NHS

Screening Programmes

Quality Assurance

Operating Model for PHE Screening Quality Assurance Service

2015/16 to 2017/18

Withdrawn December 2019

Public Health England is responsible for the NHS Screening Programmes

About National Screening Quality Assurance

Quality assurance (QA) is the process of checking that national standards are met (ensuring that screening programmes are safe and effective) and encouraging continuous improvement.

Public Health England (PHE) is responsible for the NHS Screening Programmes and National Screening Quality Assurance.

PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

National Screening Quality Assurance
Zone B, 2nd Floor
Skipton House,
80 London Road,
London, SE1 6LH
T +44 (0)20 7654 8429
Twitter: @PHE_Screening
www.screening.nhs.uk/quality-assurance
www.gov.uk/phe

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What is quality assurance for NHS screening programmes?

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1. NHS screening programmes each have a defined set of standards for providers to meet to ensure that services are safe and effective. Quality assurance (QA) is the process of checking that these standards are met and encouraging continuous improvement.

2. Assuring and driving up the quality of services is essential if screening is to achieve the intended benefits to population health, while minimising unintended harms to those taking part. There are numerous examples throughout NHS history of what can occur when screening services operate without QA providing appropriate scrutiny, challenge and support. QA is therefore required for all NHS screening programmes operating in England as set out in Table 1.

Table 1: NHS screening programmes in England

NHS screening programme	Group
Bowel cancer	Cancer Screening Programmes (CSP)
Breast cancer	
Cervical cancer	
Diabetic eye	Young Person and Adult (YPA)
Abdominal Aortic Aneurysm	
Fetal anomaly	Antenatal and newborn (ANNB)
Infectious diseases in pregnancy	
Sickle cell and thalassaemia	
Newborn and infant physical exam	
Newborn blood spot	
Newborn hearing	

3. QA looks at the screening pathway as agreed by the national screening programmes and described in the national service specifications. This pathway runs from identifying who is eligible for screening up to referral in to the screening service into diagnostic/treatment services. The different stages and underpinning functions of screening programmes that are subject to QA are outlined in tables 2 and 3.

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Table 2: screening pathway stages

Stage	Detail
Cohort identification	Identify the eligible group for screening from the population ensuring the correct person identifiable details are sourced/maintained
Invitation and information	Invite the full cohort for screening, supplying information tailored appropriately for different groups to enable informed choice to participate
Testing	Conduct screening test(s) using agreed/recommended methods
Referral	Refer all screen-positive results to appropriate services
Diagnosis	Diagnose true cases and identify false positives
Intervention/treatment	Intervene/treat cases appropriately

4. Each pathway stage requires relevant failsafe mechanisms to be in place to ensure each individual offered screening completes the pathway as expected. QA includes checking these failsafe procedures are in place and are operating effectively. Some participants will not complete the whole pathway for reasons of choice or suitability for treatment (even though completion is presumed at the outset).

Table 3: functions underpinning screening pathways

Function	Detail
Uptake and coverage	Promote equity of access and address inequalities
Workforce	Sufficient screening service staff, who are appropriately trained, qualified (where appropriate) and competent
Information management and technology	IT is fit for purpose and is used appropriately for data collection, analysis and reporting
Commissioning	Appropriate balance between performance management/challenge and quality improvement/support, ensuring services are delivered in the right locations for the local population
Governance	Appropriate arrangements in relation to oversight of the provider(s) and/or across the programme pathway, with commissioners and key stakeholders, including ensuring adequate information governance, and effective incident management

Who undertakes QA of NHS screening programmes?

5. QA of screening programmes in England became the responsibility of PHE in April 2013. The PHE screening QA service (SQAS) is part of the screening division within the Health and Wellbeing directorate and works alongside NHS screening programme teams.

6. Different organisations are responsible for assuring the quality of different stages and functions within screening pathways. SQAS is responsible for assuring the quality of all NHS screening programmes from identification of the cohort eligible for screening to the end of the screening pathway, which may be referral out of screening into treatment or intervention services, or return to the screening cycle after treatment.

7. QA of other parts of screening pathways, especially treatment services, relies on existing mechanisms and professional standards. SQAS works closely with professional bodies such as the Royal Colleges or associated bodies that have responsibilities for professional standards that interface with screening programmes. SQAS supports QA of some treatment services for screened conditions by agreement with NHS screening programmes as described in the national service specifications.

