Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme West Yorkshire

10 November 2016

Public Health England leads the NHS Screening Programmes

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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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Executive summary

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme is available for all men aged 65 and over in England. The service 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 to the West Yorkshire Abdominal Aortic Aneurysm screening programme held on 10 November 2016.

Purpose and approach to quality assurance (QA)

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 collected during pre-review visits; familiarisation visit 24 August 2016
- information shared with SQAS (North) as part of the visit process

Description of local screening service

West Yorkshire AAA screening programme (the service) is provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT), who work with Bradford Royal Infirmary (BRI) and Airedale Hospital (AH).

NHS England North (Yorkshire and the Humber) commissions the service.

The service began screening in January 2012 and covers an area with a total population of approximately 1.2 million. The eligible population is 5,339 (2015 to 2016) and covers five clinical commissioning groups (CCGs).

The population profile varies by location. Bradford is one of the most deprived local authority areas in the country with 11.2% of its population from non-white groups. Deprivation in Craven is low and 0.4% of its population is from non-white groups.

Data for 1 April 2015 to 31 March 2016 demonstrates that the service exceeded the acceptable standard for uptake at 84.2%.

The service is provided by technicians in a variety of community settings such as GP practices and hospitals. Men with large aneurysms (≥ 5.5cm) are referred for assessment and treatment at Bradford Royal Infirmary (BRI) or Huddersfield Royal Infirmary (HRI). Both hospitals offer a full service for open and endovascular aneurysm repair (EVAR). Men with an aneurysm measuring 3.0 to 5.4cm, who do not require treatment are offered an appointment with a nurse practitioner at one of three hospitals in West Yorkshire.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified a number of high priority issues as summarised below:

- workforce resource does not fully meet the 2016 to 2017 national service specification, with insufficient clinical support available across the pathway and a lack of capacity planning
- meetings do not reflect membership expected in national guidance. Non clinical and clinical responsibilities are not understood by all throughout the screening programme

Shared learning

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

- comprehensive programme board report templates
- targeted initiatives to increase uptake in disadvantaged groups
- robust failsafe in place across the pathway
- local continued personal development (CPD) provision
- risk assessed approach to post-operative care

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Review reasons for variable attendance by some key staff groups at operational multidisciplinary meetings. Review to include input from all staff. Change scheduling, format and TOR, as required, following review, to ensure attendance and robust communication of processes across the service Update programme board TOR with reference to quoracy and membership as outlined in the 2016 to 2017 national service specification. Regular attendance by all board members, including clinical staff, to be monitored	National service specification 2016 to 2017	6 months	H	Updated terms of reference. Meeting minutes showing review of attendance
2	Develop an action plan to address the gaps identified against the 2016 to 2017 national service specification	National service specification 2016 to 2017	3 months	H	Action plan agreed with commissioners as part of service development and improvement plan.
3	Review documented accountability, governance and escalation arrangements to support formal oversight of the service. Staffing and working relationships across the whole screening pathway to be clearly defined (see linked recommendation 5)	National service specification 2016 to 2017	3 months	H	Pathways mapped and agreed/formalised between providers. To be signed off at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Revise local incident management SOP so that the process for reporting of screening safety incidents internally is fully understood by all staff and that possible incidents are recognised, discussed and escalated. Remove reference to the Quality Assurance Reference Centre	National service specification 2016 to 2017	3 months	H	Revised SOP

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Conduct a workforce capacity and demand review, against the national service specification, to ensure that resilience can be maintained within the system. Update the business continuity plan for provision of screening, internal QA and administration to ensure there is adequate resource and service continuity during times of planned or unexpected absence. Provide assurance of robust plans to mitigate current risk from loss of CST cover	National service specification 2016 to 2017 NAAASP standard operating procedures	3 months	H	Business continuity plans, capacity review, agreed/formalised between providers and commissioners
6	Review and update job descriptions, roles, including staff management and job plans to reflect key functions as described within national guidance and the service specification.	National service specification 2016 to 2017 NAAASP standard operating procedures	3 months	H	Revised job descriptions and job plans

