



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm
Screening Programme Bedfordshire,
Luton and Milton Keynes

23 May 2017

Public Health England leads the NHS Screening Programmes

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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.

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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 NHS Abdominal Aortic Aneurysm (AAA) Screening Programme is available for all men aged 65 and over in England. The service 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 QA visit of the Bedfordshire, Luton and Milton Keynes AAA screening service held on 23 May 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 Public Health England screening quality assurance service.

The evidence for this report comes from the following sources:

- routine monitoring of 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 Midlands and East regional quality assurance service as part of the visit process

Description of local screening service

The service was implemented in March 2013 covering three clinical commissioning groups and 113 GP practices. There is a total population of approximately 916,000 of whom 4,493 were eligible for screening (2015 to 2016).

The service offers screening to all eligible men in the year they turn 65 in line with national guidance. This is delivered by screening technicians in community settings such as GP practices. Men with large (5.5cm or greater) aneurysms are referred for treatment at Bedford NHS Trust which offers a full service for open and endovascular aneurysm repair. All men with a small (3.0 – 4.4cm or medium (4.5 – 5.4cm)) aneurysm detected are offered an appointment with a vascular nurse specialist.

The service is provided by Bedford NHS Trust. NHS England Midlands and East (Central Midlands) South Locality commission the service.

Findings

The service currently meets 10 out of the 12 national quality assurance standards that are measured at service level for April 2015 to March 2016.

Immediate concerns

The visit team identified no immediate concerns.

High priority

The visit team identified five high priority findings as summarised below:

- cease the surveillance of men with aortic measurements between 2.6 and 2.9cm as this is not part of the national screening pathway
- identify the functions of the lead ultrasound clinician and clinical skills trainer, as defined by the NHS Abdominal Aortic Aneurysm Screening Programme, that are not being fulfilled by the service and identify measures to ensure compliance
- develop business continuity and succession plans to ensure there is resilience to cover absences without the risk to service provision
- implement a new process to ensure that only prisoners who have consented to screening are offered appointments
- national guidance should be followed for the generation of random image sets and quality assurance assessment

Shared learning

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

- effective referral management for large AAAs with review of all cases by the clinical director
- additional image checks at screening clinics and at point of upload on to system
- work already underway to increase uptake

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Put in place inter trust service level agreements for the provision of screening services	Service specification	6 months	H	Confirmation that signed service level agreements are in place for all providers
2	Ensure the terms of reference include commissioner and provider responsibilities in relation to addressing screening inequalities	Service specification	6 months	S	Revised terms of reference produced
3	Review the provider risk register and ensure it reflects all elements of the screening pathway	Service specification	6 months	S	Updated risk register presented and agreed with commissioners
4	Agree a schedule and undertake programme audits to inform service improvements	Service specification/ NHS Abdominal Aortic Aneurysm Screening Programme guidance	12 months	S	Audit outcomes presented to the programme board in accordance with the agreed schedule
5	Present the outcome of user satisfaction surveys to programme boards and identify any findings that support service improvements	Best practice	6 months	S	Findings presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Undertake a gap analysis to determine what functions the lead ultrasound clinician and clinical skills trainer are not undertaken by the service and identify measures to ensure compliance	AAA screening: standard operating procedures	3 months	H	Confirmation presented to the programme board
7	Carry out an options appraisal to identify a qualified assessor to support technicians during training	NHS Abdominal Aortic Aneurysm Screening Programme continuing professional development guidance	6 months	S	Confirmation presented at the programme board
8	Develop business continuity and succession plans to ensure the resilience of service delivery	Service specification	6 months	H	Plan presented at the programme board
9	Develop an equipment replacement plan to enable the timely procurement of new machines	Service specification	6 months	S	Plan presented at the programme board PB
10	Ensure regular maintenance of scanning machines is managed according to national guidance and documents	Ultrasound equipment quality assurance guidance	6 months	S	Confirmation presented at the programme board
11	Ensure secure transport and storage of scanning machines is documented and in line with Trust information governance requirements	Trust Information governance guidance	6 months	S	Confirmation presented at the programme board
12	Develop a standard operating procedure for image transfer failsafe	Best practice	6 months	S	Standard operating procedure to be presented at the programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Undertake site surveys to ensure screening venues remain fit for purpose	NHS Abdominal Aortic Aneurysm Screening Programme guidance	6 months	S	Confirmation presented at the programme board PB

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Implement a process to ensure that only prisoners who have consented to screening are offered appointments	NHS Abdominal Aortic Aneurysm Screening Programme guidance	3 months	H	Standard operating procedure to be presented at the programme board
15	Develop a standard operating procedure to manage declines, exclusions and deactivation	NHS Abdominal Aortic Aneurysm Screening Programme guidance	6 months	S	Standard operating procedure to be presented at the programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Identify, in conjunction with commissioners, additional screening venues in Luton and Milton Keynes	Service specification	6 months	S	Screening venues confirmed at the programme board
17	Update SOPs regarding the arrangements undertaken for home visits	Best practice	6 months	S	Standard operating procedure to be OP presented and agreed at the programme board PB
18	Undertake a health equity audit and develop an inequalities action plan from the findings	Service specification and 'Accessible Information' standard	12 months	S	Audit findings and inequalities action plan presented to the programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Review the model of provision of vascular nurse clinics and complete a user survey	NHS Abdominal Aortic Aneurysm Screening Programme vascular nurse guidance	6 months	S	User survey to be presented to programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Ensure random image sets are used for quality assurance assessment, according to national guidance	Internal quality assurance framework and resources	3 months	H	Confirmation presented to the programme board
21	Identify and update local standard operating procedures in line with trust governance arrangements	NHS Abdominal Aortic Aneurysm Screening Programme guidance	12 months	S	Confirmation presented to the programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	Remove men from the screening surveillance pathway that have aortas measuring between 2.6cm and 2.9cm	NHS Abdominal Aortic Aneurysm Screening Programme guidance	3 months	H	Confirmation received at the programme board
23	Formalise and develop a standard operating procedure and tracker for the management of incidental findings to ensure compliance with national guidance	NHS Abdominal Aortic Aneurysm Screening Programme guidance	6 months	S	Standard operating procedure to be presented to the programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Ensure discussions regarding the future of the vascular network take account of the screening service and the need to deliver an equitable and accessible service across the catchment area	Service Specification/N AAASP guidance	12 months	S	Regular update provided for comment at programme board.
25	Ensure the process for the transfer of patient clinical information for multi-disciplinary team meetings, is fully IG compliant	Trust Information governance policy	6 months	S	Confirmation that processes are compliant with trust information governance policy

I = Immediate. H= High. S = Standard.

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.