8. The following outlines QA activities of SQAS in each NHS screening programme.

- abdominal aortic aneurysm screening QA begins with the invitation of eligible men based on the cohort provided by the national AAA screening programme and the ultrasound scan undertaken. It includes assessment of the time taken to receiving intervention and treatment within vascular services
- antenatal and newborn screening QA begins with the identification of eligible women and babies and relevant tests as per each screening programme. It includes acknowledgement of the referral by treatment or diagnostic services as appropriate (for individuals/families with screen-positive results), or the completion of the screening pathway
- bowel screening QA begins with the identification of the cohort by the hub, and includes the assessment of the faecal occult blood test and, where required, specialist screening practitioner clinics, endoscopy, radiology, histology and referral of people with cancer following a diagnostic test. It also encompasses surveillance pathways where necessary

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- breast screening QA begins with the identification of eligible women through batch specification and includes mammography, the assessment of screen-positive results, surgery and pathology for suspected (to confirm) and confirmed (to determine the stage of) breast cancer cases, where required. It also encompasses enhanced screening of women diagnosed as being at very high risk of breast cancer
- cervical screening QA begins with the identification of eligible women and includes sample taking, cytology, colposcopy and histopathology. It ends with the diagnosis of cancer, completion of the screening programme at 65 years of age, or the ending of a surveillance period, whichever is later
- diabetic eye screening QA begins with the identification of eligible people and includes digital photography and surveillance. It also includes assessment of the time taken to receiving intervention and treatment within hospital eye services

9. Further detail on the stages and functions of each screening programme that are quality assured by SQAS will be provided in programme-specific guidance supplementing this operating model.

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Overview of the SQAS operating model

10. The external review of the PHE QA function carried out in 2014 recommended that PHE develop a single QA service to provide a consistent and standardised approach to delivering QA for both cancer and non-cancer screening programmes.

11. The single screening QA service (SQAS) is developing standardised procedures for use across England. It is delivered through four regional teams. There is an integrated senior management team at both the regional and national level.

12. The design principles that informed this operating model were as follows:

    - the service will continue to have sub-regional offices in locations that enable staff to cover a reasonable geographical footprint for QA
    - senior staff will be expected to hold a specialist portfolio for one or two NHS Screening Programmes at regional and national level
    - there will continue to be specialised staff leading the core work, again based on an agreed portfolio, for example diabetic eye screening, cervical screening
    - discussions with the Chief Knowledge Officer directorate, NHS screening programme teams and the national office for cancer screening on how to develop a central data, information, intelligence, IT and IG resource – further work is required to decide how regional staff delivering skilled analytic and data quality work can work with a central team to deliver this work more efficiently across England
    - business, corporate and administrative functions will be shared as much as possible
    - all staff doing the same role will have a generic job description – what will differ between posts will be their portfolio of responsibilities and the region
    - there will continue to be a national QA team to lead the development work for QA, to link effectively with NHS screening programme teams and to support development of standard operating procedures (SOPs) and standardised work-processes for SQAS

13. Models for clinical and professional advisors are being reviewed to consider how this very important resource can be accessed and used in the most effective and efficient way.

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Who does the PHE screening QA service (SQAS) work with?

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14. The health system organisational landscape is evolving. SQAS will build relationships with partners to ensure the effective sharing of information to drive up quality across screening programmes and provider organisations.

15. SQAS works with screening programme providers to encourage service improvement through audit of the screening pathway, advising where improvements can be made, sharing information resources and best practice.

16. SQAS operates independently from the screening commissioning arm of PHE screening and immunisation teams, who are based within NHS England. NHS England is accountable for commissioning NHS screening programmes that meet national service specifications. This includes ensuring that providers meet standards for quality. Commissioners are responsible for quality improvement initiatives and performance management of screening providers to achieve these ends. SQAS is responsible for monitoring the quality of screening services and for promoting continuous improvement.

17. SQAS provides expert advice and is responsible for raising issues of quality with both commissioners and providers of services. SQAS notifies PHE centre Directors as the account managers, ensuring directors of public health and quality surveillance groups can be kept up to date about the screening services provided to their local populations. SQAS facilitates improvement and escalates concerns if quality issues or actions plans are not being appropriately addressed by the relevant commissioner or provider.

