



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme West Surrey and North Hampshire

October 2017

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Executive summary

The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 and over. A simple ultrasound test is performed to detect AAA. The scan itself is quick, painless and non-invasive and the results are provided straight away.

The findings in this report relate to the quality assurance (QA) visit of the West Surrey and North Hampshire AAA screening programme (the service) held on 18 October 2017.

Purpose and approach to QA

The aim of QA is to maintain minimum standards and promote continuous improvement in abdominal aortic aneurysm screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report is derived from:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider, commissioner and external organisations as appropriate
- information shared with the South regional SQAS as part of the visit process

Description of local screening programme (service)

The West Surrey and North Hampshire programme implemented AAA screening in April 2012, covers an area with a population of approximately 1.3 million and covers seven clinical commissioning groups (CCGs), 12 local authorities and 135 GP practices.

The West Surrey and North Hampshire service covers an area with a mix of urban and rural areas. The 2016 mid-year estimated male population aged 65 for the above 12 LAs is 6,494.

In 2016 to 2017, the service had an eligible cohort of 6,332 with an additional 835 men over the age of 65 who self-referred.

The ethnic mix of the LAs within the service boundary area is 96.9% white, 2.1% Asian/Asian British, 0.2% Black/African/Caribbean/Black British, 0.3% other and 0.4% mixed. Rushmoor local authority area had the greatest ethnic mix with 8.2% of the population from non-white groups. East Hampshire had the least variation, 0.8% from non-white populations. Levels of deprivation varied between the local authorities however, seven of the local authorities were in the least deprived.

The programme is hosted by Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) which provides the screening service on behalf of the Surrey vascular network and in partnership with the Frimley Health NHS Foundation Trust (FHFT). There is no service level agreement between the 2 Trusts but there is a standard referral pathway into Frimley. NHS England South (South East) commission the service.

The programme offers screening to all eligible men in the year they turn 65 in line with national guidance. This is delivered by screening technicians in 21 community settings such as GP practices, hospital sites and one prison. Men with small (3.0 to 4.4cm) or medium (4.5 to 5.4cm) aneurysms are managed within surveillance clinics. Men with large (≥ 5.5 cm) aneurysms are referred for treatment at one of the 2 hospitals; St Peter's (part of the Ashford and St Peter's hospitals NHS Foundation Trust) and Frimley Park (part of the Frimley Health NHS Foundation Trust).

They offer a full service for open and endovascular aneurysm repair (EVAR): fenestrated endovascular aortic repair (FEVAR) operations are referred to Frimley Park and are operated on every Wednesday. Highly complex FEVAR are referred out of area. Assessment and outpatient appointments can be provided in both hospitals. The spoke community hospitals (Haslemere Community Hospital, Woking Community Hospital, Weybridge Community Hospital and Fleet Community Hospital) and community clinics. Venues for appointments being offered based on where the patient lives.

Currently the vascular nurse specialist role is vacant and being recruited to. Prior to this, all men with an aneurysm detected were offered a face to face appointment with a nurse practitioner at any of the screening venues.

Findings

There were no immediate and high priority findings. The service achieved 11 of the 12 standards, 6 at acceptable and 5 at the achievable level.

Shared learning

The review team identified several areas of practice for sharing, including:

- staff newsletter - used to promote information sharing and team building

- an ability and willingness to try and new processes to increase uptake and stop the processes if they do not work
- effective easy to read internet page
- uptake by GP practice reported and acted upon

Immediate concerns for improvement/high priority findings

The review team identified no immediate concerns and no high priority findings.

Recommendations

The review team identified 21 standard priority recommendations as themed below:

- requirements of national service specification
- amendment or enhancement of standard operating
- audit and data collection/monitoring/presentation
- governance and accountability
- infrastructure – the screening test

Next steps

Ashford and St Peter's Hospitals NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The SQAS will monitor activity/progress in response to the recommendations for 12 months following the issuing of the final report. This is to allow time for at least one response to all recommendations.

After this point, a letter should be sent to the chief executive of the trust and the commissioners, summarising progress made and asking for their direct intervention to address any remaining key issues.

