



Public Health  
England



# **Screening Quality Assurance visit report**

**NHS Abdominal Aortic Aneurysm  
Screening Programme  
Lancashire and South Cumbria**

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 Lancashire and South Cumbria AAA screening service held on 6 September 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 SQAS (North) as part of the visit process

### Local screening service

Gateshead Health NHS Foundation Trust (GHNFT) provides Lancashire and South Cumbria AAA screening programme (the service).

NHS England North (Lancashire and South Cumbria) commissions the service.

The service began screening in January 2013 and covers an area with a population of approximately 1.4 million. The eligible population is 9,650 (2017 to 2018) and covers 8 clinical commissioning groups (CCGs) and 344 GP practices.

The ethnic mix of the population within the service boundary area is 97.7% white. However, the population profile for men aged 65 and over varies by location. Blackburn with Darwen has the greatest ethnic mix with 10.0% of the population from non-white groups. Eden has the least variation with 0.3% from non-white populations.

Levels of deprivation also vary across the local authorities. Barrow in Furness, Blackburn with Darwen, Blackpool, Burnley and Pendle are in the most deprived tenth of local authorities in the country. Ribble Valley is in the second least deprived tenth.

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 primary care health centres, GP practices, prisons and offender health units.

Men with a small aneurysm (measuring 3.0 to 4.4cm) are placed on annual surveillance. Men with a medium aneurysm (measuring 4.5 to 5.4cm) are placed on quarterly surveillance.

Men with a larger aneurysm (greater than 5.5cm) are referred for assessment and treatment at Lancashire Teaching Hospitals NHS Foundation Trust in Preston or East Lancashire Hospitals NHS Trust in Blackburn. Both sites offer a service for open repair and endovascular aneurysm repair (EVAR). Complex open or FEVAR cases are referred to Liverpool.

All men with a detected aneurysm are offered a telephone consultation appointment with a nurse practitioner.

## Findings

This is the first QA visit to the service.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 2 high priority findings as summarised below:

- the management of common iliac artery (CIA) aneurysms is outside of national guidance
- ultrasound machines are 5 years old and there is no formal equipment replacement plan in place

## Shared learning

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

- the service met all the national KPI targets
- numerous activities to promote equitable access
- funding of a part-time health improvement practitioner post to improve uptake and promote screening
- internal spreadsheets for monitoring clinic activity
- targeted commissioning for quality and innovation (CQUIN) work with regard to patient and public engagement

Other notable practice is documented throughout the report.

## Recommendations

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

### Governance and leadership

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required  |
|-----|---|--|-----------|----------|--|
| 1.  | Document internal accountability, governance and escalation arrangements between the service and GHNFT  | <sup>1</sup> National service specification 2018 to 2019 | 6 months  | Standard | Pathways formally mapped and a local SOP to document internal risk reporting arrangements. To be signed off at programme board             |
| 2.  | Review scheduling and format of all meeting structures and consider implementing operational group meetings. Review to include input from all staff. Ensure suitable representation and attendance to agree decisions | <sup>1</sup> National service specification 2018 to 2019 | 6 months  | Standard | Documented review of meetings, with a schedule and revised/new terms of reference (TOR) if applicable. To be signed off at programme board |

| No. | Recommendation   | Reference  | Timescale | Priority | Evidence required  |
|-----|--|--|-----------|----------|--|
| 3.  | <p>Work instructions and local standard operating procedures (SOPs) require review to bring in-line with national guidance.</p> <p>All SOPs should be up to date, contain adequate detail, version control, ownership, review date and sign off.</p> | <p><sup>1</sup>National service specification 2018 to 2019</p> <p><sup>2-9</sup>National Guidance</p>  | 6 months  | Standard | <p>Revised documents presented and signed off at programme boards. This would include SOPs for: incidental findings, failsafe, audit, non-visualisation, screening in prisons, image transfer, storage of equipment, referrals, lone working, home visits, hoists.</p> |
| 4.  | <p>Ensure screening staff understand what constitutes a screening incident or near miss and the importance of incident reporting</p>   | <p><sup>1</sup>National service specification 2018 to 2019</p> <p><sup>2,10</sup>National Guidance</p> | 6 months  | Standard | <p>Education via team briefing session, evidence of sharing guidance, regular discussion at team meetings and possible training</p>  |
| 5.  | <p>Review effectiveness of the existing risk register and amend/update to ensure it meets the needs of the AAA service</p>   | <p><sup>1</sup>National service specification 2018 to 2019</p>   | 3 months  | Standard | <p>Revised risk register to meet the needs of the service. To be shared and discussed at each programme board meeting</p>  |

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required   |
|-----|---|--|-----------|----------|---|
| 6.  | Implement a local process to monitor the deaths of men with a negative scan who subsequently die of a ruptured AAA  | <sup>7</sup> National Guidance   | 6 months  | Standard | Establish a process, produce SOP and sign off at programme board  |
| 7.  | Produce a formal audit schedule to monitor compliance of policies and failsafe across the screening pathway. Clearly document resulting actions from audits | <sup>1</sup> National service specification 2018 to 2019<br><br><sup>2-9</sup> National Guidance | 6 months  | Standard | Audit schedule produced and agreed with commissioners. Results presented to programme board as part of routine reporting            |
| 8.  | Review website links to make navigation easier  | <sup>1</sup> National service specification 2018 to 2019   | 12 months | Standard | Evidence presented to programme board to confirm that the website has been reviewed and contact details are accurate and up to date |



## Infrastructure

| No. | Recommendation   | Reference  | Timescale | Priority | Evidence required  |
|-----|--|--|-----------|----------|--|
| 9.  | Ensure staffing levels meet national requirements for current and future service demands. Review job descriptions to ensure they reflect the combined roles within the service | <sup>1</sup> National service specification 2018 to 2019<br><br><sup>2,8</sup> National guidance | 6 months  | Standard | Gap analysis against recommended workforce. Formal confirmation of job description review/staffing review presented at programme board |
| 10. | Produce an equipment replacement plan for ultrasound scanners  | <sup>1</sup> National service specification 2018 to 2019<br><br><sup>2,3</sup> National guidance | 3 months  | High     | Equipment replacement plan signed off at programme board   |
| 11. | Ensure the QA lead or CST performs image uniformity and sensitivity testing on equipment on a monthly basis and ensure SOPs are amended  | <sup>3</sup> National guidance   | 6 months  | Standard | SOP detailing the required monthly checks. Evidence/confirmation of change. To be signed off at programme board                        |

## Invitation, access and uptake

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required  |
|-----|---|--|-----------|----------|--|
| 12. | Carry out a formal equality impact assessment/health equity audit and use public health tools available to demonstrate interventions are evidence based | <sup>1</sup> National service specification 2018 to 2019 | 12 months | Standard | Completed equality impact assessment/health equity audit is presented and signed off at programme board. Public health analysis and use of public health tools should demonstrate that interventions are evidence based. |

## Referral

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required   |
|-----|---|--|-----------|----------|---|
| 13. | Conduct an audit into men with a CIA aneurysm to ensure they are being managed appropriately (they have had the diagnosis confirmed officially and that they have been entered into a CIA aneurysm surveillance programme outside of the screening service) | <sup>1</sup> National service specification 2018 to 2019<br><br><sup>2,5</sup> National Guidance | 1 month   | High     | Updated Incidental Findings SOP and audit results signed off at programme board. Assurance that all men with suspected CIA aneurysms are being managed appropriately in line with national guidance |

## 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.