

# NHS Newborn and Infant Physical Examination News

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[newbornphysical.screening.nhs.uk](http://newbornphysical.screening.nhs.uk)

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# NIPE rollout gathers pace

Newborn clinical examinations have been undertaken across the country as part of routine care for a number of years, but with little or no data or evidence to validate the coverage, quality and effectiveness of the process.

Over the next two years, the Newborn and Infant Physical Examination (NIPE) programme is addressing this issue by supporting trusts to implement the consistent national standards in line with the Department of Health's NIPE service specification.

By formally implementing the programme, each trust should:

- offer parents of every newborn baby a NIPE examination within 72 hours
- work within nationally defined NIPE standards
- have a NIPE clinical lead to oversee and assure the screening programme
- ensure robust screening and referral pathways are in place, including failsafe systems
- provide appropriate and timely information that supports informed choice for parents
- have competent and confident staff who deliver the NIPE examination
- monitor programme activity, clinical referrals and outcomes

Pulse oximetry recommendation see Back Page

Regional workshops support providers



## We're spreading the word

The national programme team is delivering a series of regional workshops to support the NIPE rollout.

These events give commissioners and providers information and support to ensure robust screening and referral pathways are in place. They also help promote the NIPE programme and encourage formal implementation of the new standards in trusts across England.

Regional events have already been delivered in Newcastle, London and Leicester. Presenters have demonstrated the potential for improved data collection, intelligence gathering and better outcomes for babies and their families.

Positive feedback from trust screening coordinators included the following comment: "This excellent, informative day has given me a good understanding and knowledge base of the programme's intentions and the process of implementation."

## Supporting documents

The national programme has developed the following documents to support trusts during NIPE rollout:

### 1. Implementation guide:

- A short 'how to' guide to the whole process from initiation to go-live and beyond.

### 2. Initial information:

- Pre-implementation questionnaire
- Key messages (also designed for publicising the rollout), definition of implementation documents and initial information about the programme
- Information governance and Caldicott Guardian information
- Action plan and process mapping proformas

### 3. Configuring SMART for your trust:

- Defining the trust data entry – complete a proforma with the local data entry items and risk factors
- Defining the printouts – view examples of documents such as case note pages and templates of referral letters

Throughout rollout, an implementation lead from the national team is available to support trust project teams through on-site discussion, by phone, email and virtual demonstrations.

# SMART offers major benefits

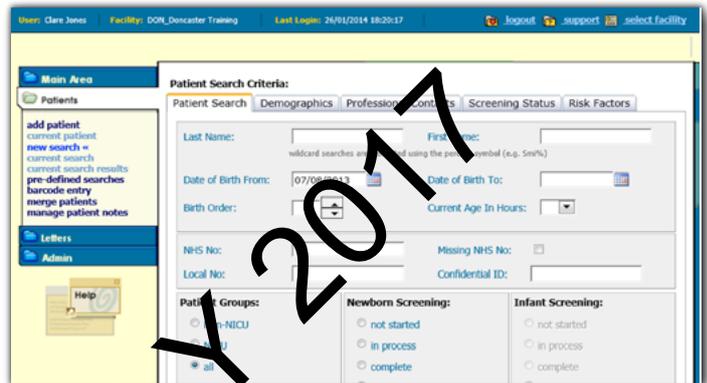
Integral to the NIPE rollout is use of the NIPE SMART (Screening, Management and Reporting Tools) IT system.

SMART provides a failsafe system, supports clinical practice, collates and manages the newborn NIPE data set, tracks all newborn babies through the screening pathway and manages and reports on programme activity, clinical referrals and outcomes.

Other IT systems could be considered but only if they can demonstrate an inbuilt and robust failsafe mechanism throughout the screening pathway, in line with the national service specification.

The national programme holds the contract with the system supplier and NIPE SMART is provided free of charge to trusts.

There is no system maintenance, licence or development costs for trusts.



A screenshot of the NIPE SMART system

SMART is compliant with all required information governance standards.

It also brings a range of additional benefits for trusts.