18. NHS England integrated regions are the key client for SQAS and are responsible for ensuring appropriate and adequate responses are made to QA findings by screening services. They are the organisational level used to escalate concerns around quality in local screening programmes. Regional heads of QA are responsible for escalation, working through PHE centres, who can escalate to the regions if required.

19. SQAS contributes to the broader public health agenda in the region, (focusing particularly on complementary areas of practice), identifying opportunities to improve population health by working collaboratively with the PHE regions and centres and, through them, with local authorities. This work is led by the regional head of quality assurance.

20. SQAS is intrinsically linked with the NHS screening programme teams. Together, programmes and SQAS have responsibility to develop pathway standards, to measure and monitor achievement against them and to respond to chronic and acute failures in quality, including managing incidents as per the relevant national guidance. This requires ongoing monitoring of quality measures to detect problems early and allow preventive and remedial action to be taken. It also requires regular assessment of the areas of highest risk and opportunities to drive improvements by raising standards. In partnership with NHS screening programme teams, SQAS operates a risk assessment approach that allows the focus of the service to shift in line with changing priorities and emerging challenges.

21. SQAS works with the Chief Knowledge Officer's directorate, alongside NHS screening programme national teams, to analyse data from screening services and to pool information, for example, with disease registration data to inform development of QA and NHS screening programmes.

22. SQAS will work with the Care Quality Commission (CQC) in a collaborative relationship to include information sharing, pooling intelligence where appropriate about the quality of services in individual provider organisations; taking opportunities to share and improve quality assurance methodologies.

23. There are other stakeholders for each screening programme with whom SQAS works closely. These relationships require ongoing assessment and management as the scope of the service and individual screening pathways evolve. SQAS will remain responsive to changes in responsibilities of other partners, especially commissioners and regulators, as well as the shifting provider landscape.

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How does the PHE screening QA service undertake QA?

24. Each screening programme will be quality assured in a consistent manner across England. A consistent approach across screening programmes will be developed where this makes sense, recognising the unique characteristics and risks associated with each screening programme. This will take time to carry out due to long-standing historical differences between programmes. Detailed information on how QA is undertaken for each screening programme will be provided in the programme-specific guidance underpinning this operating model. All programmes are governed by the following principles and team responsibilities.

SQAS structure

25. There are four regional QA service (RQAS) teams quality assuring local screening services. RQAS are based in each of the four NHS regions (North, Midlands and East, London, and South). Some teams have sub-regional offices depending on geography and service requirements. Individuals working within RQAS have a portfolio of responsibilities including local items (such as for a specific screening programme, or a group of local services) and national ones (such as developing or revising a standard operating procedure for particular programmes).

26. RQAS are supported by a national QA team (NQAT), which is responsible for co-ordinating operations and development of SQAS. NQAT is a small team focused on facilitating and co-ordinating use of expertise and resource from within the RQAS teams and other parts of PHE (and sometimes through commissioning external providers for specific pieces of work). NQAT will contribute to the proposed central data/intelligence team which will develop and ensure consistent collection, utilisation and analysis of data collected from local screening programmes. NQAT leads on national corporate business for SQAS, including information governance, records management and communications.

27. RQAS and NQAT work together on developing and improving SQAS. NQAT is responsible for setting up, co-ordinating and monitoring projects. RQAS team members have national responsibilities as part of their job portfolios, which may include contributing to or leading national projects. NQAT oversees implementation of new models of service across RQAS, and co-ordinates national reporting on QA activities.

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28. All staff working in SQAS are provided with appropriate opportunities for continuing professional development, including training and education, and opportunities to develop additional skills within their role. Staff with professional registration requirements are supported to maintain requisite skills and knowledge.

29. In addition to those staff directly employed by PHE to work within SQAS, the service draws upon professional and clinical advisors drawn from the NHS to provide additional technical expertise required within QA. This role includes contributing to peer review assessments of screening services, providing education and training to SQAS staff and local screening services, and providing advice, for example, to the management of incidents that require additional technical expertise. A series of principles that underpin the approach to accessing professional and clinical advisors are provided at Appendix B.

