



## **Screening Programmes**

**Quality Assurance** 

Quality Assurance for NHS Screening Programmes (Antenatal, Newborn, Diabetic Eye and Abdominal Aortic Aneurysm)
Work programme 2014/15

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# About the UK National Screening Committee

The UK National Screening Committee (UK NSC) oversees screening policy in all four nations, and works with the different implementation bodies to support delivery. In England, the UK NSC is the implementation body for all screening programmes, with the exception of cancer.

The UK NSC and NHS Screening Programmes are part of Public Health England (PHE), an executive agency of the Department of Health. PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

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## Introduction

Quality assurance (QA) for NHS Screening Programmes (young people and adult; antenatal and newborn) has been under development for a number of years. It is built on the wealth of experience in delivering QA for the cancer screening programmes.

For many providers and commissioners working with QA will be a new experience and we therefore felt it was important to describe what we intend to deliver over the next year and how we are going to work.

Although the general approach to QA is similar to how it has been delivered for cancer screening programmes, there are some important differences. Many of the differences are driven by how the screening programmes are delivered and, importantly, what information is available to support QA.

This report therefore describes how QA is going to work over the next year and the kind of reports and documents we will be producing to support QA.

## The report describes:

- the routine work we will do to measure quality in NHS Screening Programmes
- the reports we will produce over 2014/15 which are focused on lessons learnt from QA
- the development work we will undertake over the next year to take forward QA for the NHS Screening Programmes
- some of the work we are doing to strengthen the governance of QA in screening programmes

## What will QA achieve?

QA is about ensuring screening programmes work within given parameters to maximise their benefit to the population. We will achieve this by supporting providers and commissioners to deliver high-quality screening programmes.

#### In 2014/15 we want to:

 protect people from harm: for example ensuring failsafe mechanisms are applied consistently across all services. This will enable appropriate intervention, as needed, and ensure competent management of quality concerns and incidents

- improve health: for example increasing clinical effectiveness in the use of screening tests and the capability of staff delivering them to improve accuracy of results and referrals
- ensure services focus on improving quality and value for money: for example exploiting existing data to identify outliers and providing peer comparisons to promote quality improvements
- improve user experience: for example standardising collection and use of experience data to ensure services improve based on routinely available feedback
- establish the evidence base: for example improve our own efficiency by evaluating a suite of QA interventions to identify the most effective and cost-efficient methods

## Background

#### What is QA?

Each NHS Screening Programme has a defined set of programme standards for providers to meet to ensure that services are high quality. QA is the process of advising on the development and improvement of these standards, checking that these standards are met in screening services, encouraging continuous improvement in screening delivery and addressing quality concerns with providers and commissioners where required.

## What do QA teams do?

The national QA team sets strategic direction for the implementation and continuous improvement of QA and works with the national screening programmes, for example, on the development and improvement of QA standards. It also oversees four regional QA teams. They have responsibility for:

- assessing the quality of services, including through peer review
- providing expert screening advice during the management of incidents
- supporting those commissioning and providing screening on a day-to-day basis, for example, by providing advice about submitting key performance indicator data, assessing delivery against QA standards and disseminating learning from other services

# Work programme for 2014/15

## Ongoing work of regional QA teams

The regional QA teams will regularly review information from a number of sources. Appendix 1 provides a description of the kind of information that the regional QA teams will look at to assess the quality of each programme.

They will follow up with providers and commissioners any issues of concerns over quality that they identify by attending local programme boards.

QA teams will undertake peer review QA visits to screening providers supported by external experts. In 2014/15 we are planning to carry out 63 visits across England:

Region	Q1	Q2	Q3	Q4	Total
South	3	4	2	4	13
London	2	3	3	4	12
Midlands and East	2	7	3	8	20
North	5	3	5	5	18
England	12	17	13	21	63

In each region we will also facilitate regional meetings to support peer-to-peer learning and to enable providers and commissioners to stay up-to-date on developments in screening programmes.

