NSC UK National Screening Committee

NHS Screening Programmes

Moving into Quality Assurance in Screening Programmes

Screening Coordinator Meeting January 2012

Scope

To outline:

- Why quality assurance is needed in screening
- What has been done to date
- The essential elements that underpin good quality assurance
- Role of the trust based screening coordinator

Why is screening special / why do we need QA?

- Public health programme
- Complex pathways– identify eligible population to feedback from diagnosis
- Multi-professional / organisational
- Interfaces / departments
- Volume
- Generate a number of potential results & resultant interventions
- Potential for psychological harm
- Unintended harm or false reassurance

Why is screening special / why do we need QA?

- Replicate original research conditions
- Sensitivity & specificity of the test
- Harm V's good
- Ethical & moral responsibility
- Inherent risks of high volume activity
- Health economics / cost effectiveness

QA is the process that helps to ensure programmes maximise benefit & minimise harms at a reasonable cost

Key components of a "good" QA process

- Is not inspectorial
- Focussed on improvement
- Objective assessment of the standard the programme is achieving
- Based on evidence provided – all aspects of performance which effect quality should be examined
- Fair
- Consistent
- Proportionate
- Share best practice / offer solutions
- Multidisciplinary

QA Pilots

- Huge thanks to all those involved
- Types
- Self assessment - plus
- Pilot team
- Findings
- Learning
- Refinements of SAT & KLOES
- External evaluation
- Next steps national decision – possible mixed model

QA Pilot Sites

Region	Type of Review	Pilot Sites	
		DGH	Tertiary Centre
East Midlands	Desk top based *(on-site review of evidence)*	Ref West Mids	Nottingham University Hospitals NHS Trust
West Midlands	Desk top based *(on-site review of evidence)*	Burton Hospitals NHS Foundation Trust	
North East	Review of Failsafe	South Tees Hospitals NHS Foundation Trust	Newcastle upon Tyne Hospitals NHS Foundation Trust - Royal Victoria Infirmary
South Central	Based on Commissioning Frameworks	Hampshire Hospitals NHS Foundation Trust - Royal Hampshire County Hospital & NHS Hampshire	Oxford University Hospitals NHS Trust - John Radcliffe Hospital & NHS Oxfordshire
North West	Full Review Visit	Tameside Hospital NHS Foundation Trust	
South East Coast	Desk top based *(remote review of evidence*	Frimley Park Hospital NHS Foundation Trust	

* With grateful thanks to all those who took part

Risks where QA not established

- Standards may not be adhered to - practitioners & participants don't know what to expect
- Screening results become unreliable
- Expected outputs are not delivered
- Cut off points for defining abnormality are likely to drift
- Drift in frequency of screening interval & age ranges offered
- Chasing diminishing returns leading to an inefficient use of resources
- Potential to cause harm to large numbers of participants

Developments to assist QA in antenatal & newborn programmes

- Service frameworks
- Standardised approach to serious incidents
- Explicit care pathways mapped to failsafe – audit of 2 points
- Key performance indicators
- Regular data collection
- QA teams – annual report of services to RDPH
- Liaison with appropriate regulatory bodies to avoid duplication

Screening Coordinator Role

- Central
- Coordination
- Submission
- Liaison
- Timing
- Communications
- Holding it all together

Thank you

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