Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme
South Devon and Exeter

Executive Summary

17 January 2019

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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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Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
Prepared by: Screening QA Service (South)
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) is available for all men aged 65 and over in England. The programme aims to reduce abdominal aortic aneurysm (AAA) related mortality among men aged 65 and older. 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 visit of the South Devon and Exeter screening service held on 17 January 2019.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in 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 Public Health ngland (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(s), commissioner and external organisations
- information shared with the South regional SQAS as part of the visit process

Local screening service

The South Devon and Exeter service implemented AAA screening in 2009 and covers an area with a population of approximately 702,000 with an eligible population of 4,467 men (2017 to 2018). The service area covers 2 clinical commissioning groups (CCGs) and 80 general practitioner (GP) practices. The service is provided by the Torbay and South Devon NHS foundation trust (TSDFT). NHS England South West commission the service.

South Devon and Exeter is a largely rural area with deprivation varying across the region. Torbay was in the second most deprived tenth of local authorities in the country. East Devon and South Hams were in the third least deprived tenth. The ethnic mix of the local authorities (LAs) within the service area is 99.5% white, 0.19% Asian/Asian British, 0.04% Black/African/Caribbean/Black British, 0.07% other and 0.20% 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 (>5.5cm) AAAs are referred for treatment at Torbay Hospital, part of TSDFT or the Royal Devon and Exeter Hospital (RDE), part of the Royal Devon and Exeter NHS Foundation Trust (RDEFT). Vascular units on the 2 sites form the South Devon and Exeter vascular network.

Both hospitals offer elective endovascular aneurysm repair (EVAR) and open surgical repair. Assessment and outpatient appointments are provided at both hospitals. Complex cases of fenestrated or branched endovascular surgery (FEVAR) are referred out of area, generally to Bristol. All men with AAA detected are offered a face to face appointment with a vascular nurse specialist (VNS) at a variety of venues across Devon.

Findings

This is the second QA visit to this service. The service is patient centred and delivered by a highly-motivated team that 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.

Issues

The national programme standard that the service does not achieve relates to waiting times for treatment. 14 standard recommendations have been made (see table page 9).

Shared learning

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

- above average uptake (86.8% in 2017/18 above the national average 80.9%) which meets the higher achievable threshold
- close working relationship with local learning disability liaison services
- exemplary process for managing mental capacity issues
- signposting and links to health improvement and lifestyle change services
- effective channels of escalation through commissioning governance
- process for screen-detected AAAs to be referred to all surgeons across the vascular network
- management of the preoperative pathway and prehabilitation

The service currently meets 11 out of the 12 national QA standards at the acceptable level. In addition, 4 standards are fully met at the achievable level. Exception reports are made to the programme board for the one standard not currently met.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	SIT to explore with stakeholders how to promote consistency of attendance at programme board	Service specification	6 months	Standard	Updated programme board terms of reference including refreshed membership list Action plan to engage programme board membership
2	SIT to further support the provider to develop a service improvement plan based on learning from existing audits and health equity work	NHS standard contract, Service specification	6 months	Standard	Joint review of health equity work to date and discussion of service improvement plan at programme board Action plan reviewed and agreed by programme board
3	Develop and implement a user satisfaction survey to cover all parts of the pathway	Service specification	6 Months	Standard	Results of user satisfaction survey to programme board for discussion alongside service improvement plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Further develop the programme standard operating procedures to include 'What I do' summaries for core operational roles	Standard operating procedures, Service specification	3 months	Standard	'What I do' guides for the clinical director, programme manager and practice manager to the programme board for feedback and then to be incorporated in the set of service SOPs Confirmation that service-level 'What I do' guide for clinical director has been ratified with host trust in wider job plan
5	Review current capacity across all roles and benchmark this against NAAASP recommended allocations	Standard operating procedures, Service specification	6 months	Standard	Summary outcomes of benchmarking to programme board for discussion
6	Use results of capacity benchmarking to support business continuity and service improvements	Standard operating procedures, Service specification	12 months	Standard	Action plan to address any capacity issues highlighted to programme board for feedback and review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Revise job descriptions for the technician/admin & practice manager roles to ensure they are up to date and appropriate in line with national guidance	Standard operating procedures, Clinical guidance and scope of practice	3 months	Standard	Revised job descriptions to programme board with changes highlighted to assure they are appropriate
8	Undertake a risk assessment of arrangements to transport equipment and consider whether reasonable adjustments can be made to reduce the burden on technicians	Standard operating procedures	3 months	Standard	Risk assessment to programme board for assurance and discussion Updated ‘Safe use and transport’ policy circulated to team and confirmed to programme board

Identification of cohort

No recommendations

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Develop a protocol for telephone consultations with the vascular nurse specialist which ensures that that accurate measurement of height, weight and blood pressure can be taken	Nurse specialist guidance	6 months	Standard	Protocol to be presented to programme board
10	Review appointment declines, timings and distance to travel to venues for vascular nurse clinics and undertake service improvement to increase accessibility	Pathway standards, Nurse specialist guidance	12 months	Standard	Baseline data and proposals for service improvements to be presented to the programme board

The screening test – accuracy and quality

No recommendations.

Referral

No recommendations.

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure that the service is represented in discussions related to reconfiguration of specialised vascular services**,** including clinical leads from both sites		3 months	Standard	Working group to discuss hub and spoke model reestablished
12	Develop a protocol to cover the referral of men to tertiary centres and treatment centres outside the service area	NHS standard contract, Service specification, Standard operating procedures	3 months	Standard	Protocol to be presented to programme board
13	Audit timescales in the treatment pathway for all historic referrals to identify why/where delays occur	Pathway standards	6 months	Standard	Audit report and action plan presented to programme board
14	Use outcomes from the referrals audit to escalate risks to those responsible for the pathway and identify opportunities to share learning	Pathway standards Service specification	12 months	Standard	Pathway performance improvement plan presented to programme board for discussion Audit report and action plan to be presented internally within each trust, to the vascular network and specialised commissioners

Next steps

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

SQAS will work with the SIT to monitor activity and 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 SIT summarising the progress made and will outline any further action(s) needed.