

# Screening Matters

Gateway ref: 2014135

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

Issue 18, June 2014

## Helping more babies through newborn screening

Last month I was delighted to be able to announce the UK National Screening Committee's recommendation to expand the NHS Newborn Blood Spot Screening programme to include 4 more genetic conditions.

Screening for Homocystinuria (HCU), Maple Syrup Urine Disease (MSUD), Glutaric Aciduria type 1 (GA1) and Isovaleric Acidaemia (IVA) will roll out across England by March 2015.

There were initially concerns that screening for IVA would lead to a high rate of false positives, however, the Committee was able to recommend screening at a higher threshold which will eliminate this risk.

Monitoring test performance and outcomes for all of these conditions will be implemented alongside the expansion to support a review of the screening policy in 3-5 years' time.

Alongside this, we announced a pilot of the pulse oximetry test to better identify the 3,500 babies born each year with congenital heart defects (CHD). The pilot will look to evaluate the potential benefits of the test as part of a national screening programme.

I will keep you updated about these plans as they progress.

The UK NSC is respected around the world for the quality of our evidence-based recommendations but inevitably we recommend against, more often than we recommend for, new screening tests. The positive announcements in the last month have therefore been a great opportunity to share the work we do as widely as possible and to start lots of conversations about screening. Hopefully you will have seen some of the stories in the print, online and broadcast media.

Recently, we have also had the chance to influence public opinion on potentially difficult screening matters.

The parliamentary debate on cervical screening led to some confusing information being publicised. It was really important we presented the facts and highlighted these inaccuracies – cervical screening is not an appropriate test for women with symptoms. There has also been some confusion about the reasons why screening for Duchenne Muscular Dystrophy is not recommended in the UK.

### Dr Anne Mackie

Dr Mackie is the UK National Screening Committee Director of Programmes



Through proactively using a variety of channels such as the Public Health Matters blog, engaging with others on Twitter and a number of TV and radio interviews, we were able to get accurate messages about screening into these debates and raise awareness of the benefits and limitations of screening and the fantastic work done by the NHS Screening Programmes.

### MP inquiry on National Health Screening

The House of Commons' Science and Technology Select Committee inquiry on the scientific merits of National Health Screening is on-going. The first hearing, held in May, highlighted the UK NSC's international recognition in the development of evidence-based screening policy.

I am due to provide evidence at the next hearing in June and will share a link to the online coverage when available.

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## News in brief

### Group B streptococcus (GBS) research

The UK NSC does not recommend antenatal screening for GBS carriage. There are currently several projects to collate further information on the infection.

1. PHE, St George's Hospital, the British Paediatric Surveillance Unit and national public health bodies across UK and Ireland have established enhanced surveillance to assess the disease incidence and frequency of established risk factors. PHE is monitoring developments on vaccines and will look to assess the potential impact of an immunisation programme.

2. The Royal College of Obstetricians and Gynaecologists, in partnership with the London School of Hygiene and Tropical Medicine are carrying out an audit across the UK to see how they can further improve adherence to guidelines for the prevention of neonatal GBS disease.

3. The National Institute of Health Research, Health Technology Assessment programme is looking to commission a study on whether intrapartum testing in some groups at high risk enables more timely identification of women with GBS carriage in order to target antibiotic use.

# Evidence

Following consultation and the March UK National Screening Committee meeting, the UK NSC recommended expanding the blood spot programme from five to nine conditions, with the addition of GA1, HCU, IVA and MSUD.

The UK NSC also recommended piloting the use of pulse oximetry as this presents the best opportunity to answer a number of outstanding concerns in order to fully consider the test as part of the national NIPE screening programme. These concerns were regarding:

- **identifying babies for testing** – not all babies would need to be tested, but it is unclear which babies would not need to be included in the screening pathway
- **estimating screening's impact on workload** – pulse oximetry will identify approximately 5% of babies as having low oxygen levels soon after birth; the majority of these babies will have no underlying illness. It is not clear what impact the increased number of babies being identified would have on NHS resources
- **diagnostic and treatment pathway** – low oxygen levels could indicate a wide range of illnesses other than serious heart problems. It is important that

## Policy Consultations

### Current

- **Dementia** (closes on 12 September)

