

NHS Abdominal Aortic Aneurysm Screening Programme News

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aaa.screening.nhs.uk

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Figures sum up success

Nearly 500 men had successful elective surgery during 2013/14 to repair aneurysms detected by screening.

National and local AAA screening, surveillance, referral and outcome data for 2013/14 can be downloaded from the [NAAASP website](http://aaa.screening.nhs.uk).

This was the first year of full national coverage and we saw more than 260,000 men screened and nearly 3,700 aneurysms detected.

Michael Wyatt, Honorary Secretary of the Vascular Society of Great Britain and Ireland, said: "We are delighted to see that so many men in England have benefited by having elective repairs through the abdominal aortic aneurysm screening programme. This programme is essential in the prevention of premature deaths in men aged 65 years and over and has the full support of the Vascular Society."

2013/14 NAAASP headline data

Initial screening tests (cohort)	235,409
Uptake	78.2%
Initial screening tests (self-referrals)	27,679
Aneurysms detected (cohort)	2,941
Prevalence (cohort)	1.25%
Aneurysms detected (self-referrals)	753
Prevalence (self-referrals)	2.71%
Men on surveillance at end of 13/14	9,031
Referrals to surgeons	614
Elective aneurysm repairs	491
Elective repair deaths (30-day mortality)	4
Ruptures	10
Rupture deaths (30-day mortality)	7

Still time to book place at research meeting



Getting the message across: National Programmes Lead Anne Stevenson, right, and NAAASP Programme Manager Lisa Summers at the Vascular Society's annual meeting in Glasgow

Research to take centre stage

Limited spaces are available at NAAASP's national audit and research update meeting in Manchester on 9 February.

The meeting will include a presentation by national clinical lead Jonathan Earnshaw on how the national programme might be optimised in the future.

Martin Bjorck and Anders Wanhainen will give a state of

the art lecture on the Swedish experience of screening for AAA.

In addition there will be numerous presentations of local AAA screening research and audit.

For more details and to book your place, visit the [event website](http://event.nhs.uk) or email NAAASP research lead Tim Lees at tim.lees@nuth.nhs.uk.

QA to go live in 15/16

The external quality assurance (QA) process for AAA screening has now been piloted in four local programmes.

A fifth pilot visit is scheduled for the South West London and East Surrey programme in March.

A regional QA review schedule will then be developed and agreed.

Around 10-12 programmes will receive a QA review each year (about three per region) and programmes will be reviewed in order of implementation unless a more recent service is deemed to be at higher risk.

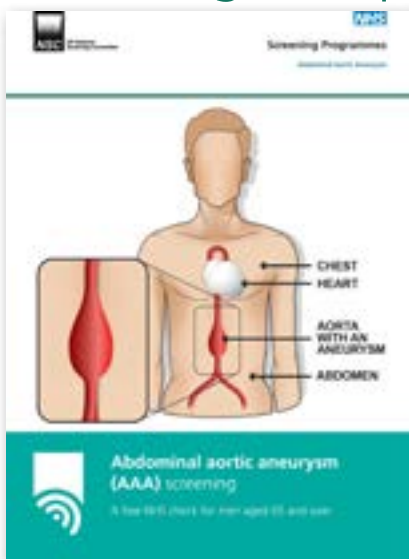
The four-stage QA model includes annual quality reports based on SMART data, self-assessment questionnaires, a QA visit and QA report. Providers will develop action plans to address the recommendations in the reports.

Final push on rollout

The national rollout of the image storage solution is nearly complete with 39 of the 41 local AAA screening services in England now live and the remaining two in testing.

The solution enables ultrasound images captured during screening clinics to be uploaded and viewed directly from the SMART IT system to support local quality assurance.

All change for patient leaflets and website



New look: the NHS Choices website, above, and the new AAA screening invitation leaflet, left

AAA screening info revamped

Both our printed and online public information have undergone major overhauls recently.

The **national patient information leaflets** have been revised with a fresh new style and format. Significant changes to the content of the leaflets include updated statistics to reflect current evidence around AAA prevalence and treatment outcomes. The leaflets also include more information about the driving and insurance implications of having an aneurysm for men who have a positive screening result.

The **2015/16 service specification for AAA screening** reiterates that providers must use the national information leaflets to ensure that the programme is delivered consistently throughout the country.

Local AAA screening services can order supplies of the revised leaflets using our updated **extranet form**. Local providers can continue to use the old style patient information leaflets until the end of February but from March 2015 onwards only the revised leaflets should be posted or handed out to eligible men.

Meanwhile, online information for the public about AAA screening is now available on **NHS Choices**, including a **page** where people can search for their local service by postcode or town.

Revised suit of NAAASP leaflets

- Invitation / self-referral leaflet
- Small AAA result leaflet
- Medium AAA result leaflet
- Large AAA result leaflet
- Information sheet for health professionals
- A4 poster for the public

This follows the completion of the first stage of the transition of NAAASP's online content from the **current national website** to NHS Choices (information for the public) and GOV.UK (professional resources and guidelines).

The **aaa.screening.nhs.uk** site will remain operational and all current URLs will continue to work for the time being. When the current site closes, old urls will redirect to NHS Choices and GOV.UK for a limited time.

Finally, the **AAA screening patient decision aid**, which aims to help men make an informed decision as to whether to take up the offer of screening, has also been updated.

As with the leaflets, the data in the decision aid has been amended to ensure it is accurate and in line with current evidence.

