

NHS Abdominal Aortic Aneurysm Screening Programme News

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How to ensure highest quality

We have moved all the AAA screening training, education and internal quality assurance (IQA) information to the [continuing professional development for screening website](#).

This includes the recently updated [Quality assurance framework and resources for training in the NHS Abdominal Aortic Aneurysm Screening Programme](#). This sets out the IQA requirements for local programmes to:

- ensure staff are trained to the highest standard
- ensure staff maintain a high level of competence
- assure the quality of AAA screening

The IQA framework is aligned to the national standard operating procedures and [service specification](#). Commissioners and the screening quality assurance service can ask for evidence that local programmes are following these IQA requirements and providing appropriate feedback to technicians.

The framework provides a format for lead ultrasound clinicians or CSTs to record and monitor the quality of images taken by screening technicians. Local programmes that have developed their own tools for the reporting of technician images and IQA can continue to do so, but only if they deliver all the requirements outlined in the framework.



Required reading: the national internal quality assurance framework document sets out the minimum requirements for AAA screening technicians

The minimum IQA requirements for screening technicians are:

- 100 scans following initial accreditation to be reviewed using the SMaRT QA tool by the QA lead/CST
- a minimum of 200 scans spread over a 12-month period
- all abnormal scans to be reviewed and results fed back to the screening technicians within an appropriate timescale
- a minimum of 24 non-aneurysmal scans reviewed by their QA lead/CST at least every six months
- to be observed during one clinic by the CST at least once every four months – a minimum of five

subjects need to be observed)

- successful completion of the nationally approved re-accreditation every two years

Feedback to screening technicians is integral to the process and should be:

- given as soon as possible after the screening event so technicians can alter practice effectively when an issue is highlighted
- delivered face to face with clear and defined mechanisms to record and monitor any actions highlighted

If an IQA process identifies a potential incident then the local programme should inform the screening quality assurance service.

Incidental findings

Screening technicians should not scan or measure any structures other than those outlined in the *Clinical guidance and scope of practice document*.

But local programmes should have a clear and defined policy to deal with any incidental findings screening technicians may identify. This policy should include:

- actions required for the technicians to initiate investigation of an incidental finding
- prompt timescales and clear protocols for the QA lead/ CST in observing and commenting on images highlighted as incidental findings
- a pathway to inform the subject's GP to suggest alternative imaging and/ or further investigations
- notification of the clinical director
- mechanism for feedback to the screening technicians to enable continual professional development

Four nations collaborate

The AAA screening four nations group is planning to produce its first joint annual report in time for the Vascular Society of Great Britain and Ireland AGM in November.

New pathway standards published for AAA screening

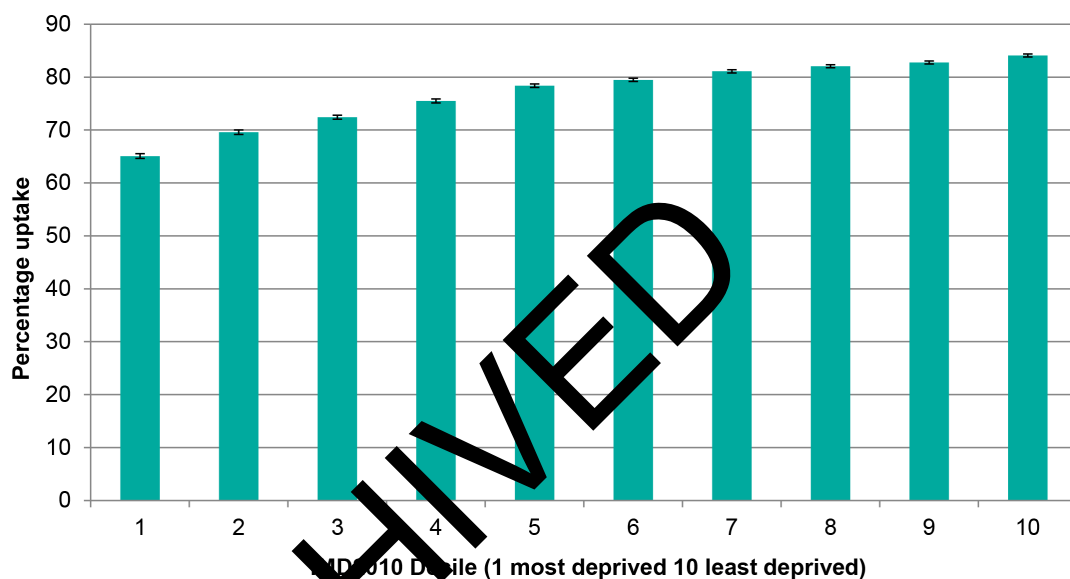
We have published revised national **pathway standards** for AAA screening, replacing the original programme standards that were published in 2009 at the start of national implementation.

