

NHS Fetal Anomaly Screening Programme News

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fetalanomaly.screening.nhs.uk

November 2014

New coverage KPI is piloted

The Fetal Anomaly Screening Programme (FASP) is piloting the introduction of a key performance indicator to measure coverage of the 18+0-20+6 week fetal anomaly scan.

Coverage is the proportion of women eligible for screening who receive the 18+0-20+6 week scan.

It is an important measure of the effectiveness of the screening programme and the delivery of timely screening to pregnant women.

Low coverage may indicate that:

- not all eligible women were offered screening
- those offered screening did not accept the test
- those accepting the test were not tested within the specified timeframe

FASP aims to pilot the KPI over two quarters to assess whether services are able to report accurately and to identify any other potential issues.

Ten ultrasound units are participating in the project, representing maternity and sonography services across England.

The first set of data will be reported in June 2015 and further updates reported in Screening Matters and the FASP newsletter in summer of 2015.

Module will improve ultrasound training provision



e-Learning resource developed

FASP is developing a new online learning resource for ultrasonographers.

The module, which uses film and animation, will be part of the training for ultrasonographers on the three vessel plus trachea cardiac view, which is part of the 22 week ultrasound scan.

The resource is being developed

with the assistance of experts from across England. It will demonstrate the normal fetal heart (and some abnormalities) in each of the five views that FASP standards require. In addition, the module will demonstrate ways to improve the ultrasonographic view.

A printed certificate will be available on completion.

e-learning audit access

Audit access allows users entry to view local learning data on the UK NSC's antenatal and newborn screening e-learning module.

Audit access provides a report for your organisation on who has registered for the module and who has completed it over a set period of time.

The report provides the number of users and the names of people in each category. However, it does not give more detailed information on individual users, such as how long it took them to complete the module or their score on the assessment.

If you want to request audit access, please contact the screening helpdesk at PHE. screeninghelpdesk@nhs.net.

For more information visit cpd.screening.nhs.uk/elearning.



FASP National Conference 2015

Fetal Anomaly Screening 2015 and beyond

Friday 20 March, Kia Oval, London

Queries over e-cigarettes' impact

FASP has received a number of queries relating to the use of e-cigarettes and the effect they may have on the biochemical markers used in screening for Down's syndrome and the subsequent risk calculation.

Current data relates mainly to nicotine replacement therapy (NRT) rather than e-cigarettes. The following information is therefore provided as a guide.

What are the effects of using smoking substitutes?

There is limited information

on this. However, it is likely that some women reported as using nicotine substitutes may also be smoking, so it is not certain that any effects seen are attributable to nicotine replacement.

The data suggests that women reported using nicotine replacements have PAPP-A levels reduced by around 5% compared to those who do not smoke.

There is also a trend towards a reduction in the level of free β hCG.

These effects are similar

to those seen in women who report they have stopped smoking during pregnancy and would tend to cancel each other out in the calculation of risks.

How should risks be calculated for those using nicotine substitutes?

With the evidence available now, and given the limitations of the software used for risk calculation, it is suggested that those reporting that they are using nicotine replacement are treated as non-smokers.

Biochemistry meeting 2014

The fetal anomaly programme held its 2014 biochemistry meeting in London on 22-23 October.

The meeting featured a number of high-quality presentations delivered across two half days with lively, interactive discussions and question and answer sessions.

Topics covered included:

- policy and pathway for the introduction of screening for Edwards' and Patau's syndromes
- recent discussions concerning the use of the quadruple testing in twin pregnancies
- a woman's perspective on screening for Down's and Edwards' and Patau's syndromes
- various aspects of external quality assurance
- future management of the national kit lot and lot to lot comparison studies
- update on the Down's syndrome screening Quality Assurance Support Service (DQASS)
- cytogenetic data audit
- congenital anomalies register project update

A total of 80 delegates attended, including biomedical scientists, biochemists, laboratory,



Lively discussions: FASP's 2014 biochemistry meeting

business and programme managers and product specialists from commercial companies supplying screening equipment, assay and software to screening laboratories.

Feedback from the meeting was very encouraging with comments including "excellent and informative" and "very enjoyable".

A biochemistry information event will be held again next year.

We're getting less invasive

The Association for Clinical Genetic Science (ACGS), which is represented on the FASP Advisory Board, collects invasive procedure data from the genetic laboratories in England as part of its contribution to the programme.

This data has been collected annually from fiscal years 2003/04 until 2011 to 2012 by the Association of Clinical Cytogenetics (ACC) and its findings were published recently¹.

Audit and monitoring are central functions of the national screening programme's evaluation and quality improvement.

Recent audit data collected by the ACGS shows the impact of first-trimester screening in England.

During 2003/2004, nearly 37,000 invasive procedure samples were received in laboratories across England following a positive Down's syndrome screening result.

Nearly 27,000 fewer invasive procedures were performed by 2011/2012, primarily as a result of improvements in the screening programme.

In 2011/12 it was speculated that the number of invasive procedures had levelled out because, by the end of 2012, over 90% of English health regions had implemented combined screening.

