



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

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MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Health and Social Care Reform

DHSSPS

Modernisation and Improvement Programme

Board (MIPB)

Population Screening

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Introduction

This paper has been developed by the **Screening workstream** of the Regional Agency for Public Health and Social Wellbeing (the Agency) project and will form a section of its operational framework. It has been developed in liaison with a wide range of stakeholders and has been endorsed by the Agency Project Board. It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website - www.dhsspsni.gov.uk/index/hss/rpa-home.htm

This paper describes a comprehensive set of functions associated with the provision and development, of high quality population screening programmes. It identifies the respective roles and responsibilities of the various Health and Social Care (HSC) organisations in relation to population screening in Northern Ireland

It also provides a business model and accountability framework that shows how the new HSC organisations need to work together to commission, provide, monitor and quality assure screening programmes.

Further information on this document or the Regional Agency for Health and Social Wellbeing Project may be obtained from the Project Director Carolyn.Harper@DHSSPSNI.GOV.UK Tel: 028 9076 5756

1 BACKGROUND

- 1.1 The purpose of this paper is to inform the development of an operational framework for the Regional Agency for Public Health & Social Well-being (RAPHSW) in relation to its screening-related responsibilities. Although it focuses on the functions of the Agency, population screening programmes require a range of screening functions to be carried out by the various Health & Social Care (HSC) Organisations in a coordinated and integrated fashion.

- 1.2 The introduction, development and commissioning of screening programmes will require close collaboration and coordination between the RAPHSW and the Regional Health and Social Care Board (RHSCB) (and where appropriate the Regional Support Services Organisation). The RHSCB, RSSO and RAPHSW will need to maintain expertise in commissioning and performance managing population screening programmes. In addition, commissioning of screening programmes will need to be integrated with the commissioning of related treatment services for which the RHSCB has lead responsibility. It will be necessary for the Agency to agree with the Board the relevant systems, procedures and resources to secure a fully integrated approach to the planning and commissioning of screening services.

- 1.3 This paper proposes arrangements for joint working on screening-related functions between the RHSCB and RAPHSW in particular. It describes a comprehensive set of functions associated with the provision and development of high quality population screening programmes (section 2) and identifies the respective roles and responsibilities of the various HSC organisations in relation to population screening in Northern Ireland (section 3).

- 1.4 It also provides a business model (section 4) and accountability framework (section 5) that show how the new HSC organisations need to work together to commission, provide, monitor and quality assure screening programmes.
- 1.5 The staffing levels required for the Agency to properly perform its screening functions are described in other RAPHSW workstream papers, as are issues relating to the transition arrangements.

2 THE SCOPE OF SCREENING FUNCTIONS

- 2.1 Screening is an important public health function that involves the health service inviting members of the public, who have no symptoms of a particular disease, to be tested to see if they have the disease, or are at risk of getting it. This is different from the usual type of health care in which a patient makes contact with the health service because he or she has symptoms or signs of disease.
- 2.2 There is a wide, and increasing, range of screening programmes covering all age groups. The National (UK) Screening Committee (NSC) makes recommendation to the 4 countries in the UK about changes to existing screening programmes (e.g. extending the age group invited for breast screening) or the introduction of new screening programmes (e.g. bowel cancer screening).¹ **Annex 1** shows the screening programmes currently being delivered in Northern Ireland. There are a number of planned changes over the next 2 years and these are as follows:

¹ http://www.nsc.nhs.uk/pdfs/Policy_Position_Chart%20_Final_07072008.pdf

- The introduction of a quality management system (QMS) for breast screening - which was due in 2007.
- The extension of breast screening to older age groups by March 2009.
- The extension of newborn bloodspot screening to include MCADD² (April 2009) and sickle cell (April 2010) screening; and the addition of genetic testing to the cystic fibrosis screening protocol (April 2009).
- The introduction of bowel cancer screening from December 2009.
- The introduction of abdominal aortic aneurysm screening by March 2010.
- The extension of the scope of antenatal screening for foetal anomalies by March 2010.
- The development of quality assurance, and quality management, systems for antenatal, newborn and child health screening.

2.3 All screening can do harm as well as good e.g. it can result in unnecessary diagnostic testing and treatment. The ethical imperative in screening is therefore different from other health services, which is why screening programmes are subject to strict quality assurance and control and require robust performance management. In this way the balance of benefit and harm is tipped in favour of benefit.

