NHS

Screening Programmes

Quality Assurance

Quality Assurance Report

Observations and recommendations from the visit to Central England on 2 February 2016

V1.0 March 2016

About the NHS Abdominal Aortic Aneurysm Screening Programme

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme aims to reduce premature deaths from ruptured abdominal aortic aneurysms among men aged 65 and over by up to 50% through early detection, appropriate follow-on tests and treatment.

Public Health England (PHE) is responsible for the NHS Screening Programmes. PHE is an executive agency of the Department of Health and works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

The UK NSC and NHS Screening Programmes are part of Public Health England (PHE), an executive agency of the Department of Health. PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Central England Abdominal Aortic Aneurysm (AAA) screening programme held on 2 February 2016.

1. Purpose and approach to Quality Assurance (for complete description, see page 9)

The aim of quality assurance in NHS screening programmes is to maintain minimum standards and promote continuous improvement in abdominal aortic aneurysm 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 is derived from the following sources:

- routine monitoring data collected by the NHS Screening Programmes;
- data and reports from external organisations as appropriate;
- evidence submitted by the provider(s), commissioner and external organisations as appropriate;
- information shared with the Midlands and East screening quality assurance service as part of the visit process.

2. Description of local screening programme

The Central England screening programme has an eligible population of approximately 9,174 (2014/2015).

The programme covers a large and diverse population including Birmingham which is noted as the most ethnically diverse city in the UK[1] and in the most deprived 10th of local authorities in the country[2] (see section 6 (p15) for more detail). The programme covers six clinical commissioning groups (CCGs) and 339 GP practices.

The programme is provided by Heart of England NHS Foundation Trust (HEFT). It is commissioned by NHS England Midlands and East (West Midlands) to provide all aspects of the screening programme, including programme management, administration, failsafe, screening, and clinical leadership.

The programme offers screening to all eligible men in the year they turn 65 in line with national guidance. This is delivered by screening technicians working in 26 community settings (GP practices, health centres and secure units). Screening within local hospitals is organised for men whose aorta has been difficult to visualise on the first screen carried out within the community. This is also arranged for men who require hospital transport or a hoist. Home visits for the housebound are available.

Implementation of the programme began in 2010 to cover populations in North East Birmingham, Solihull, Heart of Birmingham, Tamworth and Lichfield. In 2013, it expanded

to provide screening to Central, West and South Birmingham, Sandwell, Burton on Trent and Uttoxeter

The programme is delivered using national software and the national image storage solution

Men are provided with their screening result verbally at their appointment and their GP is informed by letter

Men with a small aneurysm (3.0-4.4cm) are placed on annual recall, those with a medium aneurysm (4.5-5.4cm) are placed on quarterly recall and men with a large aneurysm (≥5.5cm) are referred for assessment and treatment. All men with an aneurysm detected are offered a face to face appointment with a nurse practitioner

Men with large aneurysms are referred for treatment to either Heartlands or the Queen Elizabeth hospital. Both offer a full service for open and endovascular aneurysm repair (EVAR). Assessment clinics are also held at Good Hope, Solihull and Sandwell and West Birmingham hospitals. Men residing in the outer geographical boundaries of the programme are offered a choice to be assessed and treated in approved neighbouring vascular networks.

3. Key findings

The high priority issues are summarised below as well as areas of good practice (see page 10 for definitions). For a complete list of recommendations, please refer to the related section within the full report, or to the list of all recommendations on page 44.

3.1 Shared learning

The review team identified several areas of practice that are worth sharing. Areas of good practice include:

- provision of screening within prisons and engagement with homeless shelters
- comprehensive procedure for determining, risk assessing and carrying out home visits
- summary language sheet provided to all users of the service so that men who require information in another language can be identified
- screening technician trained in British sign language
- effective working relationships between providers and commissioners with a board that facilitates service improvements
- comprehensive protocol for screeners returning to work after absence
- detailed analysis of uptake rates and a commitment to increase uptake
- service user attending and contributing to the programme board
- ongoing strategy for health promotion activities to encourage self-referrals and promote the screening programme
- streamlined same day assessment clinic in HEFT for pre-operative investigations
- alert added to HEFT electronic patient record hospital system for all men detected with a small, medium or large aneurysm
- card provided to surveillance men to carry which states they have a AAA

3.2 Immediate concerns for Improvement

The review team did not identify any immediate concerns.

3.3 High priority issues

The review team identified four high priority recommendations as themed below. Please see section 4 for related recommendations.

- timelines for QA, intervention and treatment *(see p34 for more detail)*
- development and/or review of process documents *(see p30 for more detail)*
- data entry, validation and extraction *(see p34 and 36 for more detail)*

4. Key recommendations

A number of recommendations were made related to the high priority issues identified above. These are summarised in the table below in the order they appear in the report:

Level	Theme	Description of recommendation	Full recommendation found on page
High	Minimising harm	Ensure the recording of non-visualisation is in line with national guidance and amend current policy for all screening technicians, providing training where necessary	Page 30
High	Intervention and treatment	Ensure timely input of data entered into SMaRT and validate extracted data so that correct performance figures are provided for the programme	Page 34
High	Intervention and treatment	Review and monitor timelines and pathways to ensure all men within the programme receive treatment within timescales set out in national standards and ensure that actions are identified and implemented to prevent avoidable breaches	Page 34
High	Outcome	Ensure all surgeons complete the national vascular registry (NVR) mandatory fields in a timely manner to enable accurate reporting of outcomes	Page 36

For more information on the expected timeframe for completion of recommendations, please see page 10. For the complete list of recommendations please see page 44.

5. Next steps

Heart of England NHS Foundation Trust are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England (West Midlands) will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Midlands and East screening QA service will support this process and the on-going monitoring of progress.