Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 204

Organisation name: UK National Screening Committee Programme Office (NSC)

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Background

This response is presented by the UK National Screening Committee Programme Office (NSC) and collates responses across the national screening programmes (non cancer) and the NSC programme office.

The UK National Screening Committee works at the leading edge of innovation implementation assessing the evidence for the introduction and support of screening programmes against 22 internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme.

The teams involved in developing, implementing and supporting national screening programmes are a significant resource to the NHS and NHS Commissioning Board with experience in:

- scanning the innovation horizon to identify innovations which will deliver screening benefits and improve patient care
- assessing the efficiency and effectiveness of innovations to deliver cost effective benefits which do more harm than good and managing their introduction into practice
- rigorously monitoring the effectiveness and quality of innovations as they are managed into clinical practice in screening programmes.

1. Learning from elsewhere about adoption and spread

What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

Examples

The NSC supports a range of national screening programmes, which have been implemented as a result of reviewing innovation that enables screening against its 22 criteria. After adoption of a national screening programme an evaluated pilot is carried out and implemented with a clear specification and quality assurance plan including agreed KPIs. Much improved patient benefit would be delivered if a similar process of iterative peer review against agreed criteria was implemented for industrial scale roll out by the National Commissioning Board. This might also be considered at a sub-national level.

The NSC has seen benefits for patients and efficiencies accrue across the NHS where this process has been adopted.

Within each national screening programme there is a continuous process of innovation which is especially strong in terms of adopting Information and Intelligence innovations. Some of these are given as examples below:

**Recognising existing innovation**
• A range of innovations managed into NSC screening programmes have improved the life outcomes of the UK population. These include:
  ➢ the introduction of fail safe maps: a novel use of the map of medicine pathways to improve the safety and effectiveness of healthcare treatment pathways
  ➢ The Newborn Hearing Screening Programme (http://hearing.screening.nhs.uk) has implemented a national web-based secure screening management and reporting tool (SMART) that supports a direct equipment to IT system connection. This has reduced dramatically input errors and improved the safety of screening services whilst releasing clinician time for increased patient contact.
  ➢ the Newborn Bloodspot Programme’s adoption of antenatal and newborn results status codes to simplify the process for change notification so that child health system suppliers adapt their software. The benefits of introducing this innovation include reducing the risks due to inconsistency in reporting and interpretation of complicated descriptions of newborn screening results and providing a means to collect more meaningful data to evaluate programme performance. http://newbornbloodspot.screening.nhs.uk/statuscodes and http://sct.screening.nhs.uk/cms.php?folder=2460
  ➢ the Newborn Bloodspot’s implementation of receipt of sample in the laboratory failsafe system. The success of this project requires all maternity units to adopt the system. The benefits are improved identification of the eligible population and a failsafe for ensuring the sample of babies tested arrives in the laboratory. Potential for monitoring movement across boundaries, communicating the need for repeat tests and providing a means to collect accurate data to measure KPIs. http://newbornbloodspot.screening.nhs.uk/failsafe
  ➢ Clinical Pathology Accreditation for newborn blood spot screening. This provides a comprehensive laboratory assessment of the National Blood Service screening programme as part of the main laboratory Clinical Pathology Accreditation assessment. This accreditation system could apply, in principle, to other non-cancer laboratory based screening programmes.
  ➢ The AAA Screening Programme’s adoption of decision aids to help inform and involve individuals in their own healthcare actions. Evidence shows that individuals’ value additional information and that decision aids help them to make informed decisions. They also increase people’s perceived involvement in their healthcare. Decision aids increase awareness of expected risks, benefits and likely outcomes, empowering people to make informed choices about their care. In turn, this helps ensure NHS resources are used appropriately.

**Showcase and promote innovation**

• The NSC considers that the promotion of innovation across the NHS is inconsistent and patchy. It recommends the development of high visibility communication tools and exploiting all available media to raise awareness of innovative practice to all NHS staff. The dissemination tools and media developed for the NSC programmes could provide a useful template.