2.4 Most screening tests are not diagnostic tests and further diagnostic testing is required to establish the diagnosis. Screening tests sort a population of people into two groups – those who might have the

² Medium Chain Acyl-CoA Dehydrogenase Deficiency – a genetic disorder.

disease being looked for and those who probably don't. Screening for disease in humans should only be undertaken if certain internationally recognised criteria can be met – these are based on criteria first developed by the World Health Organisation. They require the provision of effective treatment for the disease being screened for. There is no benefit in screening for a condition if cannot be treated, or there is inadequate provision of treatment services.

- 2.5 Screening is a programme, not just a test.³ It would be wrong for example, to introduce screening for bowel cancer if there were not sufficient trained staff and resources to undertake diagnostic testing (using an endoscope) and perform the necessary surgery on those who require it. In the absence of robust commissioning, the introduction of this new screening test could undermine the symptomatic endoscopy service, as the demand on diagnostic tests created by screening would exceed capacity. Waiting times for both screening and symptomatic patients would increase. Screening services and symptomatic services are, and should be, closely linked.
- 2.6 Indeed there is clear evidence that the provision of screening services in conjunction with symptomatic services raises the quality of the symptomatic service e.g. the local provision of breast screening has been shown to improve the quality of service provided by the local symptomatic breast service. Commissioning screening and commissioning symptomatic clinical services are inextricably linked.
- 2.7 A poorly performing screening programme could subject healthy people to harm. This is why each screening programme must operate within strict national (UK) guidelines and meet key

³ Raffle AE, Gray JAM. Screening. Evidence and Practice. Oxford University Press, 2007.

minimum standards and targets. A clear line of accountability to a single senior individual (in GB a Director of Public Health) is an important element of the clinical governance arrangements for screening programmes. Clear lines of accountability and strong leadership are crucial. Screening programmes have failed in the past due to a lack of such structures e.g. the major failure of the cervical screening programme in Kent & Canterbury Hospital in 1996.

2.8 However, screening is by its nature a risky business. We have had recent experience of a serious adverse incident in the breast screening programme in Northern Ireland. This had a high media profile. It required considerable effort by public health commissioners with a specialist interest in screening to manage it. There have also been the recent problems with the breast service in the Republic of Ireland which had ramifications throughout the government. There is no doubt that there will be further incidents in screening programmes in the future. Having appropriate arrangements in place will help to mitigate the impact of inevitable failures in such a highly regulated and high profile activity.

2.9 Given the complexity and high-risk nature of screening programmes and related services, it is recommended that screening should be commissioned on a regional basis. There are a number of advantages to planning and commissioning screening services on a regional basis⁴. These include:

- Cost standardisation across providers.
- More effective commissioner procurement of providers' services.

⁴ Department of Health. Collaborative commissioning of national screening programmes. Best practice guidance. London: DoH, 2007.

- Ability to ensure all elements of the screening pathway are commissioned as an integrated package.
- Better use of scarce expertise in commissioning screening.
- More effective provider procurement and usage of specialised equipment e.g. in laboratories.
- More effective quality assurance and risk management.

2.10 Screening programmes are complex systems that require multidisciplinary and multi-organisational input. It is worth therefore considering the range of functions associated with the provision of screening programmes. The main functions associated with screening include:

- Setting screening policy; including the introduction of new programmes and changes to existing programmes.
- The development / adoption of standards for screening programmes (these are usually developed nationally).
- Workforce planning for screening programmes and related treatment services.
- The setting of local targets for screening programmes e.g. PfA targets.
- The identification and allocation of resources for screening programmes and related treatment services.
- Commissioning screening programmes; including the implementation of new screening programmes and changes to existing programmes.
- Procuring equipment (equipment replacement programme).
- The coordination of screening programmes across Northern Ireland.

- Linkage with programmes in Great Britain.
- Quality assurance of each screening programme and taking the necessary action to improve quality and reduce risk.
- The continuous improvement of each programme through quality management.
- Staff training.
- Performance management.
- Risk management.
- The identification and management of incidents.
- Maintaining, supporting and developing appropriate IT systems, including robust call / recall, failsafe and follow-up systems.
- Ensuring population coverage.
- Developing public information and publicity strategies in relation to the various screening programmes (and to provide appropriate public information when there is no screening programme for a particular condition e.g. prostate cancer).
- Action to improve population uptake & coverage – as well as publicity & information provision, this will include facilitating community development approaches and collaboration with the voluntary & community sector.
- The provision and delivery of screening programmes and related treatment services.
- Monitoring and evaluating the impact of screening policy and programmes.