### Coming up

- **Amino Acids**
- **Sudden Cardiac Death**
- **Depression**
- **Preterm Labour**
- **Galactosaemia**
- **Fatty Acids**

clear diagnostic and treatment plans are available for all conditions that could be identified

- **training, monitoring and information** – the practical elements of introducing the test as part of a national programme must be determined. This includes what training is required, how the test would be monitored to ensure it is consistently delivered to a high standard, and what information resources are needed for patients and professionals

# Training/Education

## NHSP Risk Management and Failsafe eResource

This resource is aimed at practitioners who manage and support the quality assurance of the Newborn Hearing Screening Programme (NHSP). The individual steps of the care pathway are examined in detail to highlight:

- what should happen – quality standards
- what can go wrong
- consequences if things go wrong
- failsafes that should be in place
- good practice
- scenarios used to support local risk management
- links to associated resources

Access is via the NHSP website [hearing.screening.nhs.uk/elearning](http://hearing.screening.nhs.uk/elearning)

## Education Resource for PICU/ NICU Practitioners Launched

Neonatal and Paediatric Intensive Care practitioners are key to ensuring the vulnerable infants and babies receiving their care have access to the UK National Screening Committee recommended screening in a timely manner. In response to screening incidents a new resource specifically aimed at this group of professionals has been developed. The resource covers the three newborn screening programmes: Newborn Hearing (NHSP), Newborn and Infant Physical Examination (NIPE) and Newborn Blood Spot (NBS).

The aim is that units can use this self-directed tool for staff who can work through the scenarios and examples of evidence of their continuing professional development.

Access at [cpd.screening.nhs.uk/nicu-resource](http://cpd.screening.nhs.uk/nicu-resource)

# Quality Assurance

The QA service for young people & adult and antenatal & newborn screening programmes has developed a brief document setting out our priorities for the financial year of 2014/15.

This can be found at: [www.screening.nhs.uk/quality-assurance](http://www.screening.nhs.uk/quality-assurance)

We hope you will find this a useful description of how we will be working with colleagues over the coming year, and particular projects we plan to undertake addressing specific issues.

The regional teams will continue to work with providers and commissioners / Area Teams to establish good working relationships, share best practice and help to improve local services. To this end the following QA visits are scheduled in Q2:

### Antenatal and Newborn

- The Newcastle upon Tyne Hospitals NHS Foundation Trust:
  - Regional Down's Syndrome Screening Lab 2 July
  - Regional Newborn Blood Spot Screening Lab 2 Sep
- Wye Valley NHS Trust 1-2 July
- Kettering General Hospital NHS Foundation Trust 8 Sep

- Gateshead Health NHS Foundation Trust 9 Sep
- Mid Essex Hospital Services NHS Trust 10 Sep
- Great Ormond Street Hospital for Children NHS Foundation Trust Newborn Blood Spot Laboratory 8 Sep
- Heart of England NHS Foundation Trust 17 Sep
- East Kent Hospitals University NHS Foundation Trust 9 Sep

### Diabetic Eye

- Greater Nottingham 1-2 July
- Central Mersey 16-17 July
- SW Essex 16 July
- Newham July (TBC)
- Hillingdon Sep (TBC)
- Gloucester 18 Sep

We are pleased to confirm that the national QA team in conjunction with the abdominal aortic aneurysm (AAA) programme has completed a series of four pilot quality assurance visits across England. The pilots will be evaluated over the coming months with a view to establishing a QA model for AAA which will be implemented across England. We are grateful to the providers who took part in the process and to the peer review team who worked extremely hard in a very short space of time to deliver the pilots. We will keep you updated on progress.

# Screening Helpdesk

In the last of Screening Matters, we reported on the screening helpdesk, introducing Linda Harrison as the helpdesk advisor. We are now very pleased to welcome Andrianna Davis to the role of helpdesk manager, so completing the team.



NSC where she assisted with the development and delivery of a QA service for the English Screening Programmes.

Prior to that, Andrianna worked as a project officer for the National Cancer Peer Review Programme where she was responsible for providing project support for the programme.

