



A guide to National Population Screening in Scotland

Prepared by National Screening Oversight (NSO)



The purpose of this guide

This guide is for the professional audience within screening.

It intends to provide a high level overview of the national population screening programmes within Scotland, including the roles involved, governance structures and commissioning arrangements in the screening pathway.



Contents

- Introduction to national screening programmes
- Roles in screening
- Screening governance:
 - Overall governance
 - Governance of change
 - Governance of quality
 - Governance of adverse events
- Delivery of national screening programmes

Introduction to national screening programmes

Screening is the process of identifying people who appear healthy but may have a higher chance of developing a disease or condition.

Screening programmes detect early indications of disease or conditions and provide a reliable method of referral for diagnostic testing and/or treatment.

For a screening intervention to be introduced as a national screening programme, it must be acceptably accurate and designed to test for a disease or condition where earlier detection and intervention would be of benefit to the participant.

There are six national screening programmes in Scotland.

Scotland's national screening programmes

Scotland has six national population screening programmes:

Scottish Abdominal Aortic Aneurysm (AAA)
Screening Programme

Scottish Bowel Screening Programme

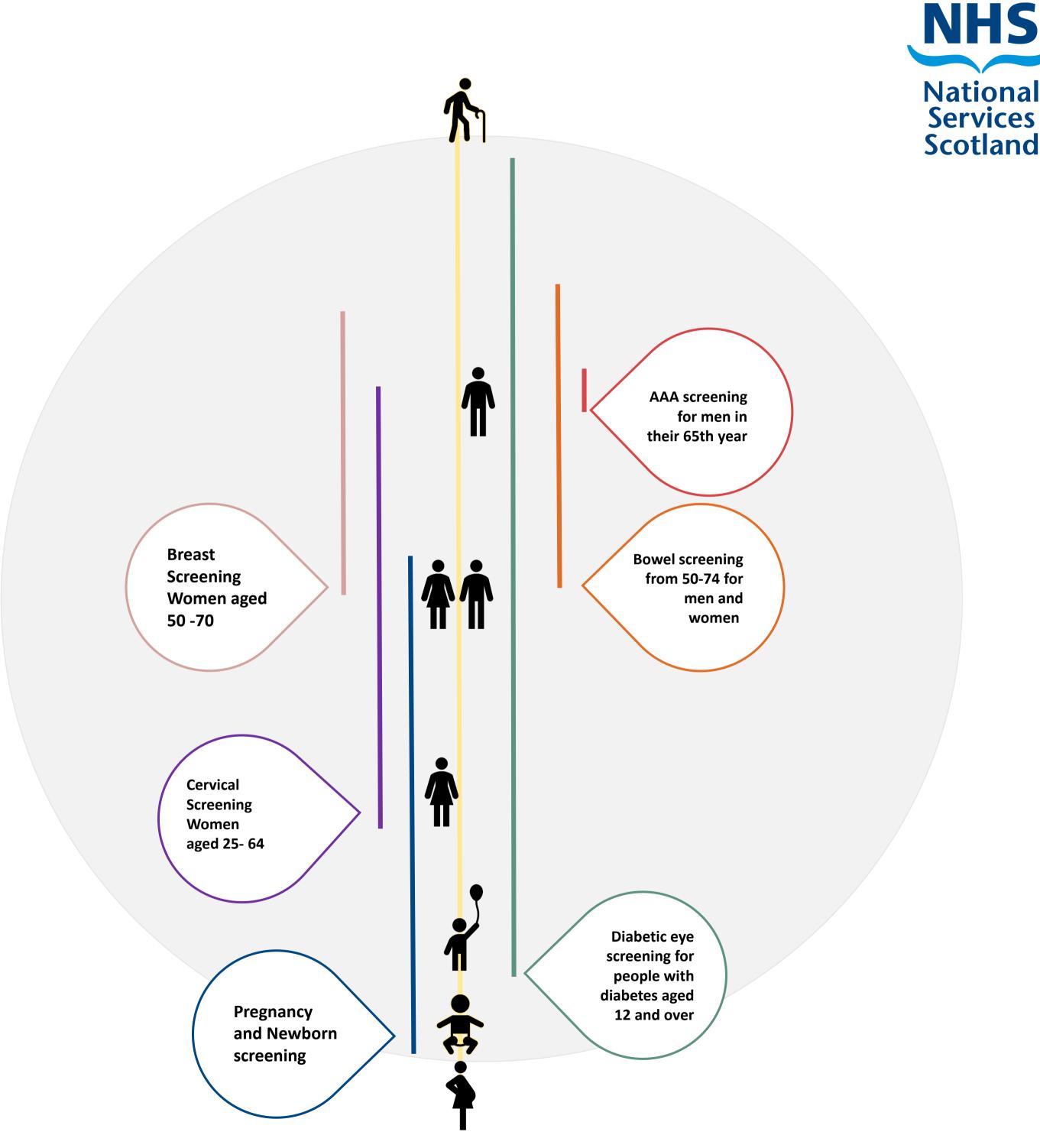
Scottish Breast Screening Programme

Scottish Cervical Screening Programme

Scottish Diabetic Eye Screening Programme

Scottish Pregnancy & Newborn Screening Programme

Further details of all the screening programmes can be found from page 32 onwards



Roles in screening

This section looks at the different organisations, groups, bodies and individuals involved in the provision of screening across Scotland, and sets out their roles and responsibilities.

It covers:

Who is involved in **Policy and Strategy**Who is involved in **Oversight, Assurance and Direction**Who is involved in **Operational Delivery**

Roles in Screening - Definitions



Policy relates to decisions on which programmes are offered and who is eligible to participate

Strategy relates to decisions on how screening is delivered and funded on a national basis

Oversight, assurance & direction relates to system-wide oversight of the quality and effectiveness of the national screening programmes

Operational delivery relates to the national and local arrangements for delivering the screening programmes

POLICY

STRATEGY

OVERSIGHT, ASSURANCE & DIRECTION

OPERATIONAL DELIVERY

Roles in Screening – Who does what?

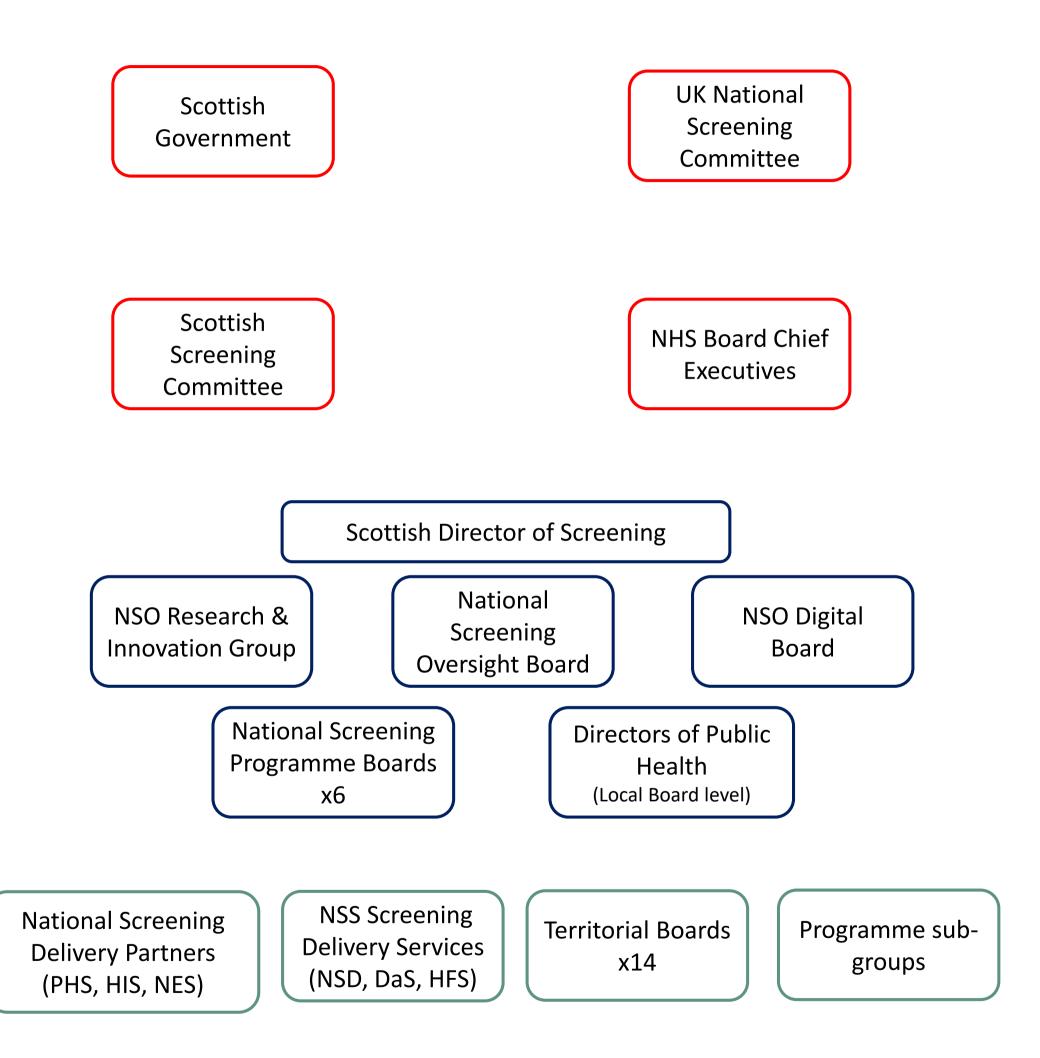


Policy lies with Scottish Government which considers recommendations coming from the UK National Screening Committee

Strategy lies with the Scottish Screening Committee and NHS Board Chief Executives

Oversight, assurance & direction lies with Scottish Director of Screening, the National Screening Oversight Board (with sub-groups of the Research & Innovation Group and the Digital Board), the six National Screening Programme Boards and (at a local level) the NHS Board Directors of Public Health

Operational delivery in screening lies with the National Screening Delivery Partners, NSS Screening Delivery Services, Territorial Boards and Programme sub-groups



Roles in Screening – Policy



In POLICY

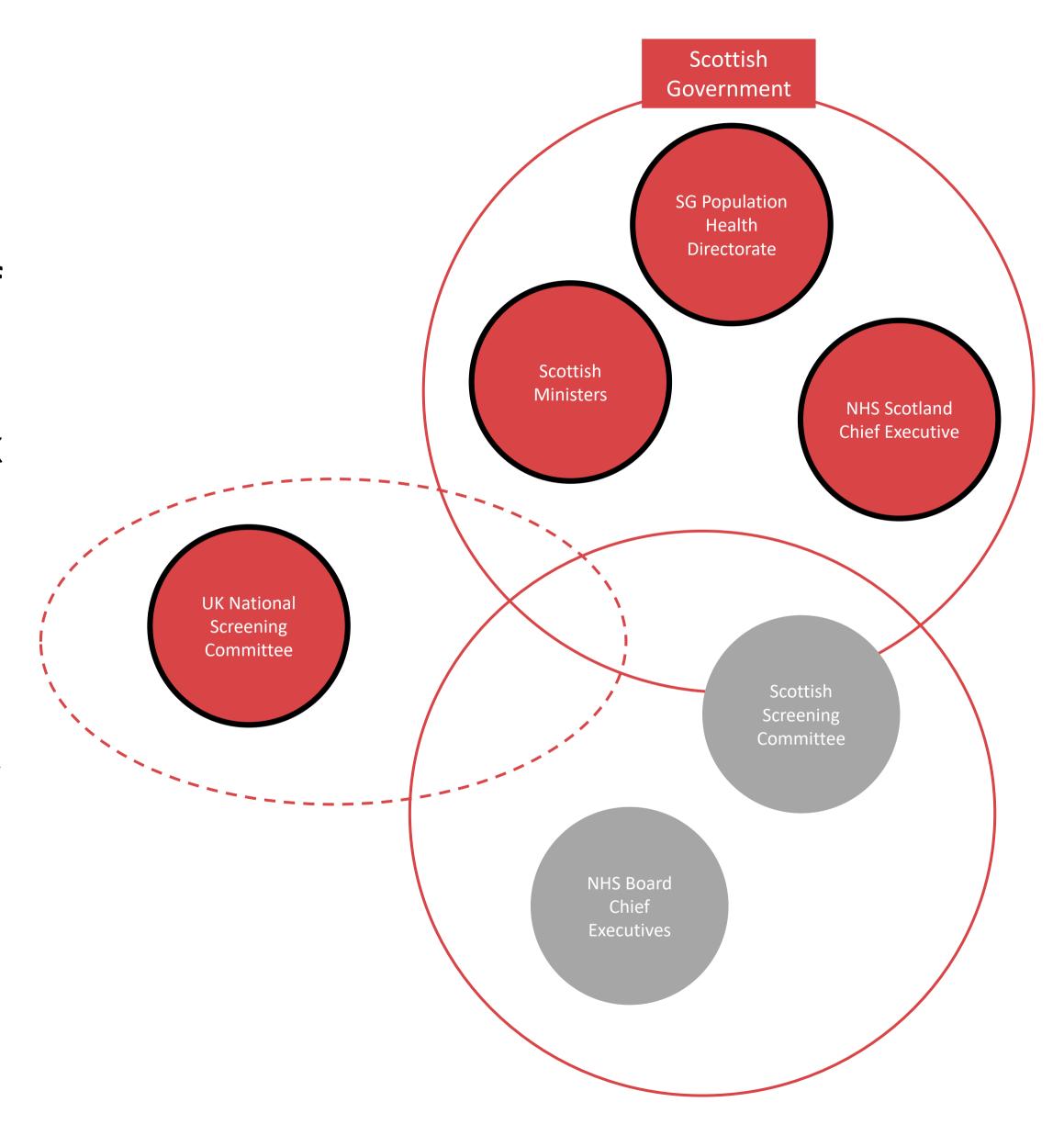
Each UK country sets its own screening policy based on the recommendations made by the UK National Screening Committee (UK NSC).