SQAS functions

30. RQAS monitor how services meet (or fail to meet) standards and support improvement. This includes:

- monitoring the quality of programmes through triangulation of information collected through a number of routes including: data collation and analysis (including scrutinising data supplied by screening providers); attendance at programme boards; QA assessments and/or visits; and monitoring of incidents
- monitoring compliance with action plans or equivalent and escalating where necessary
- supporting those commissioning and providing screening, including through:
- using a systematic risk assessment approach to prioritise specific support for individual services according to need
- providing general facilitative support for whole regions/areas through network meetings and continuous quality improvement projects
- contributing expert advice on assessment criteria of quality used to procure new screening programmes
- providing expert screening advice for incident management
- facilitating and managing quality review of services, including peer advice and QA assessments and/or visits

31. NQAT works collaboratively with NHS screening programme teams to develop standards and to develop and maintain standard operating procedures governing how SQAS assesses compliance with pathway standards. NQAT provides operational leadership and corporate reports for routine SQAS activity, such as:

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- systematic risk analysis by co-ordinating development of tools to be used by RQAS, along with standardised methods for supporting services
- screening incidents, including reporting on trends, maintaining incident databases, and securing development of relevant guidance
- QA assessments and/or visits, including organising training for clinical and professional advisors

32. Working with national portfolio leads, clinical and professional advisors and CKO teams, NQAT ensures the national data function for SQAS will produce consistent reports from locally sourced data, allowing benchmarking of services, early detection of quality issues, and evaluation of services. NQAT is responsible for reviewing current and emerging evidence relating to good examples in QA regularly to ensure SQAS operates effectively and efficiently. NQAT provides stakeholder management for national relationships to promote partnership working.

33. SQAS provides expert advice to local screening programmes. Senior SQAS staff have extensive and in-depth knowledge of each screening programme. They are supported by recognised experts who work in local screening programmes and bring additional professional or clinical expertise, credibility with colleagues practising within health services and provide professional or clinical input to QA. This group of experts may contribute to or chair QA visits, act as national leads, or contribute to the national pool of professional and clinical advisors who support the development of new tools and standards for screening programmes and QA.

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What will the PHE screening QA service achieve over the next three years?

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Goals for SQAS

34. During 2015/16-2017/18, SQAS will:

- improve the quality of screening programmes in England as measured by the proportion of local screening services consistently meeting all standards
- protect people from harm as measured by comprehensive reporting and competent management of quality concerns and incidents
- contribute to reduction of health inequalities across screening programmes as measured by reduced inequalities in coverage and uptake

Development of objectives for SQAS

35. Annual objectives for SQAS will be developed as part of routine PHE business planning. Objectives wholly owned by SQAS will include:

- continued support for commissioning and providing of screening services, informed by annual systematic risk assessment of all screening services (per region, informed by a standard tool)
- continued provision of expert advice for incident management
- number of network meetings (per region)
- number of screening services to receive formal QA reviews with associated reports and action plans (per region)
- corporate analysis and reporting, including on incidents and QA assessments
- number of standard operating procedures to be developed, including on aspects of QA assessments and associated reports,
- specific improvement projects, including evaluation and development of QA methodologies, inclusion of user experience within QA and use of benchmarking within quality improvement

36. To inform shared annual objectives, NHS screening programme teams and SQAS will:

- review major risk areas for each programme and agree QA priorities alongside the on-going assessment and management of all standards – this approach will be informed by evaluation, research and development (identifying new and improved approaches to QA, including internationally)

and by horizon scanning for changes in the operating context for programmes (such as IT services, commissioning shifts and so on)
- agree priorities for standard setting development and review
- identify priorities for data item and dataset development including looking at definitions, collection, analysis and reporting
- identify priorities for guidance development and publication of guidance, including for screening incidents management, data and reporting, and risks and issues relating to particular screening programmes
- scope and agree specific projects, such as development of additional failsafe mechanisms, cross-service improvement, or development/roll-out of pilot or amended screening programmes

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Screening QA Service – ways of working

Governance of SQAS

37. SQAS is overseen by the QA executive, comprising the head of SQAS, the four regional heads of QA, and the head of the NQAT. The QA executive is responsible for assuring PHE senior management of the effective operation of SQAS. Its roles include:

- leading input to the strategic development of SQAS, including writing, reviewing and/or approving strategy and operational policies
- developing and ensuring achievement of SQAS objectives, working with and cognisant of other connected teams within PHE
- overseeing key aspects of governance, including information and clinical governance with relevant reviews, audits and staff development as required
- monitoring and responding to risks, issues and incidents through oversight of reports and risk registers
- developing and implementing a research and evaluation framework to measure the impact of SQAS on local screening services

