



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Abdominal Aortic Aneurysm screening service**

### **Dorset and Wiltshire**

18 April 2018

**Public Health England leads the NHS Screening Programmes**

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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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Published: October 2018  
PHE publications  
gateway number: 2018499

PHE supports the UN  
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## Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme is available for all men aged 65 and over in England. The programme aims to reduce abdominal aortic aneurysm related mortality among men aged 65 and older. A simple ultrasound test is performed to detect abdominal aortic aneurysms. 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 visit of the Salisbury NHS Foundation Trust (SFT) screening service held on 18 April 2018.

### Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in abdominal aortic aneurysm (AAA) 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 data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information shared with the South regional SQAS as part of the visit process

### Local screening service

The Dorset and Wiltshire (DoW) service implemented AAA screening in 2012 and covers an area with a population of approximately 1,242,861. The eligible population is 7,407 (2016 to 2017) and covers 2 clinical commissioning groups (CCGs) and 159 GP practices.

Dorset and Wiltshire are largely rural counties. Deprivation varies across the region. The ethnic mix of the LAs within the service boundary area is 99.2% white, 0.32% Asian/Asian British, 0.10% Black/African/Caribbean/Black British, 0.09% other and 0.24% mixed.

The service offers screening to all eligible men in the year they turn 65 in line with national guidance. This is delivered by screening technicians in community settings such as GP practices. Men with large ( $\geq 5.5$ cm) aneurysms are referred for treatment at the Royal Bournemouth Hospital, which is part of the Royal Bournemouth and

Christchurch Hospitals NHS Foundation Trust (RBCH) which offers a full service for open and endovascular aneurysm repair (EVAR). Assessment and outpatient appointments can be provided in 3 hospitals; Royal Bournemouth Hospital, Dorset County Hospital, Dorchester and Salisbury District Hospital (SDH). All men with an aneurysm detected are offered a face to face appointment with a vascular nurse specialist (VNS) at a variety of venues across Dorset and Wiltshire.

The service is provided by the Salisbury NHS Foundation Trust, which works in partnership with the Royal Bournemouth and Christchurch Hospitals Trust to cover the 2 counties. NHS England South West commission the service.

## Findings

This is the first QA visit to this service. The service is patient centred and delivered by a team which is motivated and works well across all disciplines.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified no high priority issues but 26 standard recommendations have been made (see table page 7).

## Shared learning

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

- production of Christmas newsletter to the GPs in the area to increase GP engagement
- use of reminder letters to patients to help in reducing the non-attendance rate
- promotion of the service via a 'well man day' at the local football club, increasing service awareness
- service improvements carried out based on patient feedback and non-attendance analysis
- additional guidance and clinical support for patients found to have very large AAAs
- additional incidental image review and quality assurance by the radiologist clinical lead

The service currently meets 11 out of the 12 national QA standards at the acceptable level. In addition, 3 standards are partially met and another 3 are fully met at the achievable level. Exceptions are reported for the standard not currently met.

## Recommendations

The following recommendations are for the provider to action unless otherwise stated.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Review and update organisational lines of accountability and communication	Service specification	6 months	Standard	Charts showing lines of accountability presented to the programme board
2	Develop a standard agenda for team meetings to include regular operational items and disseminate notes to all staff including the vascular nurse specialists and clinical skills trainers	Service specification	6 months	Standard	Example agenda and the distribution list to be shared with the screening and immunisation manager
3	Provide evidence of accreditation of bank screener and produce a standard operational procedure on how this is checked	Service specification	3 months	Standard	Evidence to be shared with clinical lead and screening and immunisation manager
4	Amend internal QA processes to include; feedback on random scans provided to all staff undertaking screening, all staff take the same 2 image sets and that feedback from clinical skills trainer staff is standardised	AAA screening standard operating procedures	3 months	Standard	Evidence to be shared with clinical lead and screening and immunisation manager

