NHS Fetal Anomaly Screening Programme News

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www.gov.uk/population-screening-programmes/fetal-anomaly

June 2015

Hundreds enjoy lively conference

WITHDRAWN JULY 2017

Around 400 delegates attended the Fetal Anomaly Screening Programme (FAASP) 2015 conference at the KIA Oval, London in March.

Pranav Pandya, chair of the FASP Advisory Group, explained the role of FASP within Public Health England (PHE).

Jane Fisher, Director of Antenatal Results and Choices (ARC), highlighted some of the key issues for women relating to screening for fetal anomalies, Down's, Edwards' and Patau's syndromes.

The main conference broke into smaller workshops that generated lively discussions on topics including:

- guidance for the recent policy changes in screening for T18/T13 in the first trimester
- Down's Syndrome Screening Quality Assurance Support Service (DQASS) reporting changes
- introduction of the 3 vessel and trachea view

Delegates also discussed the possible use of non-invasive prenatal testing (NIPT) for aneuploidy.

Professor Lyn Chitty, Professor of Genetics and Fetal Medicine at Great Ormond Street Hospital, provided an update on recent NIPT research undertaken within NHS units in England.

And Dr Anne Mackie, Director of Programmes for the UK National Screening Committee (UK NSC) spoke about the NIPT evidence review work being undertaken by the UK NSC.

The feedback from delegates at the end of the event was very positive. FASP would like to thank all those who took part.

Programme publishes revised list of standards

FASP published revised standards in April 2015.

The nine standards, which are listed on the right, aim to drive continuous improvement in the programme by setting two measurable thresholds – acceptable and achievable.

Standards will be reported on annually unless they are also key performance indicators (KPIs) in which case they will be reported quarterly.

Data should be collated two to three months after the end of the fiscal year (31 March) with a submission deadline of 30 June.

Other requirements and operational guidance can be found in the service specifications and programme handbook.

1. **coverage and identifying population (T21/T18/T13 screening)**
2. **coverage and identifying population (18^{+0} to 20^{+6} fetal anomaly ultrasound)**
3. **the test performance (T21/T18/T13 screening)**
4. **the test performance (18^{+0} to 20^{+6} fetal anomaly ultrasound)**
5. **the test turnaround time (T21/T18/T13 screening)**
6. **minimising harm (T21/T18/T13 screening)**
7. **time to intervention (T21/T18/T13 screening)**
8. **time to intervention (18+0 to 20+6 fetal anomaly ultrasound)**
9. **diagnose (T21/T18/T13 screening and 18+0 to 20+6 fetal anomaly ultrasound)**

Ultrasound machine guidance

The question of how often ultrasound machines should be replaced is often raised by practitioners.

Updated guidance has been produced by the Royal College of Radiologists (RCR) in their publication *Standards for the provision of an ultrasound service*.

Newer, higher specification machines have a longer life than basic equipment.

The RCR guidance introduces the recommendation of a review of ultrasound machines between 4 and 6 years of age to assess fitness for purpose and effectiveness.

An ongoing and regular assessment of ultrasound equipment performance should be in place and documented.

An ultrasound machine may then only need to be replaced if it is unreliable, no longer fit for purpose or there is a significant deterioration in performance.

The full report can be viewed on the *Royal College of Radiologists website*.

Important blood sampling message

If you are a midwife, phlebotomist or maternity care assistant involved in taking T21/T18/T13 screening blood samples, this message is for you.

Ethyl Diaminine Tetra-Acetic Acid (EDTA) is an additive found in some blood bottles, like those used to collect full blood count samples.

EDTA can contaminate the screening sample and alter the levels of some of the biochemical markers used in first and second trimester screening tests for Down's (T21) and/or Edwards' (T18) and Patau's syndromes (T13).

This can have a significant impact on an individual woman's risk assessment. In a recent incident, this type of contamination led to a woman having an unnecessary invasive procedure.

If you are taking more than one blood sample at the same time, please take the T21/T18/T13 screening blood first to prevent EDTA contamination from other vacutainers.

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New resources now available

FASP has released resources to support implementation of T18/13 screening in the first trimester and the use of the quadruple test in twin pregnancies

Operational guidance for all practitioners is available in the following resources produced to support all aspects of the screening programme pathway:

- laboratory handbook
- ultrasound practitioner's handbook
- screening programme handbook
- FASP programme standards

