

# NHS Newborn Hearing Screening Programme News

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hearing.screening.nhs.uk

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# An audit for improvement

**U**necessary referrals cause anxiety to parents as well as undue cost pressures on diagnostic services.

In general, the target standard for “well baby” screen refer rates to audiological assessment of 3% is being met. However, there is a large amount of variability across sites ranging from 0.6% to 5.8%. There has been a gradual increase particularly in the last four years.

The programme has started a detailed audit of screening performance which aims to understand the reasons for the variability. A small group, comprising a statistician, data analyst and programme team has met. The group has been exploring effects such as the gestational age at birth and birth weight and will continue investigating to look at the effect of equipment use.

A project group will be formed with the objective to improve performance and to:

- understand why referral rates are higher in some sites than in others
- understand why referral rates are increasing in some sites but not all
- devise means to improve specificity

A progress report with preliminary results will be presented at the NHSP conference on 12 March 2015.

## Screening site restructures and changes



## Important guidance is published

A **guidance** document has been produced to support providers and commissioners considering or planning a change to NHSP service provision.

It is essential that Appendix 2 of the document is completed and submitted if changes to any hearing screening service are planned. This is so necessary changes can be made to the national NHSP IT system which requires at least 9 weeks to plan.

Also, all personnel performing the hearing screen are required to complete all training specified by the national programme.

For clarity, a ‘community model’ is determined where screening commences for the population served at more than 10 days of age. If the plan is to initiate the screen before 10 days of age (eg in the home at 5 days of age), this is regarded as being a ‘hospital model’ as most babies will have completed the screen before 10 days of age.

## Training update

The OSCEs continue to show excellent practice from most candidates.

The station most commonly failed is the 'Multiple Choice Question' station which asks 10 questions aimed to demonstrate the candidate's broader knowledge about the screen.

The other station which candidates have difficulty with is the AABR clinical station – candidates need to show good preparation of sensor sites and be well organised to be successful on this station.

We are very grateful to those that recently volunteered to be trained as examiners.

'Pop up' OSCEs are being held for sites undergoing a reconfiguration of service and require newly appointed screeners to be assessed. The first of these will be held in Morecambe Bay and Basingstoke in February with one in North Cumbria in March.

In other news, NHSP e-learning modules have recently been moved to the [NHSP website](#). This has caused some issues which we are working to resolve. Further info can be found on the [website](#).



## New procurement framework

NHS England has requested that NHS Supply Chain (NHS SC) negotiate a new framework agreement for NHSP equipment.

In the interests of economy of scale, NHS SC is considering the incorporation of the NHSP equipment into the larger framework for audiological diagnostic equipment. The new framework (subject to formal agreement between NHSE and NHS SC) is likely to start in June 2016 which means the current framework for prices and product support would need to be extended until then. It is essential that only those models of screening equipment and consumables that are on the current

Model	Supplier	Test
Algo 3i	Genesys	AABR
Echoscreen	Genesys	AOAE AABR+AOAE
Accuscreen	Otometrics	AOAE AABR+AOAE
Otoport (pending completion of evaluation)	Otodynamics	AOAE AABR+AOAE

framework are used in NHSP.

If you have any queries, contact [phe.screeninghelp@nhs.uk](mailto:phe.screeninghelp@nhs.uk)

# Delayed birth notifications

**B**abies eligible for screening are identified from the birth notification into the NHSP IT system (eSP) or notification to the screening team by the local Child Health Record Department (CHRD).

Delayed birth notifications can lead to a baby missing its screen and result in additional administrative processes for the local NHSP team.

Each month Northgate provides the programme team with a report showing the number of days taken for a baby's record to be received by eSP following birth. This is to identify the number of birth notifications which have been delayed by 3 or more days at each NHSP site.

The report can highlight sites where there are many late birth notifications to allow local investigation and resolution. It is essential that maternity services complete the birth registration process without delay to enable the transfer of information into eSP (and into the NIPE SMART and NBS Failsafe system).

This ensures the accurate and timely identification of the eligible population.

### National Conference 2015

This year's NHSP national conference will take place on 12 March at the Kia Oval in London.

There has been great interest in the event with places now fully booked.

