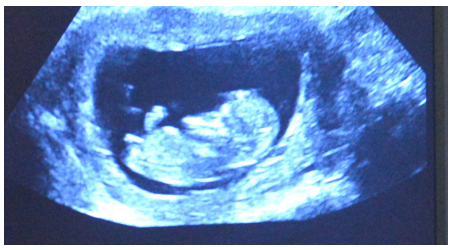
## Screening Support Sonographers conference

The UK National Screening Committee Fetal Anomaly Screening Programme (FASP) is convening a conference for Screening Support Sonographers (SSS).

This event on **27 November at the KIA Oval** will provide an opportunity for sonographers involved with the screening pathway to gain an insight into the current priorities of the FASP programme in relation to evidence and clinical practice.

Expert speakers will provide the latest information, data and reports on policy, standards and screening pathway changes.

The main focus will be on the current UK NSC/PHE commissioned



revision to standards, changes in reporting for Down's syndrome Screening Quality Assurance Support Service (DQASS) and follow-up of performance.

For further information and to book a place please visit www.phe-events.org.uk/faspscreening. Early booking is recommended as places are limited.

## Possible effects of e-cigarettes on markers

The FASP programme has received a number of queries relating to the use of e-cigarettes and the effect these may have on the biochemical markers used in screening for Down's syndrome and the subsequent risk calculation.

Current data relates mainly to nicotine replacement therapy (NRT) rather than specifically e-cigarettes. The following information is provided as a guide.

### What are the effects of using smoking substitutes?

There is limited information on this. However, it is likely that some women reported as using nicotine substitutes may also be smoking, so it is not certain that any effects seen are attributable to nicotine replacement.

The data suggests that women reported using nicotine replacements have PAPP-A levels reduced by around 5% compared to those who do not smoke.

There is also a trend towards a reduction in the level of free ß hCG.

These effects are similar to those seen in women who report they have stopped smoking during pregnancy and would tend to cancel each other out in the calculation of risks.

### How should risks be calculated for those using nicotine substitutes?

With the evidence available now, and given the limitations of the software used for risk calculation, it is suggested that those reporting that they are using nicotine replacement are treated as non-smokers.

# NHS Infectious Diseases in Pregnancy Screening Programme

## Hepatitis B in Pregnancy National Audit

More than 1,600 submissions of notification data for the audit have been received to date. The audit is of all women with hepatitis B booking up to 31 December 2014 so please notify the IDPS programme of any outstanding cases and those booking up to that date.

Information on 'Referral Status' of the women notified to us is now being requested from the specialist teams. Please support this process as it is a vital step in the review nationally. Call 020 79052396, email phe.hepbaudit@nhs.net or visit infectiousdiseases.screening.nhs.uk/hepbaudit.

## Women who decline HIV screening in pregnancy

Researchers at the National Study in HIV in Pregnancy (NSHPC) are auditing recently reported cases of perinatal HIV infection in children born in the UK.

As observed in a previous study some of these infants were born to women who declined antenatal screening for HIV.

The NSHPC will be disseminating a short survey to their respondents, developed in collaboration with the Children's HIV Association (CHIVA), to map current local polices on this cohort of women and babies.

It is not an audit of the current IDPS standards, and individual responses will not be published. The summary findings will help inform CHIVA policy and the new IDPS programme standards that are under development.

Please support the survey and help to shape future services and care for women and babies.

## Hepatitis B Clinical Meeting

The hepatitis B clinical meeting held on 9 September in London was attended by teams of specialists caring for women with hepatitis B in pregnancy.

The day evaluated very well and there are plans for further events after completion of the national audit.

Presentations from the event and a synopsis report will be made available at infectiousdiseases.screening.nhs.uk/events in due course.

## Research results on retests of known positive women

A qualitative study has been conducted by the IDPS programme on the reasons trusts across England are retesting the majority of already known positive women for HIV (61% of trusts) and hepatitis B (74%) in pregnancy as part of the screening programme pathway.

Thank you to all screening coordinators who participated in the initial survey (83% response rate.)

