

# NHS Newborn and Infant Physical Examination News

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November 2014

# Pilot plans for pulse oximetry

The newborn pulse oximetry screening pilot is planned to start early next year following the UK National Screening Committee's (UK NSC's) recommendation in March 2014.

The recommendation followed an [HTA report](#) in 2012 and a UK NSC review of the cost effectiveness of adding pulse oximetry to the screening pathway for the detection of congenital heart defects (CHD).

The aim of the pilot is to:

- understand the impact of implementing newborn pulse oximetry screening on NHS services
- establish the feasibility of future national rollout in 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. It will be conducted in two phases. The exact timescales are yet to be agreed but it is anticipated that phase one will start early in 2015.

The programme will be contacting trusts that have previously expressed an interest in taking part in the pilot. Work has started on producing screening pathways, detailed clinical guidance, education and information resources.

Further details will be posted on the [NIPE website](#) as the project progresses.

## Screening stalwart retires after 54 years' service



## Goodbye and thank you Andrea

**NIPE programme project lead Andrea Farnsworth has retired after 54 years working in the NHS and, more recently, Public Health England.**

**"I want to thank everyone involved with the newborn hearing screening and NIPE programmes, not just the national teams but all the screeners, midwifery, nursing and medical staff at all the hospitals where I've worked over the past 26 years," she said.**

**"Special thanks to Professor Adrian Davis, a visionary and inspirational leader, whose determination and dedication to newborn screening has made such a difference to the lives of so many babies and their families. I've been very proud and privileged to have worked with such a wonderful team of people. Keep up the excellent work."**

**The NIPE team wishes Andrea a long and happy retirement.**

## Meet the NIPE team

The NIPE national programme is undertaking a number of important work streams, led by programme manager Jill Walker.

This work will enhance the clinical and commissioning guidance for stakeholders and support local delivery of safe and effective NIPE screening across England.

National NIPE team:

### Programme manager

- Jill Walker

### Project leads

- Aileen Masson
- Clare Jones

### Implementation leads

- Claire Evans (also pulse oximetry screening pilot project lead)
- Shirley Vickers
- Geeta Chudasama
- Rabina Ayaz
- Rebecca Ward (from Nov 2014)
- Joanne Morley (from Dec 2014)

## RCM Conference November 2014

Look out for the NIPE poster at the RCM Conference in Telford on 11-12 November

The poster is entitled: **Rolling Out NIPE: SMART record keeping in the new age.**

# Hundreds attend regional events

Nine NIPE regional implementation events were delivered in England between February and July 2014.

They were attended by nearly 400 delegates, drawn from all professions involved in the newborn physical examination. The events underpin the NIPE rollout across the country and help to raise awareness of the issues involved.

All the events were jointly planned and delivered by the NIPE team. They included presentations from the antenatal and newborn screening quality assurance teams and staff from trusts that had successfully implemented and used the NIPE SMART IT solution.

Voluntary sector organisations allied with NIPE – STEPS (lower limbs charity), Children's Heart Federation and National Blind Children's Society – were also invited to attend and share information with the delegates.



Andrea, Clare, Jill and Aileen at one of the regional events

The events generated considerable interest from trusts wishing to implement the programme.

Feedback was very positive with more than three-quarters of delegates evaluating it as good or excellent.

# More trusts join the NIPE rollout

Work continues apace to support trusts in formally rolling out the NIPE programme including the implementation of the NIPE Screening Management and Reporting Tool (NIPE SMART).

The current national implementation status is shown in the table on the right.

The rollout has been supported by increased capacity within the NIPE team following 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 that they input into the implementation process.

The NIPE team are now working with

Region	Live	Implementing	Expressions of interest
London	3	4	9
Midlands and East	4	7	15
North	15	11	10
South	1	12	14
<b>Total</b>	<b>23</b>	<b>34</b>	<b>48</b>

a total of 105 trusts across England. 21 are already using NIPE SMART and the rest are actively implementing or are in the early planning stages. As part of the implementation strategy, the national programme team are also actively contacting those trusts who have not yet expressed an interest in order to understand their position regarding NIPE implementation.

The programme has started preliminary work with maternity system suppliers in looking at developing messaging technology between SMART and maternity IT systems.

## Excellent reviews for e-learning

The NIPE [e-learning resource](#) continues to be a very well used resource with more than 1,800 registrations since its launch in November 2013.

Key features of the free training resource include:

- it was developed by the UK NSC
- leading neonatologists, midwives, GPs, and representatives of Royal College of General Practitioners, Royal

College of Paediatrics and Child Health and the Royal College of Midwives were consulted in its development

- it was developed primarily for doctors but is available to all those who undertake newborn and infant physical examination screening
- it is RCGP accredited
- it covers the four

screening elements of the physical examination

- it uses film and animation to illustrate best practice
- it promotes best practice and aims to enhance formal training
- a certificate is provided on completion

The resource continues to receive excellent feedback from a wide range of practitioners.

## Updated statements

The following NIPE programme statements have been updated to offer additional clarity:

- Maintaining competency in undertaking NIPE Examinations
- Early postnatal discharges
- Guidance – ultrasound examination of the hips in screening for developmental dysplasia of the hips (DDH)

In addition, working with the NIPE clinical advisor, Dr David Elliman, a new programme statement has been developed to offer information on undertaking the examination for infants who might have missed NIPE screening.