Table of consolidated recommendations

No	Recommendation	Reference	Timescale (months)	Priority	Evidence required
1	Recruit to core roles with appropriate job descriptions, whole time equivalent (WTE) and funding, allowing sufficient time within the role for post holder to undertake their screening duties	AAA screening standard operational procedures p 11 to 12	3	S	Evidence of recruitment for nurse and programme manager/admin support. Job descriptions for Nurse, Clinical Lead and CST/QA and Rota/job plan presented to the programme board
2	Undertake a review of accessibility for cohort and surveillance men to improve uptake (including clinic venues, geographical locations and numbers, hours and days clinics are carried out)	Service specification No 23 NHS AAA Screening p 15	6	S	Completion of review and outcomes presented to programme board
3	Plan and implement clinic sites and timings based on the accessibility review	Service specification No 23 NHS AAA Screening p 19 and p 22	12	S	Uptake reported to commissioning team and programme board

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4	Produce a version controlled and updated incidental findings protocol ensuring; all staff comply with the process, that it covers pathways from initial scan to final outcome and that only appropriately qualified staff request further imaging	Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening p 12 AAA screening standard operational procedures p 30	6	S	Presentation of process and evidence of a sample of outcomes to the programme board Evidence of training or roll out of guidance to all staff
5	Revise timings of internal meetings (including multidisciplinary team meetings) to enable all staff groups to attend and produce notes for staff unable to attend	AAA screening standard operational procedures p 14	6	S	Minutes with attendees presented to programme board
6	Collect patient feedback on all elements of the patient pathway, including local information, collate and analyses outcomes, and use the data to support accessibility work	AAA screening standard operational procedures p 40	6	S	Results of patient feedback to be presented to the programme board
7	Provide effective, funded cover for the vascular nurse specialist role, complying with national guidance and pathways standards removing any delays	Abdominal Aortic Aneurysm Screening Programme Nurse Specialist Best Practice Guidelines p 8 onwards	3	S	Evidence of clinics, timings and recorded outcomes to the programme board

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8	Undertake staff training on definitions and how to report incidents and risks within screening, to raise understanding, awareness and increase reporting levels	Service specification No 23 NHS AAA Screening p 25 and 26	3	S	Presentation of updated risk register and evidence of staff risk and incident training to be submitted to the programme board
9	Establish a monthly check process to ensure the safe operation and performance of scanning equipment, including image uniformity testing and sensitivity in air testing to bring in line with NAAASP standards	Ultrasound equipment quality assurance guidance Oct 2014 p 5	3	S	Log of tests carried out and technician testing process to be presented to the programme board
10	Develop a local standardised protocol on recall periods for patients with rapid growth and where patients express anxiety	No national guidance but a service wide approach is good practice	3	S	Protocol and staff training evidence to programme board
11	Stop the recall of sub aneurysmal men	Service specification No 23 NHS AAA Screening p 17 and 18	3	S	Confirmation from clinical lead that process has stopped
12	Ensure technicians provide information to men whose aorta is <3cm in line with national guidance and ensure clinical skills trainer (CST)/internal quality assurance lead (IQA) are aware of correct process	Service specification No 23 NHS AAA Screening p 17 and p 18			Copy of the script technicians are to use when discussing results with men presented to the programme board
13	Initiate a system where the CST provides feedback on performance to the screening technicians in a timely manner and face to face in line with national guidance	Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening	6	S	CST rota with evidence of feedback sessions presented to the programme board

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14	Carry out a review of all local Standard Operating Procedures (SOPs) and policies, implementing version control, including reference to relevant national documentation	Service specification No 23 NHS AAA Screening p 25	12	S	Programme board to review SOPs and agree policies
15	Roll out all new/updated SOPS and policies to all staff and ensure compliance	Service specification No 23 NHS AAA Screening p 25	12	S	Evidence of staff training and audit of SOPs to programme board
16	Ensure clinical skills trainer undertakes Certificate Assessing Vocational Achievement (CAVA), relevant national AAA screening training and increase their awareness of the new screening diploma to support service resilience	Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening NAASP Education and training framework CST training handbook	12	S	Plan submitted to the programme board
17	Cease inviting men not registered with a GP to screening and initiate the use of the non-register letter to drive up registration rates	Service specification No 23 NHS AAA Screening p 7 and 19 AAA screening standard operating procedures p 37	3	S	Copy of letter presented to the board and evidence of numbers of men letter sent to
18	Improve/increase access for the AAA admin staff to trust clinical systems, such as imaging and multidisciplinary team meetings outcomes, to improve timely and accurate data collection	Standard Operating Procedures March 2017 to support p23	3	S	Confirmation of access to be evidenced to screening and immunisation team

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19	Establish and implement a clear system around the recording of multidisciplinary team meetings outcomes and how this is fed back to the service	Standard Operating Procedures March 2017 to support p 23	3	S	Process to be evidenced to the programme board
20	Establish a mandatory death reporting process including, but not limited to, data collection from coroners, follow up of post-surgery men for 12 months and potential false negative cases	Protocol for reporting deaths p 5 items 1-5	3	S	Present outcomes of any reviews as evidence to the programme board
21	Agree with the commissioner a schedule of audits for inclusion in the NHS standard contract	Service specification	6	S	Present schedule to the board

* I = immediate, H = High, S = Standard