The findings will be reviewed by the programme and will inform the review of screening pathways and national standards, especially for hepatitis B. A paper is currently being prepared for publication.

# NHS Sickle Cell and Thalassaemia Screening Programme

## Outreach project update

The SCT screening programme has been running community outreach programmes since 2005. These programmes aim to raise awareness in the community of sickle cell disease and thalassaemia, their mode of inheritance, available screening and diagnostic testing, clinical care pathways and lifelong treatment and management.

The SCT programme is currently producing an online outreach resource tool aimed at health professionals, commissioners and the voluntary sector.

It will aim to develop, implement and evaluate an outreach programme addressing health issues. It is due to be launched within the next month.

## Newborn outcomes project

The newborn outcomes project has nearly completed its fourth consecutive year and is making good progress as a result of continued support from the newborn screening laboratories, specialist centres and hospital clinics that provide us with the data.

The main aims of the project are to establish whether babies are seen by a clinician and prescribed the prophylaxis treatment by three months and to review the mother's antenatal screening.

As of July 2014, we have been notified of 1,282 screen positive babies, 67% with confirmed sickle cell disease and just over 5% with beta thalassaemia.

Preliminary analysis suggests that 72% of all affected babies were followed up by a clinician and given the standard treatment.

For more information please see sct.screening.nhs.uk/evaluation.

## Resources for teachers

In a first for the NHS, the SCT programme has produced a set of resources for GCSE science teachers to use when teaching genetic inheritance.

The free resource has been created to support the teaching of GCSE science and uses sickle cell and thalassemia as models to demonstrate how serious conditions can be inherited.

## Training for clinicians

Earlier this year the SCT programme ran a number of courses for clinicians taught by King's College London.

One course ran in May and June for staff delivering counselling to 'at risk' couples. There were 38 participants, of whom 25 received bursaries from the SCT programme.

Study days for non-specialists (nurses, midwives, health visitors and others) were held in London in April 2013 and in Manchester in July 2014.

Twenty-two people attended in London and 38 in Manchester. Feedback showed that 80% felt the course greatly reinforced their skills and knowledge.

# NHS Newborn Blood Spot Screening Programme

## Good news on failsafe

The Newborn Blood Spot Failsafe Solution (NBSFS) is nearing the final stages of implementation. All English laboratories now provide at least some of their blood spot data to the NBSFS.

The system recently identified two babies admitted to paediatric hospitals on day 4 who had missed NBS screening. In both cases the infants were screened without further delay.

An NBSFS User Group has been formed to represent users, monitor the quality of the service and contribute to its development. Details can be found at newbornbloodspot.screening.nhs.uk/failsafe. Any queries can be sent to julie.wilcox2@nhs.net.

### Two reminders:

- confidentiality – please do not send patient identifiable information to, or from, a non-secure email account (nhs.net is secure but nhs.uk is not). If you are following up a helpdesk enquiry, please use the helpdesk reference number; this avoids the need to use patient identifiable information
- birth notification errors – the NBSFS has highlighted a significant number of errors resulting from incorrect data entry into NN4B. Errors have a significant impact on the screening process but can have wider implications. All midwives are urged to take particular care in the birth notification process

## Gearing up for expanded blood spot screening

The NBS programme team has been working with lab directors and clinicians to make sure plans and protocols are ready for the rollout of expanded newborn blood spot screening in early 2015 should the NHS approve it.

An e-learning resource will be available at newbornbloodspot.screening.nhs.uk/elearning. Visit us at the UK NSC stand at the RCM conference on 11-12 November for a demonstration.

## New quality guidelines

The NBS programme is working with the UK newborn screening laboratories to standardise sample acceptance and rejection criteria. This will generate accurate avoidable repeat rates and comparable data.

Four full blood spots are needed. The draft rejection criteria include:

- spots where two punches cannot be taken
- spots made up of several smaller spots
- compressed spots
- spots where blood has been applied to both sides of the card
- NHS number, date of birth and date of sample not recorded
- contamination, expired card, sample taken too early /arrives late
- too old for screening (>1 year)

The proposed implementation date is 1 April 2015. An e-learning package to support implementation will be available at the end of 2014.

