

The National Centre for Screening Monitoring (ONS): an Italian network to support cancer screening course



TYPE	Fully implemented	LAST UPDATE	August 2021	ITALY • NATIONAL-WIDE
STATUS	Ongoing since 2004			Cancer screening

PROBLEM & OBJECTIVE

PROBLEM In Italy, the geographical differences in the provision of cancer screening as well as in attendance are constantly observed.

OBJECTIVE The National Centre for Screening Monitoring (ONS) is a network of regional centers supporting Italian Regions and Ministry of Health in monitoring implementation and proceeding of organized cancer screening with the aim of reducing barriers, increasing facilities and improving quality.

KEY COMPONENTS / STEPS

The ONS support comes through

- definition of evidence-based recommendations and screening requirements;
- Health Technology Assessment reports;
- planning specific strategies and monitoring screening initiatives within the National Prevention Plan;
- definition and updating of key indicators concerning coverage, attendance, processes and outcomes;
- screening monitoring by annual surveys and local audit a voluntary basis;
- promotion of piloting studies to test feasibility of new technologies and processes;
- planning and organizing nation-wide professional training;
- definition of screening communication strategies and materials (invitation letters, leaflets, etc);
- collaboration with Scientific societies and Citizens and Patients Associations.

KEY CONTEXTUAL FACTORS

- In 2001 in Italy, breast, cervical and colorectal cancer screening were defined Essential Assistance Levels (LEA) and became completely free public health interventions.
- Screening implementation was entrusted to the 21 Italian Regions operating through Local Health Units management.
- In 2004 ONS was set up with the task of monitoring and assessing the quality of the programs activated at a regional level, training operators and promoting research in the field of screening.
- Since then, progressive implementation of all the three types of screening has been observed and in 2018 breast, cervical and colorectal screening coverage was 84%, 89% and 77% respectively.

MAIN IMPACTS / ADDED VALUE

- ONS framework promotes wide and timely dissemination of evidence-based recommendations and best practices among Regions and local screening programs.
- Sharing initiative and strategies within the network facilitates regional choices and lean processes.
- Systematic benchmarking and site visiting improves quality and performances and even if geographical variability persists, the difference between North-Central Regions and South ones has narrowed over the past 8 years.
- Homogeneous and systematic training for health and administrative professionals enhances motivation and awareness of being in the same team.
- Working with citizens and other stakeholders improves communication and develops informed and aware participation to the screening.

LESSONS LEARNED

The key factors for successful implementation are :

- Disseminate evidence-based recommendation, screening monitoring and planning support decision makers (Ministry of Health, Regions) in taking appropriate decisions and fixing priorities.
- Collaboration with regions (not top down) that are part of the ONS in the definition of monitoring indicators and performance for LEA increases the scientific soundness of indicators and their acceptability by both users, data producers, policy makers and evaluators.
- Collaboration with screening and other scientific societies that are necessary to define research priorities.
- Inclusion of ONS in research prioritization, in use of evidence for recommendations, in implementation and evaluation of implemented technologies (example of HPV test research, piloting, implementation and now nation-wide evaluation).

CONTACT

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REFERENCES & DOCUMENTATION

Legal framework for LEA

- [LPCM 29.11.01](#)
- [ONS 2019 report](#)

More over
[IPAAC](#)
[Roadmap](#)