



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme – Black Country

10 January 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 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.

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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 and over. 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 to the Black Country screening service on 10 January 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 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 SQAS as part of the visit process

Description of local screening service

The Black Country service implemented AAA screening in April 2012 (phase 3). It covers Dudley, Walsall and Wolverhampton with a total population of approximately 1,016,000. The service had an eligible cohort of 4,267 men in 2015-16 with an additional 261 men over the age of 65 who self-referred. The area is mainly urban with pockets of high deprivation and a diverse population.

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, clinics and community hospitals.

The programme management and administration is provided by Dudley Group NHS Foundation Trust (based at Russells Hall hospital) and is commissioned by NHS England, (Midlands and East) West Midlands.

Surgery for men with large ($\geq 5.5\text{cm}$) aneurysms takes place at Russells Hall hospital which offers a full service for open and endovascular aneurysm repair (EVAR). Russells Hall is part of the Dudley Group NHS foundation Trust. Referral and assessment appointments can be provided at either Russells Hall hospital, Walsall Manor hospital or The Royal Wolverhampton (New Cross) hospitals which form the Black Country vascular network service. Vascular nurse specialist appointments are conducted at all three hospital sites by nurses employed by Dudley Group NHS Foundation Trust.

Findings

The service meets all 12 of the measurable national QA standards for April 2015 to March 2016.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- the service should have at least one clinical skills trainer (CST) who holds or is working towards the certificate in assessing vocational achievement (CAVA) qualification in accordance with national guidance. This will enable future screening technicians to undertake the new qualification
- the current practice of measuring iliac aneurysms, if identified, as part of AAA surveillance pathway is not in line with national guidance and should therefore cease

Shared learning

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

- the work undertaken to encourage uptake of screening. For example:
 - supporting information is routinely sent with each invitation letter (including maps, list of screening locations and a translation sheet)
 - the process of sending a further reminder letter

- the wide-geographical spread of clinic locations
 - a policy for men who are housebound
- breaking bad news training undertaken by screening technicians to aid communication skills
- the process of referral to surgeons according to where the patient lives to allow easy access for their assessment prior to surgery
- automatic and direct referral to smoking cessation services is initiated, where appropriate, for men with a positive screen

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
GL1	Complete and issue the 2015-16 annual report	National service specification No.23	3 months	Standard	Annual report completed and received at the programme board
GL2	Make sure the local standard operating procedure (SOP) guidance and associated policies and procedures contain sufficient detail and adequate instructions for staff to be able to carry out their roles	NAAASP guidance/Best practice	12 months	Standard	SOPs presented to the programme board
GL3	Expand the service's web page to include more information about the screening programme and how it can be accessed	Service specification	12 months	Standard	Web page expanded and web link to be received at the programme board
GL4	Put in place mechanisms to identify and support men with learning disabilities in Walsall and Wolverhampton in order to meet the requirements of the accessible information standard	Service Specification and Accessible Information Standard (NHS E) guidance	12 months	Standard	New mechanisms to be presented at the programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
I1	Make sure that staffing levels meet the requirements set out in national guidance	NAAASP guidance (Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme SOP Jan 2016)/Service specification	6 months	Standard	Documented arrangements to be presented at the programme board
I2	Ensure that any newly recruited screening technicians can undertake the new screening qualification with appropriate access to a CAVA qualified assessor	NAAASP Guidance (CST handbook, PHE, April 2016) Service specification	6 months	High	Confirmation received at programme board
I3	Investigate the opportunity to upload screening images more frequently	NAAASP guidance	12 months	Standard	Results to be presented at the programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
IOC1	Work collaboratively to ensure, if appropriate, eligible men living within mental health unit(s) have access to screening	Service specification	6 months	Standard	Confirmation presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
IAU1	Develop an action plan to promote equitable access to screening in underserved population groups	Service Specification	12 months	Standard	Completed action plan to be presented at the programme board
IAU2	Develop a SOP to include the management of men who self-refer	NAAASP guidance (essential elements SOP)/Service specification	6 months	Standard	SOP presented to the programme board
IAU3	Add the consent process to the local nurse assessment proforma in line with the national software template	Best practice	3 months	Standard	Confirmation received at the programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
ST1	Review and update the screening service's lone working policy to ensure it provides relevant detailed guidance and references Trust wide processes	Health and Safety at Work	6 months	Standard	Policy presented at the programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
ST2	Increase the number of random scans reviewed for QA purposes to 8	NAAASP guidance	3 months	Standard	Updated SOP received at the programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	Make sure that the non visualisation spreadsheet tracker is fully maintained and the associated SOP is updated	NAAASP guidance (non visualisation guidance, Jan 2017)	3 months	Standard	Confirmation and SOP received at programme board
R2	Make sure GPs receive notification of incidental findings and that this is supported by a SOP	NAAASP guidance (Clinical guidance and scope of practice, March 2016)	3 months	Standard	Confirmation and SOP received at the programme board
R3	Cease monitoring iliac aneurysms in surveillance clinics and ensure the service does not work outside the scope of practice	NAAASP guidance (Clinical guidance and scope of practice, March 2016)	3 months	High	Confirmation received at the programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
IO1	Make sure that the processes for managing and monitoring tertiary referrals are documented	NAAASP guidance (Waiting time guidance)/ Service specification	3 months	Standard	SOP presented at the programme board

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.