



NHS

Public Health
England

Screening Quality Assurance visit report

**NHS Abdominal Aortic Aneurysm
Screening Programme
Coventry and Warwickshire**

10 July 2018

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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 makes sure 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 AAAs. 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 Coventry and Warwickshire screening service held on 10 July 2018.

Quality assurance purpose and approach

QA aims to maintain national standards and promote continuous improvement in AAA screening. This is to make sure 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:

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

Local screening service

The Coventry and Warwickshire service implemented AAA screening in April 2012 and covers an area with a population of approximately 900,000. The eligible population is 4,751 (2017 to 2018) and includes 3 clinical commissioning groups and 134 GP practices. The service is commissioned by NHS England (Midland and East) West Midlands.

Coventry and Warwickshire are mixed rural and urban counties with varying levels of deprivation. The ethnicity of the population within the service area boundary is 94.7% white, 3.94% Asian/Asian British, 0.79% black/African/Caribbean/black British, 0.33% other and 0.28% 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, health centres and hospital outpatients' clinics. Men with large (5.5cm or greater) aneurysms are assessed and referred for treatment at University Hospital Coventry, which is part of the University Hospitals Coventry and Warwickshire NHS Trust, where open and endovascular aneurysm repair is available.

Findings

This is the first quality assurance visit to this service. The service currently meets the acceptable level for 6 out of the 10 measurable national quality assurance pathway standards (1 April 2017 to 31 March 2018). The standards relating to referral and treatment timelines and number of incomplete screening episodes are not met.

Immediate concerns

The quality assurance visit team identified no immediate concerns.

High priority

The quality assurance visit team identified no high priority findings.

Key themes for recommendations were identified as development and review of process documents and service strategies, review of the impact of clinic venue changes, and improving equity of access.

Shared learning

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

- the screening and immunisation team (West Midlands) establishing an incident learning management group offering peer learning and continuing professional development in relation to managing screening incidents
- the delivery of promotional packs to all GP practices on a biennial basis
- the innovative use of coloured paper for invitations following a non attendance
- the collection of clinic site feedback
- a proactive approach to continued professional development for screening staff, for example, enabling staff to attend medical imaging to observe non-visualisation cases and have self study time
- the production of an information business card with key contact numbers for men found to have an aneurysm
- pre-booking of theatre slots during multi-disciplinary team meetings
- right handed screeners being trained to undertake left-handed scanning

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Undertake a mid-year and annual review of the revised screening delivery model and present results to the programme board	Service specification	12 months	Standard	Review results presented to programme board, including results from service users
2	Review the service's operational handbooks so that step-by-step processes for specific pathways are clearly documented as a standalone process and detailed with consistent terminology	Service specification (1) National Guidance (2)	6 months	Standard	Policies reviewed and presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Make sure programme standard operating procedures are systematically developed, reviewed and approved in accordance with the Trust quality management system and governance arrangements	Service specification (1) National Guidance (2,3,4,5)	6 months	Standard	Policy presented to programme board
4	Agree with commissioners an annual audit schedule for inclusion in the NHS standard contract and present actions and outcomes to the programme board	Service specification (1) National Guidance (3)	6 months	Standard	Audit schedule developed and approved by programme board Audit schedule to be considered in commissioning contract Summaries and resultant actions from audits presented at programme board and recorded in minutes
5	Develop the service's health promotion strategy in collaboration with commissioners	Service specification (1)	12 months	Standard	Updated health promotion strategy to be presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review the programme manager and clinical nurse specialist job descriptions in line with national guidance and make sure the organisational chart accurately reflects lines of accountability and responsibility	National Guidance (3,4)	6 months	Standard	Job descriptions reviewed Organisational chart presented to programme board
7	Review the standard clinic checklists to make sure they include all items listed within the national templates	National Guidance (3)	3 months	Standard	Checklist reviewed and presented to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Produce a home visit standard operating procedure	Service specification (1) National Guidance (3)	3 months	Standard	Standard operating procedure presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Review reminder letters to make sure national wording on personal information/data usage is included	National Guidance (3)	3 months	Standard	Reminder letters reviewed and template presented to programme board
10	Review the arrangements for men who need a specialist vascular nurse appointment to improve equity of access and reduce non attendance	Service Specification (1) National Guidance (4)	6 months	Standard	Findings from review presented to programme board Policy changes presented to programme board
11	Develop and agree with the commissioners an inequalities action plan to identify and address the needs of underserved and protected population groups	Service specification (1) Guidance for NHS commissioners on equality and health inequalities (6) NHS Accessible Information standard and Specification (7)	12 months	Standard	Plan presented to programme board Plan to include identification of men prior to invitation who have a learning disability

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Confirm current practice and documentation regarding consenting for data and information retention is in line with national guidance	National Guidance (2, 3, 6)	3 months	Standard	Policy reviewed and presented to programme board Confirmation that all staff have read and understood changes to policy
13	Review the use of clinic lists in line with national guidance	National Guidance (3)	3 months	Standard	Process reviewed and outcomes presented to programme board
14	Perform internal quality assurance of images within the national timescale of 30 days and present results to programme board	National Guidance (9) National pathway standards (10)	3 months	Standard	Results presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Audit cancellations and non attendances and review the policy for non-visualisation scans, to make sure men in Coventry and Warwickshire have equitable access	Service Specification (1)	6 months	Standard	Audit of cancellations and non attendances Results of review and policy changes presented to programme board
16	Confirm that the information provided for men with diabetes attending a further scan after non-visualisation is clinically appropriate	Best practice	2 months	Standard	Review of policy presented to programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Review and monitor timelines and pathways to make sure all men receive treatment within the national standard timescales; this should include the performing and reporting of CT scans	National pathway standards (10) National Guidance (11)	6 months	Standard	Results of review and actions presented to programme board

Next steps

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

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.