Scottish Government (SG), comprising Scottish Ministers, the NHS Scotland Chief Executive and SG Population Health Directorate:

 Sets screening policy for Scotland and approves policy changes, taking into consideration recommendations for new and existing programmes from the UK National Screening Committee and the advice of the Scottish Screening Committee (SSC)

UK National Screening Committee:

- Provides advice and recommendations to ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes.
- Is the recognised body for gathering and assessing the evidence base on screening and advising on the criteria for new population-based screening programmes or amendments to existing programmes.
- Is accountable to the four chief medical officers (CMOs), who agree work plans for the UK NSC on an annual basis.



Roles in Screening – Strategy



n STRATEGY

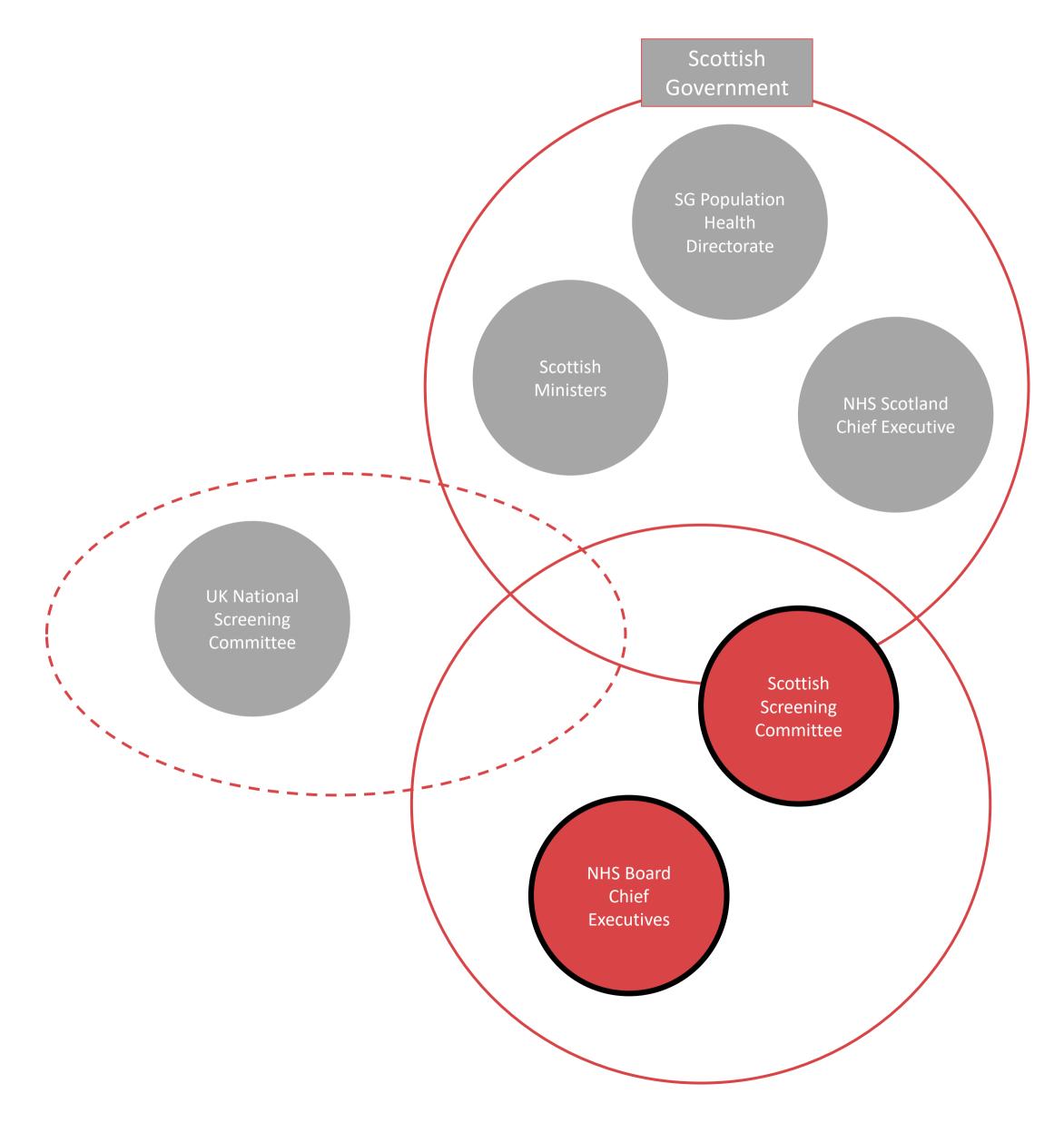
Decisions on how screening policy is implemented at a strategic level are made by the Scottish Screening Committee and the NHS Board Chief Executives.

Scottish Screening Committee:

- Provides strategic leadership, advice and direction on national screening programmes across Scotland within the policy framework created by Scottish Government
- Considers advice from the UK National Screening Committee and advises Scottish Government and NHS Board Chief Executives on its application in the context of Scotland's screening programmes
- Is accountable to Board Chief Executives, and through them to Scottish Government
- Provides input to the UK NSC on the development of screening policy

NHS Board Chief Executives:

- Individually, Board Chief Executives are accountable for the provision of screening services to the population within their respective Boards
- Collectively, the Board Chief Executives make strategic decisions on how screening is resourced and implemented at the national level



Roles in Screening – Oversight, assurance and direction



n OVERSIGHT, ASSURANCE & DIRECTION

at the national system level:

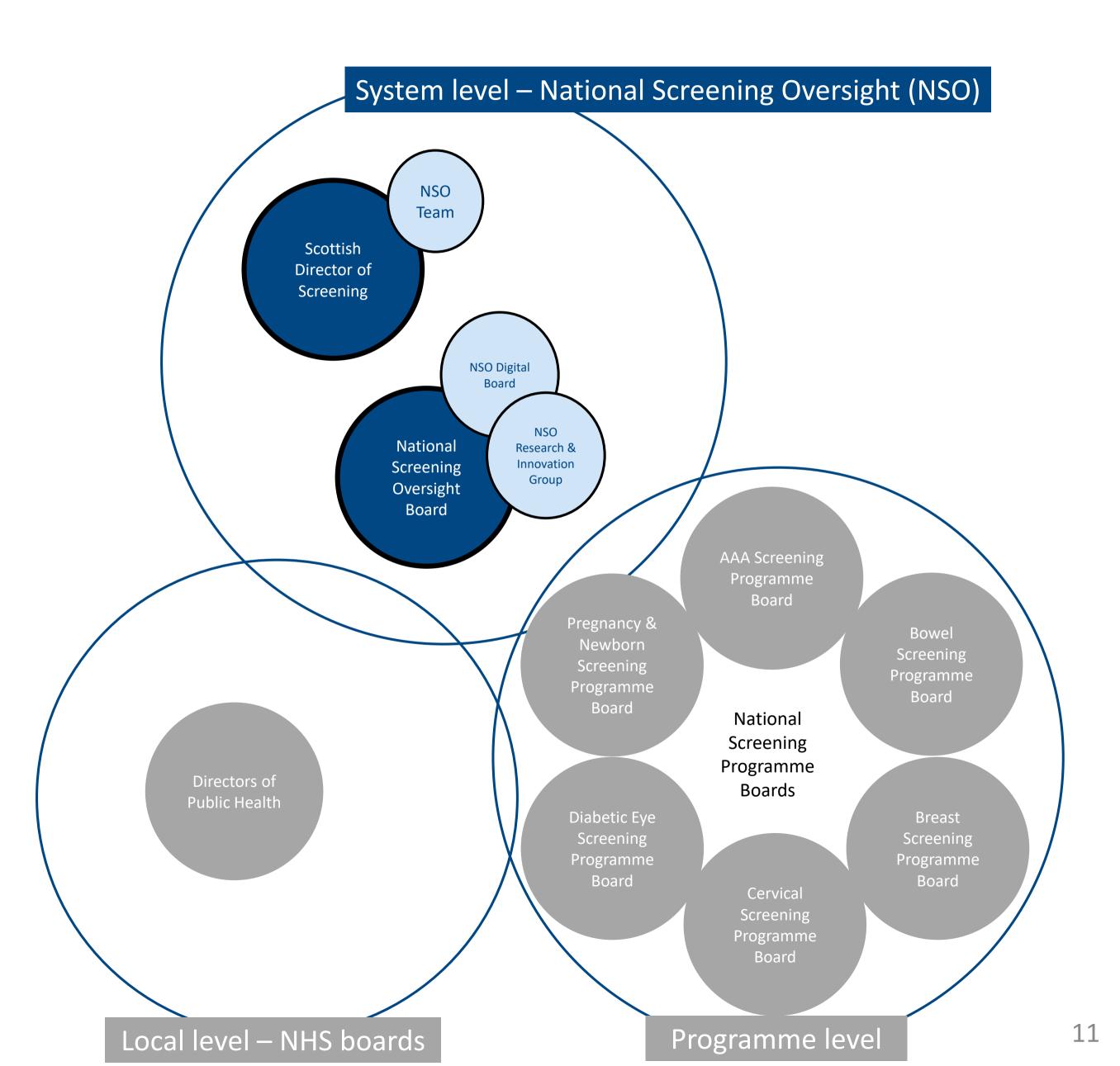
Oversight and assurance of screening at a national system level are provided by National Screening Oversight.

Scottish Director of Screening:

- Chairs the National Screening Oversight Board and, supported by the NSO Team, provides whole-system leadership and national oversight of all aspects of screening, i.e. commissioning, quality management and implementation.
- Provides a link between the Scottish Screening Committee and NHS Scotland Board Chief Executives on the one hand, and the Programme Boards and operational delivery organisations on the other.

National Screening Oversight Board:

- Provides leadership, direction, oversight and assurance of operational matters in relation to screening in Scotland. This includes the introduction of new screening programmes and major changes to existing programmes. Supported by
 - **NSO Digital Board** Oversees all digital changes and developments and provide direction for the digital roadmap.
 - NSO Research and Innovation Group Facilitates a consistent strategic approach to research and innovation across all screening programmes in Scotland



Roles in Screening – Oversight, assurance and direction



In

OVERSIGHT, ASSURANCE & DIRECTION

at the **Programme level**:

National Screening Programme Boards:

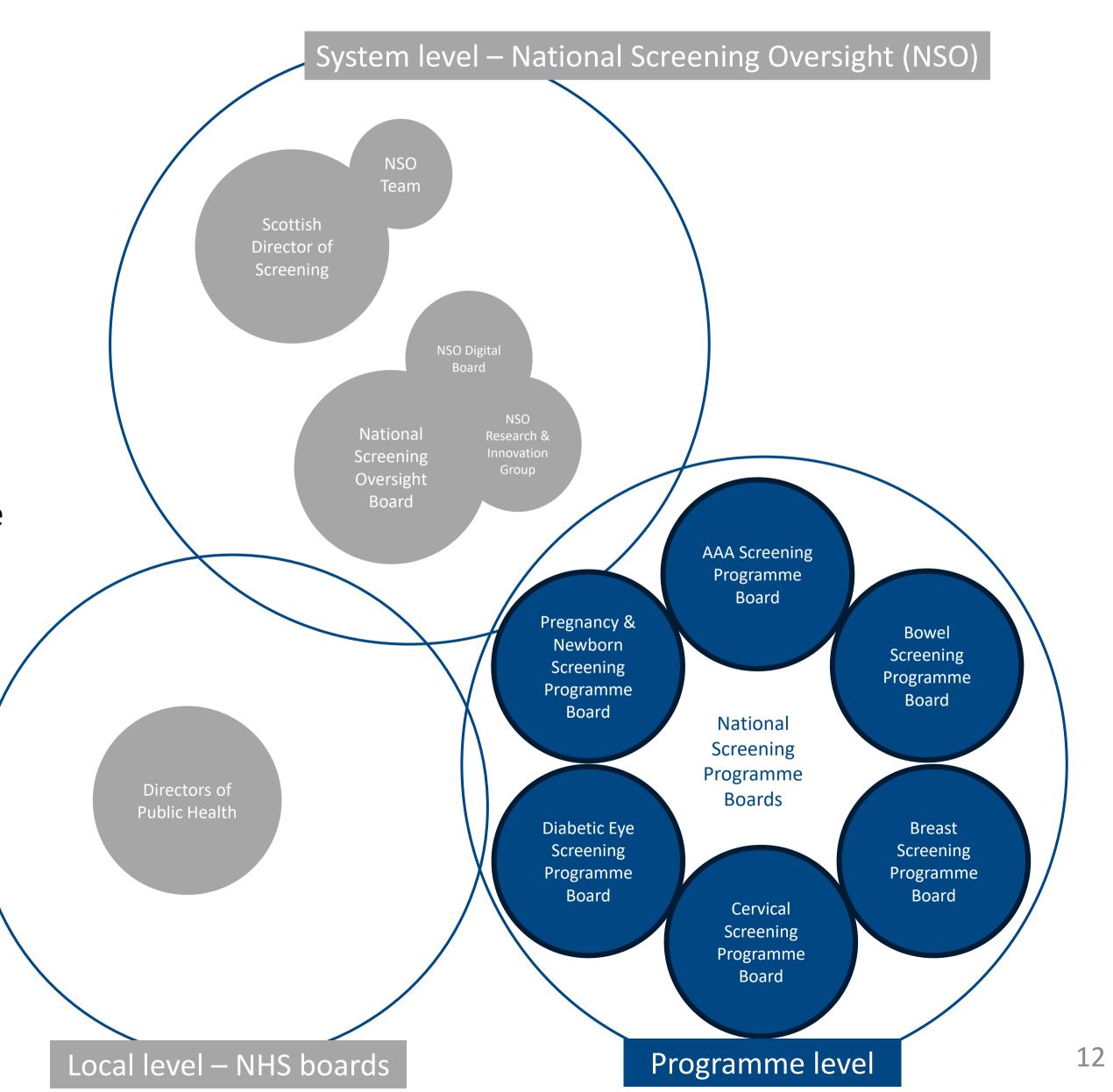
The Programme Boards oversee the six national screening programmes in Scotland.

The Programme Boards are accountable to the NSOB for quality assurance, quality improvement, incident management and the ownership of risks and issues within their respective national screening programmes.

Programme Boards will contribute to the identification of research priorities and the approval process. They are responsible for managing, implementing and the governance of any research that occurs within their Programme.

Each Programme Board is supported by a number of sub-groups with responsibility for a specific area within that programme. These may include:

- Board Screening Coordinators Group
- Monitoring and Evaluation Group
- Quality Assurance / National IT User Groups
- Clinical Directors or Lead Clinicians Group



Roles in Screening – Oversight, assurance and direction



In

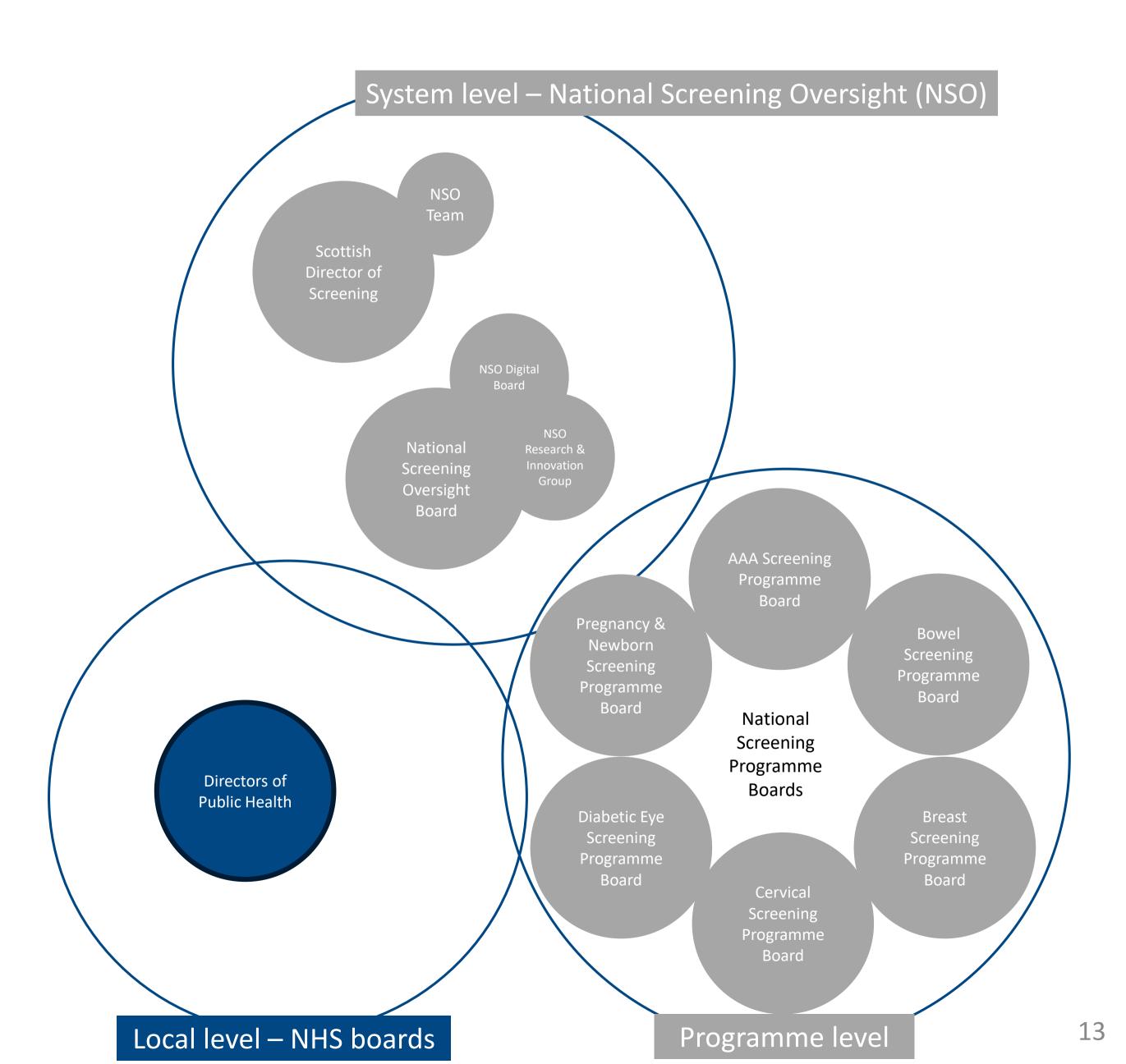
OVERSIGHT, ASSURANCE & DIRECTION

at local NHS Board level:

Oversight and assurance of screening within each local NHS Board is provided by the Director of Public Health, as the designated NHS Board accountable officer.

Directors of Public Health:

- Independent advocates and accountable officers at Board level for the oversight and assurance of all required elements of screening.
- Professional, and corporate, responsibility for local oversight to ensure equitable access to high-quality screening pathways for eligible resident populations within geographical NHS Board boundaries (including components delivered by other NHS organisations).
- Monitor and assure delivery of high quality screening programmes, support continuous service improvement, and respond to identified issues of concern to maximise the intended benefits for population health, while minimising the risk of harm for screening participants.



Roles in Screening – Operational Delivery



n OPERATIONAL DELIVERY

there are national service delivery partners:

Healthcare Improvement Scotland:

- Facilitate the development of national standards for screening.
- Provide external assurance of screening.

NHS National Services Scotland (NSS)

National Services Division (NSD):

- Provide national co-ordination across all screening programmes.
- Commission and monitor performance of nationally commissioned elements of the screening programmes.

Digital and Security (DaS):

- Provide advice and input on development of digital services to support the screening programmes.
- Manage performance issues and development activities of the national IT screening systems.

Health Facilities Scotland (HFS):

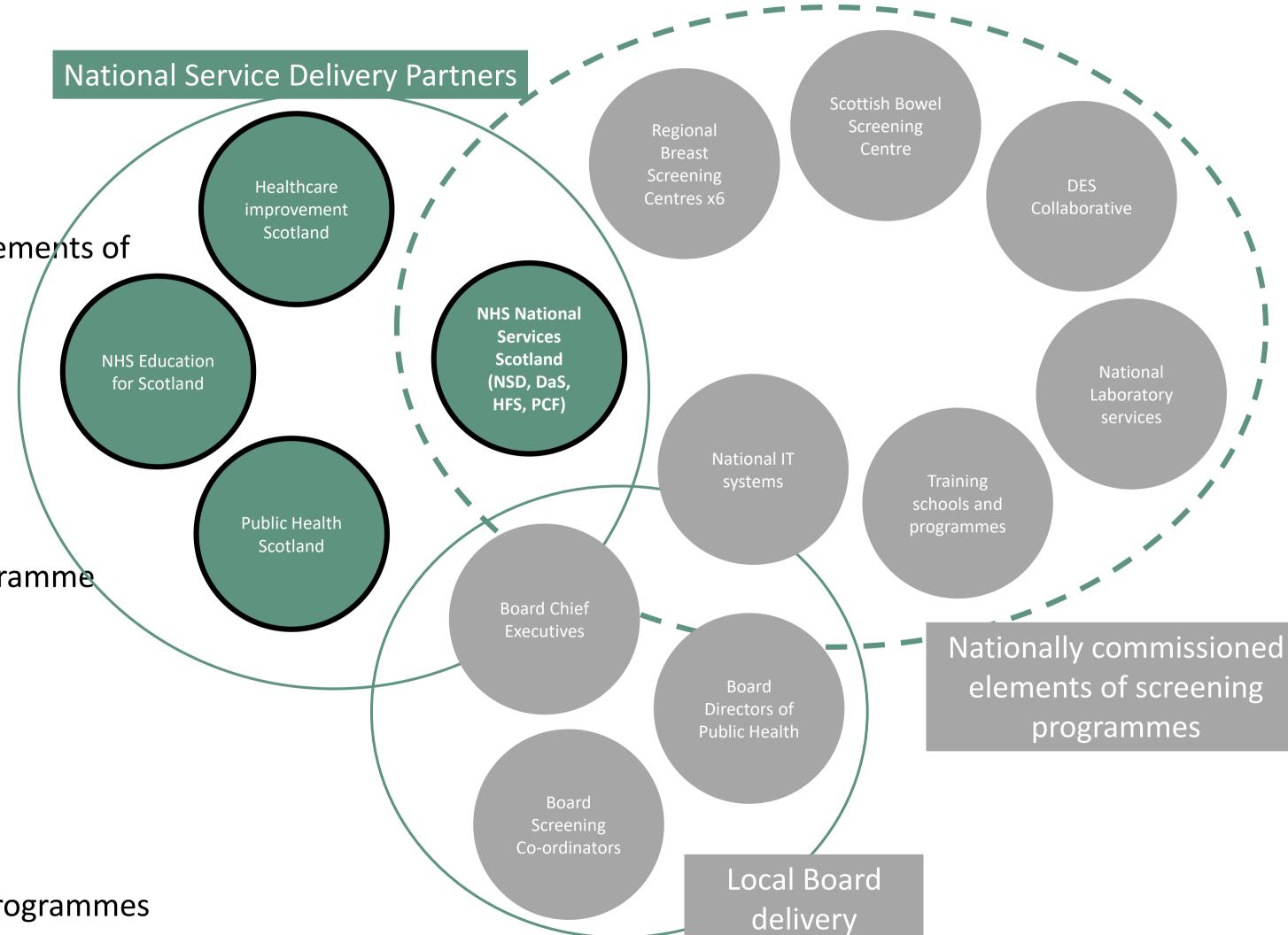
Provide medical physics support to the Scottish Breast Screening Programme

Procurement and Logistics (PCF):

- Oversee fleet of mobile Scottish Breast Screening Programme units.
- Provide procurement expertise to all screening programmes.

