



Public Health
England

NHS

Quality Assurance Report

Nottinghamshire Abdominal Aortic
Aneurysm Screening Programme

Observations and recommendations
from visit to Nottingham University
Hospitals NHS Trust on 19/04/2016

V1.0 / June 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.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes
Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

Prepared by: Midlands and East SQAS

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Nottinghamshire Abdominal Aortic Aneurysm (AAA) Screening Programme held on 19 April 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 shared with the Midlands and East QA service as part of the visit process

2. Description of local screening programme

The Nottinghamshire AAA screening programme has an eligible population of approximately 5,465 (2014/15). Nottingham is a large city surrounded by urban and rural areas. Whilst deprivation levels in Nottinghamshire are comparable with England, there are communities with both some of the highest and lowest levels of deprivation in the country. Black and minority ethnic (BME) populations are relatively low in Nottinghamshire as a whole (4% compared with 15% nationally). Within the districts of Broxtowe, Gedling and Rushcliffe there are larger population groups (7% each district), of mainly Asian and mixed/multiple ethnic groups.

The programme is provided by Nottingham University Hospitals NHS Trust (NUH). It is commissioned by NHS England (North 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 community settings (GP practices, health centres, hospital sites and secure units).

Men whose aorta has been difficult to visualise on the first screen are either invited for a rescreen in the community at a medical imaging clinic at Queen's Medical Centre

(QMC) or at a specially arranged ultrasound clinic at King's Mill Hospital, Mansfield or Newark Hospital.

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 at one of five hospital sites located across the county.

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

3. Key findings

The high priority issues are summarised below as well as areas of shared learning.

3.1 Shared learning

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

- additional information sent with the invitation letter to assist with the rearranging of appointments and communication with participants who do not speak English
- decline forms for surveillance and non-visualised referrals to medical imaging
- monitoring breaches to the shadow standard AAA-PS-8 of sending GP result letters out within one week
- multiple locations for nurse assessment appointments
- local trackers for ensuring robust failsafe of patients through referral, surveillance and non-visualisation and incidental findings
- patient representative attendance at the programme board

3.2 Immediate concerns for improvement

The review team did not identify any immediate concerns

3.3 High priority issues

The review team identified two high priority issues:

- the programme is in the process of changing the screening model. The screening and immunisation team have received updates through the programme board, however, they have not been involved in the detailed planning of the new model
- the programme coordinator does not appear to have protected management time for strategic service planning and improvement work

4. Key recommendations

A number of recommendations were made related to the high level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
High	Invite	Establish a task and finish group in partnership with public health colleagues within NHS England and utilise intelligence and expertise of local authority to develop a strategic implementation plan for the new model
High	Workforce	Undertake a gap analysis of the current programme coordinator workplan and subsequently review the role to ensure required programme management time is provided

5. Next steps

NUH are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England North Midlands 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 on-going monitoring of progress.