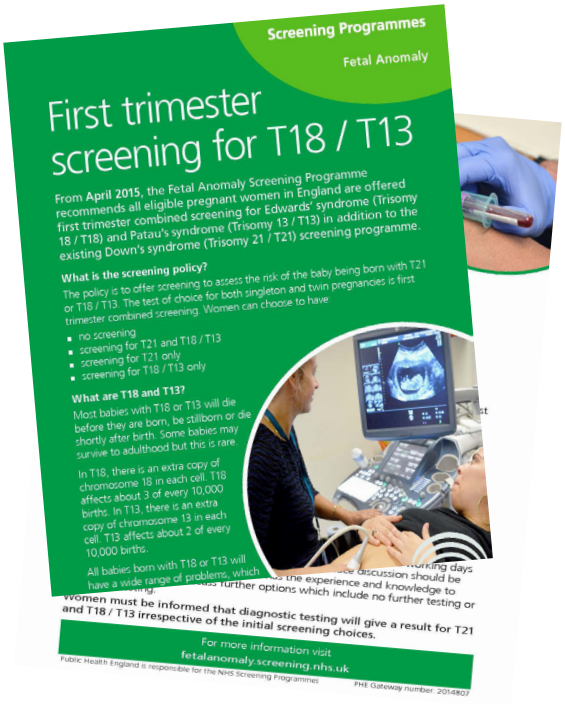
More information on the implementation of T18/13 is available on the information flyer and the *Having an early pregnancy scan* tear-off pad that is given to women at the time of their scan. The programme has also developed educational slides to support implementation.

An information sheet has been developed to support health professionals in explaining the offer of Down's syndrome screening in the second trimester for twin pregnancies using the quadruple test and what should be discussed. Educational slides have also been developed to support the implementation.

The online training for CEM T21 is currently being updated to reflect this change for the professionals involved. More information is available on **GOV.UK**.

We have updated the FASP content in the **Screening tests for you and your baby** booklet for parents.

Information is also available on **NHS Choices** to reflect the new pathway.



DQASS – two key changes

The Down's Syndrome Screening Quality Assurance Support Service (DQASS) continues to support you to improve screening.

Revised versions of the laboratory and ultrasound practitioner's handbooks were published in April 2015. More information is available on GOV.UK.

There are two DQASS process changes worth highlighting:

1. Laboratory summary reports

We have introduced a new format for these reports to make recommendations and actions clearer to laboratories and commissioners.

The summary reports will be circulated to a wider stakeholder audience including all chief executives of providers using the laboratory service.

2. Flag status for Nuchal Translucency/Crown Rump Length measurements (NT/CRL)

Following feedback from practitioners the programme has changed the way flags are assigned to NT/CRL data sets.

Red flags will continue to be assigned for bias in the usual way. In addition, red flags will also be assigned for low throughput (less than 25 NT/CRL paired measurements).

DQASS will pool data up to four cycles to obtain the minimum of 25 paired measurements where possible. This will reduce the burden caused by previous white flags. It will also enable providers and commissioners to focus resources on improvements that will give maximum benefit.

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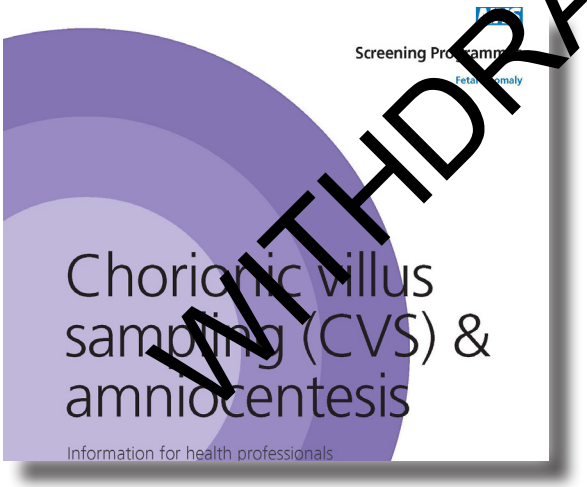
Hard copy leaflet no longer available



The leaflet *Chorionic villus sampling (CVS) and amniocentesis – information for health professionals*, which was last updated in September 2011, is now only available to download.

The information sheet explains the use of chorionic villus sampling and amniocentesis in antenatal screening.

It sets out the purpose and method of the procedures as well as the risks and benefits.

Hard copies will not be available to order. Please go to our old website to access the resource.

Meet Shirley, our new project lead

FASP has a new project lead in post.

Shirley Vickers joined the team in May, having previously worked with the newborn and infant physical examination (NIPE) programme in an implementation role.

Shirley is a practising midwife and comes with a background of working as a screening co-ordinator within a trust and a screening and immunisation team.

She is looking forward to working with many of you over the coming months.

Access to online resources

FASP currently recommends that practitioners performing the nuchal translucency element of combined screening, complete two online modules at regular intervals as part of their ongoing updating and CPD.

The Condensed Education Modules for Trisomy 21 (CEMT21), an education module which aims to support health professionals who care for women and their families along the screening pathway, is recommended for completion every 24 months.

The NT training resource supports practitioners undertaking the ultrasound component of the combined screening test and is recommended for completion every 12 months.

A reminder is sent one month in advance to each registered practitioner when it is time for them to review the modules.

If you wish to review the modules before the recommended intervals you will need to email the *screening helpdesk* or telephone them on 020 368 20890.

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.

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

Follow us on Twitter

@PHE_Screening

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 not moved 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. For now they can still be found on the CPD site.

On 1 July we launch a screening blog that will replace the newsletters 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, 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.

If you cannot find what you are looking for or spot an error in any of the new sites, please let us know by contacting the screening helpdesk.

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UK NSC is recruiting new expert members

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 10 July.

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
- 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 hypercholesterloaemia (children)
- methylmalonic acidaemia and propionic acidaemia