Contact the screening helpdesk at [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)  
020 7164 2014

Andrianna brings a wealth of experience to the Helpdesk having joined the UK NSC four years ago as QA project manager for the UK

## News in brief

### Award for hearing screening pioneer

Professor Adrian Davis OBE received the prestigious Aram Glorig award at the 22nd World Congress of Audiology in Brisbane, Australia in May 2014, for his lifetime contribution to public health research concerning hearing and communication.

Adrian is the current Deputy Director: Population Health Science at Public Health England. He was appointed the first Director of the Newborn Hearing Screening Programme (NHSP) for England in 2001 and led the programme through implementation and roll out which was achieved in March 2006.

### NN4B closure

Closure of the NN4B service has been postponed until December 2014. For the newborn screening programmes, if there is a delay in birth notifications, demographic data will not enter the screening IT system (eSP) and therefore presents a risk that babies will not be offered screening before discharge with the consequence that babies may be missed. Commissioners and providers are advised to check if their Trust maternity system is PDS compliant and encourage this to be prioritised if necessary.

# Key Performance Indicators

Key Performance Indicators (KPIs) for the NHS Screening Programmes covering periods from July to September 2013 (Q2 2013/14) and October to December 2013 (Q3 2013/14) were released in March and June 2014 respectively.

Q2 and Q3 data is available on the screening portal at: [www.screening.nhs.uk/kpi/reports/2013-14](http://www.screening.nhs.uk/kpi/reports/2013-14)

Data is published by provider for all KPIs but ID2, NH2 and DE3 where provider level data has been suppressed to avoid publication of small numbers and the plan is to publish it annually.

Here are some of the key findings based on the information that has been submitted for Q2:

- 728 pregnant women were found to be Hepatitis B positive and 484 (66.5%) were seen by a specialist within 6 weeks of being identified
- 161,969 babies were eligible for newborn hearing test and 158,336 (97.8%) babies had received a complete test by 4 or 5 weeks of age for hospital programmes and community programmes respectively
- 4,143 babies were referred for audiological assessment and 3,618 (87.3%) received their assessment by 4 weeks of the referral or by 44 weeks gestational age
- 2,052 people with diabetes were referred to hospital eye services (ophthalmology) with sight threatening retinopathy and of these, 1,542 (75.1%) with diabetes were seen by ophthalmology within 4 weeks

Key findings for Q3:

- In comparison to Q2, there has been an increase in performance reported for two KPIs, a decrease in performance for three KPIs and values were comparable for nine KPIs
- There was an increase in the number of complete KPI returns submitted by Newborn blood spot data providers, with only three providers not submitting NB1
- 100% completeness of return was achieved for ID2, FA1, NH1 and NH2
- There was an increase in performance for (ID2), Hepatitis B positive women seen by a specialist within 6 weeks of being identified (Q3 = 70 % from Q2 = 66.5%)
- There was a second consecutive quarterly improvement of the proportion of women having antenatal sickle cell and thalassaemia screening by 10 weeks' gestation, (ST2)
- Small decrease in performance reported for NH2, DE2 and DE3

Please contact the screening helpdesk if you would like further information on the KPI data: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)

## Newborn blood spot KPI (NB3)

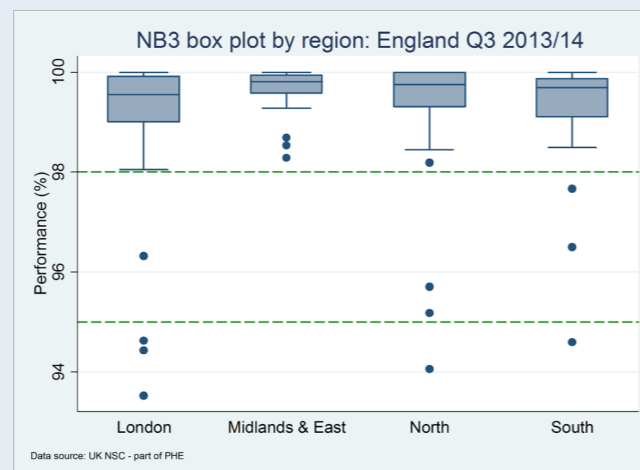
Prompt communication of the screening results ensures that parents are appropriately informed following a screening encounter. This helps to minimise anxiety and minimises delay to follow up actions or interventions.

