



Public Health
England

The Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm
Screening Programme
Colchester Hospital University NHS
Foundation Trust

September 2016

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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

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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 AAA-related mortality among men aged 65 to 74. A simple ultrasound test is performed to detect AAA. 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 (QA) visit of the Colchester Hospital University NHS Foundation Trust screening service held on 15 September 2016.

Purpose and approach to quality assurance

QA aims to maintain national 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 comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Description of local screening service

The Five Rivers AAA screening service (the service) has an eligible population of approximately 4,425 (2015–16). This population is predominantly white. Ipswich has the greatest ethnic mix with 4% of its population from non-white groups, whilst Mid Suffolk has the least variation. The area is characterised by geographically large rural areas as well as urban areas. Levels of deprivation vary but overall are above the England average. There are pockets of deprivation in Tendring and Braintree that rank among the most deprived in England.

The service offers screening to all eligible men in the year they turn 65 years of age in line with national guidance. This is delivered by screening technicians in community settings such as GP practices and community hospitals. Surgery for men with large (>5.5cm) aneurysms takes place at Colchester Hospital University NHS Foundation

Trust (CHUFT), which offers a full service for open and endovascular aneurysm repair (EVAR). Assessment and outpatient appointments can be provided in either Colchester Hospital University NHS Foundation Trust or Ipswich Hospital NHS Trust. Vascular nurse specialist appointments are offered at Colchester Hospital University NHS Foundation Trust and Ipswich Hospital NHS Trust.

The programme is provided by Colchester Hospital University NHS Foundation Trust. It is commissioned by NHS England Midlands and East (East).

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings as summarised below:

- review and changes to the screening to treatment pathway (IO1)
- review of vascular nurse invitation process (IAU2)

12 standard priority recommendations were identified as summarised below:

- programme board requirements (GL1, GL2)
- amendment or enhancement of standard operating procedures (IAU1, IAU3, ST2, ST3, I1)
- audit and data collection/monitoring/presentation (GL3, IAU4)
- national guidance requirements (ST4)
- staffing (ST1, ST5)

Shared learning

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

- the service shows a commitment to obtaining and acting on user feedback. Feedback is gathered every three months. Results are presented at programme board and included in the annual report
- the service produces a primary care annual newsletter to feedback the uptake for each practice
- the clinical director is available to talk to patients with large aneurysms at any time through the clinical pathway

- a positive team ethic was demonstrated by Colchester Hospital University Foundation Trust and Ipswich Hospital Trust surgeons

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
GL1	Confirm the commissioning and governance structure. This should include how performance, quality and safety issues are reported and escalated within NHS England and how serious incidents are formally closed	Review of screening and immunisation services (December 2015), Managing Safety Incidents in National Screening Programmes (October 2015)	6 months	Standard	Document to be presented at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
GL2	<p>Review and amend the programme board terms of reference to:</p> <ul style="list-style-type: none"> • reflect the new commissioning structures • the need for wider stakeholder engagement • show how the minutes are received by NHS England as the accountable, commissioning organization 	Review of screening and immunisation services (December 2015)	6 months	Standard	Outcome to be presented at programme board
GL3	Develop a schedule of audits to be included in the service contract and monitored through the programme board.	Best practice	6 months	Standard	Proposed schedule to be presented at programme board

Infrastructure

	Recommendation	Reference	Timescale	Priority	Evidence required
I1	Develop a standard operating procedure in line with NAAASP guidance for the maintenance of scanners, including maintenance logs for monthly and annual checks	NAAASP guidance	6 months	Standard	SOP to be presented at programme board

Identification of cohort

No recommendations.

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
IAU1	Evaluate the model of service delivery for the vascular nurse specialist surveillance programme to ensure a consistent and equitable service is provided across the catchment area	NAAASP guidance	6 months	Standard	Action plan based on NAAASP guidance
IAU2	Review invitation letters for vascular nurse appointments to comply with governance, privacy and dignity requirements	NAAASP guidance	3 months	High	Letter to be presented at programme board
IAU3	Review the method of transferring vascular nurse assessment information to SMaRT to reduce risk of transcription error and to comply with national guidance	NAAASP	6 months	Standard	Present outcome of review to programme board
IAU4	Undertake a health equity audit to address screening programme inequalities	NHS England Guidance for NHS commissioners on equality and Health Inequalities Legal duties	12 months	Standard	Present health equity audit at programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
ST1	Ensure that technicians are working in accordance with the trust lone working policy	CHUFT Health and Safety Policy	6 months	Standard	Documentation to be presented at programme board
ST2	Review the local operational policy to ensure it reflects actual practice and NAAASP guidance as set out in 'Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening'	NAAASP guidance	6 months	Standard	Amended operational policy to be presented at programme board
ST3	Develop a standard operating procedure to ensure the safe manual input of screening data from clinics where no N3 connection is available	Best practice	6 months	Standard	Present SOP at programme board
ST4	Ensure clinical feedback to technicians and case discussions are performed by the quality assurance lead, or clinical skills trainer or clinical director	NAAASP guidance	6 months	Standard	Log of feedback to be presented at programme board
ST5	Amend job plan for lead ultrasound technician to recognise the protected time for NAAASP duties	NAAASP guidance	6 months	Standard	Amended job plan to be presented at programme board

Referral

No recommendations.

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
IO1	<p>Review the screening pathway and develop an action plan to improve the service performance against the 8 week screening to treatment target</p> <p>The action plan should consider:</p> <ul style="list-style-type: none"> • ensuring sufficient radiology support • streamlining the processes involved in completing pre-operative assessments • minimising delays in treatment caused by hospital factors. For example, availability of ICU beds • appropriate clinical attendance at MDTs with protected time for the discussions of AAA cases 	NAAASP guidance	6 months	High	Action plan developed and progress reported to programme board

Next steps

The regional SQAS team will work with commissioners to monitor activity and progress in response to the recommendations made for a period of 12 months after issue of the final report, to allow time for at least one response to all recommendations to be made. After this point, a letter will be sent to Colchester Hospital University Foundation Trust, and the commissioners, summarising the progress made and asking for their direct intervention to address any remaining issues.