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Undertake a survey of all staff knowledge of what constitutes a screening safety incident and how these are registered	Service specification  Managing safety incidents in NHS screening programmes	6 months	Standard	Results of survey to be shared with screening and immunisation team
6	Use nhs.net to email patient identifiable data	Service specification	3 months	Standard	Confirmation to be sent to the programme board
7	Review death reporting processes to bring in line with national guidance	National Quality Standard  NAAASP Protocol for Reporting Deaths August 2016	3 months	Standard	Reports submitted to SQAS and screening and immunisation team, processes presented to the programme board
8	Undertake audits of key imaging processes and exclusions and carry out service improvements based on outcomes	Non visualised aortas guidance  AAA screening standard operating procedures  Service specification	6 months	Standard	Results and service improvement plans/outcomes presented to the programme board
9	Add a link to the AAA service on RBCH website to aid accessibility of information to men across the service's catchment area	Service specification	6 months	Standard	Screen shot of website to screening and immunisation team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Revise and update core job descriptions to include AAA specific role requirements	Service specification Nurse Specialist Best Practice Guidelines CST training handbook NAAASP Standard Operating Procedure	6 months	Standard	Presentation of amended job descriptions to be sent to the programme board
11	Update organisational charts and include external governance bodies, and disseminate to all screening service staff	Service specification	6 months	Standard	Amended charts presented to the programme board
12	Clarify CST roles and make sure there is sufficient time scheduled to undertake AAA role	CST training handbook Service specification	6 months	Standard	Example rota presented to the programme board
13	Review the technicians monthly equipment check and bring in line with national guidance	NAAASP Standard Operating Procedure	3 months	Standard	Amended process presented to the programme board
14	Update the protocol regarding equipment storage to reflect the current practice	NAAASP Standard Operating Procedure	3 months	Standard	Updated document presented to the programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Address the concerns raised by GPs regarding sharing of information for people with learning disabilities	Service specification NAAASP Standard Operating Procedure  Mental Capacity Act (MCA) 2005  Section 251 of the NHS Act 2006	12 months	Standard	Screening and immunisation team and service to work together to provide confirmation that the evidence is now being provided
16	Investigate links for hospital transport to hospitals other than Salisbury to support equity of access	National service specification	12 months	Standard	Programme manager to report outcome to the programme board
17	Audit appointment declines, timings and venues for vascular nurse clinics, and undertake service improvement to increase accessibility and achievement of timeliness	AAA pathway standards  Nurse Specialist Best Practice Guidelines	6 months	Standard	Baseline data and details of service improvements made to be presented to the programme board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Cease, as a routine process, the capture of 5 images per man for all routine screening	Service specification  AAA screening failsafe document  Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening	3 months	Standard	Confirmation presented by clinical lead to the programme board
19	Investigate and implement a method of informing hospital staff that men have an AAA	AAA national service specification	12 months	Standard	Details of investigation and outcomes to be presented to the programme board
20	Develop a process for the programme manager to be included in the outcomes of the multi-disciplinary team (MDT) or to attend if this is not possible	AAA pathway standards	6 months	Standard	Confirmation from clinical lead or programme manager submitted to the programme board
21	Develop measures to reduce delays to intervention: reducing delays to Cardiopulmonary Exercise Testing (CPET) routine review of timelines in MDT, consider use of interim target dates for investigations and MDT.	AAA pathways standards	12 months	Standard	Clinical lead to report actions undertaken to the programme board along with any data evidencing improvements

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Revise and develop a wider distribution list for the programme board minutes, annual report and risk register to include all providers of the AAA service	NAAASP standard operational procedure	6 months	Standard	Distribution list to be shared with the programme board
23	Monitor and review the reasons for non visualisation and recall of men after an internal quality assurance review, with the aim of reducing these rates	Non visualised aortas guidance  AAA screening standard operating procedures  AAA national service specification  Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening	3 months	Standard	Reasons to be shared with the programme board along with baseline rates and improvement plans
24	Present operation target dates for AAA men at multi disciplinary team	AAA pathways standards	3 months	Standard	Confirmation from the clinical lead to the screening and immunisation team
25	Implement measures to improve written communication between the screening programme and clinical teams	AAA pathways standards	6 months	Standard	Evidence of communication presented to the programme board

26	Revise current processes for review of outcomes and entries to the National Vascular Registry to include local peer review and consideration of administrative support	AAA screening standard operating procedures  AAA national service specification	12 months	Standard	Confirmation of revision of process to be submitted to the programme board
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## 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 after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.