Public Health Scotland:

- Collate, analyse and publish statistics on population screening.
- Produce screening information for the public and health professionals.
- NHS Education for Scotland:
- Provide specialist education and training to support national screening programmes



Roles in Screening – Operational Delivery



In OPERATIONAL DELIVERY

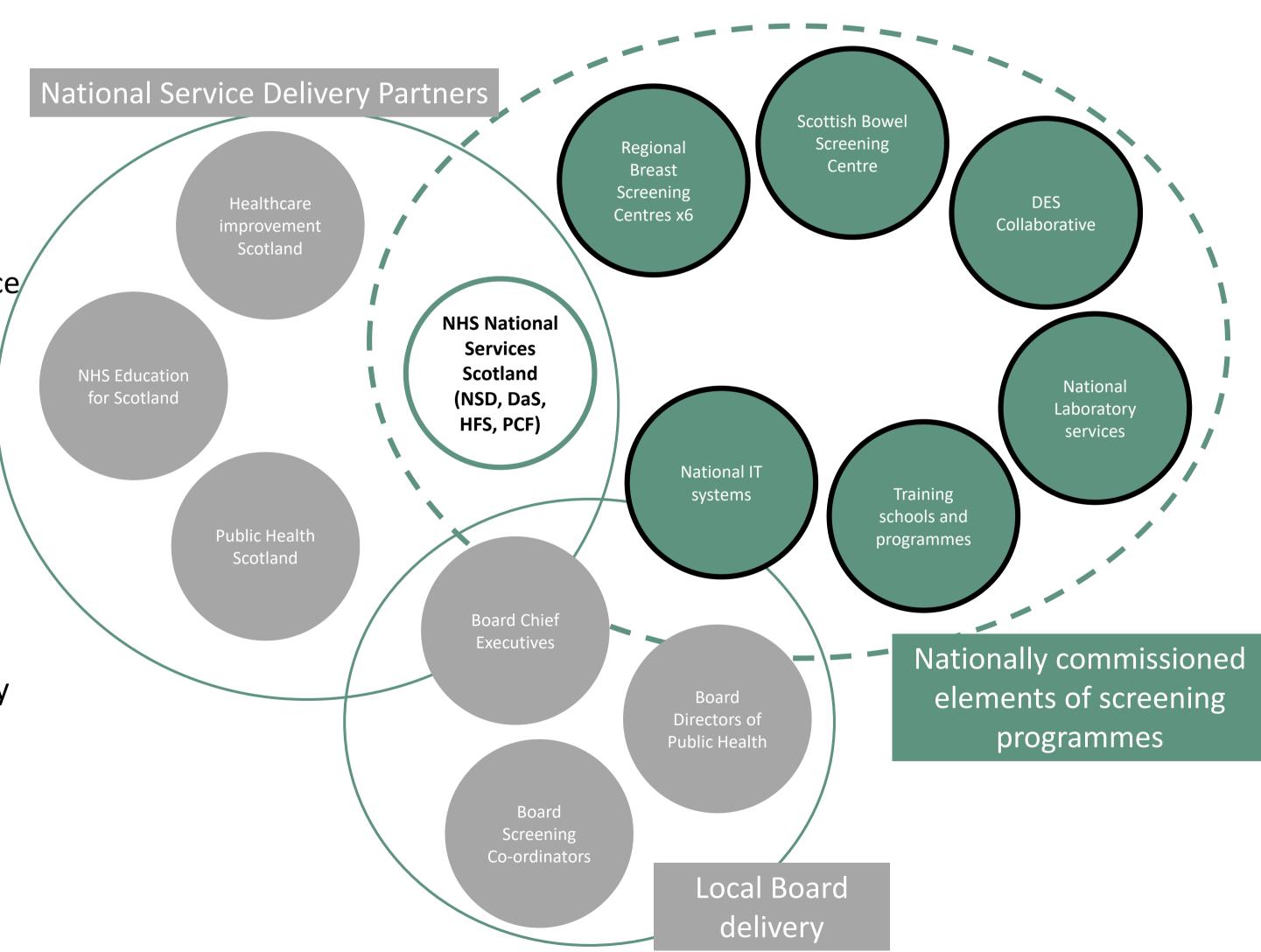
at the national level:

While Boards are accountable for providing screening to their own population, many elements of screening are commissioned or procured on their behalf, on a national basis, by NHS National Services Scotland (NSS)

NSS **National Services Division** (NSD) commissions services, hosted and delivered by territorial Boards on behalf of a wider population:

- The Scottish Breast Screening Programme is nationally commissioned and delivered through six Breast Screening Centres to provide this service on a regional basis for local participants
- The **Scottish Bowel Screening Centre** (hosted by NHS Tayside) provides the Bowel Screening Programme for all participants across Scotland
- The **DES Collaborative** (NHS Highland), supports the Diabetic Eye Screening programme
- A number of National Laboratory services are hosted by individual NHS
 Boards and commissioned to provide national services for the Cervical
 Screening Programme, the Pregnancy Screening Programme and the
 Newborn Screening Programme
- Training programmes to support the national screening programmes may be nationally commissioned e.g. the Scottish Cytology Training
 School and the Scottish Academy of Breast Imaging

NSS **Digital and Security** (DaS) provides service management for the **national IT systems** which support the adult screening programmes (AAA, Bowel, Breast, Cervical and Diabetic Eye Screening).



Roles in Screening – Operational Delivery

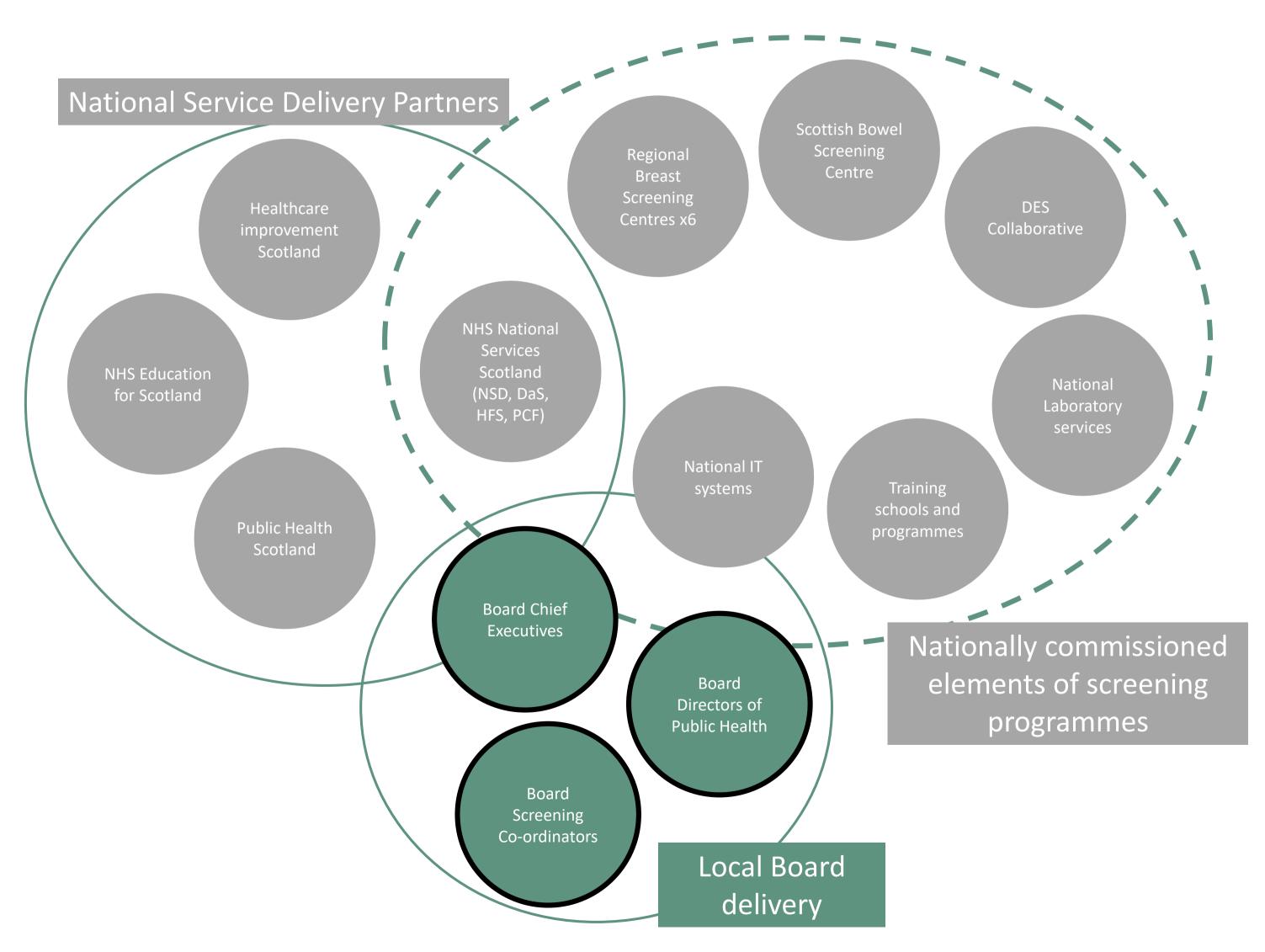


In OPERATIONAL DELIVERY

at the local Board level:

NHS Boards are responsible for ensuring the local delivery of screening services for their residents

- NHS Board Chief Executives Accountable for the health of the people within their health board area, including the provision and delivery of screening services.
- **Directors of Public Health** In addition to their 'Oversight & Assurance' role (mentioned on p13) they are also accountable officers for the delivery of all required elements of screening locally.
- Board Screening Co-ordinators Remit to oversee the delivery, quality and effectiveness of the screening programme for their resident eligible population and directly accountable to the NHS Board Director of Public Health for this work.

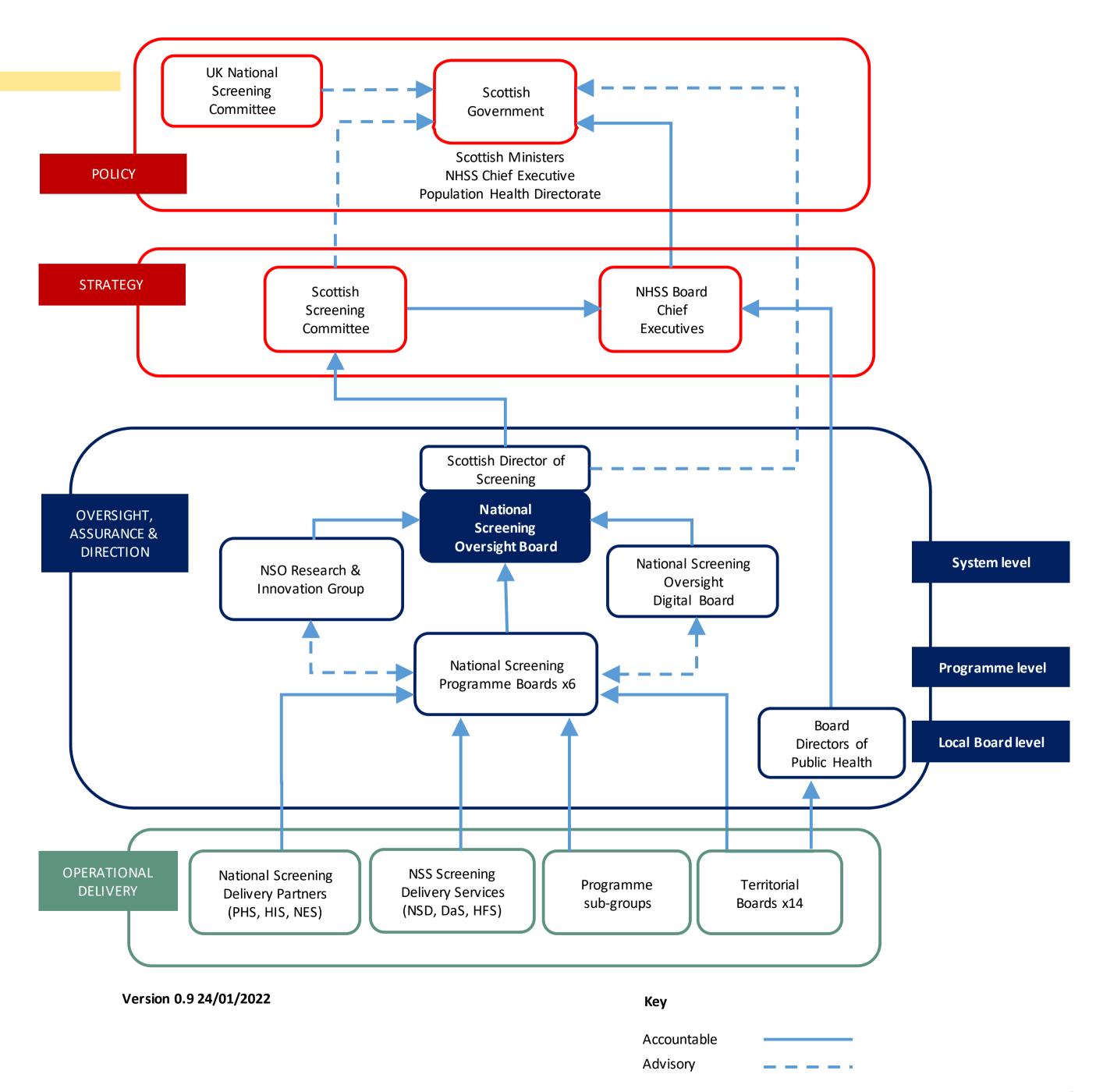


Screening governance

This section outlines the various structures of governance in screening.