# NHS Newborn and Infant Physical Examination Programme

## NIPE rollout

Work is continuing apace to support trusts in formally implementing the NIPE programme including the NIPE Screening Management and Reporting Tool (NIPE SMaRT).

This work has been supported by increased capacity in the NIPE team with the appointment of new implementation leads who have been seconded from NHS Trusts and Area Teams.

The average timescale for implementation is around 12 weeks in total. It is vital that all relevant stakeholders are fully involved at local level and input into the implementation process. The NIPE implementation leads are proving to be a crucial link in offering support and guidance to trusts. They are working within a defined framework so that the process is clear and well supported with relevant documentation and written guidance.

A NIPE Implementation Status Report was produced recently. It offered regional QA teams and Area Teams an overview of the national implementation status and outlined progress to date for Trusts that have implemented, or are in the process of implementing the NIPE programme, including use of NIPE SMaRT. This report will be produced quarterly.

Additional information on the NIPE SMaRT system can be viewed at **newbornphysical.screening.nhs.uk/it.**

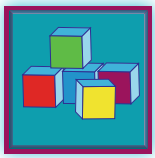
## Newborn pulse oximetry screening pilot

Following publication of a Health Technology Assessment (HTA) report in 2012, a UK NSC review was undertaken and the NIPE programme commissioned work on the cost effectiveness of adding pulse oximetry to screening for the detection of congenital heart defects (CHD).

In March 2014, the UK NSC recommended that a pulse oximetry screening pilot be undertaken.

The aim of the pilot is to:

- understand the impact of implementing newborn pulse oximetry screening on NHS services
- establish feasibility for future national rollout as an addition to the existing suite of screening tests undertaken as part of the newborn NIPE examination (<72 hrs)



The pilot is overseen by the Newborn Pulse Oximetry Screening Pilot Board (chaired by UK NSC Director of Programmes Dr Anne Mackie ) and will be conducted in two phases.

Exact timescales are to be agreed but it is anticipated that phase 1 will start in early 2015.

The programme will soon be contacting trusts that have previously expressed an interest in taking part in the pilot. Work has begun on producing screening pathways, detailed clinical guidance, education and information resources. Further details will be posted on the NIPE website as the pilot project progresses.

# NHS Newborn Hearing Screening Programme

## Audit for improvement

The newborn hearing programme is keenly aware that unnecessary referrals cause anxiety to parents as well as undue cost pressures on diagnostic services.

In general, the programme target standard for 'Well Baby' screen refer rates to audiological assessment of 3% is being met. However, there is a large amount of variability across sites ranging from 0.6% to 5.8%.

The national programme has started a detailed audit of screening performance which aims to understand the reasons for the variability. A small group, comprising a statistician, data analyst and programme team has met and a project group with clinicians will be formed.

They will explore effects such as the timing of the screen, the equipment used and location.

The project aims to improve performance and to:

- understand why referral rates are higher in some sites than others
- understand why referral rates are increasing in some sites but not all
- devise means to improve specificity

## Education and training

The NHSP observed structural clinical examinations (OSCEs) continue to demonstrate excellent practice from screeners across the country with the most recent held on 9 October.

Several NHSP staff members attended to observe with a view to becoming future assessors.

The assessors are usually local managers or local learning mentors and the OSCE provides them with the opportunity to objectively assess the quality of their own screening staff.

If you are interested in becoming an assessor or a parent actor please contact Gail Allan at gailallan@nhs.net.

The next OSCEs are:

- 9 December 2014, London
- 3 March 2015, London

## BAA screener workshops

The first of two British Academy of Audiology (BAA) Screener Workshops was held on 13 October in Reading.

The workshop was well attended and included presentations about syndromes associated with hearing loss and an excellent talk from a parent of a hearing impaired child who was referred from their newborn screen.

A further workshop has been arranged in Sheffield on 16 December. For more details contact admin@baaudiology.org.

## Due to popular demand....

The newborn hearing programme plans to run further eSP for audiologist workshops in 2015.

