



**UK National
Screening Committee**

NHS

Sickle Cell and Thalassaemia

National Screening Programme: Support, Education, Oversight

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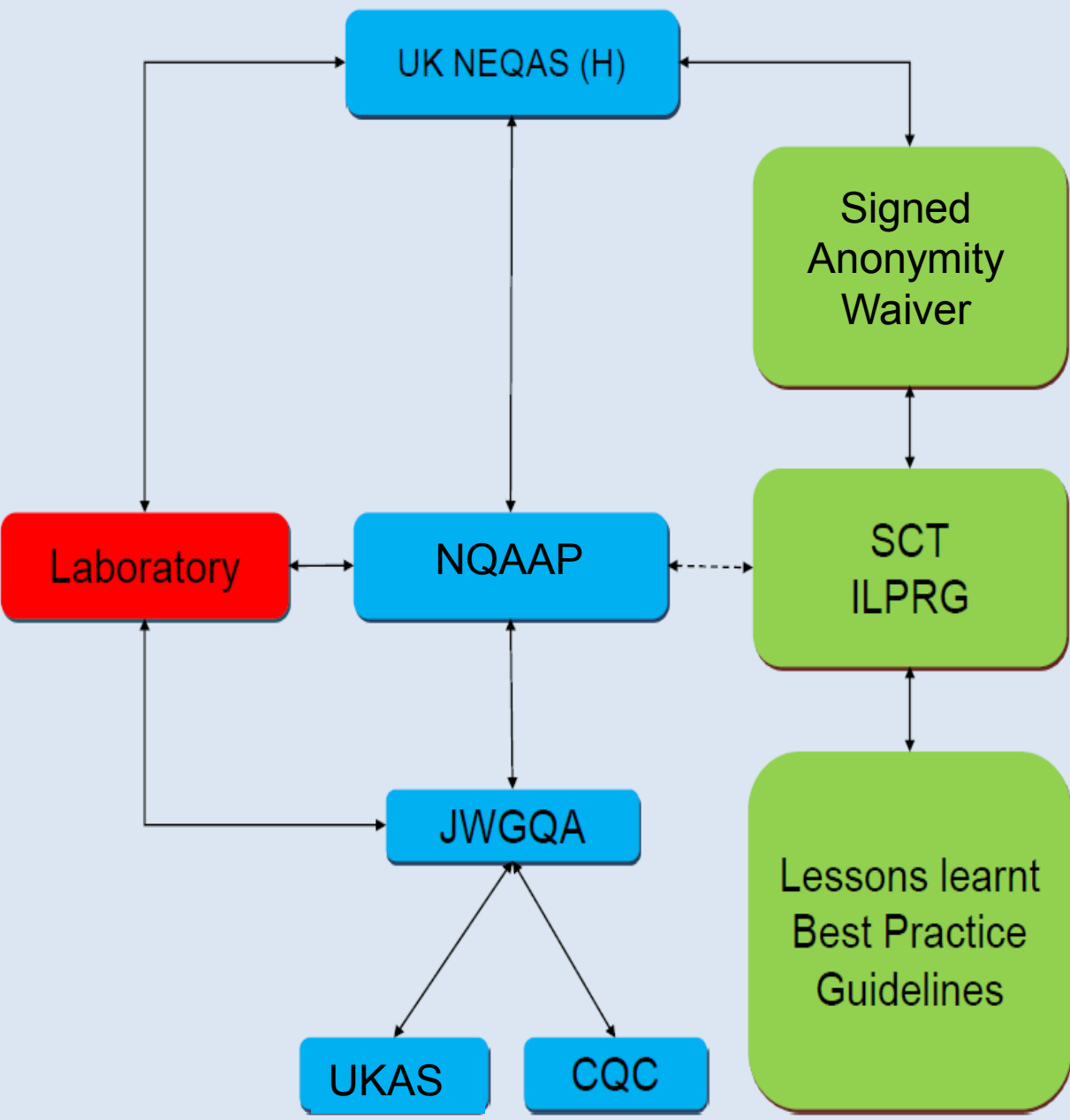
Part of Public Health England



Oversight of EQA performance

To obtain identifiable performance data in collaboration with the Programme confidentiality waivers were sent to 13 newborn and 150 antenatal screening laboratories (2012-13).

- Returned by all newborn laboratories
- Antenatal laboratories returned by all but 3
- Agreement has been made to review performance 6 monthly by the Independent Laboratory Review Group (ILPRG)
- Relationship with the Joint Working Group on Quality Assurance (JWGQA) has been established to ensure consistency, transparency and standardisation of process



UK NEQAS (H) - National External Quality Assessment Scheme for Haematology
 NQAAP - National Quality Assurance Advisory Panel
 SCT- Sickle Cell and Thalassemia Screening Programme
 ILPRG- Independent Laboratory Performance Review Group
 JWGQA - Joint Working Group on Quality Assurance
 CPA - Clinical Pathology Accreditation
 CQC- Care Quality Commission

Purpose

- Facilitate a joined up approach
- Offer appropriate support for individual laboratories
- Identify trends across the country, advise manufacturers and stakeholders of current/on-going issues
- Work with antenatal and newborn screening laboratories to ensure stakeholders including regional screening teams are appropriately informed of relevant issues.

Process

- 6 monthly report produced by UK NEQAS Haematology with anonymised data:

What has been distributed

Equipment used

Non participation/Number of UP and PUP at each survey

Outcomes

Summary of reported comments

- A sealed report with named data is given to programme lead at the meeting, this is only opened if required and is destroyed in confidential waste after the meeting
- Results are reviewed at ILPRG meetings attended by UK NEQAS, QA representative, laboratory advisers, Programme Lead

Outcomes

- Advice on requirements for a look back following identification of a problem by NEQAS
- Co-ordinated approach to issues which potentially impact on screening results from both NEQAS and the screening programme
- Updated advice in laboratory handbook and in training sessions based on findings
 - Lookback
 - Reporting/Interpretation issues
 - Best practice guidelines

Example

- Issue with column performance highlighted by QA due to incident
- Column performance also highlighted by NEQAS returns
- Discussed at ILPRG
- NEQAS in contact with manufacturer
- Joint approach from NEQAS and Programme
- Less duplication and confusion

Other Initiatives

- Commissioned report on Hb A₂
- Supported liquid newborn and DNA
- Scoring system for interpretation/reporting

Current Situation

- QA wishes to expand process to other areas of screening
- Meeting to be held with EQA providers late October
- QA view is that major responsibility for disclosure of performance issues is the laboratory
- Laboratories should notify programme directly
- QA do not wish to duplicate or replace well developed performance management via EQA providers, NQAAPs and JWT.

UKAS

- QA is working with UKAS on accreditation process for laboratories
- Work in progress
- Mapped to ISO standards where additional evidence/aspects required detailed
- Intention is for the document to be available on website once completed
- Interested in feedback/issues experienced by laboratories

Thank you