It helps healthcare professionals identify the eligible cohort, improves the quality, timeliness and consistency of the newborn and infant examinations and reduces the number of babies diagnosed late with congenital medical conditions.

## More trusts on course for rollout

The national programme continues to work with those trusts that have implemented NIPE SMART, many of which were part of the 2011 pilot phase.

Recently, two post-pilot trusts went live with the SMART system – Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Mid Cheshire Hospitals NHS Foundation Trust.

The national programme has been fielding an increasing number of expressions of

interest in the system. A number of these sites are actively working towards formally rolling out the NIPE standards and the NIPE SMART system.

The table below gives an update on the NIPE implementation as of 1 April 2014. The national programme will ensure regional QA teams and area teams are kept updated on the rollout and the first reports by region will be sent out in the coming weeks.

### The national rollout to date

| Region (no. of trusts) | Live            | Expressions of interest | Implementation begun |
|------------------------|-----------------|-------------------------|----------------------|
| London (25)            | 3 (12%)         | 3                       | 1                    |
| Midlands and East (41) | 3 (7%)          | 10                      | 2                    |
| North (43)             | 10 (23%)        | 23                      | 9                    |
| South (36)             | 1 (3%)          | 11                      | 1                    |
| <b>Total (145)</b>     | <b>17 (12%)</b> | <b>47</b>               | <b>13</b>            |

# STEPS: screening is so important

STEPS is the national charity that supports children and adults with lower limb conditions.



Here, STEPS chief executive Tim McLachlan, right, explains why the NIPE programme is so important for families:

**“Almost 24,000 babies are born each year in the UK with hip dysplasia, nearly 1,000 with clubfoot/talipes and more than 150 with a lower limb deficiency.**

**“Every year, more than 2,000 families contact STEPS for support and information**

**about treatment options and how to care for their child on a daily basis.**

**“Identifying babies early with lower limb conditions can make a significant difference in their growth and development for their entire life. As a charity, one of our greatest national successes has been our involvement in the development of a quality hip health check as part of the NIPE programme.**

**“We know this will make a big difference for babies and families.”**

Visit [www.steps-charity.org.uk](http://www.steps-charity.org.uk).

## Wealth of experience

The national programme team has a wealth of knowledge and experience in antenatal and newborn screening programmes and NIPE in particular.

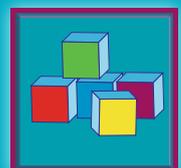
The team has been re-energised by the rollout of the new national standards and is relishing the opportunity to support the improvements in screening throughout England by working with commissioners, providers and UK NSC colleagues.

Working under Programmes Lead Gwen Carr, the national team is Jill Walker (programme manager), Claire Jones, Aileen Masson and Andrea Farnsworth (project leads) and Gloria Williams (administration).

Also working closely with the team are Declan O'Brien (education), Mary Kean and Nadia Permalloo (quality assurance).

Dr David Elliman continues to provide expert advisor support.

The national team will be strengthened soon by the appointment of new implementation leads who will support the national rollout.



# Rave reviews for e-learning

Screening examination of the cardiovascular system



A video, left, and animation from the e-learning module

Screening examination of the hips



The NIPE e-learning module uses films and animations to illustrate best practice in the newborn examination.

Developed with the help of the Royal College of Paediatrics and Child Health and the Royal College of GPs (RCGP), it was launched in November 2013 and can be found at [newbornphysical.screening.nhs.uk/elearning](http://newbornphysical.screening.nhs.uk/elearning).

The training module is available to all registered clinicians who work in the NHS in England, particularly junior doctors and their trainers and GPs and their trainers. It has been developed to take into account their knowledge, expertise and time constraints.

The web-based package has been accredited by RCGP and is free to access. It has also been well used by midwives and neonatal nurses who have found it useful in their clinical practice.

Feedback has been very positive. Dr Guy

Bradley-Smith, a Devon GP and lecturer at the University of Exeter, said: “This is an excellent module which has already added to my technique, especially hips and eyes.

“I showed a new GP trainee how to do a baby check two weeks ago and will have to get him on to this now so that he is doing it properly!”