Working with NHS Screening Programme teams

38. Each NHS screening programme is partnered by a member of the QA executive or senior team to provide expert QA advice to the ongoing development of programmes. Formal reporting and joint working between SQAS and NHS screening programme teams will include:

- sharing progress on objectives
- addressing immediate and long-term quality lapses or concerns, including providing specialist advice where required
- enabling changes to programmes – including planned and urgent amendments, and use of service specifications to inform commissioning
- planning and rolling out new screening programmes, including via pilots
- facilitating effective communication with local screening providers, NHS England and other key stakeholders

39. Mechanisms for regular information sharing between NHS screening programme teams and SQAS are in place. These include regular one-to-ones between the head of SQAS and the head of NHS screening programme teams and cover an agreed approach to and communication with other public health and NHS

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colleagues (for example, screening and immunisation leads, conferences, letters, reports).

How RQAS work locally

40. Effective working of RQAS is based on excellent local relationships and communication with providers, commissioners, screening and immunisation teams, NHS England regions and area teams, PHE regions and centres, directors of public health and other local stakeholders.

Monitoring the quality of programmes

41. Determining the quality of screening services requires a range of information sources. RQAS continually assess screening services within their region to ensure programmes operating at a lower quality level are known and supported to minimise risk to the public. To facilitate this monitoring process, RQAS:

    - support data collation and analysis for programmes within the region. This includes quality assuring data submitted by screening providers, which relies on close working relationships at the local level, even if the submissions are made as part of a national process. Analysis of the data include using data packs supplied by the national analytical resource to educate and inform commissioners and providers about what the data means, highlighting areas of good practice that can be shared and identifying areas of concern that need further investigation
    - attend formal governance meetings, such as programme boards and commissioning oversight groups, within the region. RQAS use papers provided for these meetings as well as discussions held at the meetings to inform their assessment of the quality of services, spotting issues early and providing advice about management. RQAS review and provide constructive challenge on evidence submitted at programme boards regarding quality, especially those demonstrating (non) compliance with standards or undertaking required audits
    - monitor incidents identified and managed by screening services within the region. This includes helping services (or commissioners, where appropriate) to identify, classify and manage (potential) incidents, recording QA support provided to incident management, and, where required, attending incident panels. It requires the use of intelligence from NQAT regarding emerging threats to screening services to support identification of locally-occurring incidents

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Supporting those commissioning and providing screening

42. Through effective monitoring of the quality of local services, RQAS are able to plan a tailored annual work plan that makes the best use of local resource. This includes:

- using a systematic risk assessment approach to prioritise specific support for individual services according to need. This approach – developed and maintained by NQAT – is undertaken in Q3/Q4 of each year to support development of objectives for the forthcoming year. It identifies higher risk programmes that may benefit from additional support. This could include quality focused meetings, greater scrutiny of routine data or governance information to support improvements in the quality of information supplied, and advice to enable risk assessment and action planning to respond to issues identified. The intention is to enable services to move from the highest risk banding to a lower risk banding allowing reduction of additional support supplied by the RQAS over time. Annual risk assessments need to remain flexible to reflect any changes in risk profile during the course of the year
- provision of general support for all local services. RQAS co-ordinate network meetings for local screening services – at least one annually per screening programme – to provide continuing professional development and facilitate quality improvement. Schedules for these meetings will be circulated at the beginning of each financial year. These may be undertaken working with commissioners, with other regions, and may involve more than one screening programme. RQAS develop agendas based on current regional and national priorities and evaluate network meetings to ensure continuous improvement in SQAS. RQAS also contribute to local public health and quality initiatives that are developed by PHE centres and NHS England, for example, looking at uptake, coverage or addressing DNA rates
- advice to commissioners. This includes sharing validated data and intelligence and about the quality of services. There is also a particular role for RQAS during periods of reprocurement, which will only be relevant to some screening programmes in some regions in any one year. It primarily comprises advice on assessment criteria of quality used to procure new screening programmes, and may involve RQAS providing additional assessment of new providers during or soon after handover to ensure they are of adequate quality

Providing expert screening advice for incident management

43. Incidents in screening programmes are covered by guidance setting out how to identify, classify and manage such events. RQAS are responsible for ensuring this guidance is adhered to locally through providing advice to services and

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commissioners facing potential incidents, participating in incident panels where required, and raising awareness/providing education about incidents to all services.