Register now for our first clinical skills day

Calling all CSTs and screeners

We will be holding the first NAAASP Clinical Skills Information Day on 5 March 2015 at the National Motorcycle Museum, Birmingham.

The day is open to screening technicians and clinical skills trainers (CSTs) only and will be an opportunity to update knowledge and network with clinical colleagues.

National programme updates will cover education, training and communications, quality assurance and reporting.

In addition, there will be an update on AAA screening research and developments plus a number of workshops aimed at improving integration in the programme and improving image quality in practice.

There will also be the opportunity to view the new **ultrasound machines**, the Esaote M Lab Alpha and Samsung/MIS Ugeo, to be used in NAAASP.



If you wish to attend please speak to your local programme co-ordinator who has details of how to register.

Places are available for one CST and two screening technicians per programme.

Satisfied customers

Men screened by the Somerset and North Devon AAA Screening Programme gave the service a big thumbs up in a patient survey.

A total of 1,085 screened men were asked for their views and 921 (84%) completed a feedback form.

99.7% of those who answered were fully satisfied with their screening experience.

Other results included:

- 99.8% were happy with their allocated appointment or found an acceptable alternative
- 96% were seen early or on time
- 99.8% understood their result
- 99.2% would definitely or probably recommend the service

AAA KPI data published for first time

Key performance indicator (KPI) data for AAA screening has been officially published for the first time.

AAA1, the 'completeness of offer' KPI, shows the proportion of men eligible for AAA screening to whom an initial offer of screening is made, both nationally and by local screening programme.

This is reported cumulatively on a quarterly basis and the first published data is for **Quarter 1 2014/15**.

Work continues on refining the other two KPIs, AAA2i and AAA2ii, which concern the timeliness of testing for men on surveillance. These have been retired for the time being because of the small numbers involved and the complexities of the definitions currently used to enable data to be extracted.

The new **quality standards reports** are being published on a quarterly basis for the 2014/15 screening year.

New service specification

The 2015/16 **national service specification for AAA screening** has been published.

It describes how AAA screening services should be commissioned and delivered throughout England and it can be downloaded from the GOV.UK website.

They are available to programmes directly through the reports section of the SMaRT IT solution and include the majority of quality standards that can be reported. They are available two weeks after the end of each quarter and programmes have a further three weeks to validate the data.

NAAASP shares the reports and regional summaries with QA teams while programmes are responsible for sharing the reports with their programme boards.

Forceful publicity

Retired police officers now know all about AAA screening thanks to Garry Rogers, a screening technician in Manchester and a former police officer.

Garry contacted the National Association of Retired Police Officers (Narpo) which led to an article on the screening programme being included in Narpo News, the organisation's members' magazine.

Response to parliamentary committee

Following the **House of Commons Science and Technology Committee's Report on National Health Screening**, the UK Health Departments and the UK National Screening Committee (UK NSC) have developed a response to the key recommendations.

This response is due to be published later this month.

The independent review of the role, terms of reference and membership of the UK NSC is also due to be reported on shortly.

These independent reviews will help inform future UK NSC developments with the aim of improving health screening in the UK. We will share these publications when available.



UK National
Screening Committee

Dementia screening not recommended

The UK National Screening Committee recommended against introducing screening for dementia, bacterial vaginosis, Gaucher disease and preterm labour at its final meeting of 2014.

Screening for dementia was not supported because:

- the most commonly used test for dementia has high false positive and false negative rates
- it is not clear that early detection would definitely lead to treatment that would slow or prevent the disease

The committee concluded that more research is needed in order to fully assess the possibility of a preterm labour

screening programme due to concerns over the reliability of the screening test, the measurement for identifying risk and evidence around the most effective treatment.

Bacterial vaginosis is one of the most common causes of preterm labour. The review found that a new indicator screening test has been shown to be promising in some small scale studies but the evidence is limited and does not prove that it is accurate enough to be used as a screening

Screening for Gaucher disease was not supported because it is not currently possible to identify who will be severely affected by the condition and who will never experience any problems.

It is also unclear whether there is any benefit to earlier treatment compared to later treatment once symptoms of this disease have developed.

Recommendations in consultation:

- **Sudden cardiac death** (closes 1 February)
- **Galactosaemia** (closes 19 February)
- **Fatty-acid oxidation disorders** (closes 23 February)
- **Amino acid metabolism disorders** (closes 23 February)
- **Bladder cancer** (closes 28 February)

Due for consultation soon:

- **Adult hearing**
- **Psychiatric illness in pregnancy**
- **Oral cancer**

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Other news in brief

IDPS regional workshops

The Infectious Diseases in Pregnancy Screening (IDPS) Programme is holding a series of regional workshops over the next two months for screening coordinators and specialist nurses and midwives. You can register for the workshops via the [IDPS website](#).

Websites' transition

Good progress has been made on the transition of antenatal and newborn screening information for the public

to [NHS Choices](#). Watch this space for news of when the new web pages 'go live'.

New online search function

The screening services near you function is now live on [NHS Choices](#). You can use it to search for local AAA, diabetic eye and newborn hearing screening services by postcode or town.

Screening for rare conditions

All newborn babies in England are now being offered screening

for homocystinuria (HCU), maple syrup urine disease (MSUD), glutaric aciduria type 1 (GA1) and isovaleric acidemia (IVA). This follows the expansion of the NHS Newborn Blood Spot Screening Programme.

Director of Programmes Dr Anne Mackie said: "Screening for these rare disorders has the potential to benefit around 30 children in England each year. The early identification of these conditions can prevent death and significantly improve the quality of life for those living with these conditions."