Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme
North East and North Cumbria

15 November 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 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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Published: April 2019
PHE publications gateway number: GW-261

PHE supports the UN Sustainable Development Goals

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 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 North East and North Cumbria AAA screening service held on 15 November 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
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with SQAS (North) as part of the visit process

Local screening service

The North East and North Cumbria AAA screening programme (the service) was an early implementer site in December 2010 and serves a population of approximately 3.1 million. The service was re-procured during 2016 and had a new contract start date of 1 April 2017. Gateshead Health NHS Foundation Trust (GHFT) is the provider organisation.

The service covers a very large geographical area and has 12 clinical commissioning groups (CCGs) and 19 Local Authorities (LAs). The eligible population is 18,294 with an additional 540 men over the age of 65 who have self-referred in to the service. The service is commissioned by NHS England Cumbria and North East (NHSE CaNE).

The ethnic mix of the LAs within the service boundary area is 99.0% white, 0.66% Asian/Asian British, 0.07% Black/African/Caribbean/Black British, 0.08% other and 0.20% mixed. Middlesbrough and Newcastle upon Tyne have the greatest ethnic mix

with 3.5% of the population from non-white groups. Eden and Hambleton had the least variation, 0.3% from non-white populations. Levels of deprivation vary across the LAs.

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 across 39 clinic locations, including 5 offender health units. Men with large aneurysms (5.5cm or greater) are assessed and referred for treatment at 5 vascular treatment centres:

- Sunderland Royal Hospital, City Hospital Sunderland NHS Foundation Trust
- Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust
- James Cook University Hospital, South Tees Hospitals NHS Foundation Trust
- The Cumberland Infirmary, North Cumbria University Hospitals NHS Trust
- University Hospital of North Durham, County Durham and Darlington NHS Foundation Trust

Findings

This is the first quality assurance visit to the service. The service has met either the acceptable or achievable level for all 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 have been achieved.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority findings.

Shared learning

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

- merging of clinical pathways for screened and non-screen patients
- achievement in meeting all pathway standards and national key performance indicator targets
- introduction of the Health Improvement Practitioner role to promote screening and improve uptake
- monthly service user satisfaction surveys
- surveillance patient follow-up including health promotion
- men with special requirements have a longer appointment time

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to develop a health inequalities strategy. This should be informed by relevant data from health equity audit and other appropriate analysis	NHS England agreement of commissioning intentions National service specification 2018 to 2019	12 months	Standard	Statement documenting how screening inequalities and patient and public engagement advice is provided
2	Implement a local process to monitor the deaths of post-operative referred patients who subsequently die of a ruptured aneurysm	National Guidance: Protocol for reporting deaths	12 months	Standard	Establish a process, incorporate into a local SOP and sign off at programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Check with the Trust Information Governance Lead that the previously agreed arrangement for the patient text reminder service is still valid	National service specification 2018 to 2019	12 months	Standard	Written confirmation from the IG lead shared during Programme Board or Operational Group meeting

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure service level agreements (SLAs) are agreed and finalised for all vascular units undertaking non-visualised direct referrals	National service specification 2018 to 2019	6 months	Standard	Summary of outcome submitted to the Programme Board or Operational Group meeting

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 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 commissioners summarising the progress made and will outline any further action(s) needed.