However, data collected for 2012/13

Fiscal year	Invasive procedure		
	Amniocentesis	CVS	Total
2003/4	28,700	8,268	36,968
2004/5	24,349	7,980	32,329
2005/6	22,625	7,819	30,444
2006/7	14,733	4,781	19,514
2007/8	12,932	4,681	17,613
2008/9	8,317	3,129	11,446
2009/10	6,795	3,665	10,464
2010/11	6,353	4,155	10,548
2011/12	5,171	5,374	10,215
2012/13	4,049	4,423	8,499

Invasive procedure data from 2003 to 2013

showed that the total number of invasive procedures continued to fall across England.

It is therefore evident that other external factors are having an influence on this programme and we expect this trend to continue when we collect the 2013/14 data.

Audit data consistently shows that 50% of all invasive procedure samples received by the laboratories follow referrals for increased risk of Down's syndrome.

¹ Morgan S, Delbarre A and Ward P (2013) *Impact of introducing a national policy for prenatal Down syndrome screening on the diagnostic invasive procedure rate in England. Ultrasound Obstet Gynecol 41:526-529.*

Laboratory accreditation

New quality assurance (QA) processes for the national antenatal and newborn screening programmes are now being implemented, led by the *Regional QA teams*.

The screening programmes and UK Accreditation Service (UKAS) have been working together to incorporate the assessment of the national screening standards for antenatal and newborn screening into the UKAS accreditation process.

This has resulted in an agreement between the two organisations. When a laboratory which participates in a national screening programme for antenatal and newborn screening is assessed by UKAS to ISO 15189, the assessors will also now include conformity with national screening standards.

To help the laboratories prepare for the UKAS assessment, the screening standards have been assembled into a table and mapped against the UKAS standards.

This table is available at www.screening.nhs.uk/quality-assurance.



Highly successful SSS conference

A total of 165 delegates attended a highly successful Screening Support Sonographers (SSS) Conference at the KIA Oval, London, on 27 November.

The event, which gave sonographers an insight into the national programme's current priorities relating to evidence and clinical practice, was very productive and interactive with plenty of questions and discussions.

Expert speakers gave the latest information, data and reports on policy, the current revision of standards and screening pathway changes.



Final UK NSC meeting of the year

The UK National Screening Committee (UK NSC) met for the final time in 2014 on 25 November and reviewed the recommendations on screening for Gaucher disease, Dementia, Preterm Labour and Bacterial vaginosis.

Full publication of the final recommendations will be published in January 2015.



UK National
Screening Committee

Current policy consultations:

- **Depression** (closes 26 December)
- **Sudden cardiac death** (closes 1 February)

- **Galactosaemia** (closes 19 February)
- **Fatty-acid oxidation disorders** (closes 23 February)
- **Amino acid metabolism disorders** (closes 23 February)

Consultations due to start soon:

- **Hearing loss in adults**
- **Psychiatric illness in pregnancy**

New Screening tests for you and your baby launched

Leaflet revamped

The UK NSC has launched a new version of the national *Screening tests for you and your baby* leaflet for parents.

The updated leaflet contains detailed information on all the screening tests offered during pregnancy and after the birth of a child.

This includes the four new screening tests for rare conditions that will be rolled out across England early in 2015.

A key element of the leaflet is to

promote the concept of screening as an informed choice.



For the first time, the booklet includes explicit recognition that some screening choices are easier than others. Some tests are recommended because the information gained may enable important treatment to be given promptly for mother and baby.

Others require people to think more deeply about whether they

want to know the information that a screening test may give them.

For example, they may be

faced with choosing whether to have a diagnostic test with a risk of miscarriage or having to decide whether to continue or terminate a pregnancy if a test shows their child has a serious health condition.

The leaflet also includes signposting to supplementary online information.

Leaflets can be ordered by emailing rebecca@harlowprinting.co.uk or phoning 0191 4969735. Trusts should stop using the old booklet and recycle any remaining copies.

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Other news in brief

Website transition

The transition of the content of the NHS Screening websites to NHS Choices (public information) and GOV.UK (professional information) has continued with diabetic eye screening information for the public now live on NHS Choices at www.nhs.uk/diabeticeye.

The migration of screening online content is due to be completed in early 2015. If you experience any problems during this time, please email the helpdesk at phe.screeninghelpdesk@nhs.net.

Commons committee

Last month saw the publication of the **Science and Technology Committee's report on health screening** which the UK NSC contributed to earlier this year. A number of recommendations were made which the UK NSC is discussing with the Department of Health before contributing to a formal response to the committee in due course.

New helpdesk number

The UK NSC Screening Helpdesk contact number has changed to 020 3682 0890.

National teams have moved

The national antenatal and newborn screening programme teams have moved to a new office in London. The new address is: Public Health England, Zone B, Floor 2 Skipton House, 80 London Road, London, SE1 6LH.

Christmas leaflet ordering

Harlow Printing will be closed from Tuesday 23 December until Monday 5 January. If screening services have any queries regarding leaflet orders or stock of current leaflets, please contact Harlow on 0191 4969735 before this time.