Newborn blood spot and linked antenatal and newborn sickle cell and thalassaemia screening programmes have developed an indicator (NB3) to measure the proportion of newborn blood spot screening results which are screen negative for all five blood spot conditions and available for communication to parents within six weeks of birth.

Q3 data for NB3 illustrates high completeness of returns for this KPI with only three providers not submitting required data.

Based on Q3 data we can report 141/149 (91.3%) registered providers meeting acceptable level of 95%, and 136/149 (94.6%) providers meeting achievable level of 98%. National median value is 99.7% with values ranging from 93.5% to 100%.

The box plot below illustrates low regional performance variation with all providers' values (except outliers) above the 98% achievable rate. Box upper and lower lines present interquartile ranges, lines are minimum and maximum values and dots could be considered to be outliers.



NB3 assures us of quality of the screening services after the actual screening test. Together with our strategic partners we aim to further reduce variability among providers, improve safety and reduce anxiety by early communication of results.

## NHS Fetal Anomaly Screening Programme

### FASP key performance indicator FA1

The KPI FA1 is in place to ensure a screening test for Down's syndrome provides an accurate individual result for the pregnant woman at the earliest opportunity and to reduce unnecessary delays in processing the test. A minimum dataset and national form have been produced to aid uniformity in providing these data and minimise the need to request missing information.

The minimum dataset requires completed data at the initial request for the following fields:

- sufficient information for the woman to be uniquely identified
- woman's correct date of birth
- maternal weight
- family origin
- smoking status
- ultrasound dating assessment in millimetres, with associated gestational date

From quarter 1 this year (2014/15), FASP has made a change to the minimum dataset required to be completed on the laboratory request form for Down's syndrome screening. To comply with the new requirements of KPI FA1 the Sonographer's Identification Number (ID) must be included on the initial request form.

Whilst it is acknowledged that an accurate risk could be produced without the Sonographer's ID, the identity is required by DQASS for robust quality assurance of the sonography component of the screening as well as accurate reporting and allocation of flag status for individual sonographers and laboratory reports.

Information relating to this change will also be sent to all screening laboratories and Screening Support Sonographers.

### Congenital anomaly register

Public Health England's disease

registration division has begun work on implementing an England-wide Congenital Anomaly Register.

To achieve this, it will expand current registration and surveillance across London, the North West, South of England and East of England and build a national data system to draw in more data sets and improve quality assurance of data across regions.

The national register will include a patient portal, with access controls, to enable patients to self-register and access peer support.

The register will aim to provide screening programmes in England with the outcome data they need for monitoring purposes. PHE is working with FASP to achieve this for the fetal anomaly programme.

The national register is expected to be operational by April 2015, with the patient portal ready for use in April 2016.



## NHS Infectious Diseases in Pregnancy Screening Programme

### Hepatitis B in pregnancy - 2014 and beyond

The IDPS programme is convening a meeting of clinicians and specialists in early September in London. The main focus will be on the current UK NSC National Audit of Hepatitis B in Pregnancy and the role of specialist clinical teams in the success of the audit.

Key speakers will provide the latest information and research relating to screening and management of women with hepatitis B. The event will take place on 9 September 2014 and full details will be sent out shortly.

### Protecting pregnant women against rubella - a new national strategy

A UK NSC review of antenatal screening for rubella susceptibility in 2012 concluded that antenatal screening for rubella susceptibility does not meet the criteria for a screening

programme. The IDPS programme and PHE immunisation team are working collaboratively to explore alternative strategies directed towards population groups which continue to be at risk of rubella infection and the cessation of antenatal screening for rubella susceptibility. In the interim antenatal screening in line with national standards should continue.

[infectiousdiseases.screening.nhs.uk/rubella](http://infectiousdiseases.screening.nhs.uk/rubella)

### Hepatitis B audit project

The audit team has now received over 700 notifications by the end of May. Thank you for the continued support with this important study. A Project Update is on the website with:

- frequently asked questions received since the audit commenced in January 2014
- notification form pointers and tips
- information on the next phase of the audit

[infectiousdiseases.screening.nhs.uk/hepbaudit](http://infectiousdiseases.screening.nhs.uk/hepbaudit)

### Linking screening and immunisation

Work with immunisations has highlighted the importance of increasing awareness of the protection that immunisation offers to pregnant women and their babies. The focus should be on flu vaccination during the winter period and pertussis throughout the year.