It will bring together NHSP local managers, team leaders, audiologists, screening managers/coordinators, hearing screeners, practitioners, commissioners, clinicians and quality assurance teams.

The conference will update on practice and research developments in relation to the hearing screening care pathway.

Planned topics and updates will include: the screen referral rates audit project, performance data, the new NHSP IT system platform, education and training for hearing screeners, quality assurance, innovations in service delivery and more.

## 2015/16 service specification available

The 2015/16 NHSP Section 7A service specification is now available on [GOV.UK](http://GOV.UK).

These agreements set out the outcomes to be achieved and funding provided for NHS

England to commission public health services including NHSP. All services providers and commissioners should ensure their service meets the expectations and requirements set out in the document.

# A new IT system is on the way

The programme team is working with Northgate to develop a new IT application to support newborn hearing screening that will replace the existing eSP application.

The new application is being developed in a modular way that will give the programme a platform that will more readily support

future flexibility and allow changes to be introduced quickly.

Development is already well underway and rigorous testing has been included in the plans to minimise potential risk to the screening programme. Phased testing of the application is planned to run from March 2015.

The programme team and members of the NHSP User Group will participate in the testing of the new system and a schedule of dates has been arranged.

Northgate plans to demonstrate some of the features of the new system at the NHSP conference taking place in March.

## NHS numbers for babies

For the past few years a service called NHS Numbers for Babies (NN4B) has been used to allocate NHS Numbers at birth. NN4B is being decommissioned in March 2015 and will be replaced by the Personal Demographic Service (PDS), led by HSCIC.

Most maternity units and Child Health departments are now using either PDS compliant IT systems or the Birth Notification Application (BNA) web portal.

Some issues identified included: incorrect mapping of organisational codes which prevents a baby being correctly allocated in the child health and screening systems and also inconsistencies between the PDS & NN4B transfer into eSP which results in the baby's record 'missing' in eSP.

This has created an additional burden for screening services but this is beginning to reduce. NHSP sites are advised to undertake additional checks to ensure all babies born locally have a record on eSP and report any issues to the eSP helpdesk.

The programme will continue to work with HSCIC and Northgate to assure information flow to screening IT systems.



# Clear progress

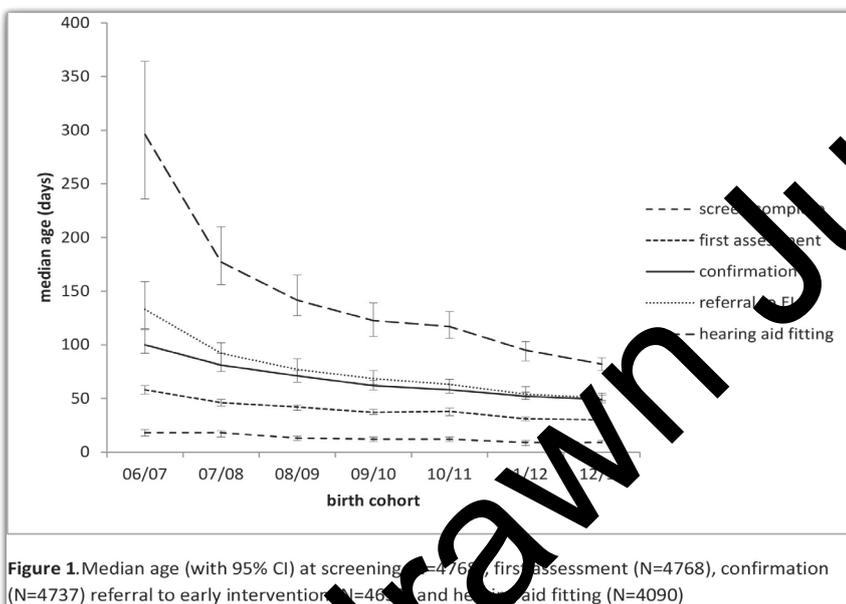


Figure 1. Median age (with 95% CI) at screening completion (N=4768), first assessment (N=4768), confirmation (N=4737), referral to early intervention (N=466) and hearing aid fitting (N=4090)

Graph showing improvements in median age at screen completion, first assessment, entry into follow up, confirmation, referral to early intervention and hearing aid fitting since 2006/07

Before the introduction of the Newborn Hearing Screening Programme (NHSP) the typical median age at confirmation of permanent bilateral moderate to profound hearing loss was 18.1 months respectively.