Screening Governance

This diagram shows how policy, strategy, oversight and operational delivery governance structures relate to each other, highlighting decision-making and escalation routes



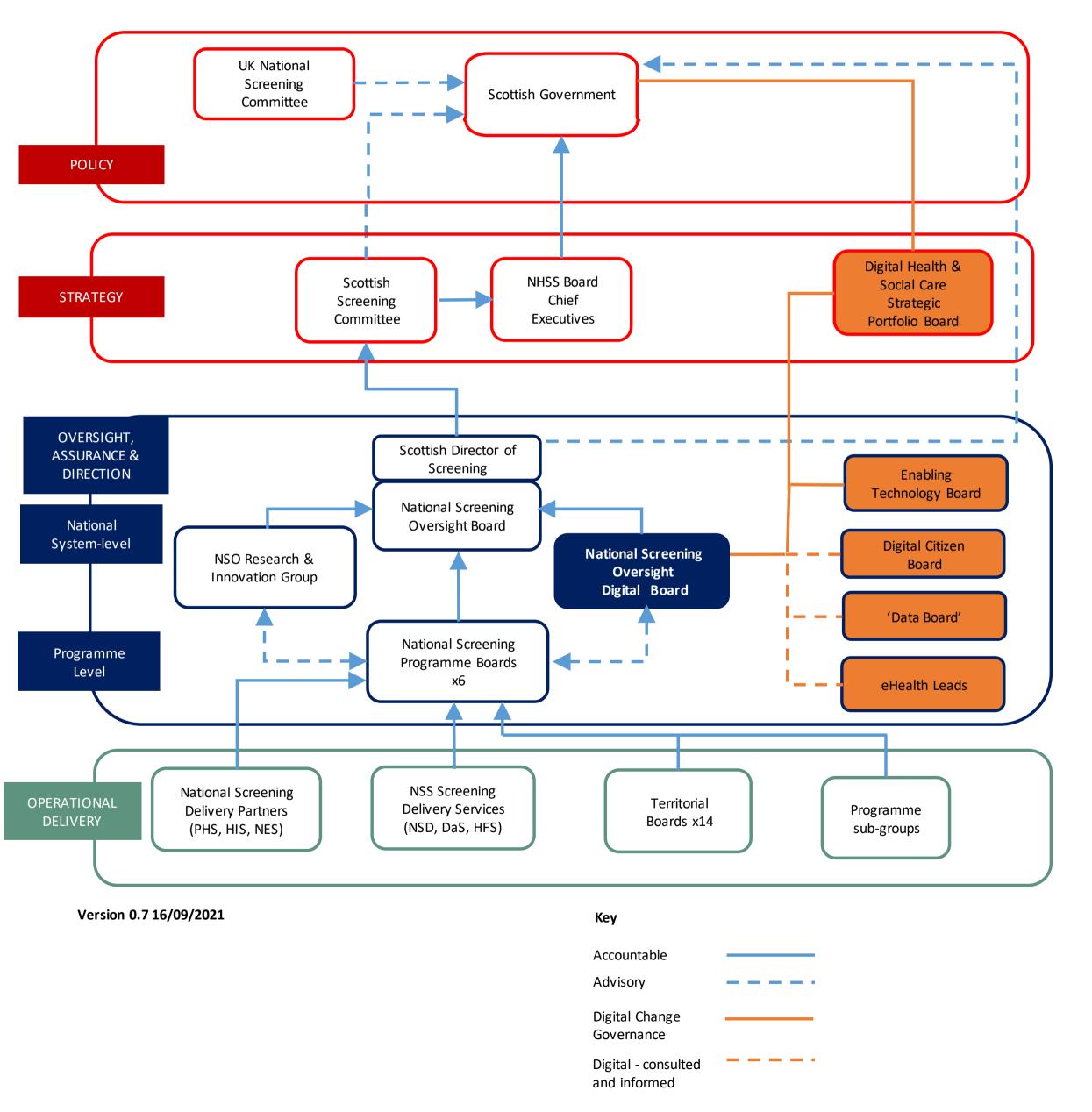
Governance: digital change



Following the establishment of the National Screening Oversight Board (NSOB) the National Screening Oversight Digital Board was set up as a sub-group of the NSOB to oversee the governance of all digital improvements and change within screening.

This diagram shows the governance routes which support digital changes to improve the delivery of national screening programmes.

It also highlights how the NSO Digital Board interacts with existing national digital governance under the Digital Health & Social Care Strategy Portfolio Board.



Governance of change

This section outlines the roles and responsibilities of individuals, bodies and organisations in managing the establishment of new programmes or changes to existing screening programmes, and sets out how clinical and / or digital changes are governed through different boards, organisations and routes from consideration to implementation.

Governance of Change – Role Statements

		
		TEGY

Scottish Government (SG)

- SG will approve policy change on national screening programmes
- SG will approve the funding for any business cases in relation to new programmes or changes within national screening programmes
- SG's Digital Health & Social Care Strategic Portfolio Board provides the policy and strategic direction for all digital and IT service changes (including those relating to screening)

UK National Screening Committee (UK NSC)

• UK NSC will make evidence-based recommendations on new screening programmes and programme modifications

Scottish Screening Committee (SSC)

- SSC will consider recommendations from the UK NSC in relation to new screening programmes and programme modifications, and provide advice on their application in the context of Scotland's screening programmes.
- Following Ministerial approval, the SSC will direct the establishment of commissioning arrangements and the implementation of new screening programmes or programme modifications through the Scottish Director of Screening (SDoS) and National Screening Oversight Board (NSOB).

NHS Board Chief Executives (BCEs)

- BCEs will consider recommendations from the SSC in relation to new screening programmes and programme modifications in the context of health care delivery
- BCEs will sign off budgetary implications of any agreed change
- BCEs will advise on the implementation of changes and new screening programmes

OVERSIGHT, ASSURANCE & DIRECTION

Scottish Director of Screening (SDoS)

- SDoS will lead development and implementation of a strategic plan for screening across Scotland, driving changes to the way screening services are delivered.
- SDoS will create a culture which seeks and recognises opportunities for implementing clinical or technological improvements.

National Screening Oversight (NSO) Team

• NSO Team will be consulted on the development and implementation of new programmes or programme modifications and offer subject-matter expertise.

National Screening Oversight Board

- NSOB provides national level leadership, oversight, assurance and direction of operational matters in relation to screening in Scotland. This includes:
 - Oversight of all data and digital developments relating to screening
 - The implementation of any new programmes or programme modifications approved by the SSC, Board Chief Executives and SG

Governance of Change – Role Statements

OVERSIGHT, ASSURANCE & DIRECTION

NSO Digital Board

- The NSO Digital Board provides a forum for overseeing at a system level all digital changes and developments encompassed in the screening digital modernisation programme ensuring they are in line with the 2018 Review of Screening recommendations and Scottish Government's Digital Health and Care strategy, as well as providing direction and oversight for the digital roadmap.
- The NSO Digital Board will provide direct governance for the Screening Modernisation Programme and report into the Enabling Technology Board and the Digital Health & Social Care Strategic Portfolio Board
- The NSO Digital Board will be responsible for:
 - Oversight of digital service delivery
 - Escalation point for digital issues and risks not dealt with by existing governance
 - Governance of National Programme for Screening Digital Modernisation portfolio
 - Oversight of the digital work streams of major change programmes within screening
 - Governance of digital change budget and approval of 'Business as Usual' changes

NSO Research & Innovation Group

• The NSO RIG will identify research opportunities to support future programme modifications

National Screening Programme Boards

- Programme Boards are accountable for the implementation of digital and IT changes agreed by the NSO Digital Board for their respective programmes.
- Programme Boards are accountable for the implementation of any programme modifications approved by the SSC, Board Chief Executives and SG.
- Programme Boards are responsible for ensuring that digital changes and developments for screening programmes are in line with Programme requirements and priorities.

Directors of Public Health (DsPH)

• DsPH will be consulted on any new programmes, programme modifications and digital or IT changes via their representation on Programme Boards and the NSOB.

OPERATIONAL DELIVERY

NHS NSS – National Services Division (NSD)

- NSD will facilitate and co-ordinate operational service change in screening services across NHS Boards.
- NSD will be responsible for project management of service change and programme modifications in existing national screening programmes.
- NSD will be responsible for providing input to the NSOB and the NSO Digital Board from a national commissioning and co-ordination perspective.
- NSD will provide expert advice and direction to NSOB and the Programme Boards on screening services and the business requirement for IT change.
- NSD will promote developments across the screening programmes and the wider screening system.

Governance of Change – Role Statements

OPERATIONAL DELIVERY				
NHS NSS – Digital & Security (DaS)	 DaS will be responsible for capturing, prioritising and managing development activities for national screening IT systems DaS will provide advice and input to the NSO Digital Board on digital services, performance issues and development activities DaS will lead on any changes required to the contracts for national screening IT systems and manage suppliers 			
NHS NSS – Health Facilities Scotland (HFS)	• HFS will be responsible for providing expert advice on any changes relating to the medical equipment used within the Breast Screening Programme. • HFS will be responsible for escalating to the Programme Boards any changes required to ensure that the medical equipment remains compliant.			
NHS NSS – Procurement and Logistics (PCF)	 NSS Procurement will be responsible for providing expert advice on procurement processes to support changes within all national screening programmes. NSS Logistics will be responsible for providing expert advice on any changes relating to the mobile fleet used within the Breast Screening Programme. 			
Healthcare Improvement Scotland (HIS)	 HIS will provide independent advice to the NSOB on programme modifications and improvements. HIS will be responsible for ensuring that relevant screening standards are updated to reflect any agreed programme modifications. 			
Public Health Scotland (PHS)	 PHS will provide analytical support for the planning the implementation of new programmes or programme modifications. PHS will provide the data for monitoring and evaluation of any changes to screening programmes. PHS will be responsible for advising on and updating public facing communications to reflect agreed programme modifications. 			
NHS Education for Scotland (NES)	• NES are responsible for developing professional education to support new programmes and programme modifications.			
NHS Boards – Board Chief Executives (BCEs)	• BCEs are accountable for the implementation of new programmes and changes to programmes at local (NHS Board) level.			
NHS Boards – Directors of Public Health (DsPH)	• DsPH are responsible for ensuring that all new programmes and programme modifications are implemented and monitored at local (NHS Board) level.			

NHS Boards –
Board Screening Coordinators (BSCs)

- BSCs are responsible for advising their NHS Board on how best to improve the effectiveness of local screening programmes.
- BSCs are responsible for escalating potential areas for change and improvement via the BSC Groups and Programme Boards
- BSCs are responsible for co-ordinating the delivery and monitoring of the implementation of any new screening programmes or programme modifications at local (NHS Board) level.

Governance of quality

This section outlines the roles and responsibilities of individuals, bodies and organisations to oversee and manage the quality, safety, effectiveness and performance of the national screening programmes.

Governance of Quality – Role Statements

POLICY & STRATEGY

- **Scottish Government (SG)**
- UK NSC supports implementation of screening programmes in the 4 countries including the development of high level standards and maintains oversight of the evidence

• SG will receive assurance from the SSC that screening programmes are delivering high-quality, safe, efficient and participant-centred screening services.

UK National Screening Committee (UK NSC)

Scottish

- UK NSC will make evidence-based recommendations on programme modifications which may have quality management implications for the way services are delivered and assured. SSC will provide assurance to Scottish Government and BCEs that the screening programmes are delivering high-quality, safe, efficient and participant-centred screening
- services and make recommendations in relation to the quality and performance of screening programmes. **Screening Committee (SSC)** SSC will set the strategic direction for and receive advice from the SDoS and NSOB on the mechanisms to promote national approaches to enhance the quality of national screening programme delivery.

SDoS is responsible for escalating any quality issues affecting the safety, effectiveness, efficiency and participant-centred focus of national screening programmes,

BCEs will receive assurance from the SSC that screening programmes are delivering high-quality, safe, efficient and participant-centred screening services.

- **NHS Board Chief Executives** (BCEs)
- **OVERSIGHT, ASSURANCE & DIRECTION**

relating to the balance of good and harm as well as the overall cost effectiveness of existing programmes.

- **Scottish Director of Screening (SDoS)**
- identified through the NSOB and Programme Boards. SDoS will provide advice and make recommendations to the SSC in relation to the quality and performance of screening programmes.
- NSO Team will provide expertise to promote a quality approach to all aspects of screening services, to support a culture of continuous quality improvement and enable
- **National Screening Oversight (NSO) Team National Screening**

Oversight Board (NSOB)

NSO Digital Board

- NSOB provides a forum for oversight and assurance, of the management and delivery of all aspects of national screening programmes, across the entire (end-to-end) screening pathway. This includes governance, incident management, quality and performance management, data and digital developments and research and innovation. NSOB will provide assurance to the SSC and BCEs that the Programme Boards are effectively discharging their responsibility to deliver a high-quality, safe, efficient and participant-centred screening services. NSOB will ensure that there is a quality lens applied to the oversight of programme modifications and implementation of new programmes.

consistency across the screening system.

- NSOB will provide advice and make recommendations to the SSC in relation to the quality and performance of screening programmes. NSOB will work with Programme Boards and national screening delivery partners to promote system learning and to plan, implement and monitor changes aimed at
- improving the quality of screening programme delivery. Digital Board provides a forum for overseeing at a system level all digital changes and developments encompassed in the screening digital modernisation programme
- Digital Board is responsible for overseeing the quality of the screening IT systems and is a point of escalation for all screening digital and IT service delivery issues.
- Digital Board will ensure that all screening digital and IT systems are compliant with medical device regulations.
- Digital Board will provide advice and make recommendations to the NSOB in relation to the quality and performance of the screening digital and IT systems.
- Digital Board will work closely with the screening programme boards, the business as usual change process and the individual digital projects.

