

PW3-11

Prenatal cardiac diagnosis and the 'Postcode Lottery'; has UK NHS FASP (fetal anomaly screening protocol) made any difference yet?

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Introduction

There has been marked regional and intra-regional variability in prenatal cardiac anomaly detection rates in the UK. Although the East Midlands has historically had higher detection rates than much of the UK, as a Regional Cardiac centre we are aware that rates **within** the East Midlands itself have also varied widely. New UK standards for fetal cardiac (and general) screening (UK NHS FASP) were launched in early 2010, & a national training programme to improve cardiac screening was provided. There was a stated expectation that 'all units would meet minimum standards' by April 2011. We have therefore evaluated the proportion of babies (<1 year) undergoing surgery or interventional cardiology procedures at EMCHC diagnosed prenatally, by calendar year, over the last 3 years, to assess progress, and also to review local differences using postal (ZIP) code area within the East Midlands

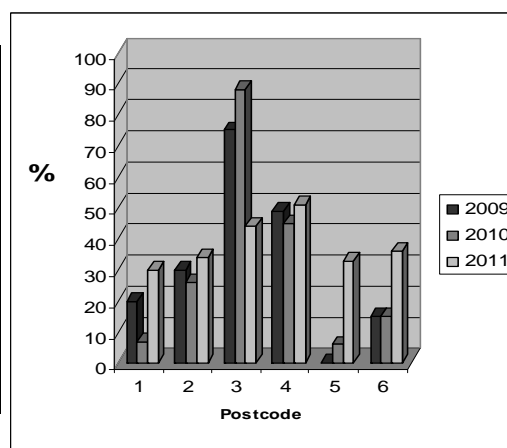
Methods:

Retrospective case note review. 6 Main post code areas identified; mainly (although not exactly) corresponding to catchment areas for referring obstetric centres. Procedures to close ASD or PDA were excluded as were cases from 'non-main' postcode areas.

Results:

In 2009, overall percentage of cases with a prenatal diagnosis was 33% (42/126), in 2010 was 32% (43/134) & in 2011 it was 39% (53/137). By Postcode area, percentages ranged between 0 -75% in 2009, 6 – 88% in 2010, & 30-51% in 2011.

Post-Code Area	2009 % (total n)	2010 % (total n)	2011 % (total n)
1	20% (10)	7% (14)	30% (23)
2	30% (37)	26% (43)	34% (44)
3	75% (4)	88% (16)	44% (9)
4	49% (49)	45% (31)	51% (35)
5	0% (3)	6% (17)	33% (15)
6	5% (13)	15% (13)	36% (11)
Total	33% (126)	32% (134)	39% (137)



Conclusions:

Although the change for postcode area 5 also corresponds with the closure of an adjacent surgical unit & consequent change in prenatal referral pattern, there is a clear overall increase in percentages of cases with prenatal diagnosis in 2011, especially in the 'lower scoring' areas. However there is clearly significant room for improvement in some areas and further work is need to identify and remedy the relevant local issues.