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Formalise the process (including frequency) of clinic location evaluation against national standard clinic checklists and the service specification. To make sure there is equity of access, safety for men and screening staff and to reduce the possible risk of work-related upper limb disorders	National service specification 2016 to 2017 NAAASP standard operating procedures	6 months	S	SOP to be presented at programme board
8	Review and replace ultrasound equipment in line with national guidance	Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidance	6 months	H	Equipment replacement plan
9	Upload images and data to the central storage system as soon as possible following a screening or nurse clinic. The process for storage of scanners, data and transfer of images, and local SOPs, to be in line with trust information governance and national requirements	NAAASP standard operating procedures	6 months	H	Updated SOPs and confirmation of IG/NAAASP SOP compliance

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Develop a SOP for ongoing validation of the screening cohort to provide assurance that all eligible men are included	National service specification 2016 to 2017	6 months	H	SOP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Confirm that the programme has ceased screening of men outside of age range mandated by national screening programme (see linked recommendation 2)	National service specification 2016 to 2017 NAAASP standard operating procedures	3 months	H	Written confirmation of exclusion status for men less than 64 years of age
12	Introduce an audit schedule for ongoing validation of exclusions to demonstrate that all exclusions are in keeping with national guidelines, appropriate documentation of status, and assurance that all men are excluded/off register appropriately	NAAASP standard operating procedures	6 months	H	Outcomes of audit shared with programme board. Updated SOPs
13	Use suitable public health information tools and the SMaRT system to address screening inequalities. Consider the needs of the screening population for weekend and evening clinics. Ensure those diverse populations that rarely access screening services or do not access screening services are targeted. Action plan to be developed and implemented in coordination with commissioners, relevant local authority and CCG stakeholders	National service specification 2016 to 2017 NAAASP standard operating procedures	12 months	S	Health inequalities action plan produced and presented at programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Ensure interpreter services are in line with trust and NAAASP policy for consent	NAAASP standard operating procedures	3 months	S	Written confirmation of compliance of interpreter services

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Review Specialist Vascular Nurse clinics to ensure men are appointed within national standard time frames and barriers to meeting time scales are addressed	NAAASP: Nurse Best Practice Guidelines	6 months	S	Audit completed

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	The service to provide evidence of clinic review, to ensure technicians are not at risk of getting work related upper limb disorders. Lone working to be risk assessed	NAAASP standard operating procedures	3 months	H	Audit/risk assessment completed
17	Provide a formal audit of the number and nature of inappropriate referrals	National service specification 2016 to 2017 NAAASP: Pathway standards	6 months	S	Audit completed
18	Ensure technicians receive adequate and timely feedback on clinical practice, in line with national SOPs. To include the respective roles and responsibilities of CSTs and programme coordinator. Formal mechanisms for recording feedback and monitoring remedial actions should be in place	NAAASP standard operating procedures NAAASP: Internal QA framework and resources	3 months	H	Local SOP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Review the need for independent review of CST QA work. Ensure that training of the individual undertaking the review is within national guidance. Formal mechanisms for recording feedback to CSTs and monitoring remedial actions should be in place	NAAASP: Internal QA framework and resources	3 months	H	Confirmation of independent review of CST QA work by a NAAASP trained ultrasonographer
20	Continue to escalate concerns to commissioners if measurements reported from medical imaging departments are not in keeping with national guidance	NAAASP Non-visualised aortas guidance	12 months	S	Final confirmation at 12 months of compliance if no further concerns raised
21	Provide assurance that men who cannot be visualised after referral to medical imaging are referred to the clinical director (see linked recommendation 2)	National service specification 2016 to 2017	3 months	S	Confirmation of referral pathway

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	Provide exception report of incidental findings not managed in line with the local SOP	NAAASP Clinical guidance and scope of practice	6 months	S	Exception report presented at operational multidisciplinary team meeting

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Review the low aneurysm detection rate to determine if this is related to screening test measurement and/or population demographics (age, socio-economic status), and put in a remedial action plan, as appropriate	Pathway standards and service objectives	6 months	H	Outcome/action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Update SOP for monitoring and identifying deaths (including aneurysm ruptures and deaths from surgery) in line with national guidance. Submit annual audit data to programme board stating the number of deaths in the categories defined in the national guidance	NAAASP: Protocol for reporting deaths	12 months	S	Updated SOP. Audit presented to 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.