Facilitating quality review of services

44. RQAS undertake QA assessments of and/or visits to services, sometimes including peer review using clinical or professional advisors. They provide schedules of planned QA assessments at the beginning of the financial year. Each assessment or visit follows a national protocol, with appropriate timelines for notification of providers and commissioners, evidence submission by services, evidence review by RQAS (and clinical or professional advisors where appropriate) and provision of feedback to services, commissioners and other stakeholders.

45. Executive summaries of QA visit reports are published online. Full reports are circulated to all providers that contribute to the screening pathway, commissioners of the service, the SIT and other local stakeholders where agreed.

46. QA visit reports provide recommendations to support local providers to meet nationally agreed standards. Recommendations are graded according to priority for action. They are accompanied by descriptors of the evidence that should be provided to the RQAS to demonstrate achievement of the recommendation. Failure to close recommendations that should have been completed within prescribed timescales is raised with commissioners and/or escalated if appropriate.

Evaluating the impact of SQAS

47. A research and evaluation framework is being developed to measure the impact of QA on local screening services and to ensure SQAS operates effectively and efficiently across the whole country, and across all screening programmes using evidence-based approaches. This relies on collaboration with the CKO directorate to identify what works in assuring and improving quality of healthcare services, and to design and implement effective measures of impact.

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Glossary and acronym buster

Term	Definition
Antenatal	The period from conception to labour
Chief Knowledge Officer directorate	This component of PHE provides a knowledge and intelligence service for public health based on research, statistics and know-how
Continuous improvement	A set of activities which will lead to an increase in overall quality of services. QA supports continuous improvement through benchmarking against standards and a set of supportive activities such as network meetings that enable providers to take action to improve the quality of the service they provide
Coverage	This is the proportion of people in the eligible group who actually undergo the screening
Eligible group	Target group for offer of screening
False positive	Screening tests divide people into lower and higher risk groups. Some people with a positive screening test result do not actually have the condition being screened for. These people are said to have a 'false-positive' result.
Network meetings	Events that bring together staff involved in providing and/or commissioning screening to focus on topics of shared interest; may use a workshop or training approach to promote learning
Newborn	Relating to infants within the first 28 days of life
NHS England	An executive non-departmental public body, sponsored by the Department of Health, that is responsible for commissioning screening services in England through SILs/SITs
NHS Screening Programme(s)	The UK NSC cancer, young person and adult, and antenatal and newborn screening programmes, supported at a national level by NHS Screening Programme teams
Peer review	The evaluation of a particular screening service by professionals operating in other, comparable screening services
Performance management	An activity carried out by commissioners to ensure that providers meet their contracted requirements. It is associated with sanctions or rewards that commissioners can apply
Professional and clinical advisors	This refers individuals or groups previously described as peer reviewers or QA professional leads and includes any clinical, professional or technical experts providing advice to RQAS, for example, for visits, incident management or other quality issues

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Programme Board	Regular governance meetings held to oversee local screening services, usually convened and chaired by NHS England as screening commissioners, and with representation from relevant providers, partners and QA
QA assessment	Assessments of screening services that may involve using professional and clinical advisors, which may lead to a formal QA visit
QA Executive	Senior team responsible for leading the Screening Quality Assurance Service
QA visits	A formal visit to the screening service, often involving clinical and professional advisors to provide peer review, informed by QA assessments
Quality monitoring	An activity to regularly assess compliance with nationally agreed standards and guidance. Where there are issues of compliance, QA can recommend activities to address quality concerns. QA quality monitoring is undertaken at national, regional and local level to ensure the sharing of good examples and mitigation of risk
Referral	When a patient is referred to a qualified professional for in-depth assessment
Screen-positive result	Screening tests divide people into low and higher risk groups. A screening test result does not give a definite answer. Screen-positive test results are sometimes called presumptive results until they are confirmed by diagnostic tests
Screening	Testing people who do not have or have not recognised the signs or symptoms of the condition being tested for, either with the aim of reducing risk of an adverse outcome, or with the aim of giving information about risk
Uptake	The proportion of people who, when offered a test, take it up

Acronym	Meaning
AAA	Abdominal Aortic Aneurysm
ANNB	Antenatal and Newborn screening programmes
CCG	Clinical Commissioning Group
CKO	Chief Knowledge Officer
CQC	Care Quality Commission
CSP	Cancer Screening Programmes
DES(P)	Diabetic Eye Screening (Programme)

