



Public Health
England



Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme

Hampshire and Isle of Wight screening programme

11 January 2017

Public Health England leads the NHS Screening Programmes

*¹ Public Health England Health Profile 2016 Hampshire published 6 September 2016

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: Screening Quality Assurance Service (South):

karen.bentleyhollins@phe.gov.uk

For queries relating to this document, including details of who took part in the visit, please contact: phe.screeninghelpdesk@nhs.net

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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 Hampshire and Isle of Wight (IoW) AAA screening programme held on 11 January 2017.

Purpose and approach to quality assurance (QA)

The aim of quality assurance 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 quality assurance service (SQAS).

The evidence for this report is derived from:

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

Description of local screening programme

The Hampshire and IOW programme implemented AAA screening in January 2011 and covers an area with a population of approximately 1.9 million. The eligible population of men in their 65th year is 8563 (2016 to 2017) and covers 7 clinical commissioning groups (CCGs) and 166 GP practices.

“The health of people in Hampshire is generally better than the England average” *¹. Hampshire is one of the 20% least deprived unitary authorities in England. Portsmouth and the IOW have varied health compared to the England average with Portsmouth being one of the 20% most deprived unitary authorities in England. “Southampton generally has worse health than England” *¹. Many areas of high deprivation across Hampshire are masked due to the size of the geographical area that they are in, for example Gosport and Havant.

The ethnic diversity in Hampshire is much lower than England (8.2% from BME groups compared to 20.2% nationally) and this is similar in the Isle of Wight. However, diversity is higher in Portsmouth (11.6%) and is higher in Southampton (22.3% which is higher than England). In all areas, the proportion of non-White British residents is increasing. Eastern

*¹ Public Health England Health Profile 2016 Hampshire published 6 September 2016

European populations have increased, Southampton's population in particular has increased by 200% between the 2001 and 2011 census.

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 in community settings such as GP practices, hospital sites and prisons. Men with small (3.0 to 4.4cm) or medium (4.5 to 5.4cm) abdominal aortic aneurysms are managed within surveillance clinics. Men with large (≥ 5.5 cm) abdominal aortic aneurysms are referred for treatment at the Southampton General Hospital, (University Hospitals Southampton NHS Foundation Trust) or the Queen Alexander Hospital, (Portsmouth Hospitals Trust) both which offer a full service for open surgical and endovascular aneurysm repair (EVAR). Increasing numbers of complex endovascular aneurysm repair (FEVARs) are also carried out (11 FEVAR cases in 2015-2016) with some tertiary referrals made out of region.

Assessment and outpatient appointments can be provided at either Southampton General Hospital or the Queen Alexander Hospital Portsmouth. All men with an abdominal aortic aneurysm detected are offered a face to face appointment with a nurse practitioner at one of two venues (primarily in Southampton General Hospital but some ad hoc appointments in IOW (St Mary's)).

The programme is provided by University Hospitals Southampton NHS Foundation Trust, which works in partnership with Portsmouth Hospitals NHS Trust and the Isle of Wight NHS Trust to cover the 2 counties. NHS England South (Wessex) commission the programme.

Findings

There were no immediate and high priority findings.

Shared learning

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

- achievement of a high proportion of national standards, including uptake
- a highly detailed and effective round plan (capacity planning model)
- production of an appointment reminder letter resulting in an increased appointment uptake
- provision of a results slip given to the man at time of scan (where no AAA detected)
- effective and efficient tracking of patients referred for treatment
- a low non-visualised scan (failed scan) rate compared to national rates
- a low mortality rate for patients compared with the national average rate

Immediate concerns for improvement

The QA visit team identified no immediate concerns.

