

# NHS Newborn and Infant Physical Examination News

Gateway ref: 2015121

[www.nhs.uk/newborninfantexam](http://www.nhs.uk/newborninfantexam)

June 2015

# Pulse oximetry pilot underway

## The newborn pulse oximetry screening pilot has begun.

The aims of the pilot are to:

- understand the impact of implementing newborn pulse oximetry screening on NHS services
- find out if it is feasible to roll out pulse oximetry nationally as an addition to the existing newborn and infant physical examination tests within 72 hours of birth

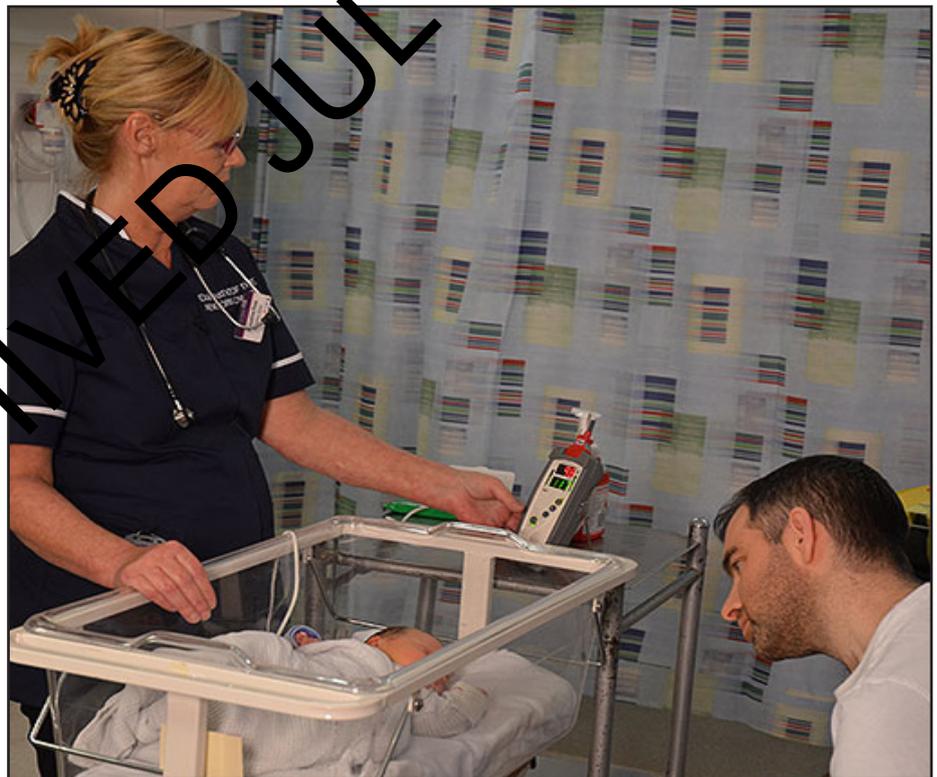
The pulse oximetry test screens for congenital heart disease by measuring oxygen levels in the blood.

Experts working with the pilot team include Professor Andy Ever and Dr Matt Cawsey, who are based at the Birmingham Women's Hospital. During March and April the team completed stakeholder site visits to all 15 of the participating trusts.

The next phase of the pilot starts on 1 July when participating trusts will offer pulse oximetry screening to all eligible newborn babies using the nationally developed pathway.

Pulse oximetry fields have been added to the NIPE SMART IT system to accommodate this change. These fields are currently only available in the pilot sites and include local and national reporting functionality.

New pulse oximetry information resources used in the pilot sites include a leaflet and information flyer for parents and a flyer for health professionals.



**New test: pulse oximetry screening**

The information flyers for parents will be distributed to antenatal clinics and midwifery-led antenatal clinics in GP surgeries to give parents advance notice that the pilot is taking place in their trust.

The parent leaflet will be given at the 36 weeks' gestation antenatal appointments and again at the time of the pulse oximetry screen if necessary.

On-site education and training

was provided in May and June at the participating trusts.

In addition, a newly developed pulse oximetry screening film has been made available to the pilot sites.

The NIPE team provided each of the participating trusts with a resource pack that included clinical guidance, information and training resources. The content of these packs will also be evaluated as part of the pilot.

## Linkage of IT systems

The national team has started to explore the feasibility of linkage between maternity systems and NIPE SMART.

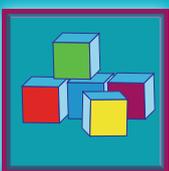
An interface could allow trusts to use NIPE SMART to record screening data and share it with maternity systems without the need for multiple data entry. This process would be in line with the service specification and required national failsafe process.

This project is still in its very early stages. Trusts that want to use any developed interface should still implement NIPE SMART as an interim solution. Any potential messaging technology would probably incur an annual maintenance cost.