### Hepatitis FAQs

Public Health England (PHE) and the Local Government Association (LGA) have produced a new information booklet to address questions that councillors have on hepatitis.

Download from [bit.ly/1ir2G0g](http://bit.ly/1ir2G0g)



## NHS Sickle Cell and Thalassaemia Screening Programme

### New leaflets

The NHS Sickle Cell and Thalassaemia Programme has produced two new leaflets with information for couples at risk of having a baby with Sickle Cell Disease or Beta Thalassaemia Major. Each leaflet provides information about the condition, the tests available for the baby during pregnancy and the choices the couples have. The leaflets will be available to order from distributors soon.

[sct.screening.nhs.uk/leaflets](http://sct.screening.nhs.uk/leaflets)

### National haemoglobinopathy registry

The Sickle Cell and Thalassaemia Screening Programme is working closely with the UK Haemoglobinopathy Forum and MDSAS who provide the National Haemoglobinopathy Registry to link screening data with other information routinely recorded when a child enters care, with the aims of developing

a sustainable way to evaluate the screening programme long term and to de-duplicate requests for data.

Two training days which are available to all staff involved in the National Haemoglobinopathy Registry are available in:

- London – 11 June 2014 (Guy's Hospital)
- Manchester – 2 July 2014 (venue to be confirmed)

These training days will focus on the system and also give the user a thorough training overview and demonstration of the IT system.

Spaces are limited to 40 for the London session and 30 for the Manchester session, and will be allocated on a 'first come, first served' basis.

To register for any of the dates, please contact **Amanda Sheridan: [training@mdsas.com](mailto:training@mdsas.com)**

### Older publications

The following publications/resources

are still available as hard copies:

1. Sickle Cell Disease - A Parent's Guide (Portuguese)
2. Sickle Cell Programme Standards, 2011
3. Screening For Sickle Cell & Thalassaemia In Pregnancy – Audio
4. Testing For Blood Disorders In Early Pregnancy: Easy Read
5. Screening For Sickle Cell & Thalassaemia In Early Pregnancy: Large print
6. Sickle Cell Disease in Childhood Standards & Guideline, 2010 (please note new standards are being developed)
7. Data Report 2010/11 Trends & Quality Improvement
8. Key Messages Flyer

Download from [sct.screening.nhs.uk/publications](http://sct.screening.nhs.uk/publications) or order from national. [screening@harlowprinting.co.uk](mailto:screening@harlowprinting.co.uk) / 0191 496 9735



## NHS Newborn Blood Spot Screening Programme

### Newborn Blood Spot Failsafe Solution

The implementation of the Newborn Blood Spot Failsafe Solution (NBSFS), the web-based solution designed to minimise the number of infants who are delayed or missed in NBS screening, continues well.

10 of the 13 screening laboratories are now providing their blood spot data to the NBSFS, with the remaining three in preparation to do so. In some regions, the majority of maternity units are now using the NBSFS; the more units using it, the more effective the project will be.

Evidence of direct benefit to babies is already emerging. One example is an infant who, between day 1 and day 8 of life, moved between three different hospitals and as a result missed the NBS screening test. This was flagged up by the NBSFS on day 12 and the screening test was carried out without further delay. All maternity units are encouraged to participate as soon as possible.

We are looking for members for a new user group for the NBSFS. Members will be regular users of the NBSFS, keen to contribute to its continued success and development and able to commit to attending quarterly meetings. Members will include midwifery screening co-ordinators, community administrators, laboratory representatives, child health record department administrators and regional quality assurance managers/leads.

For further information please contact **Julie Wilcox (Project Lead)** [julie.wilcox2@nhs.net](mailto:julie.wilcox2@nhs.net)

### Expanded screening

On 9 March 2014 the UK National Screening Committee announced its recommendation to screen every baby in the UK for an additional four inherited metabolic diseases (IMDs) as part of newborn blood spot screening.