Governance of Quality – Role Statements

OVERSIGHT, ASSURANCE & DIRECTION

NSO Research & Innovation Group

- RIG is responsible for ensuring that all screening research and innovation proposals go through a standardised assessment process to evaluate their impact on programmes and ensure all applications are credible, feasible, relevant and pose no safety risks to participants/public.
- RIG will provide a conduit between the Programme Boards and the research and innovation community, to promote screening research priorities and research outcomes.

National Screening Programme Boards

- Programme Boards are accountable to the NSOB for quality assurance, quality improvement, incident management and the ownership of risks and issues within their programmes.
- Programme Boards are responsible for the management of Programme risks and issues within their programme and the interdependency of others.
- Programme Boards will provide specialist clinical narrative to accompany performance monitoring reports (regular and ad hoc) provided to the NSOB, DsPH, SSC and SG.
- Programme Boards (via internal programme subgroups) will be accountable for monitoring against high level quality indicators, providing an escalation point and assessing the
 applicability of new technology.
- Programme Boards will ensure that quality implications are considered in relation to programme modifications and the implementation of new programmes.

Directors of Public Health (DsPH)

- DsPH are responsible for local oversight to ensure equitable access to high-quality screening pathways for eligible resident populations within their NHS board (including components delivered by other NHS organisations).
- DsPH will monitor and assure delivery of high quality screening programmes, support continuous service improvement, and respond to identified issues of concern.

OPERATIONAL DELIVERY

NHS NSS – National Services Division (NSD)

- NSD is responsible for the performance management of quality mechanisms within the nationally commissioned elements of screening programmes.
- NSD provide co-ordination and secretariat support to the Programme Boards, Monitoring and Evaluation Group and other Programme Board Quality Assurance Subgroups.
- NSD co-ordinates the presentation of programme data to the National Screening Oversight Board.
- NSD is responsible for the identification of failures where escalation is required and the investigation and management of serious adverse screening events (see Governance of Adverse Events for more details).
- NSD manages the risk register for national screening programmes on behalf of the Programme Boards.

NHS NSS – Digital & Security (DaS)

- DaS is responsible for the service management of the national IT screening systems and ensuring the systems have appropriate quality control and assurance mechanisms.
- DaS is responsible for the identification of failures where escalation is required and the investigation and management of digital/IT serious adverse screening events (see Governance of Adverse Events for more details).
- DaS is accountable for ensuring that all IT systems are compliant with all regulatory requirements.

NHS NSS – Health Facilities Scotland (HFS)

- HFS is responsible for the quality assurance of the equipment used within the Breast Screening Programme.
- NHS NSS Procurement & Logistics (PCF)
- Logistics is responsible for maintaining the quality, availability and location of the Scottish Breast Screening Programme mobile fleet.
- Procurement is responsible for ensuring all procurement processes are conducted appropriately.

Governance of Quality – Role Statements

OPERATIONAL DELIVERY				
Public Health Scotland (PHS)	 PHS provide analytical and statistical support for national screening publications that provide an overview of the performance of the screening programmes. PHS provide analytical and statistical support to the Monitoring and Evaluation Groups via the programme key performance indicators. 			
Healthcare Improvement Scotland (HIS)	 HIS are responsible for the external scrutiny and quality assurance of screening programmes delivered by NHS Boards. HIS facilitate development of national clinical standards. HIS will provide external quality assurance for all national screening programmes. 			
National Education for Scotland (NES)	• NES will provide national quality improvement training programmes to increase the improvement capacity and capability across the screening workforce.			
NHS Boards – Board Chief Executives (BCEs)	• BCEs are accountable for the provision of safe, effective, efficient, participant-centred, timely and sustainable screening services to the population within their respective Boards.			
NHS Boards – Directors of Public Health (DsPH)	 DsPH are responsible for ensuring the effective, safe, efficient, participant-centred, timely and sustainable delivery of screening for eligible residents. DsPH are accountable for the provision of (local) NHS board internal and external quality assurance mechanisms. DsPH are accountable for the operational delivery and assurance of local components and functions within each individual population screening pathway. 			
NHS Boards – Board Screening Co- ordinators (BSCs)	 BSCs have delegated responsibility to oversee the delivery, quality and effectiveness of the screening programmes for resident eligible populations. BSCs are responsible for ensuring the operational delivery of screening programmes and quality of services delivered within their Board. 			

Governance of adverse events

This section outlines the roles and responsibilities of individuals, bodies and organisations to report, investigate and manage serious adverse screening events.

Governance of Adverse Events – Role Statements

	POLICY & STRATEGY
Scottish Government (SG)	• SG will be kept informed and up-to-date on the management of any significant adverse screening event.
Scottish Screening Committee (SSC)	 SSC will be kept informed and up-to-date on the management of any significant adverse screening event. SSC will review the lessons learnt from any significant adverse screening event and consider any strategic changes in policy or programme delivery.
NHS Board Chief Executives (BCEs)	• BCEs will be kept informed and up-to-date on the management of any significant <i>national</i> adverse screening event.
	OVERSIGHT, ASSURANCE & DIRECTION
Scottish Director of Screening (SDoS)	 SDoS will be accountable to ensure the management of any significant adverse screening event is conducted appropriately and action is taken on the lessons learnt. SDoS will be kept informed and up-to-date on the management of any significant adverse screening event.
National Screening Oversight (NSO) Team	 NSO Team will be consulted on any serious adverse event and offer subject-matter expertise. NSO Team will be responsible for ensuring the actions from the lessons learnt exercise are captured and circulated to across the system, to relevant stakeholders, i.e. other screening programmes, Adverse Events Network etc. and action is taken.
National Screening Oversight Board (NSOB)	 NSOB will be kept informed and up-to-date on the management of any significant adverse screening event. NSOB will be accountable to ensure the management of any significant adverse screening event is conducted appropriately and action is taken on the lessons learnt. NSOB members will be responsible for reviewing the lessons learnt and identifying appropriate system actions, i.e. lessons relevant across the national screening programmes.
NSO Digital Board	 Digital Board will be kept informed and up-to-date on the management of any significant digital/IT adverse screening event. Digital Board members will be responsible for reviewing the lessons learnt from any significant digital/IT adverse screening event and identifying appropriate system actions, i.e. lessons relevant across the national screening programmes. Digital Board will be accountable to ensure action is taken to implement the lessons learnt.
NSO Research & Innovation Group	• Research and Innovation Group will be kept informed of the outcomes of any significant adverse events and identify any research and innovations actions to be taken from the lessons learnt exercise.
National Screening Programme Boards	 Programme Boards will be accountable for the management of all programme-specific adverse screening events and ensuring action is taken on the lessons learnt. Programme Boards will be kept informed and up-to-date on the management of all adverse screening events for their programme. Programme Boards will be responsible for reviewing the lessons learnt and escalating system actions, i.e. lessons relevant across the national screening programmes and ensuring programme-specific actions are implemented.
Directors of Public Health (DsPH)	 DsPH will be kept informed and up-to-date on the management of any significant national adverse screening event. DsPH will review the lessons learnt from any significant national adverse screening event and consider implications and issues of concern for (local) NHS board programme delivery to support continuous improvement.

Governance of Adverse Events – Role Statements

national screening programmes.

OPERATIONAL DELIVERY				
NHS NSS – National Services Division (NSD)	 NSD are responsible for reporting adverse events identified and/or notified by Board Screening Coordinators, DaS and screening programme staff. NSD are responsible for coordinating the investigation and management of significant adverse screening events that occur within national screening programmes commissioned and/or co-ordinated by NSD. NSD will consult and contribute specialist screening expertise. 			
NHS NSS — Digital & Security (DaS)	 DaS are responsible for reporting to NSD all adverse events identified and/or notified by Providers of screening IT systems. DaS will consult and contribute subject matter expertise to the management of a significant digital/IT adverse screening event. DaS will be responsible for reviewing the lessons learnt from any significant digital/IT adverse screening event and the implementation of digital/IT actions relevant across the national screening programmes. 			
NHS NSS – Health Facilities Scotland (HFS)	 HFS will consult and contribute subject matter expertise to the management of a significant adverse screening event. HFS are responsible for reviewing the lessons learnt from any significant adverse screening event and the implementation of relevant actions across the national screening programmes. 			
NHS NSS – Procurement & Logistics (PCF)	 PCF will consult and contribute subject matter expertise to the management of a significant adverse screening event. PCF are responsible for reviewing the lessons learnt from any significant adverse screening event and the implementation of relevant actions across the national screening programmes. 			
Public Health Scotland (PHS)	 PHS will consult and contribute subject matter expertise to the management of a significant adverse screening event. PHS will be responsible for assisting in the development and execution of communications and PR plans relating to a significant adverse event. 			
Healthcare Improvement Scotland (HIS)	 HIS are responsible for reporting any concerns identified with any national screening programme during the course of their scrutiny activities. HIS will consult and contribute quality assurance expertise to the management of a significant adverse screening event. HIS will be responsible for reviewing the lessons learnt and escalating system actions, e.g. sharing lessons across relevant stakeholder groups - the Adverse Events Network and the Cancer QPI Group. 			
National Education for Scotland (NES)	• NES will consult and contribute subject matter expertise to the management of a significant adverse screening event relating to the education of the screening workforce. • NES are responsible for reviewing the lessons learnt from any significant adverse screening event and the implementation of relevant actions for educational needs across the			

Governance of Adverse Events – Role Statements

OPERATIONAL DELIVERY				
NHS Boards – Board Chief Executives (BCEs)	 BCEs are accountable for ensuring mechanisms are in place to: Identify, report and investigate (local) adverse screening events. Report serious adverse screening events in a timely manner to NSD. Enable NHS boards contribute to the management and investigation of serious adverse screening events managed by NSD. 			
	 DsPH are accountable to ensure local adverse screening events are reported, investigated and managed appropriately. DsPH are accountable to ensure that serious adverse screening events are escalated and reported in a timely manner to NSD. 			
Board Screening Co- ordinators (BSCs)	 BSCs are responsible for the immediate action required to mitigate any risk to patient safety and ensure appropriate escalation to NSD. BSCs are responsible for the co-ordination and management of a local adverse screening event. BSCs are responsible for reviewing the lessons learnt from any local adverse screening event, implementing the identified actions and sharing these lessons across the national screening programmes. BSCs are responsible for ensuring adverse screening events are reported in a timely manner to NSD. BSCs are responsible for the liaison with local subject matter experts to contribute to the investigation and management of a serious adverse screening event. BSCs will consult and contribute public health expertise to the management of a serious adverse screening event. BSCs will contribute to the planning, implementation and co-ordination of delivery of any local actions, resulting from a serious adverse screening event. 			

Delivery of national screening programmes

This section looks at the delivery and commissioning of the Scottish screening programmes.

It covers:

Scottish Abdominal Aortic Aneurysm Screening Programme
Scottish Breast Screening Programme
Scottish Cervical Screening Programme
Scottish Diabetic Eye Screening Programme
Scottish Pregnancy and Newborn Screening Programme

The delivery of national screening programmes



While local NHS Boards are accountable for providing screening to their own population, some elements of screening are commissioned, procured or managed on their behalf, on a national basis, by NHS National Services Scotland (as described on p15).

In addition to the national delivery models there are also local arrangements where NHS Boards provide screening services for neighbouring territorial Board populations.