NIPE has produced a programme position statement on this issue. Please contact the screening helpdesk if you want a copy.

## Let us know what you need

We have produced a number of information resources but would like to hear from you if there are any other NIPE education or information resources you would find useful. Please contact the screening helpdesk with any suggestions.



# User group gives valuable feedback

The national team was delighted to host the first NIPE SMART user network group in London in May.

More than 30 delegates from NHS trusts across the country attended along with members of the NIPE team and representatives of IT supplier Northgate Public Services. NHS providers who attended ranged from proof of concept trusts to newly implemented trusts.

The day included updates from Northgate on the system's new 5.3 release; local and national reporting and useful group work.

Discussions included feedback from users

about their experiences of using NIPE SMART and opportunities for delegates to ask the NIPE team questions.

Delegates took advantage of the networking opportunities to share good practice and useful tips on using the system.

Evaluations and responses to suggestions made on the day will be sent to delegates soon. These will help the team plan future events and feed into the process of informing developments of the NIPE SMART system.

We would like to thank all those who attended for their invaluable contribution to the day.

# NIPE rollout gathers pace

## We're on a roll!

Implementation of the NIPE SMART IT system has speeded up in the last 4 months.

The number of trusts going live per month has risen significantly, showing that we have clearly moved on from the pilot phase.

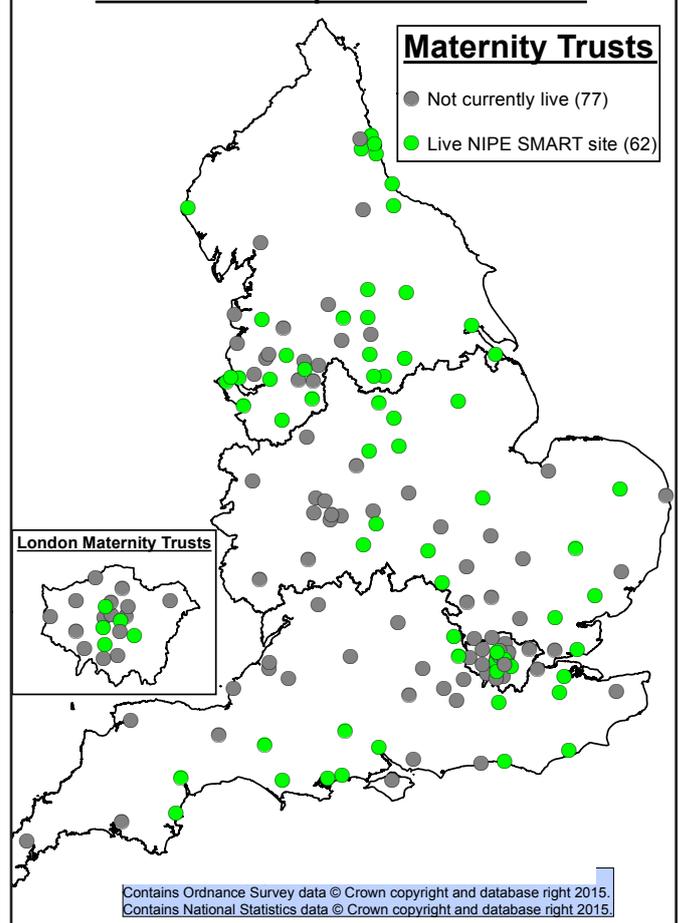
There are now 62 sites live with NIPE SMART, reflecting the impact of a committed NIPE team supporting the equally committed individuals and multidisciplinary teams working in trusts across England.

Significant progress has been made in all regions, with sites starting to take advantage of networking with neighbours who are also live with the SMART system.

## SMART support

We are developing a NIPE SMART quick reference guide to support training for trusts. Your NIPE lead will ensure copies are sent out when available.

## NIPE SMART Implementation Status



# Welcome to our new chair

## Meet Dr Nigel Ruggins, the new chair of the NIPE Advisory Group.



Nigel is a consultant paediatrician and neonatologist at Derbyshire Children's Hospital, Royal Derby Hospital, with over 20 years' clinical experience.

He also has high level managerial experience within his trust having been service director for children's services for 9 years.

He has been involved in antenatal and newborn screening as a member of the antenatal and newborn screening boards in his NHS trust and in the wider Derbyshire area.

Nigel led successful implementation of NIPE SMART in Derby as one of the original pilot sites. He has therefore seen at first hand the challenges and the significant benefits of the programme locally and its potential to deliver nationally in the future.

Nigel is passionate about the importance of NIPE as part of newborn screening and ensuring it delivers with the same rigour as other screening programmes.

NIPE must be deliverable in the practical clinical context and Nigel views his new role as helping this to happen by supporting effective and safe delivery of the NIPE screening programme across the country.

