



Public Health
England



Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme Essex

20 February 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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www.gov.uk/topic/population-screening-programmes Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)
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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 Essex screening service held on 20 February 2018.

Purpose and approach to quality assurance (QA)

Quality assurance 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 shared with the Midlands and East regional SQAS as part of the visit process

Description of local screening service

The Essex service implemented screening in August 2013. The service covers 6 clinical commissioning groups (CCGs) and 221 GP practices with an eligible screening population of 7191 (April 2016 to March 2017). There are 12 local authorities within the screening catchment area. The ethnic profile of the local authorities (LAs) is 98.0% white. Asian/Asian British comprise the second largest ethnic group (1.22%). Harlow has the greatest diversity with 3.9% of the population from non-white groups. Maldon had the least variation, with 0.6% from non-white groups².

Levels of deprivation vary between the local authorities. Harlow is in the third most deprived tenth of local authorities in England. Chelmsford, Rochford and Uttlesford are in the least deprived tenth.

The service is provided by Southend University Hospital Foundation Trust and is commissioned by NHS England (Midland and East) East. 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 venues such as hospitals, GP practices and a pharmacy site.

Men with large (>5.5cm) aneurysms are usually assessed and treated at Southend University Hospital NHS Foundation Trust (SUHFT) or Mid Essex Hospital Services NHS Trust (MEHT). Both trusts offer a full service for open and endovascular aneurysm repair (EVAR). Cambridge University Hospital NHS Foundation Trust (CUHT) can offer assessment and treatment services to men with large aneurysms who reside on the borders of Essex and Cambridgeshire.

Findings

The service currently meets 9 out of the 10 national QA standards that they are assessed against. 2 standards are not measured at service level. The one standard not met relates to treatment of aneurysms within the 8 week target. The service meets all 3 key performance indicators that are in place for AAA screening programmes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the clinical director does not have allocated time in his job plan to undertake the role
- internal governance and accountability for the service within the trust is not defined
- the service does not have a programme co-ordinator, subsequently some key tasks are not being fulfilled and adherence to national guidance for a number of processes is not achieved
- the service does not have a clinical skills trainer (CST) in post and because the QA lead is undertaking some of the CST duties in addition to their own work, not all CST duties are being fulfilled, which presents a risk
- trainee screening technicians are not being supervised in line with national guidance
- the target for treating men diagnosed with a large aneurysm within 8 weeks is not met
- incidental findings are not managed in line with national guidance

- The provision of vascular nurse assessments is not in line with national guidance

Shared learning

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

- production of a promotional video aimed at encouraging attendance
- consideration of public transport links when determining suitability of venues
- men referred to medical imaging at Southend University Foundation Hospitals Trust are given written information explaining choices, options and risks to enable them to make an informed decision on how they wish to be managed
- detailed service flow chart to ensure large aneurysms are tracked from referral
- surgical team undertaking a case rehearsal in advance of theatre list and wherever possible using the same theatre team to improve throughput of cases

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	NHS England should seek assurance from the local sustainability and transformation partnership that any changes to the commissioning of treatment services will take account of AAA screening safety and quality requirements	Service specification	6 months	Standard	Confirmation to be provided to programme board
2	Review and update the programme board terms of reference (TORs) which should include the governance and accountability arrangements between the board and service provider trust	Service specification	6 months	Standard	Updated Terms of reference
3	Make sure the clinical director and associate clinical director have time in their job plans to fulfil the role	AAA Screening: standard operating procedures	3 months	High	Confirmation to be provided to programme board
4	Establish governance processes to enable service issues to be escalated appropriately within the trust	Service specification	3 months	High	Confirmation to be provided to programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Recruit a programme coordinator/Manager as a substantive permanent post	AAA Screening: standard operating procedures Service specification	3 months	High	Confirmation to be provided to programme board
6	Establish structured operational meetings following the appointment to the key posts in line with national guidance	AAA Screening: standard operating procedures	6 months	Standard	Confirmation to be provided to programme board
7	Confirm whether the annual report has been signed off by the trust	Service specification	6 months	Standard	Annual report to be presented at programme board
8	Make sure that all staff are aware of the national managing safety incidence in NHS Screening Programmes guidance	Service specification Incident Guidance	3 months	Standard	Confirmation to be provided to programme board
9	Develop a schedule of audits that support service improvement initiatives	Service specification AAA Screening: standard operating procedures	12 months	Standard	Schedule agreed with commissioners at programme Board Findings and actions reported in summary form
10	Report deaths in line with national guidance	Protocol for reporting deaths August 2016	3 months	High	Update standard operating procedure and confirmation provided

