

NHS Abdominal Aortic Aneurysm Screening Programme News

Gateway number 2014254

aaa.screening.nhs.uk

August 2014

Multi-disciplinary network and learning event in Leicester

A multi-disciplinary network and learning event was hosted in Leicester on 12 June. The event, for local programmes and commissioners across two regions, was hosted by the Midlands and East Regional QA Team supported by the London QA team.

The event comprised of national team updates, an interactive incident session, group discussion work and notably a number of presentations from local programmes sharing initiatives in their areas that resulted in service improvements.

Delegates saw two different approaches that have been utilised to improve the timeline from screening to surgery for large screen-detected aneurysms. The Central England programme have been using LEAN methodology to review and change the pathway, whilst the Cambridgeshire programme introduced a more effective communication process and closer links with Multi-Disciplinary Team (MDT) coordinators.

A wealth of other good practice was shared, including 'what makes an effective programme board', 'non-visualised referrals to medical imaging', 'learning from subject satisfaction surveys' and 'creating local coordinator networks to share learning'. The outcomes of the discussions along with the presentations are available on the [AAA website](#).

Feedback from the 80 delegates was very positive with comments such as; 'an excellent day', 'very informative' and 'good networking opportunities'.

Nurses share experiences of working in key screening role



National Nurse Practitioner Day

In March, the national programme held a learning and information day for all Nurse Practitioners/Specialists working in the AAA Screening Programme.

This day was very well attended and Nurses from all over England along with colleagues from Wales and Northern Ireland had the opportunity to listen and discuss with colleagues their various

ways of working within the screening programme.

The delivery of this key role for men within surveillance is varied across the country with face-to-face appointments for wider health promotion activities, phone contact to provide support and provision of open days for men and their families to attend.

Image storage

There are now 24 programmes fully live using the national image storage. They are sending all their screening test images up to the national image store on a regular basis.

Other programmes are either using the solution for some of their clinics and hope to expand to all clinics in the near future or have successfully tested the solution and are planning roll out shortly.

The remaining programmes are all now at various stages of either testing or obtaining approval from their hosting trusts.

The key benefits being seen to date include:

- reduced overhead entering patient details onto the scanners. This has been achieved by picking up on errors in clinic due to the alert and log function
- reduction in images being recorded against wrong patient (eg a DNA patient)
- reduction in images being added to the wrong patient (not changing patient on the scanner)
- reduction in missing images
- images for QA or review available instantly



Importance of the Clinical Skills Role within the NHS AAA Screening Programme

As the AAA screening programme is now fully implemented and the regional quality assurance teams are operational across the country, it seems appropriate to reaffirm the importance of the clinical skills trainer (CST) role.

The CST has a significant responsibility for the clinical supervision of the screening technicians and should be regarded as the clinical manager of the technicians. The CST is responsible for training, education, quality assurance and provision of feedback and monitoring of clinical performance. They should be involved in staff appraisals and MDT meetings.

The majority of the theory is now provided by e-learning from the University of Salford and the CST must be aware of the timeline for this and be available to answer any queries that may arise from the screening technician.

All scans that are observed and signed off in the Screening Technician Portfolios must be completed by a trained CST.

A significant amount of forward planning and liaising with the programme coordinator will be required to ensure the required number of patients are available to be screened with the CST present during training.

The scope of practice of the AAA screening programme is briefly outlined in the standard operating procedures. However, a localised protocol is suggested to provide the technicians with a defined scanning protocol to assist them in the clinical environment. The CST needs to be instrumental in the development of this protocol and adjust it according to any new guidance from NAAASP.

The CST must ensure that the technicians do not scan outside of this scope of practice to ensure legal indemnity and quality assurance for the programme.

Quality assurance and the feedback from any quality assurance performed by the CST is essential in providing a safe and effective screening

programme.

The quality of images and any associated feedback should be provided to the technicians in a timely manner. The CSTs are expected to observe and comment on the management of the whole of the screening examination from the introduction through to giving the results. Ensuring the correct use of equipment and imaging to optimise the image in accordance with NAAASP guidance in the standard operating procedures and providing feedback on the technicians' sonographic technique in correctly identifying and measuring the aorta.

CSTs should be integrated into the programme as much as possible to ensure that they are aware of the importance of their role in a national screening programme, this should include:

- regular meetings/communication with the programme coordinator and director
- attending programme board meetings
- taking part in local team meetings/MDT
- providing feedback to technicians face-to-face as opposed to email
- providing and acting on any internal quality assurance audits produced
- ensuring specific time is protected for the CST to perform their role
- re-assessing the current time given to the programme and associated actions if not sufficient
- giving the opportunity to shape and comment on local programme policies and protocols
- ensuring that CSTs are informed of policy and protocol developments from NAAASP

Further details regarding QA resources, proformas and a guide to the e-learning can be found on the [NAAASP website](http://naaasp.nhs.uk).

Sustainable training programme

The national programme is currently working with Health Education England (HEE) to ensure sustainability of the national training programme.

It is hoped that the commissioning of a training and education provider will be transferred over to HEE from the 1 April 2015. With this in mind we are currently unable to confirm any training courses after the end of March 2015.

Training dates for 2014/15 have been updated and can be found on the [AAA website](#).

All bookings for these courses should be sent to the email address: aaa.screening@nhs.net

Taught Block Sessions for Technicians: 14th & 15th October

2014, 13th & 14th January 2015.

CST / Fast Track training: 4th & 5th November 2014.

Re-accreditation days: 6th August 2014, 10th December 2014, 11th February 2015, 18th March 2015.

All training courses will take place at Salford University, Manchester.

