Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme Somerset and North Devon

6 July 2017

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-leading 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 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 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 4 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
Blog: phescreening.blog.gov.uk. Prepared by: SQAS South: kaspar.pedersen@phe.gov.uk
For queries relating to this document, including details of who took part in the visit, please contact: phe.screeninghelpdesk@nhs.net

Published: December 2017
PHE publications
gateway number: 2017577

PHE supports the UN
Sustainable Development Goals

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 Somerset and North Devon screening service held on 6 July 2017.

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(s), commissioner and external organisations
- information shared with the South regional SQAS as part of the visit process

Description of local screening service

The NHS abdominal aortic aneurysm (AAA) screening was first implemented in the Somerset and North Devon area in 2011. The service is provided by Taunton and Somerset NHS Foundation Trust (TSFT) and commissioned by NHS England South (South West). The service spans a geography of over 110 miles East to West. The size of the eligible population is 4,652 (2015 to 2016) with an additional 335 men over the age of 65 who self-referred to the programme. The geography is covered by 2 clinical commissioning groups (CCGs) and incorporates 93 GP practices.

The service offers screening to all eligible men in the year they turn 65, in line with national guidance. Technicians in community settings, mainly in GP practices, deliver screening. Men with a large AAA (>5.5cm) are referred for treatment at TSFT which offers a full service for open and endovascular aneurysm repair (EVAR). Assessment and outpatient appointments are provided at Musgrove Park Hospital, Taunton (including community hospitals). Outpatient clinics are held at vascular network partner sites Yeovil Hospital (Yeovil Hospital NHS Foundation Trust) and North Devon District Hospital in Barnstaple and Bideford Community Hospital (both Northern Devon Healthcare NHS Trust).

The ethnic mix of the population within the service boundary area is 99.6% white, 0.14 % Asian/Asian British, 0.05% Black/African/Caribbean/Black British, 0.04% other and 0.19% mixed. Levels of deprivation vary across the programme. West Somerset was in the third most deprived tenth and South Somerset was in the seventh least deprived tenth.[3]

Findings

According to the most recently completed annual pathway standards data the programme has met the acceptable threshold for 10 of the 10 reportable national QA standards and met the achievable threshold for 8 out of 10 of these.

The QA visit team did not identify any immediate concerns or make any high priority recommendations.

For a complete list of recommendations, refer to the relevant thematic section in the body of this report or to the table of consolidated recommendations, where they can be seen in one place.

Overall, the QA visit team were impressed with the professionalism of all staff and their openness to the visit process. They recognise and appreciate that a lot of preparatory work was undertaken in the 6 months leading up to the visit. This effort is evident in the significant progress made in moving known issues forward.

Shared learning

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

- the programme offers screening appointments in 93 sites across the geography and non-visualisation follow-ups in several locations which provides opportunity for the population to access screening
- annualised hours contracts offer the programme and staff flexibility that ensure adequate capacity and work-life balance
- business managers from the vascular service attend the programme board
- clinical skills trainer (CST) feedback to technicians is exceptional
- the programme have a clear opt out policy which facilitates good audit of exclusions
- the vascular nurse practitioner offers pre-referral assessments for men measured at 5.3cm which helps to identify comorbidities and fitness issues
- the programme has developed a timeline tracker for the secondary care pathway which supports timely assessment and treatment of men referred on from the screening programme

Table of consolidated recommendations

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Revise and update the programme board terms of reference to ensure confidentiality requirements for all board members are in line with national information governance standards	Standard Operating Procedures March 2017[5], from p. 21	6 months	Standard	Revised ToR reflecting local information governance risk assessment submitted to board for approval Notification to all members that changes have been made confirmed back to the board
2	Ensure that all programme staff have equal access to programme board information	Standard Operating Procedures March 2017[5], p. 13-14	3 months	Standard	Revised ToR to formalise access for programme staff to programme board information
3	Implement a process for the development, control, approval and revision of standard operating procedures (SOP) for aspects of practices which should be shared more widely, to include version control governance	Standard Operating Procedures March 2017[5]	6 months	Standard	Final draft outlines of policies and procedures confirmed through programme board. Then incorporated into programme SOP Confirm to programme board that an assurance failsafe exists in standard clinic process to document verbal receipt of consent prior to scanning

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Report progress in meeting activity detailed in the annual capacity planning tool	Standard Operating Procedures March 2017[5]	3 months	Standard	Proposal for reporting template and schedule submitted to programme board for discussion and agreement
5	Develop and implement a schedule of audits to support service improvement including a strategic plan to address hard to reach patients	Service specification 2016-17[4], p. 15 AAA Clinical guidance and scope of practice[6]	6 months	Standard	Programme audit schedule submitted to programme board for review and steers Outline strategy incorporated into programme core guidance suite with mechanism to review annually
6	Undertake demographic analysis to focus the programme's audit and service improvement activity	Service specification 2016-17[4], p. 15	12 months	Standard	Summary report outlining learning submitted for discussion to programme board with plan for how this supports further programme improvement attached
7	Develop a policy on service user feedback across the entire patient pathway outlining the required activities from data collection to the evaluation of service improvements initiated based on feedback analysis	Service specification 2016-17[4], p. 9	6 months	Standard	Service user engagement strategy submitted to programme board for discussion and, when appropriate, approval Report on outcomes submitted to programme board for discussion
8	Develop an annual report to share with the host trust and external stakeholders	Service specification 2016-17[4], p. 26	12 months	Standard	Annual report to be submitted to the programme board for discussion prior to external publication

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Further develop the programme core standard operating procedures to include 'What I do' summaries for all core roles to capture programme cultural knowledge	Standard Operating Procedures March 2017[5], Service specification 2016-17[4]	6 months	Standard	'What I do' guides submitted to the programme board for discussion and, when appropriate, approval then incorporated in the programme SOP
10	Review banding of the programme manager role against national AAA guidelines and in light of additional vascular unit responsibilities	Standard Operating Procedures March 2017[5]	6 months	Standard	Report back to the programme board on the outcome of investigations made
11	Review patient letters against the nationally approved templates and where there are differences confirm with the national programme that these are acceptable	Standard Operating Procedures March 2017[5], p. 18	3 months	Standard	Assure the programme board if any letters are found not to be consistent and, once discussed with the NAAASP, that any necessary amendments have been made in the templates on SMaRT
12	Investigate options to offer more initial face to face nurse assessments in more locations	AAA Screening Programme Nurse Specialist Best Practice Guidelines 2016[7], P. 7	6 months	Standard	Options evaluation submitted to programme board for discussion and steers

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Review the way in which multi-disciplinary team (MDT) discussions and outcomes are recorded	Standard Operating Procedures March 2017[5], p. 36	6 months	Standard	Confirm back to the programme board on the assessment of whether existing available tools are appropriate to address this (for example the EPRO notes and communications IT system) Presentation of revised approach submitted to programme board for discussion and steers

Next steps

The screening service provider is responsible for developing an action plan to ensure completion of recommendations contained within this report.

For a period of 12 months, SQAS will work with commissioners to monitor activity/progress in response to the recommendations made. To allow time for at least one response to all recommendations to be made.