Stages in the screening pathway



Each of the screening programmes, while differing in delivery and commissioning arrangements, is made up of a similar sequence of stages or components:

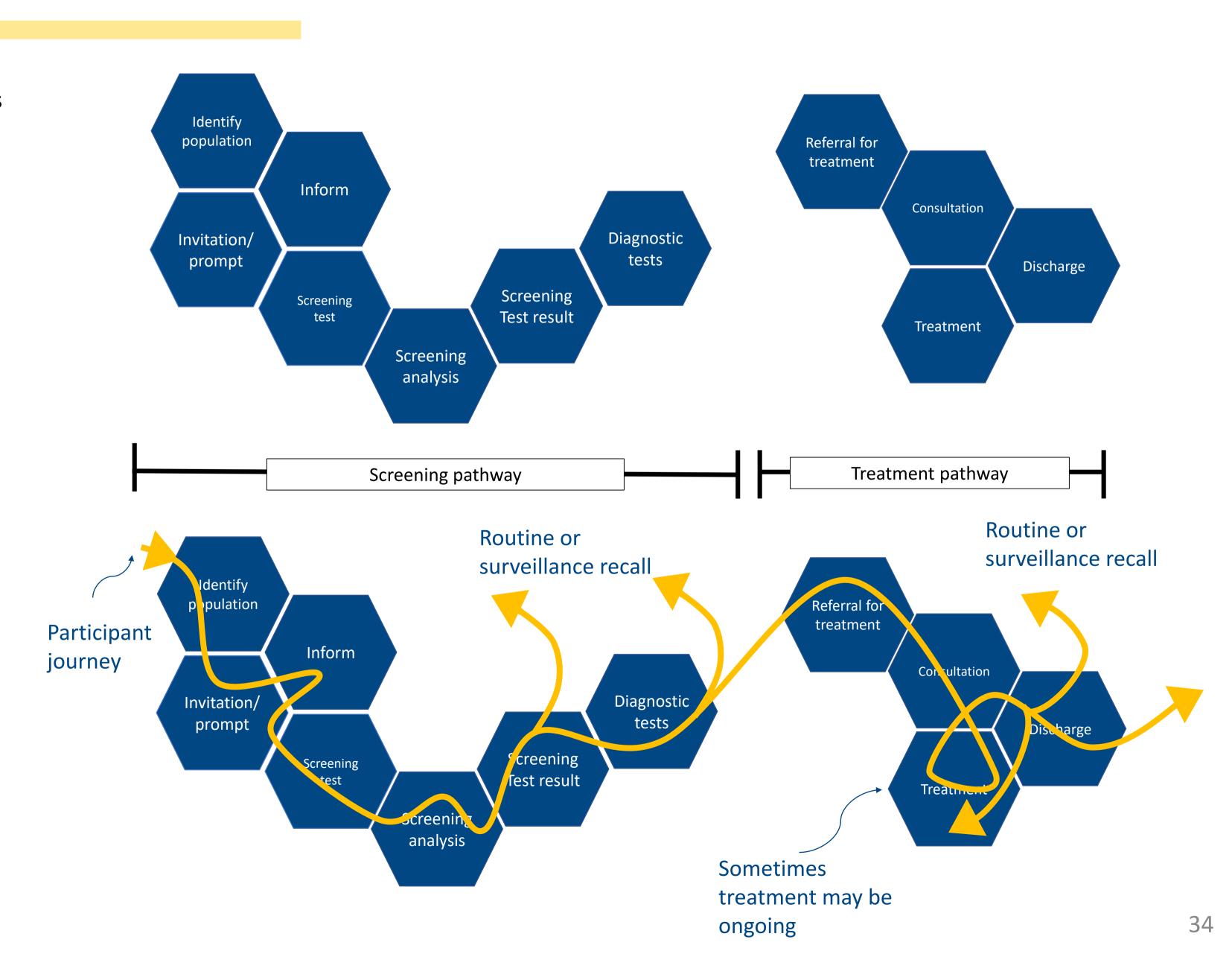
- Identification of the population
- Invitation of participant
- Informing the participant
- Screening test
- Screening analysis
- Result of screening test
- Additional diagnostic test(s) where required
- Referral for treatment (not included in scope for most screening pathways)

These screening components (shown here as hexagons) suggest a linear pathway but in reality a participant's journey through screening and treatment may be more complex.

Some stages may be repeated by the participant if further investigation is needed.

Over the course of a participant's life they may leave, re-join, and move through the various stages of screening and treatment.

NOTE: The diagrams that follow are intended to illustrate the governance and delivery arrangements for each Screening Programme. They are not intended to show all the possible routes through the screening pathway.



Key to screening pathway diagrams



Screening services delivered by NHS Boards



Delivered by host NHS Board(s) on behalf of other territorial boards



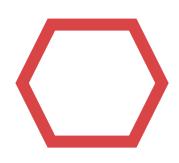
Supported by national delivery partners



Diagnostic / treatment services



Nationally commissioned by NSS (DaS/NSD)



Scottish Abdominal Aortic Aneurysm Screening Programme

National Services Scotland

SCREENING INTERVAL

Single screening men are invited to be screened in the year they turn 65

Recall - surveillance pathway for small & medium AAA detected

AIM

To identify aneurysms early and monitor or treat them

Delivered by host NHS Board(s) on behalf of other territorial boards

Supported by national delivery partners

Diagnostic / treatment services

Nationally commissioned by NSS (DaS/NSD)

Screening services delivered by NHS Boards

Clinical touchpoints Screening result Local vascular confirmed by letter. 98% NHS Board public departments health of participants discharged Screeners Local screening are responsible at this point. All men aged departments assess if further Invitations and If aneurysm centre refers for managing For small or medium-size 65 are eligible promote Screeners take surveillance or identified surveillance callreferral and aneurysms, surveillance participants Participant is for AAA participation in part in specialist treatment is recall by 8 local local screening clinically with a large treatment recall is co-ordinated by screening. screening national training required screening aneurysm to assessed to see local screening centre. provided by informs GP, centres/ appropriate whether Glasgow collaboratives who will vascular treatment is Caledonian which deliver follow up with department. appropriate, University Assessment Identify participant. AAA screening. Discharge / Consultation Inform of image / Discharge population Outcome Diagnosis Referral for **NHS Board** Invitation/ Screening Screening treatment treatment **Participant** prompt Men older than outcome appointment **Participant** invited for **Participants** 65 can self-refer discharged consultation are verbally PHS produce in through their following with vascular information informed of Aneurysm local screening consultation or department. leaflet included the result at centre. treatment surveillance If positive – participant with invitation their If appropriate, Participant attends can discuss results with Invitation is to participate. appointment participant attends clinic for an by letter Further hospital for further ultrasound scan of information diagnostic tests and abdomen published on treatment – Participant invited by letter and administered by NHS inform including surgery leaflet for surveillance of small trained screeners or medium aneurysms **Participant touchpoints**

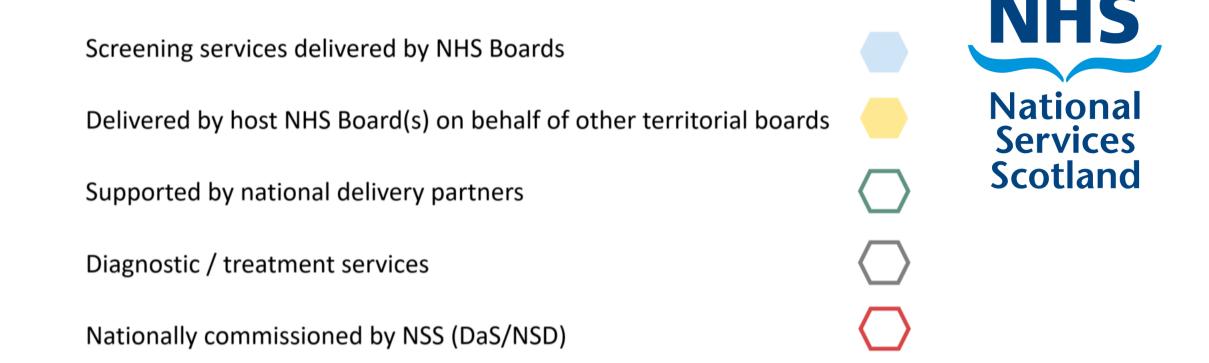
Participant Pathway

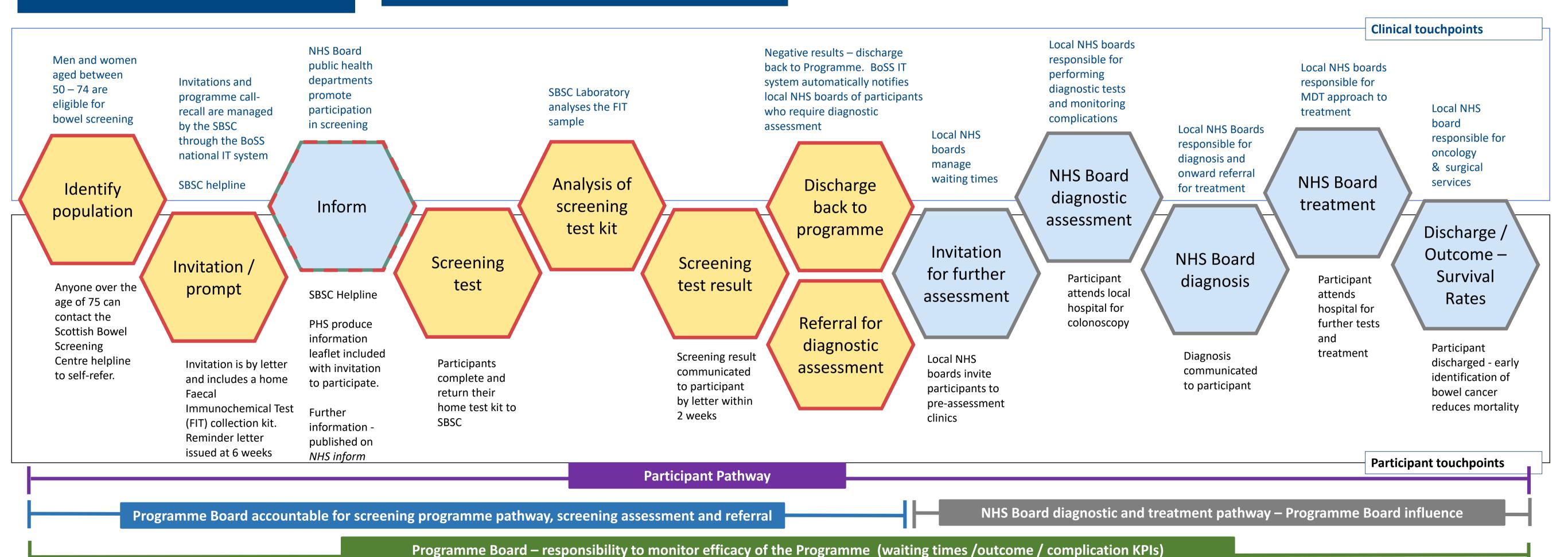
Programme Board accountable for AAA screening programme pathway, screening assessment/diagnosis, surveillance and referral

NHS Board treatment pathway

AAA Screening Programme Board influence

Scottish Bowel Screening Programme SCREENING INTERVAL 2 year screening interval To reduce mortality from bowel cancer by ≥ 16%





NSD responsible for the co-ordination of Programme Board activities

NSD – National commissioning and performance management / DaS – National IT system

Scottish Breast Screening Programme

National Services Scotland

SCREENING INTERVAL

3 year screening interval

AIM

To detect cancer early and reduce the number of participants who die from breast cancer

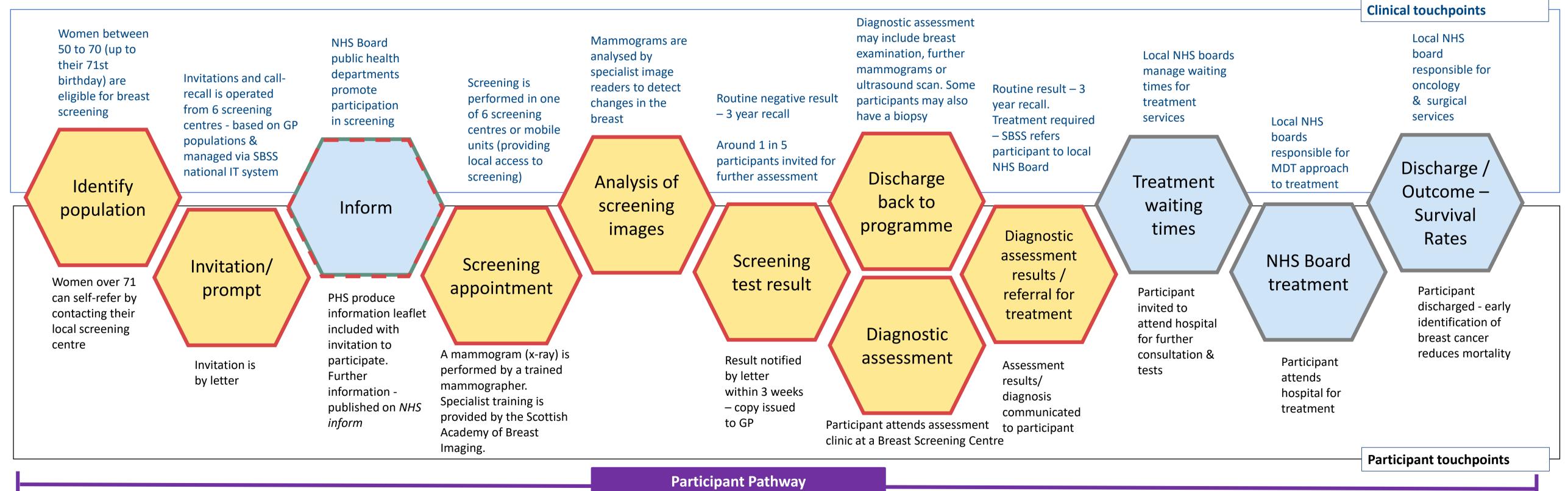
Screening services delivered by NHS Boards

Delivered by host NHS Board(s) on behalf of other territorial boards

Supported by national delivery partners

Diagnostic / treatment services

Nationally commissioned by NSS (DaS/NSD)



rai licipalit ratiiway

Programme Board accountable for screening programme pathway, screening assessment and diagnosis

NHS Board treatment pathway Programme Board influence

Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs NSD responsible for the co-ordination of Programme Board activities)