These functions will be provided by a wide range of Health & Social Care organisations.

3 ROLES & RESPONSIBILITIES OF HSC ORGANISATIONS

The Department of Health, Social Services & Public Safety (DHSSPS)

3.1 The roles of the DHSSPS in screening:

- Setting screening policy; including the introduction of new programmes and changes to existing programmes. This will be informed by the recommendations of the National Screening Committee.
- Priority setting.
- Development of strategic capital development plans, in collaboration with the Trusts.
- Identifying resource requirements for screening, including staffing requirements.
- Securing adequate resources.
- Allocating resources.

3.2 The responsibilities of the DHSSPS in screening:

- Accountability for screening programmes – through the CMO.
- Linkage with health departments in Great Britain & Ireland.
- Linkage with national screening programme groups.
- Input to national policy committees such as the National Screening Committee.
- The formal adoption / adaptation of nationally developed standards for screening programmes i.e. similar to the process of adoption of NICE guidance.

- Workforce planning for screening programmes and related treatment services.
- Setting local performance measures and targets for screening programmes e.g. PfA targets.
- Approval of capital plans.

The Regional Agency for Public Health & Social Well-being (RAPHSW)

3.3 The roles of the RAPHSW in screening will be discharged through joint working with the RHSCB. They include:

- Leading the implementation of screening policy through regional commissioning and other processes. This will be carried out in close cooperation with the RHSCB through joint RHSCB/RAPHSW screening programme teams.
- Leading the joint RHSCB/RPAHSW teams to introduce new, and improve existing, screening programmes and services, through commissioning and other processes.
- Identifying and (where appropriate) developing standards for the commissioning of screening programmes.
- Identifying, advising on and (where appropriate) developing standards for the commissioning of related treatment services.
- Provision of professional leadership, evidence-based advice and expertise on the commissioning of related treatment services.
- Provision of professional leadership, advice and expertise on the commissioning of information and communication technology to support screening programmes.
- Performance management of screening programmes in collaboration with the Board.

- The development of partnerships (e.g. with the Patient & Client Council, the Northern Ireland Cancer Network and voluntary organisations) and engagement with a range of stakeholders, including health care professionals providing screening and related treatment services.
- Needs assessment and strategic planning.
- Providing advice and support regarding the commissioning of related treatment services.
- Regional coordination of screening programmes.
- Developing quality assurance structures.
- Quality assurance of screening programmes.
- The continuous improvement of each screening programme through quality management.
- Supporting the development of quality management systems.
- Developing public, and professional, information and publicity strategies in relation to the various screening programmes (and to provide appropriate information when there is no screening programme for a particular condition e.g. prostate cancer).
- The Quality Assurance Reference Centre has a role in providing training for cancer screening staff.
- Contributing to workforce planning.
- Programme monitoring & evaluation.

3.4 The responsibilities of the RAPHSW in screening are:

- Accountability for ensuring the resident population has access to good quality screening programmes - through the Regional Director of Public Health.

- Identifying, through QA mechanisms, performance issues that require action and working in collaboration with the RHSCB to ensure that these are addressed.
- Knowledge and understanding national policy, guidance, standards and targets; including linking with screening programmes in Great Britain.
- Input to National Screening Committee and NSC sub-groups.
- Linking into, and participating in, national (UK) quality assurance structures.
- Advising the DHSSPS on the implications of screening policy.
- Understanding local needs and priorities.
- Expert knowledge of the screening services being commissioned.
- Providing annual reports on all screening programmes
- Organising and coordinating external quality assurance.
- Investigating incidents, as appropriate, and assisting others in the investigation and management of incidents.
- Developing local protocols for incident management and reporting.
- Undertaking reviews of screening programmes and related treatment services.
- Measuring, analysing and taking action to improve population uptake & coverage; including equity of access and reduction of inequalities – as well as publicity & information provision, this will include facilitating community development approaches and collaboration with the voluntary & community sector. This will be part of the health improvement function of the agency.