We will need to amend the following dates: 14/15 April 2015 – taught block, 1 June 2015 – reaccreditation, 23/14 June 2015 – fast track.

If you have anyone already booked on any of these sessions we suggest you review existing training dates prior to ascertaining if any others would be suitable. No further bookings for these dates will be taken.

We will keep you fully informed as and when we receive relevant information.



Patrick Rankin, Training and Education Manager for Young Person and Adult Screening Programmes

New Training and Education Manager for the Young Person and Adult Screening Programmes

Patrick Rankin has joined the Young Person and Adult Screening Programmes as the new National Training and Education Manager. Patrick brings with him a wealth of experience having been involved in screening for a number of years as a programme coordinator, Regional QA Manager and lecturer for Salford University.

"I am extremely excited about my new role as the National Training and Education Manager for the young person and adult screening programmes. The AAA screening programme can have such a positive impact on the lives of those gentlemen screened and I have been involved with AAA screening for a number of years.

"Training and education within AAA is something I am extremely passionate about and I look forward to meeting and working with you all in future."



Key to Effective Patient Pathways

Cambridge, Peterborough and West Suffolk AAA screening programme have developed a process to meet the national referral to treatment timeliness standards. To help staff achieve these targets the programme follows a revised patient pathway.

In week 1, for patients screened positive with an aneurysm larger than 5.5cm, the AAA coordinator will refer the patient to the clinic for the first available slot. The vascular nurse will be told to order a CT scan by week 2 highlighting on the form that it is an AAA screening patient.

At the end of week 2, CT scans and outpatient appointments should be performed, patients should be booked onto the next Multi-Disciplinary Team (MDT) meeting and a provisional date for surgery by week 8 should be recorded. Following the MDT meeting, the AAA coordinator should ensure that an outpatient appointment has been booked for week 4 and 5.

During weeks 5 – 8, the AAA coordinator needs to ensure that the patient is booked on to the operating list, confirming with the vascular team that all preoperative assessments are carried out as required. If a patient is likely to breach these timescales this needs to be escalated to the clinical director and appropriate associate director of operations.



Policy news

Following the UK National Screening Committee [meeting on 18 June](#), the UK NSC has recommended earlier screening for [Edward's Syndrome \(T18\) and Patau's Syndrome \(T13\)](#) in pregnancy. The Committee recommended against screening for atrial fibrillation, type 2 diabetes and parvovirus.

- [Preterm birth and bacterial vaginosis](#) (closes on 17 October 2014)
- [Gauchers disease](#) (closes on 6 November 2014)

New consultations due to start soon

- [Amino acid metabolism disorders](#)
- [Sudden cardiac death](#)
- [Depression](#)
- [Galactosaemia](#)
- [Fatty-acid oxidation disorders](#)



UK National
Screening Committee

Current policy consultations

- [Dementia](#) (closes on 9 October 2014)

Big changes to screening websites

As part of the government's plan to drastically reduce the number of websites, the screening sites will be undergoing major changes over the course of 2014.

All the screening websites (the UK Screening Portal, Continuing Professional Development site and the websites of the eight non-cancer screening programmes) will be closed down, probably by the end of 2014. Information for the public will be moving to NHS Choices (where it can be better linked to general information about the conditions being screened for), with content for professionals going to the gov.uk website. Our e-learning modules will also be moving to a new home in due course.

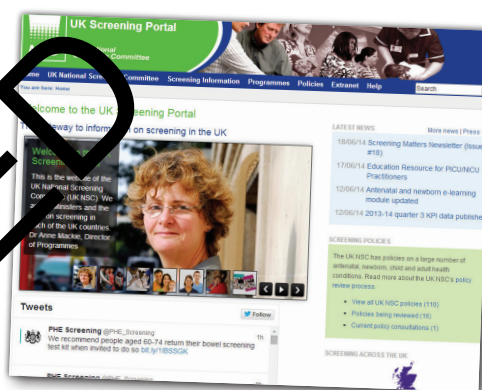
Rest assured that we are working hard to minimise any disruption and any risk from the transition. We hope that the final outcome will be a better experience for all the visitors to our websites. In particular, we can provide a more integrated

approach to providing information across all the NHS Screening Programmes - both cancer and non-cancer.

These changes should make it easier for people to find the information they need, increase the number of visitors to our screening pages and allow us to better integrate our information with that of other parts of government and the NHS.

In preparation for the transition, work is currently being carried out to review and update content on the current websites. During this process some parts of the websites might not work quite as expected so if you find anything wrong, please accept our apologies and let us know at phe.screening.supportdesk@nhs.net.

Look out for more information over the coming months.



The current UK Screening Portal

Screening Matters newsletter

The latest issue of the UK NSC's Screening Matters newsletter was published in June. It covers the usual mix of policy and programme news.

www.screening.nhs.uk/screeningmatters

Other news in brief

UK NSC review

The [independent review](#) of the role, terms of reference and membership of the UK National Screening Committee has now closed. Many thanks to everyone who took part.

published.

2013-14 quarter 3 KPI data

[Key Performance Indicators](#) (KPIs) for NHS Screening Programmes for the third quarter of 2013/14 have now been

Science and Technology Committee review of health screening

The parliamentary Science and Technology Committee recently reviewed health screening in England. As part of this Dr Anne Mackie, Director of Programmes for the UK NSC provided evidence, as did Professor David Walker, Deputy Chief

Medical Officer for England, Department of Health and Jane Ellison MP, Parliamentary Under-Secretary of State for Public Health.

All evidence provided to the committee can be viewed on the [parliament website](#).

The recommendations following this review should be published shortly.