A summary of the main changes is

included on pages 8 and 9 of the document.

The revised standards should be read in conjunction with the service specification and standard operating procedures. We will be publishing a revised version of the standard operating procedures this autumn.

Data highlights variation between areas



Clear correlation: national data shows that social deprivation is linked to a higher prevalence of abdominal aortic aneurysms but a lower uptake of AAA screening (above)

Unequal fights

National objectives across all the screening programmes for 2015/16 include developing a plan to support local authorities, commissioners and local programmes in reducing health inequalities.

This involves several strands of work, including improving guidance on screening in prisons, and toolkits on improving access in areas of social deprivation and for people with mental health issues or learning disabilities.

We can now access data that helps local health providers and commissioners understand their local populations better. We can link this to social deprivation figures and screening data such as uptake, aorta size, incidence and outcomes.

Using this, service providers can identify inequalities relating to social deprivation or ethnicity to target resources effectively and support us in developing best practice guidance.

We plan to use lower super output area (LSOA) coding and census population data to:

- estimate how screening uptake and AAA incidence vary between ethnic groups
- map the data to provide a visual method for examining variation across the country

There is strong evidence that mental ill health has an adverse effect on physical health and wellbeing. On average, people with severe mental illness die 20 years younger than the rest of the population. We hope to learn from the work of the national cancer screening programmes and Public Health England's mental health team to assess the impact of mental ill health on access to screening services.

We are also working with NHS England's justice commissioners and Public Health England's Health and Justice Directorate to develop guidance on equity of access to AAA screening for prisoners. This will involve working with local authorities and commissioners to drive improvements.

Learning from best practice

Programme co-ordinators, clinical directors, commissioners, screeners, national programme and regional quality assurance staff took part in a networking and sharing best practice day in Birmingham.

Around 120 delegates enjoyed the format of the meeting and we aim to organise a similar event next year.

Presentations from the event, which can be downloaded from the [PHE events website](#), include:

- programme optimisation
- quality assurance framework for AAA screening

- IT and equipment update
- vascular pathways and treatment standards
- incident reporting and guidance

Earlier this year, more than 100 delegates attended a highly successful national AAA research and audit event in Manchester.

Presentations from that meeting, which included the results of several local AAA screening programme studies aimed at improving access and uptake, can also be downloaded from the [PHE events site](#).

We will hold our usual meeting for local programme directors at the Vascular Society of Great Britain and Ireland AGM. This year the conference is in Bournemouth and the directors' meetings on Tuesday 10 November.

Million milestones

We have invited more than one million men for AAA screening since the launch of the national programme in 2009. This autumn we will screen our millionth 65-year-old man.

Provisional data for the 2014 to 2015 screening year indicates that uptake of screening nationally is still around 75% to 80% and the prevalence of aneurysms in 65-year-old men is still declining slightly.

We will publish full annual data on the GOV.UK website in the autumn.

SMaRT updates

Release 9 of the national SMaRT IT system went live earlier this month. It contains a new module to allow the tracking of referred patients to final outcome. We are working with Northgate Public Services to develop new reports using this information. These reports will replace the current spreadsheet used to track the timeliness of treatment following referral.

Release 9.1 is due to go live in the early autumn. It will include a resource management module, including staff calendars, programme calendars and qualification recording. It also has many enhancements to the search functionality.

Excellent response to joint initiative with football club



Winning team: Local programme manager Carol Devine with Terry Conroy, centre, and former Bolton players at the Macron Stadium

Screening's a winner with Bolton fans

The Greater Manchester and East Cheshire AAA Screening Programme teamed up with Bolton Wanderers Football Club to screen older male fans.