The Regional Health & Social Care Board (RHSCB)

3.5 The roles of the RHSCB in screening will be discharged through joint working with the RAPHSW. They include:

- Providing support for the commissioning of screening programmes; in particular providing expert input relating to the technical aspects of commissioning, including strategic planning, contracting and monitoring.
- The development of commissioning plans for related treatment services, in collaboration with the Agency.
- Assisting the Agency in performance management of screening programmes and for screening-related PFA targets, conducting formal performance monitoring meetings with support from specialist screening staff from the Agency.

3.6 The responsibilities of the RHSCB in screening are:

- Managing the interface of screening programmes with locally commissioned services – through the Local Commissioning Groups (LCGs).
- Ensuring sufficient service capacity to provide timely investigation and treatment services for patients identified through the screening programmes.
- Contributing, as required, to the investigation and management of incidents on the advice of the Agency.

The Regional Support Services Organisation (RSSO)

3.7 The roles of the RSSO in screening are:

- Procurement, development, maintenance and operation of relevant call / recall, and failsafe, systems e.g. the cervical screening system.

- Procuring equipment, as appropriate.
- Provision of other regional services to support screening programmes, as required. This might include the provision of defined information.

3.8 The responsibilities of the RSSO in screening:

- Providing relevant information to the Agency and the Board to support quality assurance, monitoring and performance management.
- Linking uptake measurement to the Quality and Outcomes Framework (QOF) and standards.
- Supporting the development and maintenance of information systems for screening programmes, as appropriate.
- Development of capital business cases, as appropriate.

The Health & Social Care Trusts

3.9 The roles of Trusts in screening:

- Delivering the required elements of relevant screening programmes to agreed standards (elements of some screening programmes are also provided by primary care e.g. the taking of cervical samples).
- Providing related treatment services.
- Local coordination of screening (and related treatment) services, with identified individuals at a senior level who have responsibility for individual screening services within the Trust.
- Incident reporting and investigation, according to relevant guidance.
- Workforce planning and service continuity.

- The production of relevant business cases.
- Active management of an equipment replacement programme.
- Provision of a medical physics service (Belfast Trust) to support screening programmes.

3.10 The responsibilities of Trusts in screening:

- Clinical governance arrangements for the elements of the screening programmes provided by the Trust; including developing and maintaining local quality management systems – through the Chief Executive.
- Ensuring that the safety and quality of those elements of the screening programmes provided by the Trust.
- Delivering on targets and standards.
- Maintaining, supporting and developing appropriate IT systems, including robust call / recall, failsafe and follow-up systems.
- Entering screening, and related, data into relevant information systems.
- Development of service level agreements with the medical physics service (to be located in the Belfast Trust) to ensure screening equipment meets relevant legislative requirements and national standards.
- Identification, reporting and management of incidents.
- Provision of appropriate information to the public in relation to screening programmes.
- Local action to improve population uptake & coverage.
- Ensure staff are able to participate in relevant audits e.g. the BASO audit of screen detected invasive breast cancers, the Sloane audit of screen detected non-invasive breast cancers and the national audit of invasive cervical cancers.

- Releasing and supporting staff to contribute to and participate in quality assurance, including attendance at relevant national QA meetings.
- Facilitating and cooperating with QA visits, and taking action to implement the relevant recommendations in the related reports.
- Releasing staff to be trained and to train others.

The Patient & Client Council (PCC)

3.11 The roles of PCC in screening:

- Informing policy and strategy development.
- Informing priority and target setting.
- Receiving reports from Trusts & commissioners regarding coverage and quality of screening programmes.
- Assisting with education and awareness programmes; including the development of patient information leaflets.
- Assisting with the development of user surveys.

3.12 The responsibilities of PCC in screening:

- Providing input to user surveys.
- Contributing to the monitoring and evaluation of screening programmes, as appropriate.

4 BUSINESS MODEL FOR DELIVERING THE AGENCY SCREENING FUNCTIONS

4.1 The Agency will create and lead one or more joint RHSCB/RAPHSW screening programme teams. The team(s) will:

- Design and plan the implementation of screening policy, programmes and services.
- Drive improvement in new and existing screening programmes and services.
- Ensure that relevant national and local guidance and standards are adhered to and met.
- Ensure that recommendations from RQIA reviews, QA visits, other reviews are implemented.
- Ensure that corrective action is taken if performance does not meet required standards.
- Support the formal performance monitoring meetings of the RHSCB for screening-related targets.
- Determine any resource needs and allocations and include those in the joint commissioning plan.
- Carry out any reviews of screening programmes.
- Have a strong link with the QA function and use QA data in monitoring performance.