6 of the 13 laboratories in England took part in a pilot study and are already screening for these conditions;

it is proposed that the other seven laboratories will begin screening on 5 January 2015. The programme hosted a workshop in early June to support implementation of expanded screening in non-pilot areas, and is currently reviewing and developing parent and health professional resources. This includes the addition of a new section in the 'Screening Tests for You and Your Baby' booklet on IMDs.

If you have any queries please contact [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)

### Farewell to Paul Griffiths

It is with great sadness that the NBS programme said goodbye to Paul Griffiths, Laboratory Lead, at the end of March due to retirement. For over three years Paul contributed enormously to the programme's successes and was a very valued member of the team. He is planning to spend more time travelling and cycling and we send him all our best.



## NHS Newborn and Infant Physical Examination Programme

### Implementation update

Newborn clinical physical examinations (including the four screening elements of eyes heart hips and testes (in boys)) have been undertaken across the country as part of routine care for a number of years, but there has been little or no data or evidence to validate the coverage, quality or effectiveness.

The Newborn and Infant Physical Examination (NIPE) screening programme is, over the next 2 years, working with providers and commissions on the formal roll out of this programme across England. As part of NIPE programme support, allocated implementation leads work closely with Trusts to implement services in line with national standards and the Department of Health's NIPE service specification to ensure safe and effective NIPE screening programmes. This includes implementation of an IT system such as the recommended NIPE Screening Management and Reporting Tool (SMART) system which can collate and manage the newborn cohort and importantly demonstrate a robust

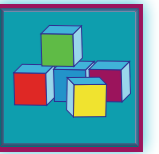
failsafe process. Effective Failsafe systems form an integral part of this screening programme management and is outlined as an essential element in the DH NIPE service specification.

By formally implementing the newborn examination element of the NIPE programme, the Trust will:

- offer newborn examination to the parent of every newborn baby within 72 hours of birth
- work within nationally defined NIPE standards
- have a NIPE clinical lead
- provide appropriate and timely information to parents
- works to robust NIPE screening and referral pathways
- have competent staff undertaking NIPE examination
- have on-going training and development programme for staff undertaking NIPE examination
- collate and manage the newborn cohort NIPE data set

- track, manage and report on programme activity, clinical referrals and outcomes
- have robust failsafe systems

The programme is taking increasing numbers of expressions of interest from Trusts wishing to implement the NIPE programme (including NIPE SMART). To date there are 18 'live' Trusts and the programme are working with a further 65 Trusts, 19 of which are in active implementation.



### Pulse oximetry

The UK NSC recently gave the go ahead for a pulse oximetry pilot to be planned and undertaken. Work is currently ongoing to define the pilot model and methodology. Further information will be shared with stakeholders as it becomes available.

## NHS Newborn Hearing Screening Programme

### OSCE

The Observed Structured Clinical Examination (OSCE) is intended for:

- Hospital sites: all screening staff carrying out screening, supervising or assessing screening staff
- Community sites: all screening staff carrying out screening, supervising or assessing screening staff with the exception of HV/RN who carry out AOAE only

Next courses - 12 June / 9 Oct (London).

Email [gailallan@nhs.net](mailto:gailallan@nhs.net) for more info

### NHSP user group

The new NHSP user group has been established and held its first meeting in Manchester on 10 April. There was an enthusiastic response to our request for new members from local sites who joined key personnel from the programme and the eSP software supplier (Northgate).

The functions of the group are to identify and prioritise areas for

improving the screening programme and the eSP IT system and review the IT service provided by Northgate.

### Local Manager Workshop

A two-day workshop will be held in London on 23 and 24 September 2014 for recently appointed NHSP Local Managers.

Email [gailallan@nhs.net](mailto:gailallan@nhs.net) for more info

### 4th cycle QA report

A summary report of the fourth cycle of the Newborn Hearing Screening Quality Assurance Programme, in 2012-13, has now been published.

[hearing.screening.nhs.uk/siteqareports](http://hearing.screening.nhs.uk/siteqareports)

### Screeener training

Discussions are taking place with the BAA Director of Education with regard to delivering an event aimed at hearing screeners. Please put

forward suggestions for appropriate topics via the bulletin board on the website.



### Site changes

Around 75% of NHSP sites use the hospital model and 25% the community model. Some services and commissioners are currently re-evaluating which of these 2 models is most appropriate for their population.