Scottish Cervical Screening Programme Screening services delivered by NHS Boards **National** Delivered by host NHS Board(s) on behalf of other territorial boards **Services Scotland** Supported by national delivery partners **SCREENING INTERVAL AIM** Diagnostic / treatment services To detect HPV and/or changes in 5 year routine screening Nationally commissioned by NSS (DaS/NSD) cervical cells early to reduce incidence interval of invasive cancer of the cervix **Clinical touchpoints** Local NHS boards Women (and **NHS Board** Two specialist cervical **SCCRS** generates responsible for screening laboratories test anyone with a public health Local NHS boards referrals to NHS performing cervix) between samples for "high risk" HPV departments responsible for boards for colposcopies and 25-64 are eligible Screening is performed promote and cell changes. Training MDT approach to participants who monitoring **HPV** negative result for routine - usually at GP surgery delivered by Scottish participation require diagnostic Invitations and treatment Local NHS complications – recall 5 years. cervical screening - by a healthcare **Cytology Training School** in screening prompts are issued assessment **Local NHS Boards** board **HPV** positive result **Local NHS** professional who has by the SCCRS responsible for responsible for non-routine recall boards undertaken an national IT system diagnosis and oncology **NHS Board** pathway or referral manage accredited sampleonward referral & gynaecology for further waiting times NHS Board Analysis of Discharge taker training course diagnostic to oncology Identify services assessment Inform treatment screening back to population assessment sample programme / treatment Discharge / Invitation Outcome -**NHS Board** Screening Screening Invitation / for Survival **Participant** diagnosis **Participant** appointment test result Anyone on the prompt colposcopy attends local PHS produce attends Rates non-routine Referral for hospital for information hospital for screening colposcopy leaflet included further tests diagnostic pathway will be with invitation appointment – and invited up to 70 **Participant** this can to participate. assessment treatment Participant notified Diagnosis **Local NHS** Invitation is by years of age. discharged - early **Participants** include of result by letter communicated boards invite letter and asks / treatment identification of attend for treatment **Further** within 14 days & to participant participants to participants to **HPV** reduces cervical information -GP systems colposcopy/ make an cervical cancer screening published on updated via SCCRS gynaecology appointment mortality NHS inform at local GP clinics practice **Participant touchpoints Participant Pathway** NHS Board diagnostic and treatment pathway Programme Board accountable for screening programme pathway, screening assessment and referral **Programme Board influence** Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs) NSD responsible for the co-ordination of Programme Board activities

NSD – National commissioning and performance management for Scottish Cytology Training School and Laboratories

Scottish Diabetic Eye Screening Programme

Screening services delivered by NHS Boards Delivered by host NHS Board(s) on behalf of other territorial boards Supported by national delivery partners

SCREENING INTERVAL

Everyone over the age of 12 with diabetes is eligible for diabetic eye screening. The screening interval varies by individual risk category, i.e. high risk - every 6 months to low risk – every 2 years.

AIM

To reduce the incidence of vision loss through diabetes

Diagnostic / treatment services Nationally commissioned by NSS (DaS/NSD)

NHS Board treatment pathway

Programme Board influence

Clinical touchpoints Everyone over Invitations and Participants with Local ophthalmology **NHS Board** the age of 12 call-recall are suspected macular Images are departments are public health with Type 1 or managed by local examined by No retinopathy oedema are offered responsible for managing For major changes, departments Type 2 diabetes NHS boards using Graders & the – 2 year recall an additional referrals and subsequent screening service promote is eligible for Autograder for the national DES Minor changes diagnostic test refers participants treatment. participation **DES** screening - recall 6/12 IT system, Screeners take retinopathy & (Optical Coherence to local in screening maintained and Tomography) part in specialist maculopathy months Following discharge - NHS ophthalmology Participant is Major changes supported by the national training Board ophthalmology department by assessed to see national DES referral to provided by department refers back to letter what treatment Collaborative external partners ophthalmology screening programme Discharge Assessment is appropriate Identify Discharge / Inform back to of images / population Consultation Outcome Diagnosis programme Referral back to Screening Invitation/ Screening **NHS Board** Referral to appointment Ophthalmology screening outcome Participants are prompt treatment Participant invited PHS produce **Participant** identified **Participants** programme for consultation information leaflet discharged - early following are informed with ophthalmology included with identification of Referral to registration on if immediate department invitation to retinopathy SCI-Diabetes, referral is OCT **Participants** participate. Participant receives reduces vision provided they Participant attends Participant attends required. informed of Invitation is Further information letter to participate in loss due to meet the criteria clinic for retinal hospital for further by letter result within 4 - published on *NHS* screening at an diabetes for screening examination tests and/or weeks. appropriate interval inform administered by treatment Copy sent to GP following treatment trained screeners & hospital diabetes clinic **Participant touchpoints**

Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs) NSD responsible for the co-ordination of Programme Board activities

Participant Pathway

National

Services

Scotland

Programme Board accountable for screening programme pathway, screening assessment, diagnosis and referral

Scottish Pregnancy Screening Programme

SCREENING INTERVALS

Pregnant women are offered a wide range of screening tests for maternal and fetal conditions at different stages during their pregnancy

AIM

To improve maternal and fetal outcomes

Screening services delivered by NHS Boards

Delivered by host NHS Board(s) on behalf of other territorial boards

Supported by national delivery partners

Diagnostic / treatment services

Nationally commissioned by NSS (DaS/NSD)

Specialist

appointments will be

arranged by local

maternity services

Specialist

referral /

counselling



Clinical touchpoints

'Booking appointments' are co-ordinated by NHS **Board maternity** services

NHS Board maternity services manage the care of pregnant women

Invitation / prompt

Identify population

GPs can refer or pregnant women can self-refer to midwifery services

PHS produce information on pregnancy screening tests. **Further** information is published on

Booking **Appointment** Booking appointment invitations are issued through a

number of routes Information leaflets These appointments are discussed by midwife to support cover a range of informed decisionmaternity care, including screening making

Inform /

Midwife takes a detailed medical and social history at booking appointment discusses and offers screening tests

NHS inform Booking

> booking appointment – either community or hospital clinic,

Woman has

Local NHS board labs & nationally

commissioned labs perform screening test analysis

Appointment

or at home

Depending on gestation, blood tests will be taken either together or separately for all screens the woman accepts. Some may be repeated later in the pregnancy

Screening

blood tests

This early scan will assess the development of the baby and stage of pregnancy.

> First trimester screening ultrasound scan

Between 11-14 weeks screening for Down's and/or Edwards' and Patau's syndrome is offered. If accepted Nuchal translucency scan measurement will be combined with blood test result for the first trimester

combined screen

The second trimester scan assesses the structural development and wellbeing of the baby

Second trimester screening ultrasound scan

Women attend local maternity unit for scan and are informed of findings during appointment

Women with a higher chance screening result will be contacted immediately and given an appointment with an appropriate health professional

> Screening outcome

Women are informed of normal screening results at next

antenatal

appointment.

Women will have the opportunity to discuss implications of screening test result and consider secondline screening test and diagnostic tests

Diagnostic appointments will be arranged by local maternity services or tertiary units

Diagnostic tests

Diagnostic tests (if accepted) will be carried out either at local maternity unit or tertiary referral

Most

analysis

(though not

diagnostic

diagnostic test

ultrasound) is

carried out in

commissioned

laboratories

nationally-

Women will be given an appointment to discuss the outcome of their diagnostic test and further options with a

Specialist care/treatment managed by local maternity unit, tertiary centre or the nationally commissioned

Interventional Fetal Medicine Unit at QEUH

> Specialist care and ongoing treatment

Analysis / Outcome

specialist

Where a condition is detected, women will have various options which may include specialist care or treatment/intervention from either their own maternity unit or a

tertiary centre.

Participant touchpoints

Participant Pathway

Programme Board accountable for screening programme pathway, screening assessment, diagnosis and referral

Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs) NSD responsible for the co-ordination of Programme Board activities

NHS Board treatment pathway Programme Board influence

Scottish Newborn Blood Spot Screening Programme

National Services Scotland

Clinical touchpoints

Participant touchpoints

SCREENING INTERVALS

All newborn babies born in Scotland or who move to Scotland are offered screening tests for certain conditions in the first few weeks of life and until they are 1 year of age

AIM

To enable treatment to start as soon as possible to improve health outcomes

Nationally

laboratory

performs

analysis

commissioned

Screening services delivered by NHS Boards Delivered by host NHS Board(s) on behalf of other territorial boards Supported by national delivery partners Diagnostic / treatment services Nationally commissioned by NSS (DaS/NSD)

All newborns at 4-5 days of age are offered blood spot test. Can be offered up to 1 year of age

> Identify population

Newborns identified through hospital or community postnatal checks, or via Health Visitors

information on pregnancy and newborn screening Further information is published on NHS

PHS produce

inform

Inform /

participation

Information leaflets are discussed by midwife to support informed decisionmaking

Midwife / neonatal nurse gains consent to take blood spot sample for screening for the agreed conditions

> Newborn **Blood Spot** Test

Test performed either at home or in hospital by obtaining a few drops of blood from the baby's

If repeat sample is required, midwife will contact, explain reason to family and arrange to repeat test

screening test Screening Outcome

Test analysis

If a condition is suspected the family will be contacted by the most appropriate health professional for that condition

If baby is suspected to have one of the conditions, the laboratory will contact the relevant specialist and have immediate care needs and diagnostic tests actioned

Specialist referral / counselling

Some conditions require urgent review, and treatment can start while awaiting outcome of diagnostic tests - this will be explained by the specialist.

tests

Majority receive local care in liaison with the specialist team, Occasionally additional tests and some aspects of care will be carried out in a specialist centre

Depending on the Ongoing care and condition tests will treatment will be be conducted in provided in local or specialist collaboration with the laboratory or a local health provider tertiary centre and the specialist team

Specialist

care and

ongoing

treatment

Diagnostic

Analysis /

Outcome

If baby doesn't have condition advice will be provided and no further treatment required.

If condition confirmed - family will be counselled by relevant specialist team to discuss the outcome and next steps

Participant Pathway

Programme Board accountable for screening programme pathway, screening assessment and referral

NHS Board diagnostic and treatment pathway Programme Board influence

Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs) NSD responsible for the co-ordination of Programme Board activities

NSD – National commissioning and performance management

Scottish Newborn Hearing Screening Programme

SCREENING INTERVALS

All newborn babies are offered hearing screening within the first few weeks of life **AIM**

To identify early if a baby's hearing is affected & put in place support to augment the baby's development

Screening services delivered by NHS Boards	NH2
Delivered by host NHS Board(s) on behalf of other territorial boards	National Services
Supported by national delivery partners	Scotland
Diagnostic / treatment services	

Newborn hearing test offered in first few weeks of life as part of routine postnatal care

PHS produce information on pregnancy and newborn screening tests. Further information is published on *NHS inform*

Trained health professional conducts hearing test

Newborn

Hearing Test

after the first or second screen obtained, no further action required unless there is an indicator for targeted follow up this will be explained by the screener

Screening

If clear response

If baby doesn't have clear response – referral made to local NHS Board hearing specialist within audiology department

Specialist

referral /

counselling

appointment will be

issued by local NHS

A letter with

Babies will be seen in their local audiology department for diagnostic

Diagnostic

tests

assessment. Analysis / Outcome

If hearing loss is

counselled and

ongoing care will

detected the

family will be

be arranged

Nationally commissioned by NSS (DaS/NSD)

Results explained to family by audiology team. If no hearing loss (including appropriate auditory aids required), agreed with the family & local audiology team.

Ongoing

treatment

Follow-up

audiology

department

appointments

will be issued by

local NHS board

NHS Board diagnostic and treatment pathway

Programme Board influence

Care plan & assessment

of support needs,

Specialist care and treatment

Appointment letters for assessment will be issued by

specialist service

Identify population

Tests are performed in hospital prior to discharge, or families receive an invitation to attend a community clinic

Inform / participation

Information leaflets are discussed by screener to support informed consent

Outcome Test results

communicated to parents at end of screening test. If clear response not obtained - further screening test will be arranged. This will be explained by the screener

If there is No Clear response in one or both ears after second screen result explained to family & baby referred to local audiology department for diagnostic assessment.

Board audiology department

diagnosed - no further action unless there is an indicator for targeted follow up

Participant touchpoints

Clinical touchpoints

Some babies will be referred to

cochlear implantation or other

local NHS board audiology

specialist centre for assessment for

procedure. Referral coordinated by

department. Cochlear implant is a

nationally commissioned service

Participant Pathway

Programme Board accountable for screening programme pathway, screening assessment and referral

Programme Board – responsibility to monitor efficacy of the Programme (waiting times /outcome / complication KPIs) **NSD** responsible for the co-ordination of Programme Board activities

> NSD – National commissioning and performance management for **Scottish Cochlear Implant Programme (SCIP)**

43

Key links for more information



More information on screening in Scotland can be found here:

Population Screening in Scotland

Details of the national programmes can be found here:

- Scottish abdominal aortic aneurysm (AAA) screening
- Scottish bowel screening
- Scottish breast screening
- Scottish cervical screening
- Scottish diabetic eye screening
- Scottish <u>Pregnancy</u> & <u>Newborn</u> screening

For feedback on this content or to contact the National Screening Oversight Team, please email

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Prepared by National Screening Oversight (NSO)