## Learning from QA activities

Over the next year we will produce a number of reports that will focus on learning lessons from QA activities. Reports will cover:

- learning from screening incidents
- learning from key performance indicators and antenatal annual reports
- learning from QA visits and local programme support
- learning from measurement of test performance (such as laboratory performance)

## Development work in 2014/15

Joint initiatives with the national programme teams include:

- working with the Down's syndrome Screening Quality Assurance Support Service (DQASS) and the Fetal Anomaly Screening Programme to consider the throughput of screening laboratories and how this impacts on quality
- looking at how we can improve coverage of the data we have for assessing nuchal translucency measurements by auditing current data and using this to inform revision of the existing key performance indicator
- developing an intervention to reduce the avoidable repeat rate with the newborn blood spot programme that can be trialled and evaluated. The evaluation results will be used to inform a national push to reduce the avoidable repeat rate across the country.
- supporting interim evaluation measures of the sickle cell and thalassaemia programme, while national programmes develop an overall approach to monitor the outcomes of screening programmes

## Benchmarking child health record departments

As we develop new tools to support continuous improvement in NHS Screening Programmes we want to ensure that costs and time spent are proportionate to outputs gained.

One approach is to focus more on benchmarking and targeting our visit activity on a particular aspect of a pathway of care rather than using QA visits to look at one local programme.

The first area we would like to tackle in this way is Child Health Information Services. During the first half of 2014/15 we will work with colleagues in NHS England and PHE to assess the quality of local departments to support coordination of screening and immunisations.

## Framework for developing standards

We are currently developing a framework to develop and review our standards. The success criteria for a set of screening programme standards is that they are clear, measurable and consistent, and that they demonstrate efficiency, safety and user experience across programmes.

We want to make sure all the standards that we use for measuring quality in screening programmes are developed in a rigorous way and based on evidence and we will be

looking for colleagues who have an interest in this area to contribute to this piece of work. If you are interested please contact elizabeth.dormandy@nhs.net.

As we develop the framework we will work with colleagues in the national programmes to review and update our current standards so that they are consistent across the NHS Screening Programmes.

## User experience/equity

We wish to include user experience in NHS Screening Programmes more explicitly in carrying out QA visits and assessing quality in local programmes. We will base our approach on evidence of best practice and NHS policy. Over the year we will use our links with users and stakeholder groups to pilot ways of doing this. We also plan to consolidate the online resources we provide to support programmes to provide equitable access to screening.

If you have an interest in this area please contact jane.woodland@nhs.net.

## Specific initiatives

## ANNB programmes

We have a commitment to ensure our QA teams are skilled to ensure that raw data can be turned into robust intelligence and that intelligence is used to improve the quality of local programmes. To this end we have completed a training needs analysis and have already delivered one workshop to meet one of those needs identified in relation to the NHS Fetal Anomaly Screening Programme. We are currently developing a programme of training for the QA teams for the coming year.

#### Abdominal aortic aneurysm

For the first part of 2014/15 we will pilot the peer review QA visit process for abdominal aortic aneurysm. We will also focus on monitoring of timeliness to treatment services.

#### Diabetic Eye

In 2014/15, working with colleagues in the national programme team, we will be working to improve the quality and consistency of grading across England. We will be collaborating with commissioners and providers of DES services, as well as other stakeholders with an interest in supporting this work.

## Laboratory QA

We have been developing strong links with existing QA processes for the laboratory-based screening programmes (the Fetal Anomaly Screening Programme, the Infectious Diseases in Pregnancy Screening Programme, the Newborn Blood Spot Screening Programme and the Sickle Cell and Thalassaemia Screening Programme). The collaboration between UK Accreditation Service (UKAS) and UK NSC) and between UK National External Quality Assessment Service (NEQAS) and UK NSC will be extended in 2014/15 to ensure that assessment of UK medical laboratories involved in any national antenatal or newborn screening programme includes a rigorous assessment of the screening standards and reduces duplication of assessment processes. This will mean that where appropriate our QA visits will focus on the interfaces between laboratories and the providers they serve and not on test performance.

## Ways of working

During the next year we will be working with colleagues in cancer screening QA to identify areas where we can work more closely together and learn from each other. Examples include jointly developing information systems to monitor incidents in screening programmes and sharing learning and good practice on publication of QA reports.

We will build on our existing approaches, provide training and consider innovative ways to secure appropriate clinical and expert advice across QA activities. A large number of local screening programme staff already support peer review visits and processes, and NHS England area team colleagues are also involved. This may need to be supplemented by alternative models of formal support to QA activities, eg contracts for regular sessional commitment.

The QA teams will continue to develop relationships with all stakeholders at a local level. We will contribute to national work on the development of policies on incidents and quality, and strengthen our relationship with other organisations and colleagues who have a particular focus on quality.

#### Conclusions

The work programme will be monitored during 2014/15 to ensure the QA teams are delivering an effective and efficient service to commissioners and providers. If you have any questions about this document please contact PHE.screeningqa@nhs.net or if wish to contact the QA team in your local area, please visit the UK NSC website at www.screening.nhs.uk.