## Revised standards

Work continues on developing NIPE 72-hour and 6-8 week standards which will then be put out for consultation.

The NIPE programme team is working with national QA colleagues to ensure the standards are workable and measurable in line with the UK NSC format.

The content of the standards is being streamlined to reflect key stages in the screening pathway and to focus on coverage and outcomes.

## Hundreds of followers on Twitter

Hundreds of people have signed up to follow the new national Twitter account for all matters relating to screening, [@PHE\\_Screening](#).

The UK National Screening Committee (UK NSC) and the national cancer and non-cancer NHS screening programmes launched the account on 14 March. And in just a few weeks,

[@PHE\\_Screening](#) has become a great source of news and information, helping to raise awareness to a wider audience.

Participating in Twitter enables us to engage more effectively with interest groups and commentators who are already very active in discussing screening on social media.

[@PHE\\_Screening](#) is managed by

the [screening press office](#), which posts and responds to tweets throughout the day, ensuring stakeholders and the public receive facts from the organisations that set the policies and programmes.

Please feel free to follow [@PHE\\_Screening](#) to help promote awareness of screening as part of a wider, integrated public health service.

## UK NSC recommends new test for newborn babies

# Pulse oximetry pilot

The UK NSC has recommended piloting the pulse oximetry test to screen newborn babies for congenital heart defects in England.

Pulse oximetry is a simple test where a clip placed on a baby's fingers and toes measures the amount of oxygen in their blood.

Its use can help find babies with serious heart disease so they can be treated to prevent deaths and long term disability. Piloting the test will help the UK NSC understand better the implications of using pulse oximetry in the NIPE programme.

Dr Anne Mackie, Director of Programmes for the UK NSC said: "This is an exciting prospect. Pulse oximetry has the potential to increase the detection of babies with congenital heart defects to save lives and make sure babies get the care they need before they become seriously ill.

"However, the test will also identify many other babies with low oxygen saturation. Some will need care for other problems and some will not be ill at all.

Congenital heart defects affect about 6 in 1,000 newborn babies. They are already screened for as part of the NHS Fetal Anomaly Screening Programme and the NHS Newborn and Infant Physical Examination (NIPE).

The new test will help ensure early detection for more babies with these conditions.

The recommendation was made at the UK NSC's March committee meeting, the minutes of which have been [published online](#). Also at the meeting, the UK NSC recommended against national screening for both dental disease and coeliac disease.

The UK NSC is currently consulting on whether the fetal anomaly programme should offer screening earlier for Trisomy 18 (Edward's syndrome) and Trisomy 13 (Patau's syndrome) as part of the current 'combined' test for Down's syndrome in the first trimester. [The consultation](#) closes on 16 June.

## Other news in brief

**QA:** The regional antenatal and newborn (ANNB) quality assurance (QA) teams have undertaken their first visits. All ANNB screening programmes are covered in the QA model and initial feedback has been positive. The NIPE programme is assessed as part of the process which looks at all aspects of the screening pathway including how the cohort is identified, the number of babies tested, identification of screen positives and timeliness of any required referrals. Any recommendations are captured in a report which is shared with providers and commissioners to help improve the quality of the programme.

Visits have been planned throughout the year in each region. Findings from the initial visits will be reviewed to ensure feedback is captured and any required changes are made.

**NHS Numbers for Babies (NN4B):** A reminder that the way the NHS Number is issued for newborn babies is changing, with potential implications for newborn screening. Midwives will need to have smartcards for registering births using the Birth Notification Application as part of the upcoming changes that will see the NN4B functions transfer to the NHS Spine Service. For more information, visit

the [Health & Social Care Information Centre](#) website.

**UK NSC review:** The role, terms of reference and membership of the UK National Screening Committee is currently being reviewed. Visit the [About Us](#) page of the UK NSC Portal for more information on this independent review.

**INTERNATIONAL:** The NHS Sickle Cell and Thalassaemia Screening Programme is being used as a 'gold-standard' model by a team in Nigeria led by Sickle Cell Cohort Research (SCORE), which hopes to emulate the success of the English programme.