



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme Central Yorkshire

11 May 2017

Public Health England leads the NHS Screening Programmes

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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. Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
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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 four 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.

www.gov.uk/topic/population-screening-programmes Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)

Blog: phescreening.blog.gov.uk. Prepared by: SQAS (North).

For queries relating to this document, including details of who took part in the visit, please contact: phe.screeningqanorth@nhs.net.



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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 to 74. 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 Central Yorkshire screening service held on 11 May 2017.

Purpose and approach to quality assurance (QA)

QA aims to maintain national 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 comes from the following sources:

- routine monitoring of data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits; familiarisation visit 13 January 2017
- information shared with SQAS (North) as part of the visit process

Description of local screening service

Leeds Teaching Hospitals NHS Trust (LTHT) provide Central Yorkshire AAA screening service (the service).

LTHT works with Mid Yorkshire Hospitals NHS Trust (MYHT).

NHS England North (Yorkshire and the Humber) commissions the service.

The service began screening in April 2012. It covers a total population of approximately 1.4 million. The eligible population is 6,602 (2015 to 2016). Five clinical commissioning groups (CCGs) are within the programme boundary.

The population profile varies by location. Kirklees has a diverse ethnic mix with 7.7% of the population from non-white groups. Wakefield has the least ethnic variation with 4.7% from non-white groups. All 3 local authorities were in the most deprived third in the country.

Data for 1 April 2015 to 31 March 2016 show that the service exceeded the acceptable standard for uptake at 82.5%. The service screened the most number of men who had self-referred in England.

The service provides screening in a large number of clinical community settings. For example, GP practices and hospitals. Men with large aneurysms ($\geq 5.5\text{cm}$) are referred for treatment to LTHT. LTHT offers a full service for open and endovascular aneurysm repair (EVAR). Men with an aneurysm measuring 3.0 to 5.4cm, who do not need treatment, are offered an appointment with a nurse practitioner. Appointments are available at Leeds General Infirmary or Pinderfields Hospital.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified a number of high priority issues as summarised below:

- no formal equipment replacement plan
- unacceptable reasons for not achieving the 8-week treatment standard
- no documented business continuity
- lack of clarity and documentation regarding accountability, local governance and escalation arrangements
- processes and standard operating procedures do not contain enough detail in places - Compliance is not audited as part of failsafe

Shared learning

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

- large number of screening venues promoting access and choice
- annual open evening for men in surveillance
- regular and consistent monitoring by commissioners
- targeted initiatives to increase uptake in disadvantaged groups
- local development opportunities for technicians

- regular communication with general practice to increase the service profile
- nurse clinics occur at same time as vascular consultant clinics
- staff employed to put data on to the National Vascular Registry

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.	Revise programme board terms of reference (TOR). Ensure suitable representation and attendance to agree decisions	¹ National service specification 2017 to 2018	6 months	S	Updated TOR. Meeting minutes showing review of attendance
2.	Conduct a gap analysis and produce an action plan to show compliance against the 2017 to 2018 national service specification	¹ National service specification 2017 to 2018	3 months	H	Gap analysis and action plan agreed with commissioners as part of service development and improvement plan
3.	Revise documented accountability, governance and escalation arrangements to support formal oversight of the service. Ensure all risks and governance matters are reported	¹ National service specification 2017 to 2018	3 months	H	Pathways mapped formally and agreed between providers. To be signed off at programme board
4.	Review operational meeting TOR. Review to include input from all staff. Ensure suitable representation and attendance for effective communication across the service and to agree decisions	¹ National service specification 2017 to 2018	6 months	S	Updated TOR. Meeting minutes showing review of attendance

<p>5.</p>	<p>Develop and revise documents including invitation letters and standard operating procedures (SOPs) with involvement of all staff. Identify and assess formally potential areas of risk. Introduce failsafe processes and audit as appropriate (see linked recommendation 6).</p> <p>All documents should be:</p> <ul style="list-style-type: none"> • up to date • contain adequate detail • information governance compliant • in line with local and national guidance • formal sign off at local or national level, as appropriate) 	<p>¹National service specification 2017 to 2018</p> <p>²NAAASP standard operating procedures</p> <p>³Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidance</p> <p>⁴NAAASP: Internal QA framework and resources</p> <p>⁵Recovery portfolio for screening technicians</p> <p>⁶NAAASP Clinical guidance and scope of practice</p> <p>⁷NAAASP Failsafe Processes</p>	<p>6 months</p>	<p>H</p>	<p>Revised documents presented at operational meetings.</p> <p>Include invitation letters and the following SOPs as minimum:</p> <ul style="list-style-type: none"> • local incident management • daily and monthly equipment checks • safe storage and transport of equipment • screening in prisons • screening in nursing homes and home visits • validation of the screening cohort including changes to practice lists • non-visualised aortas • incidental findings
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No.	Recommendation	Reference	Timescale	Priority	Evidence required
		⁸ NAAASP: Protocol for reporting deaths			<ul style="list-style-type: none"> • monitoring image quality, poor performance and reaccreditation • monitoring and identifying rupture and deaths • referral to vascular services

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6.	Produce a formal audit schedule to monitor compliance of policies and failsafe across the screening pathway	¹ National service specification 2017 to 2018 ² NAAASP standard operating procedures ⁹ NAAASP: Nurse Best Practice Guidelines ¹⁰ NAAASP Non-visualised aortas guidance ¹¹ NAAASP: Protocol for reporting deaths	6 months	H	Audit schedule and outcomes presented at operational meeting or programme board. Example of audits to include: <ul style="list-style-type: none"> • complaints and concerns • validation of exclusions • 12 week nurse appointment timescale • number of appointments per clinic • results sent to GP within 24 hours non-visualised aortas • number of ruptures and deaths per year

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7.	Ensure job description supplements for clinical staff with AAA roles are agreed formally within trust HR governance processes. Ensure there is documentation to support that all staff are trained. Make sure staffing levels meet the national requirements for current and future service demands	¹ National service specification 2017 to 2018 ² NAAASP standard operating procedures	6 months	S	Formal confirmation of job description supplements, staff training records and staffing review presented at programme board
8.	Produce a business continuity plan (including IT disaster recovery) for provision of screening, internal QA and administration	¹ National service specification 2017 to 2018	3 months	H	Business continuity plan presented at programme board
9.	Produce an equipment replacement plan for ultrasound scanners	³ Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidance	3 months	H	Equipment replacement plan to be signed off at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
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Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10.	Ensure interpreter services are in line with trust and national policy for consent	² NAAASP standard operating procedures	3 months	S	Written confirmation of compliance of interpreter services
11.	Use public health information tools and SMaRT to target individuals who rarely or do not access screening. Develop and carry out action plan with commissioners, local authority and clinical commissioning group representatives	¹ National service specification 2017 to 2018 ² NAAASP standard operating procedures	12 months	S	Health inequalities action plan produced and presented at programme board
12.	Survey user experience of nurse clinics	² NAAASP standard operating procedures	6 months	S	Survey presented at operational meeting

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
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Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
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Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13.	Review the screening to treatment pathway. Ensure all men classed as fit for surgery at first assessment receive treatment within the 8 week treatment standard	¹¹ NAAASP: Guidance for Monitoring of Waiting Times Standard	3 months	H	Audit and action plan presented at programme board

I = Immediate

H= High

S = Standard

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and outline any further action(s) needed.