Task brief: safe continuance or restoration of NHS Newborn and Infant Physical Examination (NIPE) screening programme

Newborn and Infant Physical Examination screening programme context

Safe continuance or restoration of newborn screening for NIPE will follow an approach to screen or follow up babies prioritising those at highest risk first. Most NIPE screening services have continued in some form with the majority of disruption being for babies with screen positive results who require follow up. During this recovery period, catch up or restore needs to be considered alongside the ongoing screening of newborn babies leading to business as usual (BAU).

Programme activity has varied since the COVID-19 pandemic has spread. Whilst all newborn programmes have been instructed to screen as usual, it was evident that a number of local screening services experienced issues that affected their ability to complete the screening and referral pathway.

With regard to NIPE, the newborn examination is still being completed, although coverage is slightly lower than usual. The national programme is aware that some outpatient services closed resulting in disruption to the screen positive referral pathway in some areas. This has led to a backlog of babies who have not completed the screening pathway. The 6-8 week infant examination is in the category of activities in primary care that should continue as usual and some GP practices are often combining the examination with routine neonatal immunisations (commonly at 8 weeks of age) as it is considered a good time to do both, limiting the number of contacts.

Restoration approach

PHE screening has developed a hierarchy pyramid to demonstrate an approach to manage restoration of screening and diagnostic follow up. The pyramid demonstrates a top down approach to enable targeting of those babies at highest risk first, leading to the maintenance of usual screening. Given that providers have experienced varying degrees of disruption to services, no exact date for recommencement of ‘business as usual’ has been specified. However, normal screening and referral pathways should be resumed as soon as possible.

The pyramid has been further edited for this plan to be programme specific in order that the approach demonstrates the specific risks, issues and mitigations required by the NIPE screening programme.

Technical guidance to support the newborn and infant physical examination screening programme was issued through NHSEI to Heads of Public Health Commissioning (HoPHC) initially on 30 March 2020, with a revised version sent out on 22 April 2020. This provided guidance on implementing alternative temporary amended screening pathways, maintaining screening services to maximise coverage and managing babies with screen positive results.

This guidance is time limited and the aim of all services must be to restore to a 'business as usual' status as soon as is practically possible

Services should undertake an assessment of the risks associated with bringing babies in for screening / diagnostic testing with the overarching principle that practice is safe. Services should comply with trust guidelines to minimise any potential risks to staff and patients with particular regard to limiting the number of people attending for appointments.

Use of SMaRT4NIPE (S4N) or locally collated failsafe lists in areas without S4N, was strongly recommended in the NIPE technical guidance to track the screening pathway for all newborn babies, and this should now be used to identify babies who have missed screening or any part of the screening pathway.

This guidance provides information and suggested prioritisation of babies within each of the following cohorts for babies or infants:

- who have missed screening
- have incomplete screening
- who are awaiting diagnostic testing

Please see further guidance and information in Appendix 1.

Figure 1:
Hierarchy pyramid for Newborn and Infant Physical Examination Screening Programme