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Develop an action plan to implement any findings from the user satisfaction survey	Service specification	6 months	Standard	Findings and action plan presented at programme board
12	User feedback and complaints should be a standard agenda item for the programme board	Service specification	6 months	Standard	Revised PB agenda
13	Share the locally produced promotional video with the national team	Best practice	6 months	Standard	Confirmation to be provided to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Appoint a Clinical Skills Trainer (CST) in to a substantive post and ensure they gain the CAVA qualification	Service specification AAA Screening: standard operating procedures	3 months	High	Confirmation to be provided to programme board
15	Ensure that the supervision and clinical sign off of trainee technicians is in line with national guidance	Clinical Training handbook	6 months	High	Confirmation to be provided to programme board
16	Ensure the ratio of screening technicians to population size is in line with national guidance	AAA Screening: standard operating procedures	6 months	Standard	Confirmation to be provided to programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Make sure that AAA screening technicians are appropriately supervised when scanning patients in trust surveillance clinics	AAA Screening: standard operating procedures	3 months	Standard	Confirmation to be provided to programme board
18	Provide the vascular nurse specialist service in line with national guidance	Nurse Specialist Guidance	6 months	High	Revised standard operating procedure
19	Ensure screening venues are suitable and offer equitable access to all men	Service specification AAA Screening: standard operating procedures	6 months	Standard	Completed screening venue survey
20	Complete a risk assessment on scanning machines and prepare an equipment replacement programme in order to ensure continuity of service	AAA Screening: standard operating procedures	6 months	Standard	Completed risk assessment and equipment replacement programme
21	Develop a standard operating procedure (SOP) and daily checklist to cover regular machine maintenance	Ultrasound Equipment guidance	6 months	Standard	Updated standard operating procedure to be provided

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	Develop a standard operating procedure to ensure the transportation of equipment and clinic lists is in line with trust IG policy	AAA Screening: standard operating procedures	3 months	Standard	Updated standard operating procedure to be provided

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Amend the decline/deactivation standard operating procedure to include exclusions, best interest decisions and describe the process followed in the event that a man does not return the form to be deactivated	AAA Screening: standard operating procedures	6 months	Standard	Updated standard operating procedure to be provided

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Report prison population screening activity to programme board	Service specification	6 months	Standard	Prison activity details provided
25	Produce a standard operating procedure that describes how screening staff can access telephone interpretation services	Accessible Information standard	6 months	Standard	Standard operating procedure to be presented at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
26	The SIT and service should develop an inequalities action plan to address the findings of the health equity audit	Service specification Accessible Information standard	6 months	Standard	Action plan to be presented at programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
27	Update the standard operating procedure to include appropriate failsafe checks for the upload of men's images from scanning machines	AAA Screening: standard operating procedures	6 months	Standard	Updated standard operating procedure to be provided at programme board
28	Delete images from scanning machines following successful transfer to the IT system	AAA Screening: standard operating procedures	3 months	Standard	Updated standard operating procedure to be provided at programme board
29	Make sure the randomised QA of images per screener is 8 per month	Internal QA framework and resources	3 months	Standard	Confirmation to be provided to programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
30	Ensure all operational and administrative activities are undertaken in line with national policy and guidance and that SOPs are approved through trust governance structures	Clinical guidance and scope of practice AAA Screening: standard operating procedures National guidance documents	6 months	Standard	Updated standard operating procedure to be provided at programme board
31	Put in place a quality management system for the approval and sign off of all standard operating procedures	Clinical guidance and scope of practice AAA Screening: standard operating procedures National guidance documents	6 months	Standard	Flow chart showing development and approval of operating procedures to be presented at programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
32	Make sure that medical imaging scans are measured in the same format (inner to inner) as AAA screening scans.	AAA Screening: standard operating procedures	6 months	Standard	Confirmation provided
33	Comply with national guidance in the management of incidental findings	Clinical guidance and scope of practice	3 months	High	Confirmation provided incidental findings SOP needed

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
34	Introduce a systematic pathway for referrals from the service to treatment at Mid Essex Hospital Trust in order to achieve the 8 week waiting time target	Waiting time guidance	3 months	High	Copy of revised pathway presented and approved 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 will outline any further action(s) needed.