The programme hopes to run one workshop in London and one in Manchester.

# NHS Diabetic Eye Screening Programme

## Interim quality assurance standards

New interim quality assurance standards have been published for diabetic eye screening.

The interim standards, which can be downloaded from diabeticeye.screening.nhs.uk/standards, reflect recent changes in organisational structure and terminology and have been published pending the full review of QA standards for all the non-cancer screening programmes.

Any queries about the new interim standards should be addressed to the regional QA teams in the first instance.

## New patient leaflets

New patient leaflets are being finalised for people who receive positive diabetic eye screening results.

***Your guide to diabetic retinopathy*** – for those who have background retinopathy detected by screening – and ***Closer monitoring and treatment for diabetic retinopathy*** – for people referred to surveillance or treatment services – will soon be available for local programmes to order in addition to the existing national screening invitation leaflet.

A double-sided A4 diabetic eye screening information sheet is also being developed for programmes to distribute to GPs and other primary care professionals.

## Common pathway

The new common pathway for diabetic eye screening and installation of pathway compliant software has been completed in more than 70 of the 83 local screening programmes in England.

By Christmas, all but one of the programmes will have 'gone live' – the remaining programme being part of a re-tendering exercise.

A one-day post-implementation event for local programme managers, failsafe officers, members of the QA team and software suppliers is being held in Gloucester on 15 January.

A new reporting process has been introduced that is aligned with the new pathway. This will ensure all local programmes calculate and report on their service objectives in the same way. The new process will be evaluated in early 2015.

Members of NDESP's national team addressed the 2014 British Association of Retinal Screening (BARS) conference and the annual World Sight Day Diabetic Retinopathy Screening Training Day organised by Moorfields Eye Hospital. They updated delegates at both events on the rollout of the new common pathway as well as national data, grading and training provision.

# NHS Abdominal Aortic Aneurysm Screening Programme

## Prevalence falling

The prevalence of abdominal aortic aneurysms among 65-year-old men continues to decline. Data from the national programme's SMaRT IT system for 2013/14 indicates that the prevalence of AAA in men eligible for screening has fallen to around 1.25%.

More than 260,000 men were screened during the year in 2013-14 – an uptake rate of 78.2% – and nearly 3,700 aneurysms were detected. During the year, 614 men with large aneurysms were referred to surgeons and 491 planned operations performed. Sadly, four of these men died during or shortly after surgery – a mortality rate of 0.8%.

Despite the falling prevalence and an increase in costs associated with AAA interventions, the latest modelling using NAAASP data has shown that the screening programme remains cost effective.

## National audit and research meeting

NAAASP is holding a national audit and research meeting in Manchester on 9 February.

Anyone interested or involved in AAA screening is invited to present papers on local programme audit, innovation or ideas for improvement. For more information visit www.phe-events.org.uk/aaa15.

## Ultrasound machines: new approved models

Following a thorough review, two portable ultrasound machines – the Esaote MyLab Alpha and the Samsung/MIS Ugeo – have been approved for use within NAAASP.

All new machines purchased by local programmes must now be one of these models. Local programmes can continue to use GE Logiq E and Sonosite M Turbo machines – the two models previously approved for use in NAAASP – until they are due for replacement.

## Enhanced SMaRT

A new release of the NAAASP IT system, SMaRT, containing many enhancements, is due out in November.

Meanwhile, 31 of the 41 local AAA screening programmes in England

are now using the centralised national IT solution for the storage of images captured at screening clinics. Seven of the remaining 10 programmes have successfully tested the solution which helps assure the quality of ultrasound scanning in the AAA programme.

## New patient leaflets

Revised national patient leaflets are currently being finalised.

The current AAA screening surveillance leaflet is being replaced by two leaflets – one for men with small aneurysms on 12-monthly surveillance and one for men with medium aneurysms on three-monthly surveillance. The wording of all the leaflets has been updated to reflect current data on AAA prevalence and surgery outcomes and to provide additional health advice and information.

The revised suite of leaflets – along with an updated information sheet for primary care professionals – will soon be available for local programmes to order.