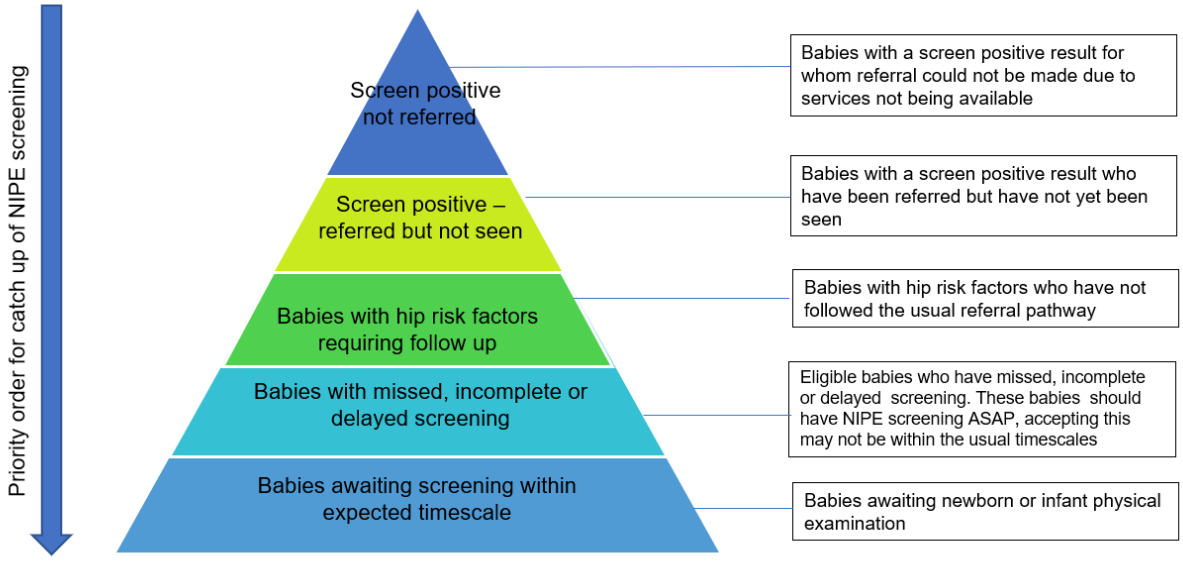

Table 1:
Newborn and Infant Physical Examination Screening Programme risk stratification

Risk stratification and characteristics of this sub-cohort	**Required actions for this sub cohort**
Screen positive after clinical examination - not referred Babies with a screen positive result for whom referral could not be made This can be for any element of the screen	Review records for babies with screen positive results for heart and bilateral undescended/absent testes after the newborn examination – which should have been completed prior to discharge home and recorded on S4N Using S4N identify all other babies with screen positive results who have not been referred These babies should be urgently referred regardless of age (no age group should be prioritised) and followed up. Following attendance at the appointment, outcomes should be added to S4N as soon as possible to support failsafe processes Requirement for follow up may be for any element of the screen but is more likely to be due to requirement for hip ultrasound or specialist review where there has been lack of outpatient service capacity
Screen positive after clinical examination - referred but not seen Babies with a screen positive result who have been referred but have not yet been seen	Review records for babies with screen positive results for heart and bilateral undescended/absent testes after the newborn examination – which should have been completed prior to discharge home and recorded on S4N Using S4N identify all other babies with screen positive results who have been referred but not seen These babies should be urgently seen regardless of age (no age group should be prioritised) and followed up. Following attendance at the

This can be for any element of the screen	appointment, outcomes should be added to S4N as soon as possible to support failsafe processes Requirement for follow up may for any element of the screen but is more likely to be due to requirement for hip ultrasound or specialist review where there has been lack of outpatient service capacity
Babies with hip risk factors requiring follow up **Babies with hip risk factors who have not followed the usual referral pathway due to technical guidance being followed**	These babies may not have been referred for hip ultrasound after the newborn examination and follow up is required Using S4N, identify babies with hip risk factors who have not had hip ultrasound (or who do not have appointment for hip ultrasound planned for 6 weeks of age) Arrange hip ultrasound at or as soon after 6 weeks of age as possible. As an alternative, clinical examination (by an experienced practitioner) can be arranged and if necessary hip ultrasound undertaken (this can be undertaken up to 6 months of age) Following hip ultrasound, outcomes should be added to S4N as soon as possible
Babies with missed, incomplete or delayed screening Eligible babies who have missed, incomplete or delayed screening	Using S4N, identify babies with missed, incomplete or delayed screening (ideally via use of S4N) Screening, or completion of screening should be offered as soon as possible **Newborn examination** Depending on the age of the baby and local arrangements, the examination should be undertaken by maternity services or primary care as soon as possible (up to age of 6 weeks) Babies who are found to have screen positive results after the newborn examination should be seen in line with national guidance if at all possible. However, if the examination has been delayed referral should made as soon as possible **6-8-week infant physical examination** A record of the babies who have missed this screen should have been maintained by GP practices. Once normal clinical practice resumes, the examination should be undertaken in primary care as soon as practicable • babies who have not had the newborn examination should be prioritised • the numbers of missed screens should be made available to local commissioners as required Babies who are found to have screen positive results after the 6-8 week infant examination should be seen in line with national guidance if at all possible. However, if the examination has been delayed referral should be made as soon as possible This category will also include:

	• babies with screen positive hip screening results after newborn examination and who, in line with NIPE technical guidance, were scanned prior to discharge home. Those with abnormal scan results will require rescan at 6 weeks of age or as soon as possible after that
	  ○ In these cases, abnormal scan related to physiological rather than pathological sonographic hip dysplasia, re-scan at 6 weeks of age can be arranged
	  ○ However, if there was a clinical finding of subluxed or dislocated hip on newborn examination along with an abnormal hip ultrasound these babies should be prioritised and referred urgently to an appropriate specialist for assessment and treatment (new guidance)
	• babies whose parents have declined screening (who now wish screening) or those who were not brought for post screen positive referral appointment (who now wish to take up offer of this appointment)
	
	Babies who were not brought (WNB) should be managed in line with the Trust WNB policy (or DNA local policy)
	
	Babies with findings of 'clicky hip(s)' on clinical examination
	In line with current national guidance, babies with findings of 'clicky hip(s)' on clinical examination do not require a hip ultrasound. Please also refer to additional guidance in the NIPE clinical handbook hip screening section

Babies awaiting screening within expected timescale Usual screening pathway	Business as usual Practitioners should ensure that any catch up does not impact on screening this cohort as far as possible

* N.B. S4N national NIPE IT system is not yet implemented in 2 trusts in England so use of local processes will be required to identify and manage babies in the above cohorts.

Appendix 1:
COVID-19 newborn and infant physical examination screening programme restore guidance

Use of SMaRT4NIPE

As outlined in the NIPE technical guidance (March and April 2020), screen positive results and outcomes should be recorded on S4N to track progress through the screening pathway and to ensure that screen positive referrals have been made and babies seen. Records will remain as 'pending' on S4N until screening or follow up data is entered. Providers are strongly advised to ensure all relevant screening and post referral outcome data fields are completed as soon as possible. This process is critical to facilitate a failsafe process to support identification of babies for follow up and identify any gaps in the screening pathway.

Possible searches to identify relevant records on S4N

- able to search by Overall Outcome Not done – Missed Newborn Screen for babies born during a given period
- able to search for partial consent
- able to search case notes for user created case notes = COVID-19 (user would need to do this locally as not possible on national NIPE programme reporting system)
- able to search patient notes for system generated case notes – COVID-19 (user would need to do this locally as not possible on national NIPE programme reporting system)

Key Performer Indicator Data

It is acknowledged during the COVID -19 period, standards and KPI performance targets may be breached due to capacity issues and there will be allowance in data reports for mitigating reasons. Some performance data will not be published in this period.
Q4 19-20 KPI data – Data will not formally be requested for this period but the submission template will be available at https://www.gov.uk/government/publications/data-submission-template-antenatal-and-newborn-screening. The usual deadline for returns is 30 June, if services can return data they should do so. Returns will be accepted until the end of September 2020.

Please also see NIPE COVID-19 Technical Guidance and NIPE Clinical Handbook

The Royal College of Paediatrics and Child Health published information for parents about 6-8 week infant examination in May 2020 which can be accessed here

Summary of Document Changes

Final Draft	11.05.20	Programme final draft
Final Draft V1	17.05.20	RS & SC comments
Final Draft V2	19.05.20	Collated track changes and comments
Final Draft V2	20.05.20	Programme amends to final draft v.2 (based on clinician feedback)
Final Draft V3	26.05.20	Edited, removing generic text to focus on changes required
Final Draft V4	26.02.20	Collated track changes