High priority findings

The QA visit team identified no high priority findings

The QA visit team identified 19 standard recommendations as themed below:

- requirements of national service specification
- amendment or enhancement of standard operating procedures focusing on audit and data collection/monitoring/presentation
- programme board reporting requirements
- cohort information required for improved access and equity

Table of consolidated recommendations

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Clarify and amend verbal information given to all men measured <3cm to bring in line with National AAA Screening Programme (NAAASP) guidance	National guidance	3 months	S	Minutes or email evidence of roll out to staff to be presented to the board. Audit of new process to be carried out
2	Revise specialist nursing provision, using NAAASP guidance, to bring in line with national recommendations, ensure business resilience and improved access	National guidance Service specification	6 months	S	Amended job description and level of service provision to be presented to the board.
3a	Revise core staff roles (specialist nurse, Clinical Skills Trainer) to:-ensure screening is reflected in job descriptions, time is allocated (in line with national guidance), to carry out the role and processes are in place to mitigate risks relating to lone post holders	National guidance	12 months	S	Production of job descriptions, work plans and amended organisational charts presented to the programme board
3b	Provide assurance to the programme board that risks relating to staffing levels, single person dependent risks and timeliness of training are clearly articulated and mitigated	Service specification	6 months	S	Risks reviewed at programme board as part of standing agenda item (Risks)
4	Present the round plan (capacity planning model) to the programme board, supported by a monthly update report to provide assurance of capacity, planning and achievement against targets	Service specification	6 months	S	Presentation to the programme board

*1 Public Health England Health Profile 2016 Hampshire published 6 September 2016

5	Produce a standard agenda, terms of reference and written briefing for team meetings to ensure all staff are kept informed and outcomes are recorded	Best practice	6 months	S	Sample agenda, briefing notes and terms of reference presented to the programme board
6	Produce a log of incidents, compliments and complaints to identify themes, trends and near misses to improve training and support a continuous improvement process	Service specification National guidance	12 months	S	Trends and themes from log to be presented to the programme board
7	Develop a webpage to improve patient information and provide another means of contact with the programme for service users	Best Practice	12 months	S	Review of pages
8	Produce and implement service user feedback collection, involving all parts of the patient pathway and use results to create service improvements	Service specification	12 months	S	Presentation of the surveys, the results of the surveys and monitoring of the services improvements at programme board
9	Produce a formal agreement, with radiology, for the provision of clinical skills training/internal quality assurance	Service specification National guidance	6 months	S	Agreement to be presented to the board
10	Identify a resource to quality assure the screening equipment in line with NAAASP requirements	National guidance	6 months	S	Outcomes presented at programme board
11	Produce a policy on information governance, relating to paperwork taken to clinics, which complies with Caldicott and NHS information governance guidance	Service specification National guidance	3 months	S	Process and audit of process presented to the programme board

12	Generate a targeted health promotion schedule of work to further improve access and uptake using a health equity audit or similar assessment.	Service specification	12 months	S	Activity to be monitored as a standing item on the programme board agenda
13	Complete and roll out the prior notification letter (PNL) to GP practices to aid accessibility and tailor clinics to user needs	Best practice	6 months	S	Example PNL and audit of modifications based on PNL results to be shared with programme board
14	Revise, update and implement version control for all policies to reflect current practice and facilitate audit	Service specification	12 months	S	Ratification of policies at programme board
15a	Clarify the responsibilities, based on job descriptions, around the incidental findings and non-visualised processes, to streamline the process and provide assurance that cases are followed up	National guidance	6 months	S	Revised process to be presented to the programme board
15b	Revise the booking process for incidental findings and non-visualised rescans, to provide business resilience and equity of access	National guidance	6 months	S	Process to be presented to programme board
16	Complete and roll out the (currently draft) "large AAA policy" to provide guidance and mitigate risk	Best practice	6 months	S	Minutes of team meetings evidencing roll out, copy of process presented to the programme board
17	Produce and implement an audit plan with outcomes used to direct service improvement to be reviewed as a standing agenda item on the programme board	Service specification	6 months	S	Schedule to be presented to programme board for monitoring
18	Formalise the input of the clinical director on a day to day basis for the management of the programme and provision of strategic direction	Service specification	6 months	S	Summary presented to the programme board

19	Share the risks and assess the impact of vascular service centralisation with the screening programme	Service specification	3 months	S	Reported to the programme board under the standing agenda item of risk reviews
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* I = immediate, H = High, S = Standard

Next steps

University Hospital Southampton NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The SQAS will monitor activity/progress in response to the recommendations for 12 months following the issuing of the final report. This is to allow time for at least 1 response to all recommendations. After this point, a letter should be sent to the chief executive of the trust and the commissioners, summarising progress made and asking for their direct intervention to address any remaining key issues.