We can offer advice via the helpdesk: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)

### Facts and figures

Since 2002, approximately 6 million babies have been screened, with more than 12,000 babies screened every week. More than 11,500 babies have been found to have a permanent childhood hearing impairment, on average 2 years earlier than previous testing methods, giving these children the opportunity to keep pace educationally and socially.

## NHS Diabetic Eye Screening Programme

### National conference

The NHS Diabetic Eye Screening (DES) Programme and the Royal Society of Medicine (RSM) held a hugely successful joint National Diabetic Eye Screening Conference in April.

The event, which had the theme 'Integration – where do I fit in?', was designed for everyone involved in the commissioning and delivery of diabetic eye screening. It was a sell-out, attended by more than 300 delegates, including screeners, graders, hospital managers and ophthalmologists.

Key topics included an update and discussion on the new common pathway for diabetic eye screening, integrating quality assurance into screening, the role of IT and the screening of children and young people. Dr Waqaar Shah spoke to delegates on the role of general practice and the importance of the contracts binding GPs, including the Quality Outcomes Framework (QOF), amid concerns that the indicator for diabetic retinopathy has been removed from the QOF for 2014/15.

### Common pathway update

The national implementation of the new common pathway for diabetic eye screening is nearing completion. 67 of the 83 local programmes in England have now installed new pathway compliant software and the national roll-out is on course for completion by the end of 2014.

Two local programme managers – John Fox (Havering) and Phil Rooney (North Mersey) – have been seconded to the national team on a part-time basis. They have been providing invaluable support, advice and liaison between local programmes, the national team, regional QA teams and software suppliers.

### Patient information leaflets

New leaflets are being finalised for those people who receive positive results from their diabetic eye screening tests. The leaflets, aligned with the new common pathway, will

provide information and advice for people who:

- have the first signs of changes to their eyes caused by diabetic retinopathy
- need closer monitoring in surveillance clinics
- have signs of sight-threatening disease that requires referral to hospital eye services

A concise information sheet is also being developed for GPs. This will give an overview of the screening programme and outline the role of primary care in helping patients to understand the importance of screening and the actions they can take to reduce the risk of sight loss.

We have engaged closely with public and professional stakeholders to develop the draft content for the new materials and it is expected that the revised leaflets will be finalised later this summer.



## NHS Abdominal Aortic Aneurysm Screening Programme

### Hilary Ashton retires

Hilary Ashton, one of the pioneers of AAA screening, has retired as Coordinator of the Sussex AAA Screening Programme having worked in aneurysm screening for more than 30 years.



Hilary was the research assistant for Alan Scott, who ran the Multicentre Aneurysm Screening Study (MASS) randomised trial that provided the evidence to justify national AAA screening. Speaking at Hilary's retirement celebration, Alan Scott said: "I would like to thank Hilary for all the superb work she has done, for her dedication, insistence on accuracy and maintenance of high research standards throughout."

### Review of national information leaflets

The national AAA screening patient information leaflets are being reviewed and revised to reflect up-to-date data on the reduced prevalence of

aortic aneurysms among older men and significant improvements in elective aneurysm repair outcomes.

The AAA Screening Patient Decision Aid will also be updated to ensure it is consistent with the revised leaflets.

The three current national leaflets will be replaced by four new leaflets that should be available by late summer:

- AAA screening – suitable for invitations and self-referrals
- small aneurysm surveillance
- medium aneurysm surveillance
- referral

### Supermarket screening

The North East London AAA Screening Programme held a screening clinic in the Romford branch of retail giant Sainsbury's. The initiative was the result of an innovative partnership between the supermarket and Barts Health NHS Trust, which hosts the North East London programme.

### Men delighted with service

In Hereford and Worcester, 99% of men surveyed said they would recommend the AAA screening service to their male friends or relatives aged 65 or over. And 100% stated they were happy with their screening experience.

100% of men in the north east of England also said they were satisfied with AAA screening.

### QA pilot

As part of the developing AAA quality assurance process, four programmes have now had QA visits. All aspects of the pilot process have been evaluated and the full evaluation report is expected during the summer. Following on from the pilots and the evaluation, the full roll-out of QA visits for AAA screening will hopefully begin towards the beginning of next year.