It includes guidance on screening strategies for:

- infants up to and including three months of age
- children older than three months of age

The updated programme statements will be made available on the national website.

# Changes made to KPI guidance

Changes have been made to NIPE key performance indicator (KPI) documents to offer more specific information about eligibility criteria for NP1 and NP2.

The full definitions of the NIPE KPIs are:

NP1: the proportion of babies eligible for the newborn physical examination who are tested within 72 hours of birth

NP2: The proportion of babies who, as a result of a possible abnormality of the hips being detected at the newborn physical examination, undergo assessment by ultrasound within two weeks of birth.

Changes have been made to the wording of the KPI data submission process and KPI for Screening 2014/15 documents to offer further clarity. These include:

- the programme has recommended that in line with the DH service specification (no. 21) the NIPE SMART electronic system is rolled out nationally to provide the required data
- for NP2 (due to small numbers), until a robust system such as NIPE SMART is implemented, local recording systems for hip ultrasound referrals may be used but would require robust data management
- Eligibility: all babies are eligible. Screening may be delayed if a baby is too premature



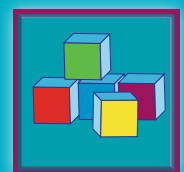
or too unwell to have the examination. Any baby who is not well enough and where screening is not undertaken, should be accounted for, with the reason for non-screening explained as a mitigation. In terms of a failsafe unless there is an adverse outcome, all babies will be eligible at some point for NIPE examination and this should be followed up locally.

**Please note that 'live' NIPE SMART trusts are expected to submit NIPE KPI data.**

### Updating programme standards

Work is starting soon on updating the NIPE programme standards in line with the UK NSC's standard format.

Further information will be posted on the [NIPE website](#). It is hoped that the standards will be ready for consultation by mid 2015.





## Policy news

The next UK National Screening Committee (UK NSC) meeting will be held on 25 November and will review the recommendations on screening for [Gauchers disease](#), [Dementia](#), [Preterm Labour](#) and [Bacterial vaginosis](#).

Current policy consultations:

- [Gauchers disease](#) (closes 6 November)
- [Depression](#) (closes 26 December)

Consultations due to start soon:

- [Hearing loss in adults](#)
- [Sudden cardiac death](#)
- [Psychiatric illness in pregnancy](#)
- [Amino acid metabolism disorders](#)
- [Fatty-acid oxidation disorders](#)
- [Galactosaemia](#)



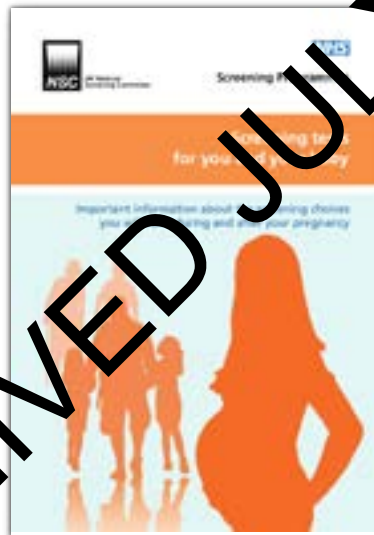
# New Screening tests for you and your baby launched Leaflet revamped

The UK NSC is launching a new version of the national Screening tests for you and your baby leaflet for parents.

The updated leaflet, which 'goes live' on 1 November, contains detailed information about all the screening tests offered during pregnancy and after the birth of a child.

This includes the four new screening tests for rare conditions that will be rolled out across England early in 2015. A key element of the leaflet is to promote the concept of screening as an informed choice.

For the first time, the booklet includes explicit recognition that some screening choices are easier than others. Some tests are recommended because the information gained may enable important treatment to be



given promptly for mother and baby.

Other screening tests may require people to think more deeply about whether they want to know the information that a screening test may give them.

For example, they may be faced with choosing whether to have a diagnostic test with a risk of miscarriage or having to decide whether to continue or terminate a pregnancy if a test shows their child has a serious health condition.

The new leaflet also includes signposting to supplementary online information.

Leaflets can be ordered through Rebecca Ord at Harlow Printing. E: [rebecca@harlowprinting.co.uk](mailto:rebecca@harlowprinting.co.uk) or phone 0191 4969735.

Trusts should stop using the old booklet at the end of October and recycle any remaining copies.

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## Other news in brief

### Screening in England 2012/13

The Screening in England 2012/13 has report been published on the [UK NSC website](#).

The report covers the final year before the NHS Screening Programmes became part of Public Health England.

The summary highlights the progress of the eight national non-cancer screening programmes

throughout the year and outlines key successes using data and case studies.

### New screening algorithm

Guidance has been published which provides an algorithm on how to manage the screening of individuals with uncertain or incomplete screening status.

This can be found on the [UK NSC website](#) and covers the three newborn screening programmes.

### Website transition under way

The transition of the NHS Screening website content to NHS Choices (public information) and GOV.UK (professional information) has begun.

In the first quarter of 2015, current screening websites will be closed down.

If you experience any problems during this time, please email the helpdesk at [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net).