Public Health England

NHS

Quality Assurance report

Antenatal and Newborn Screening Programmes
Observations and recommendations from visit to One to One (NW) Ltd.

8 September 2016

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes Twitter: @PHE_Screening
Blog: phescreening.blog.gov.uk
Prepared by Jane Scattergood: jane.scattergood@phe.gov.uk. For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published November 2017
PHE publications
gateway number: 2017555

PHE supports the UN
Sustainable Development Goals

Executive summary

The findings in this report relate to the quality assurance (QA) review of the antenatal and newborn screening programmes held on 12, 13 and 14 July 2016.

1. Purpose and approach to quality assurance

The aim of QA in NHS screening programmes is to maintain minimum standards and promote continuous improvement in antenatal and newborn screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information shared with the North Regional QA service as part of the visit process

2. Description of local screening programme

One to One (NW) Ltd. offers NHS ANNB screening programmes as part of NHS antenatal and newborn care provision via a community case loading model. Whereby midwives hold small caseloads and care is delivered to women by a known named midwife. Women or babies with a screen positive result are referred into a diagnostic care pathway at a local NHS provider unit.

The sonography service is provided by Diagnostic Healthcare Ltd. and this includes the scan component of first trimester Down's, Edwards' and Patau's syndrome screening and the mid-pregnancy fetal anomaly scan. Laboratory function for both sickle cell and thalassaemia screening and infectious diseases screening is provided by both Warrington and Halton Hospitals NHS Foundation Trust and Royal Liverpool University Hospital NHS Trust.

The antenatal and newborn screening programmes (the programmes) have an eligible population of approximately 2000 women and 1500 babies. During the financial year 2015-2016, 2075 women booked for care with One to One (NW) Ltd., 1634 women birthed and then received postnatal care from One to One (NW) Ltd. One to One (NW) Ltd. provided intrapartum care at 483 home births. The population served comes from a

wide geographical area. One to One (NW) Ltd. community midwifery model offers a service across the Liverpool, Birkenhead, Wirral, Warrington, Ellesmere Port, Crewe and Chester area. Consequently One to One (NW) Ltd. serve a population with very mixed characteristics in terms of ethnicity, age at booking, affluence and indices of deprivation.

The programmes are provided by One to One (NW) Ltd., with the exception of the newborn hearing screening programme, which is delivered by a number of NHS providers in the locality. The programmes are commissioned by NHS England Cheshire and Mersey locality team.

3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

3.1 Shared learning

The review team identified several areas of practice that are worth sharing:

- the flexibility of the maternity and associated sonography service effectively increases the availability of the screening offer
- continued learning is supported by One to One (NW) Ltd.'s structure, there are mandatory reflective sessions facilitated by the Local Co-ordinator (LCO) and the Consultant Midwife where incidents and outcomes are discussed and lessons drawn
- client feedback and satisfaction ratings are sought, inclusive of reference to screening experience and that the feedback is both published on the website and acted upon
- KPI ST2 is consistently above the acceptable threshold and for three of the four quarters reviewed was above the achievable threshold, this is associated with promotion of early booking and flexible antenatal provision
- the laboratories demonstrated excellent audited turnaround times
- Warrington laboratory has an exemplary failsafe policy which reduces risk of screening samples being missed

3.2 Immediate concerns for improvement

The review team identified one immediate concern. A letter was sent to the Chief Executive of One to One (NW) Ltd. on 15 July 2016, asking that the following item was addressed within 7 days.

The visit team identified, at interview, that those babies who have a screen positive result following Newborn and Infant Physical Examination (NIPE) are referred to the General Practitioner rather than immediate referral into secondary care for diagnostics.

This was reported in relation to dislocatable hips. The pathway for referral to paediatric ophthalmology was unclear. This is out with the screening programme pathway and risks undue delay between identification of screen positive and diagnosis.

A response was received on 26 July 2016 which assured the review team that the provider has a full understanding of the identified risk and an action plan developed to mitigate that risk. Implementation will require commissioner support which has been made readily available.

3.3 High priority issues

The QA visit team observed that relationships with NHS providers in the locality were fragile. The fragility of the relationships was acknowledged both by One to One (NW) Ltd. and by commissioners. The planned work, supported by commissioning and NHS Improvement input is welcomed and the visit team recommend that it is progressed without delay.

The safety of the screening programmes and the ability to deliver against the service specifications for the programmes depends upon confidence and assurance that individuals who screen positive are received into diagnostic care promptly and efficiently. To comply with NHS Screening programmes standards and protocols the provider must effectively discharge their responsibility for those parts of the pathway within their remit, inclusive of effective handover at the interfaces.

Strengthening relationships and performance monitoring is a theme that runs through this report and is the primary recommendation to promote the safe management of the screening programmes.

4. Key recommendations

Level	Theme	Description of recommendation
Immediate	Interfaces	NIPE referral pathways to meet standards
High	Interfaces	SLAs oversight and monitoring
High	Interfaces	Communication channels and procedures
High	Failsafe	Develop Microbiology Laboratory Failsafe
High	Failsafe	Utilisation of NBSFS and NIPE SMART
High	Failsafe	SOPs update to include failsafe mechanisms
High	Commissioning	Performance monitoring
High	Test validity	Laboratory SOPs and analytical processes
High	Governance	Support for SSS role
High	Governance	Support for LCO role

5. Next steps

One to One (NW) Ltd. are responsible for developing an action plan within 6 weeks to ensure completion of recommendations contained within this report.

Public Health England Cheshire and Mersey Screening and Immunisation locality team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Regional Screening QA Service will support this process and the ongoing monitoring of progress.