## Changes in the team

The national NIPE team has seen several recent staffing changes.

Shirley Vickers (NIPE implementation lead) has moved to a new role as project lead in the Fetal Anomaly Screening Programme.

Aileen Masson, pictured below, who has been with the NIPE programme for many years, now works as project lead in the Infectious



Diseases in Pregnancy Screening Programme.

Aileen has provided expert support and advice to other members of the NIPE team as well as implementing trusts over the years. Her wise words, skill and expertise will be much missed by the NIPE team but put to good use in her new national screening role. We wish both Aileen and Shirley all the very best in their new roles.

As a result of these changes, some implementing and live trusts have been reallocated new NIPE team leads and have been informed of any changes.

## Programme team spreads the word at national conferences

### Hitting the road to raise NIPE's profile

The national team has been raising the profile of the newborn and infant physical examination programme at several recent events.

National conferences and higher education updates provide a great opportunity to discuss the roll-out of the programme standards and the NIPE SMART IIS system, promote e-learning resources, provide information and give advice.

At the 2014 Royal College of Midwives (RCM) annual conference, programme manager Jill Walker presented a poster entitled *Rolling out NIPE SMART – record keeping in the new age*.

In addition to the RCM conference, the NIPE team also attended the Royal College of Paediatrics and Child Health (RCPCH) annual conference and the fetal anomaly and newborn hearing screening programme conferences.

The team also attended several higher education updates and knowledge sharing events.



Poster: NIPE programme manager Jill Walker with the poster at the RCM conference

# GOV.UK screening content goes live

## Online screening information for health professionals is now live on GOV.UK.

The launch of population screening content on the Government's digital platform is the culmination of a huge amount of work to transition our national screening websites.

Our aim is to make it easier for screening professionals, providers, commissioners and other stakeholders to find the information they need.

We have concentrated on what our users have told us they need. As a result, the GOV.UK content is much more concise and focused on those user needs than the old websites were.

We have got rid of anything that was no longer useful, updated all the information and rewritten unclear content in plain English. New cancer screening content will soon be integrated alongside the non-cancer information.

The non-cancer screening websites and the UK Screening Portal will remain operational for a week or two. Those web addresses will then redirect to the new GOV.UK content.

The UK National Screening Committee (UK NSC) is looking for new members with recognised expertise and a track record of national achievement in a number of specialist fields, including epidemiology, health economics, midwifery and social science.

More information is available on [GOV.UK](#) and the closing date for applications is Friday 26 June.

The UK NSC reviewed evidence for five potential screening programmes in March. It recommended against new national screening programmes for:

- **three amino acid metabolism disorders**

## Where to find what

**GOV.UK:** information for professionals

**Screening blog:** news and updates for providers, commissioners and other stakeholders

**NHS Choices:** information for the public

**CPD site:** education and training resources

**Screening legacy site:** evidence base and extranets

**National archives:** copies of the old national screening websites

The UK National Screening Committee's list of screening recommendations has been moved to a [screening legacy site](#) along with the password-protected extranet sites.

And you will still be able to access all the content that we have decided not to transition via copies of our old websites saved on the [national archives](#).

We are still looking at options for the long-term home for our e-learning modules and other training

information. For now they can still be found on the [CPD site](#).

In July, we are launching a [screening blog](#) that will replace the newsletter as the main way we keep providers and commissioners updated with screening news and developments.

The blog will cover:

- new or updated publications
- events, conferences and consultations
- lessons learnt from incidents
- team changes, programme milestones and achievements
- anything else that does not fit on the main part of GOV.UK

The transition of our website information is a major change for everyone involved in screening but we hope you quickly find the new content to be a significant improvement.

However, if you cannot find the information you are looking for or find an error in any of the new sites, please let us know by contacting the [screening helpdesk](#).

## UK NSC is recruiting new expert members



- **bladder cancer**
- **depression**
- **two fatty acid oxidisation disorders**
- **galactosaemia**

A [press release](#) explains the committee's recommendations.

### Consultations open:

- **oral cancer** (closes 04/09/2015)
- **prostate cancer** (04/09/2015)
- **glaucoma** (11/09/2015)
- **hearing loss in adults** (11/09/2015)

### Consultations due to open soon:

- **stomach cancer**
- **congenital adrenal hyperplasia (CAH) newborns**
- **mucopolysaccharidosis I (newborns)**
- **neuroblastoma (children)**
- **familial hypercholesterolaemia (adults)**
- **non-invasive prenatal testing (NIPT) (antenatal)**
- **toxoplasmosis (antenatal)**
- **cystic fibrosis (antenatal)**
- **chicken pox (antenatal)**
- **familial hypercholesterolaemia (children)**
- **methylmalonic acidaemia and propionic acidaemia**