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Acronym	Meaning
FASP	Fetal Anomaly Screening Programme
IDPS	Infectious Diseases in Pregnancy Screening
IG	Information Governance
IT	Information Technology
NBS	Newborn Blood Spot
NHS	National Health Service
NHSP	Newborn Hearing Screening Programme
NIPE	Newborn and Infant Physical Examination
NQAT	National Quality Assurance Team
PHE	Public Health England
QA	Quality Assurance
RQAS	Regional Quality Assurance Service (team)
SCT	Sickle Cell and Thalassaemia (screening)
SIL	Screening and Immunisation Lead
SIT	Screening and Immunisation Team
SOP(s)	Standard Operating Procedure(s)
SQAS	Screening Quality Assurance Service
YPA	Young People and Adult screening programmes

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Appendix B – principles and rationale: accessing professional and clinical advice

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Principle 1: SQAS will secure effective professional and clinical advice for the QA of screening programmes from staff actively practising their profession primarily within the NHS.

1. QA of screening programmes involves some detailed technical aspects that require in-depth knowledge of the practices and processes of delivery in patient care. Clinical or professional advice is important in supporting effective assurance of the quality of screening services. Retaining practising staff ensures SQAS draws on the most up to date skills and understanding of the latest clinical practice and retains credibility within services.

2. Professional and clinical advice for SQAS involves a number of activities including: peer review of screening services (including leading for a specialty and/or chairing visits); education and training events (both for updating own knowledge and contributing to training of screening services); and advice (this may be general, for example understanding new service requirements or encouraging service improvements, or specific, such as advice around concerns from commissioners or providers; investigating and managing incidents).

3. Working within the NHS ensures these individuals have an understanding of the health system within which screening services operates; while some professional or clinical advisors may have private practice, a link to the NHS is essential to ensure understanding of the context for services.

Principle 2: SQAS will secure efficient professional and clinical advice for the QA of screening programmes.

4. There are limited resources available within SQAS. Making the best use of these resources includes ensuring professional and clinical advice is used where only professional or clinical advice can meet requirements. Where other, less expensive, resources may be used, for example, securing ad hoc clinical advice to support on-going operational leadership, this will be put in place. This may mean changing requirements for the level of professional or clinical advice in a particular screening programme over time. For example, a new screening programme may require substantially more clinical advisors to support implementation and QA of new services compared to an established programme. Similarly, a programme under-

going significant changes or facing new risks and issues may require additional input compared to a stable, well-functioning programme.

Principle 3: Professional and clinical advice will be embedded within SQAS with sufficient capacity to allow development, cross-cover and response to unexpected resource demands.

5. Investing a single individual with responsibility for professional or clinical advice for a programme or aspect of a screening service risks loss of continuity in the case of absence or where capacity demands increase suddenly, for example, in the case of a national serious incident. For some specialised programmes or aspects of services there are a limited pool of potential candidates to provide professional or clinical advice so a greater level of contractual commitment of each individual secured from that profession may be appropriate. For other programmes or service features a range of potential candidates are available, limiting the need for long-term, high-level contractual agreements. Cross-cover will operate within and between regions, requiring some professional or clinical advisors to travel around the country.

6. To enable development over time, individual clinicians or professionals will be secured for a minimum period of three years, with an expected level of contribution to the programme per month that is reflective of the level of advice required.

Principle 4: There will be a clear chain of command between clinical and professional advisors within SQAS, reflected in contractual commitments and managerial relationships.

7. In complex or difficult cases where professional or clinical advice is sought, SQAS will need to draw on more resource than might usually be required from advisors. It may also be necessary to seek a definitive answer requiring deliberation and arbitration between different points of view. Each screening programme will have a limited number of professional or clinical advisors secured to provide oversight for other advisors within that programme.

Principle 5: Individuals secured to provide professional or clinical advice within SQAS will represent the views and generate consensus from within their profession.

8. SQAS needs to operate on the basis of the latest evidence base for each screening service and the techniques and tools available to each. The cutting edge of medical practice necessarily involves debate and sometimes disagreement within

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professional groups about best practice. Individuals providing clinical or professional advice to the QA service will need to understand and represent the sometimes contradictory views of their profession ensuring they provide balanced and representative advice to the QA service.

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