The local programme screened 300 men at Bolton's Macron Stadium on 28 March and 25 April, detecting a total of 12 aneurysms of 3.0cm or bigger in the process. These included one man who had an AAA that measured 6.4cm and who was referred for surgery.

The initiative was prompted by the experience of Stoke City legend Terry

Conroy, who survived a ruptured aneurysm in 2011.

Screening invitations were sent to all male Bolton season ticket holders over 65. The men were screened in the players' medical area before receiving a tour of the stadium conducted by former players.

Local programme manager Carol Devine said: "The help and support we received from the ex-players and Bolton Wanderers Football Club was fantastic. We were thrilled with the response and the feedback from both staff and invitees was excellent."

GOV.UK screening content now live

Online screening information for health professionals is now live on GOV.UK.

The launch of population screening content on the Government's digital platform was the culmination of a huge amount of work to transition our national screening websites.

Our aim is to make it easier for screening professionals, providers, commissioners and other stakeholders to find the information they need.

We have concentrated on what users have told us they need. As a result, the GOV.UK content is much more concise and focused on those user needs than the old websites were.

We have got rid of anything that was no longer useful, updated all the information and rewritten unclear content in plain English. New cancer screening content will soon be integrated alongside the non-cancer information.

If you're not sure where to start on GOV.UK then take a couple of minutes to watch our [short video guide](#) to the new screening content.

The old non-cancer screening

Where to find what

GOV.UK: information for professionals

Screening blog: news and updates for providers, commissioners and other stakeholders

NHS Choices: information for the public

CPD site: education and training resources

Screening legacy site: evidence base and extranets

National archives: copies of the old national screening websites

websites and UK Screening Portal now redirect to the new GOV.UK content.

We have moved the UK National Screening Committee's list of screening recommendations to a [screening legacy site](#) along with the password-protected extranet sites.

And you can still access all the content we decided not to transition via copies of our old websites saved on the [national archives](#).

We are still looking at options

for the long-term home for our e-learning modules and other training information. For now they can still be found on the [CPD site](#).

We have launched a new [screening blog](#) that will replace the newsletters as the main way we keep providers and commissioners updated with screening news and developments.

Please sign up to receive all new posts from the blog which covers:

- new or updated publications
- events, conferences and consultations
- lessons learnt from incidents
- team changes, programme milestones and achievements
- anything else that does not fit on the main part of GOV.UK

The transition of our website information is a major change for everyone involved in screening but we hope you quickly find the new content to be a significant improvement.

If you cannot find the information you are looking for or find an error in any of the new sites, please let us know by contacting the [screening helpdesk](#).

Academic report praises world-leading UK NSC

A newly published academic report praises the UK National Screening Committee (UK NSC).

International comparisons of screening policy making: a systematic review shows how the UK NSC is seen worldwide as a best practice model for national population based screening programmes.

The report, by the University of Warwick, praises the UK NSC for implementing 'the most integrated and evidence-based screening programmes in the world'.

The report supported and informed an in-depth review of the UK NSC,



which aims to ensure all aspects of its work are based on best practice. Dr Anne Mackie, director of programmes for the UK NSC, said: "The findings reassure us that the work we do bears favourably in comparison with other screening bodies across the world."

Current consultations:

- [congenital adrenal hyperplasia](#) (closes 1 Oct)
- [glaucoma](#) (11 Sept)
- [hearing loss \(adult\)](#) (11 Sept)

- [MPS1](#) (1 Oct)
- [neuroblastoma](#) (5 Oct)
- [oral cancer](#) (4 Sept)
- [prostate cancer](#) (4 Sept)

Upcoming consultations:

- [stomach cancer](#)
- [non invasive prenatal testing \(NIPT\) \(antenatal\)](#)
- [toxoplasmosis \(antenatal\)](#)
- [cystic fibrosis \(antenatal\)](#)
- [chicken pox \(antenatal\)](#)
- [familial hypercholesterolaemia \(children\)](#)
- [methylmalonic acidaemia and propionic acidaemia](#)
- [familial hypercholesterolaemia \(adults\)](#)