The programme team(s) will also be involved in the investigation of incidents and will assist others in the investigation and management of incidents, in keeping with national and local guidance and procedures.

- 4.2 The screening team(s) will consist of Agency and Board staff and, where appropriate RSSO staff e.g. when a programme team wants to alter call / recall arrangements in an existing screening programme or introduce a new call / recall service. The team(s) will be chaired by the Agency; team membership will change in accordance with the tasks to be performed. The number and configuration of teams should be determined by the RDPH and tier-3 lead with responsibility for screening, in collaboration with the Director of Commissioning of the RHSCB. One model would be to have four teams that reflect the current provision of screening programmes set out in **Annex 1** (i.e. cancer screening, vascular screening, antenatal screening, and newborn & child screening), with each of these four areas having a programme lead – cancer screening programme lead, vascular screening programme lead etc. Another model would be to have a separate programme team for each screening programme, although some could be grouped together e.g. newborn screening programmes.
- 4.3 Any decision on the number of programme teams will need to take account of the scarce RAPHSW and RHSCB expertise in carrying out the tasks listed in 4.1 above, and the need to rationalise the amount of interaction with providers across all programmes. As described in section 2, screening is different from other health care interventions and it is vital that the Agency, working with the Board and the RSSO, is able to properly carry out the screening functions listed in section 3.
- 4.4 Those staff providing the quality assurance function, including staff in the QARC, will be part of the Agency, but will support the work of the joint RHSCB/RAPHSW screening teams. It is worth noting that quality assurance is an integral part of any screening programme – it is a component of screening, just as taking a mammogram is a component of breast screening or taking a retinal photograph is a component of diabetic retinopathy screening. The Agency will be acting as a provider of the QA function.

4.5 The Agency will be responsible for receiving and analysing quality assurance data and through the joint RHSCB/RAPHSW screening teams, ensuring that appropriate action is taken. Depending on the seriousness and persistence of the problem, actions will be escalated as necessary, and will include:

- Facilitating and encouraging providers to meet QA standards.
- Communicating with providers to inform them that they are failing to meet standards and requesting an explanation and action plan.
- Providing additional support to providers, including external expertise in screening service improvement and redesign.
- Invoking formal performance management arrangements through the (relevant) programme team.
- Working through procedures and guidance on managing an incident.
- Undertaking a formal review of the service, including independent review if appropriate.

4.6 Those with responsibility for the quality assurance of screening programmes will advise the programme team(s) on any key issues that need to be incorporated within the performance mechanisms.

4.7 As the quality assurance and commissioning of screening programmes will be carried out regionally, the staff required for these functions should be located centrally within the Agency. Co-location of these staff with other Agency staff will facilitate cross-cover arrangements.

5 ACCOUNTABILITY ARRANGEMENTS

- 5.1 The Agency will have lead accountability to the Department for achieving screening-related targets and other requirements set by the Department. The Board will be accountable to the Department for the support it provides to the Agency in achieving screening-related outcomes and other requirements set by the Department.
- 5.2 Within the Agency, the line of accountability for the screening functions of the Agency is from the Chief Executive, to the RDPH, to the tier-3 lead with responsibility for screening, to the screening programme leads. QARC and other staff with responsibility for quality assurance will be accountable to the screening programme leads.
- 5.3 Trusts will be accountable to the Agency/Board programme team(s), including any formal performance monitoring arrangements, for the provision of relevant screening services to the required standard.
- 5.4 The RSSO will be accountable to the Department for the operation and management of the cervical screening (and possibly the breast and bowel screening) call / recall system – as well as any other designated functions.

CURRENT POPULATION SCREENING PROGRAMMES PROVIDED IN NORTHERN IRELAND

<u>Cancer Screening</u>	<u>Vascular Screening</u>	<u>Antenatal Screening</u>	<u>Newborn & Child Screening</u>
<ul style="list-style-type: none">• Breast• Cervical	<ul style="list-style-type: none">• Diabetic Retinopathy ?	<ul style="list-style-type: none">• Infection ?• Fetal Anomaly* ??	<ul style="list-style-type: none">• Newborn Bloodspot, including cystic fibrosis*?• Newborn hearing ?• Newborn physical examination??• Growth and BMI ??• Hearing ??• Vision ??

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