Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme South Yorkshire and Bassetlaw

15 March 2018

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. We provide government, local government, the NHS, parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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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 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 South Yorkshire and Bassetlaw screening service held on 15 March 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(s), commissioner and external organisations
- information collected during a familiarisation visit on 11 December 2017
- information shared with SQAS (North) as part of the visit process

Local screening service

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) provides South Yorkshire and Bassetlaw AAA screening service (the service).

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

The service began screening in February 2013. It covers a total population of approximately 1.5 million.

The eligible population was approximately 7,750 at the end of 2017. Five clinical commissioning groups (CCGs) are within the programme boundary.

The population profile for men aged 65 and over, varies by location. Sheffield has the greatest ethnic mix with 2.5% of the population from non-white groups. Barnsley has

the least ethnic variation with 0.7% from non-white groups. All 5 local authorities were in the most deprived third of the country.

Data for 1 April 2016 to 31 March 2017 show that the service exceeded the acceptable standard for uptake at 81.6%.

Screening technicians work in clinical and non-clinical community settings. This includes:

- GP practices
- mobile health bus located at shopping centres and supermarkets
- distribution centres
- football stadiums
- golf, bowling and social clubs

Men with a small or medium aneurysm are offered an appointment with a nurse practitioner. Appointments are available in a number of clinical community settings.

Men with large aneurysms are referred to Doncaster Vascular Centre (DVC) or Sheffield Vascular Institute (SVI). DVC and SVI offer a service for open and endovascular aneurysm repair (EVAR).

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
- lack of documentation about business continuity, internal accountability, local governance and escalation arrangements
- workforce resource does not meet the 2017 to 2018 national service specification
- meetings do not reflect membership expected in national guidance
- communication and information transfer between the service and referral sites are not adequate
- clinical responsibilities are not understood by all staff associated with the screening service

Shared learning

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

- a variety of clinical and non-clinical screening venues, including a mobile screening unit
- extensive activities to improve patient engagement and promote screening
- internal clinic tally sheets for tracking actions and audit
- good team representation at networking events
- oversight arrangements providing assurance to CCG and local authority colleagues

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.	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	High	Gap analysis and action plan agreed with commissioners as part of service development and improvement plan. To be signed off at programme board
2.	The commissioner should revise the programme board terms of reference (TOR). Ensure suitable representation and attendance to agree decisions	[1]National service specification 2017 to 2018	6 months	Standard	Updated TOR. Meeting minutes showing review of attendance
3.	Document internal accountability, governance and escalation arrangements to support formal oversight of the service	[1]National service specification 2017 to 2018	3 months	High	Pathways mapped formally and agreed between providers. To be signed off at programme board
4.	Review scheduling, format and TOR for team, committee and operational group meetings. Review to include input from all staff. Ensure suitable	[1]National service specification 2017 to 2018	6 months	High	Updated TOR, schedule and minutes of meetings (to include attendance) provided to programme

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	representation and attendance for effective communication across the service and to agree decisions				board
5.	Review and revise all documents including website, GP endorsement letter and standard operating procedures (SOPs) with involvement of all staff All documents should be up to date, contain adequate detail and version control. They should be in line with local and national guidance (including information governance requirements). They should be signed off at local or national level, as appropriate Introduce and audit as in national guidance (see linked recommendation 6)	[1] National service specification 2017 to 2018 [2 -9] National Guidance	1 month 6 months	High	List of documents indicating which ones require revision to be submitted to programme board with agreed dates for completion Revised documents presented at committee meetings in line with project plan
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, 4, 6 - 9]National Guidance	6 months	High	Audit schedule produced and agreed with commissioners. Results presented to programme board as part of routine reporting

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7.	Ensure staffing levels meet national requirements for current and future service demands Develop a business continuity plan (including IT disaster recovery) to ensure there is adequate resource and service continuity during times of planned or unexpected absence Update job descriptions, to include staff management and the need for protected time for clinical staff. Ensure there is documentation to support that all staff are trained	[1]National service specification 2017 to 2018 [2,4]National guidance	6 months	High	Formal confirmation of job description review, staff training records, staffing review and business continuity plan presented at programme board
8.	Produce an equipment replacement plan for ultrasound scanners	[3]National guidance	3 months	High	Equipment replacement plan signed off at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9.	The commissioner and stakeholders should work to identify population groups not receiving equitable access to screening. Develop and carry out action plan to improve uptake and coverage within underserved and protected population groups	[1]National service specification 2017 to 2018 [2]National guidance	12 months	Standard	Health inequalities audit and action plan produced and presented at programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10.	Ensure information flows are formalised between the service and referral sites. To include access to trust information systems and attendance at vascular MDTs Ensure referral sites are aware of national and local policies See linked recommendation 4	[1]National service specification 2017 to 2018 [2, 10]National guidance	3 months	High	
11.	Audit the treatment pathway to identify why delays occur Produce an action plan to reduce delays if these are caused by hospital factors Ensure all screen referred men receive treatment within national timescales	[10] National guidance	3 months	High	Audit, action plan and tracking report presented at programme board

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.