Due to the late confirmation, the age at intervention was delayed with a median age at hearing aid fitting of 26.3 months. The aim of NHSP is to identify Permanent Childhood Hearing Impairment (PCHI) and intervene within the first 6 months of life in order to maximise the child's life chances.

A recent analysis of the outcomes of the first seven years of NHSP shows:

- screen coverage is high; 97.54% of the 2012/13 birth cohort completed screening by 4/5 weeks of age and 98.95% by 3 months of age
- the proportion of referred babies attending

a follow up appointment within 4 weeks of the referral decision (or by 44 weeks gestational age (GA)) has improved. For the 2012/13 birth cohort; 82.5% of referrals attended an audiology assessment within the time and the proportion of referred babies that have attended an audiological assessment by 6 months of age is 95.3%

- the screen identifies just under 1 baby per 1000 with bilateral PCHI as expected

The above graph (Figure 1) shows that for those identified with bilateral PCHI the median age at screen completion, entry into follow up, confirmation, referral to early intervention, and hearing aid fitting have reduced over the time period and are 9, 30, 49, 51, 82 days respectively for the 2012/13 birth cohort.

This represents an enormous improvement that can be attributed to universal newborn hearing screening.

An article written by Sally Wood summarising the performance and characteristics of NHSP will be published in the *International Journal of Audiology*.

## Response to parliamentary committee

Following the [House of Commons Science and Technology Committee's Report on National Health Screening](#), the UK Health Departments and the UK National Screening Committee (UK NSC) have developed a response to the key recommendations.

This response has now been [published](#).

The independent review of the role, terms of reference and membership of the UK NSC is also due to be reported on shortly.

These independent reviews will help inform future UK NSC developments with the aim of improving health screening in the UK. We will share these publications when available.



UK National  
Screening Committee

# Dementia screening not recommended

The UK National Screening Committee recommended against introducing screening for dementia, bacterial vaginosis, Gaucher disease and preterm labour at its final meeting of 2014.

Screening for dementia was not supported because:

- the most commonly used test for dementia has high false positive and false negative rates
- it is not clear that early detection would definitely lead to treatment that would slow or prevent the disease

The committee concluded that more research is also needed in order to fully assess the possibility of a preterm labour screening programme due to concerns over the reliability of

the screening test, the measurement for identifying risk and evidence around the most effective treatment

Bacterial vaginosis is one of the most common causes of preterm labour. The review found that a pH indicator screening test has been shown to be promising in some small scale studies but the evidence is limited and does not prove that it is accurate enough to be used as a screening tool.

Screening for Gaucher disease was not supported because it is not currently possible to identify who will be severely affected by the condition and who will never experience any problems.

It is also unclear whether there is any benefit to earlier treatment compared to later treatment once symptoms of this disease have developed.

Recommendations in consultation:

- [Phenylketonuria \(PKU\) in pregnancy](#) (closes 9 May)
- [Bladder cancer in adults](#) (closes 28 February)

Due for consultation soon:

- [Oral cancer in adults](#)
- [Stomach cancer in adults](#)
- [Glaucoma in adults](#)
- [Familial Hypercholesterolaemia in adults](#)
- [Toxoplasmosis in pregnancy](#)
- [Mucopolysaccharidosis \(Hurler's syndrome\) in newborns](#)
- [Congenital adrenal hyperplasia in newborns](#)
- [Neuroblastoma in newborns](#)

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## Other news in brief

### UKAS accreditation process

UKAS accreditation for 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 the two organisations working towards an agreement so that 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 include conformity with national screening standards.

The first UKAS visits incorporating an assessment of the antenatal and newborn screening programmes are expected in 2015.

### Websites' transition

Good progress has been made on the transition of antenatal and newborn screening information for the public to [NHS Choices](#). Watch this space for news of when the new web pages 'go live'.

### New online search function

The screening services near you function is now live on [NHS Choices](#). You can use it to search for local AAA, diabetic eye and newborn hearing services by postcode or town.

### Updated screening timeline

The antenatal and newborn screening [timeline](#) has been updated.

It offers a visual reference to optimum times for NHS antenatal and newborn screening tests to take place.