**Promote information technology solutions**
The NSC programmes use innovative information technology solutions to gather accurate data to audit screening programmes and to provide a framework for robust quality assurance. Underpinning programme management with robust data to drive delivery and quality improvement is a principle of the UK National Screening Committee. The NSC considers this approach should be considered for adoption across the NHS.

Proposal: NSC considers that the potential of information technology to improve services by providing accurate and timely quality management intelligence has not been fully exploited across the NHS. It suggests the NCB should support a network of Champions to actively promote the use of information technology in providing objective intelligence across NHS services to increase the adoption and use of these solutions.

2. Actions at national level in the NHS
What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

Examples from the NSC screening programmes include:

**Support innovation in information technology**
- Adopt the findings of the Independent Midwives NHSmail project. This project shows that with collaborative working and efficient use of existing technology and systems, the problem of a delayed issue of NHS numbers to newborn babies can be resolved, and the quality of maternity and child records improved.
  For more information see: www.newbornbloodspot.screening.nhs.uk and www.cfh.nhs.uk/nhsmail

**Introduce an outcomes based programme monitoring currency**
- The NSC considers that the introduction of many innovations has been stifled by a system of commissioning which focuses on process rather than outcomes and does not incentivise provider innovation. Introducing an outcomes based currency for auditing and monitoring programme delivery will encourage service providers to adopt innovations which transform clinical pathways and patients’ experiences. An example of this exists in the use of the web based tool (‘NHSP Trends’) used for looking at trends in KPI against quality standards at a local, regional and national level (http://hearing.screening.nhs.uk)

**Support equipment innovations**
- The introduction of new technologies has improved the screening for many conditions. For example, the NSC is currently developing point of care testing for HBV, HIV and syphilis; and the AAA screening programme has worked in partnership with the NHS Supply Chain to create a list of equipment with the capability to deliver the AAA screening programme. Clinical Commissioning Groups could support the NSC to evaluate new technology and approve its introduction. Supporting standardised processes for the acquisition of new equipment will help screening services to justify the cost of new technology.
Quality standards and quality assurance: a lever for improvement

- The NSC uses an architecture of quality standards, quality assurance and peer review to support and monitor its screening programmes. These levers are powerful tools to drive service improvement. The NSC considers that this approach to programme delivery could provide a useful model for driving innovation.

Proposal: The NCB should consider using more systematically the levers found to be helpful in screening programmes eg guidance, quality related payments, national branding, regulation, accreditation, transparent quality assurance against national KPIs.

3. Actions by NHS Partners

What specific actions do you believe others, such as industry, academia, patient groups or local authorities, could take to accelerate adoption and spread, and what might encourage them to do so?

Promoting collaboration with Government partners

- The NSC would welcome closer collaborative working with bodies such as the Technology Strategy Board to share its knowledge in development of innovative products to support new ways of working in the NHS. The development of point of care testing for HBV, HIV and syphilis is one example of where this partnership has been beneficial but the potential of the collaboration has not been fully realised.

Promoting the contribution of the NSC workforce

- All NHS partners would benefit from working closely with the National Screening Committee programmes teams and tapping into their skills and expertise in quality assurance, failsafe and exception handling. This resource is particularly valuable for Local Authorities and within primary care where high quality and practically focused public health and screening advice is not always available to support change programmes.

- The NSC workforce and programme centres have strong links with patient groups whilst also understanding the wider need for input from the population that promotes understanding and education around screening, diagnostics and care options.

- Patient – public involvement is a key driver for the NHS in adopting innovations and the NSC has approached this with a clear strategy and purpose that has achieved real results in areas with substantial challenges from stakeholders such as newborn hearing screening and abdominal aortic aneurism screening.

- Screening uses a wide range of diagnostic equipment and there needs to be a clear route for working with healthcare scientists and others to ensure that the specification, evaluation and procurement of the technologies encourages the adoption of innovative, safe, effective and efficient technology solutions.

Proposal: The NCB considers adopting a similar process to the NSC to adopt innovations for national and sub national roll out

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