



Public Health
England

Screening Quality Assurance visit report NHS Abdominal Aortic Aneurysm Screening Programme Bristol, Bath and Weston

Executive summary

6 July 2016

Public Health England leads the NHS Screening Programme

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.

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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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The NHS Abdominal Aortic Aneurysm Screening Programme is available for all men aged 65 and over in England. The programme aims to reduce abdominal aortic aneurysm related mortality among men aged 65 and older. A simple ultrasound test is performed to detect abdominal aortic aneurysms. 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) review of the Bristol, Bath and Weston Abdominal Aortic Aneurysm Screening Programme held on 6 July 2016.

1. Purpose and approach to quality assurance

The aim of quality assurance in NHS screening programmes 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 QA service (SQAS).

The evidence for this report is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information shared with the South West QA service as part of the visit process

2. Description of local screening programme

The Bristol, Bath and Weston abdominal aortic aneurysm (AAA) screening programme implemented screening in 2012 and has a geographical population size of approximately 1.2 million. The AAA screening programme has an eligible population of 5,622 approx. (2015/16) and covers four clinical commissioning groups (CCGs) and 130 GP practices.

The Bristol, Bath and Weston programme has a mixture of rural and urban areas. 17.3% of the population are aged 65 years or above (18% nationally). 97.5% of the population are white. Bristol has the greatest ethnic mix with 16% of its population coming from non-white groups.

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 working in 100 community settings.

- the programme is delivered using national software and utilises the national image storage solution
- men whose aorta has been difficult to visualise on the first screen are invited for a rescreen
- men are provided with their screening result verbally at their appointment and their GP is informed by letter
- men with a small aneurysm (3.0 – 4.4cm) are placed on annual recall, those with a medium aneurysm (4.5 – 5.4cm) are placed on quarterly recall and men with a large aneurysm (≥ 5.5 cm) are referred for assessment and treatment
- all men with an aneurysm detected are offered a face to face appointment with a nurse practitioner at various venues near to the man's home
- men with large aneurysms are referred for treatment at Southmead Hospital which is part of the North Bristol NHS Trust (NBT) which offers a full service for open and endovascular aneurysm repair (EVAR). Assessment and outpatient appointments can be provided at Southmead Hospital, the BRI or the RUH

The programme is provided by North Bristol NHS Trust. NHS England South (South West) (with South Central is the associate commissioner) commission the programme to provide all aspects of the screening programme, including programme management, administration, failsafe, screening and clinical leadership.

3. Key findings

No immediate concerns or high priority issues were identified by the visiting team.

3.1 Shared learning

The review team identified 18 areas of practice that are worth sharing, the top five are listed below:-

- the use of pre-screening lists to GP practices, which involves the GP in the tailoring of clinics to suit the men called for screening
- the production and adherence to a round plan/capacity planning model

- the production and learning from the Did Not Attend (DNA) questionnaire- which facilitates better understanding of the reasons why men choose not to attend and has led to some additional attendance
- team meetings (held every six-eight weeks) facilitate review of all referrals within the screening team. These meetings are inclusive of clinical lead, screening technicians, QA lead and allow beneficial QA, educational and professional feedback
- AAA screening based in a Trust providing a centralised arterial service. Network manager oversees timeliness and equity of access to vascular clinics across the network including spoke hospitals

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

The review team identified no high priority issues.

4. Key recommendations

The review team identified no immediate or high recommendations and 16 medium priority recommendations as themed below:

Level	Theme	Description of recommendation
Immediate		None
High		None
Medium	Identification of cohort	<ul style="list-style-type: none"> • registration of all prisoners on the SMaRT system, using the NHS generator or enhanced tracing • ensure the reason for deactivation is recorded on the SMaRT system and shared with GP or healthcare provider.
	Informing cohort	<ul style="list-style-type: none"> • map an outcome letter template for the patient, on the SMaRT system.
	Invite	<ul style="list-style-type: none"> • review of round plan • perform a Health equity audit or similar assessment
	Maximising the	<ul style="list-style-type: none"> • ensure internal QA lead is enabled to undertake image QA on a weekly basis

	accuracy of the screening test	<ul style="list-style-type: none"> • clarification of ownership of ultrasound scanners and that there is a capital replacement programme for the ultrasound scanners • review of the Clinical Skills Trainer and QA roles as there may be some advantages and flexibility in the sharing of responsibilities such as image QA
	Minimising harm	<ul style="list-style-type: none"> • development of an audit plan, with outcomes used to direct service improvement • revision of local policies, including overarching policy and Standard Operational Policy (SOP) to align with national guidelines. Development of a clear dissemination process • clarify the processes and pathway for a screening man found to have a very large AAA
	Intervention and treatment	<ul style="list-style-type: none"> • review the standard patient pathway to treatment (eight week), identifying barriers and removing delays. • adherence to national referral guidance for asymptomatic/sub 5.5 cm patients (Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme) ensure outcome letters are entered onto the Trust system in a timely manner • promotion of the patient's target date, for interventions and operations, at Multi-Disciplinary Team (MDT) meetings, so that all team members are aware and to aid compliance with national key performance indicators. The screening team involvement at Multi-Disciplinary Team
	Workforce	<ul style="list-style-type: none"> • review of the internal CST/IQA roles

Recommendations

Recommendations are made where the programme is unable to meet a quality standard or requirement in the service specification, or where there is a lack of evidence to show that the requirement is being met.

Each professional / clinical advisor has provided a report and made recommendations where necessary based upon data submitted in advance of the QA visit, any pre-visits carried out, and their observations on the day.

All the QA recommendations made in the body of the report are presented in a table at the end, and have been prioritised as immediate, high, medium or low priority. In making this assessment of priority, the screening QA service has exercised a judgement based upon the input from expert professional and clinical advisors, screening QA service staff and wider experience across the national screening programmes.

Priority & timescale	Rationale
Immediate – (7 days)	A recommendation has been prioritised as ‘immediate concern’ when if not addressed it could lead to significant risk of harm to an individual or the population eligible for screening.
High – (3 months)	A recommendation has been prioritised as ‘high’ where due to an absence of data or evidence the quality of the service cannot be assessed because the QA process cannot be conducted satisfactorily. We acknowledge that there are occasions when a recommendation may be allocated a high risk grading even though the probability that an adverse event will occur is small. This is because even though the occurrence may be rare, the event would have a significant impact on an individual or the population eligible for screening.
Medium – (6 months)	A recommendation has been prioritised ‘medium’ when a process or practice does not meet the expected standard or recommended practice, but does not lead to direct clinical risk to individuals screened, or the population.
Low – (12 months)	A recommendation has been prioritised as ‘low’ when it carries no risk to the people seen by the service but which, if implemented could enhance the performance of the Unit and/or the experience of the people screened.

It should be noted that recommendations and statements made throughout this report will overlap several of the 'screening themes' and this report should be read and processed as a complete document rather than individual sections.

5. Next steps

The North Bristol NHS Trust is responsible for developing an action plan to ensure the completion of the recommendations contained within this report.

NHS England South (South West) screening and immunisation team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Screening Quality Assurance Service (South) will support this process and the on-going monitoring of progress.