



Public Health
England



Quality Assurance Report

Northamptonshire Abdominal Aortic Aneurysm Screening Programme

Observations and recommendations
from visit to Northamptonshire General
Hospital on 26 May 2016

Version 1.0 / July 2016

Public Health England leads the NHS Screening Programme

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 four 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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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Northamptonshire Abdominal Aortic Aneurysm (AAA) Screening Programme held on 26 May 2016.

1. Purpose and approach to quality assurance (QA)

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 QA 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 collected during pre-review visits: administration and failsafe review and observation of screening and grading
- information shared with the Midlands and East regional quality assurance service as part of the visit process

2. Description of local screening programme

The Northamptonshire abdominal aortic aneurysm (AAA) screening programme implemented screening in 2012 and has a geographical population size of approximately 715,000. The AAA screening programme has an eligible population of 4,139 (2014/15) and covers two clinical commissioning groups (CCGs) and 75 GP practices. This population is characterised by an ethnic mix of the population as follows 97.1% white, 1.5% Asian/Asian British, 0.9% black/African/Caribbean/black British, 0.12% other and 0.37% mixed with relatively low levels of deprivation.

The programme is provided by Northampton General Hospital. It is commissioned by NHS England Central Midlands locality team 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 community settings (59 GP practices, four central clinics and a prison).

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 (≥ 5.5 cm) are referred for assessment and treatment. All men with an aneurysm detected are offered a face-to-face appointment with a nurse practitioner.

Men whose aorta has been difficult to visualise on the first screen are invited for a rescreen in the community, and if necessary subsequently at a medical imaging clinic.

Men with large aneurysms are referred for treatment at Northampton General Hospital which offers a full service for open and endovascular aneurysm repair (EVAR). More complex cases can be referred onto specialist centres in Leicester.

3. Key findings

No immediate or high priority issues were identified by the visiting team

3.1 Shared learning

The review team identified several areas of practice that are worth sharing:

- effective process for identifying if men require translation services with GP practice prior to invitations being issued
- promotion at flu clinics in some GP practices to encourage uptake and self-referrals
- pro-active in engagement with physiotherapy colleagues for technicians to mitigate against avoidable injuries, these include stretching exercises to reduce repetitive strain injury and manual handling
- development of 'screening technician handbook' and 'screening venue finder' guide for new staff
- weekly morbidity and mortality meeting held prior to the multidisciplinary team (MDT)

- utilises local trackers for ensuring robust failsafe of patients through referral, surveillance, non-visualisation and incidental find pathways
- national vascular register (VR) data collection and recording commences in theatre, with the data coordinator liaising with the vascular theatre lead to ensure compliance and accuracy

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

The review team identified no high priority issues.

4. Key recommendations

Seven medium and eight low priority recommendations were made. The medium priority recommendations are summarised below

Level	Theme	Description of recommendation
Medium	Invite	Liaise with commissioners and utilise uptake data and performance activity to support capacity planning and service improvements
Medium	Invite	Complete regular “did not attend”(DNA) audits and present findings to commissioners with the aim to encourage attendance
Medium	Maximise the accuracy of screening	Ensure that appropriate records are maintained and available for equipment servicing/maintenance and QA
Medium	Maximise the accuracy of screening	Review and update the screening site checklists to retain an updated record of each screening site’s fitness for screening
Medium	Maximise the accuracy of screening	Ensure that a standard operating procedure (SOP) is in place regarding the safe storage of equipment off site
Medium	Workforce	Ensure that the lead ultrasound clinician completes his reaccreditation in line with NAAASP requirements
Medium	Commissioning and governance	Liaise with risk/governance colleagues within the Trust to review the risk register and incorporate within the wider trust register where appropriate

5. Next steps

Northamptonshire General Hospital is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England Midlands and East, Central Midlands locality team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional screening QA service will support this process and the ongoing monitoring of progress.