



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme - Shropshire, Telford and Wrekin

21 June 2017

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 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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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 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 of the Shropshire, Telford and Wrekin (STW) screening service held on 21 June 2017.

Purpose and approach to 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 shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Shropshire, Telford and Wrekin (STW) service implemented AAA screening in April 2012 (phase 3). It covers the Shropshire, Telford, and Wrekin area with a population size of approximately 470,000. The service had an eligible cohort of 2,994 men in 2015-16 with an additional 272 men over the age of 65 who self-referred. The service is commissioned by NHS England, (North Midlands) Midlands and East.

Shropshire has a mixture of rural and urban populations with pockets of deprivation. The population is mainly white (98%) and the proportion of people aged over 65 is higher than the national average (22.9% compared with the England average of 17.6%¹). Levels of deprivation vary between the 2 local authorities that the service covers. Telford and Wrekin is in the fifth most deprived tenth of local authorities in the country and Shropshire is in the third least deprived tenth⁴.

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 at both the Royal Shrewsbury hospital (RSH) and Princess Royal hospital, Telford (PRH) sites. The programme management and administration is provided by Shrewsbury and Telford Hospital NHS Trust and is based at RSH. RSH and PRH are part of Shrewsbury and Telford Hospital NHS Trust (SaTH).

Surgery for men with large (≥ 5.5 cm) aneurysms takes place at RSH which offers a full service for open and endovascular aneurysm repair (EVAR). Referral and assessment appointments can be provided at either RSH or PRH, which form the Shrewsbury and Telford Hospital vascular service. Vascular nurse specialist appointments are conducted at both hospital sites.

Findings

This is the first QA visit to this service. The service is well organised and patient centred. The workforce is committed and motivated.

No immediate or high priority concerns were identified by the visiting team. For a consolidated list of standard recommendations with timescales, see page 10. The full report gives details of the findings of the visit and the recommendations.

All key performance indicators (KPIs) are being met.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team did not identify any high priority recommendations.

Shared learning

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

- the work undertaken to encourage uptake of screening for example:
 - the wide-geographical spread of clinic locations
 - prior notification lists to primary care to verify information and identify men who require additional support
 - a policy for men who are housebound

- effective relationship between GPs and the service with the use of electronic formats to share all results
- a local induction package for staff with sign-off processes to ensure they have read and understood local standard operating procedures (SOPs)/policies. Training for staff regarding learning disability awareness
- the collaborative work undertaken to track all aneurysms detected
- the management arrangements for the pre-operative assessment tests that result in timely assessment and treatment
- good understanding of information governance and its importance within screening provision

Table of consolidated recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Review and update the terms of reference (TORs) of the programme board (commissioner action)	NHS AAA screening programme - Service specification No.23	6 months	Standard	Revised TORs in place and agreed at programme board
2	Implement a schedule of local team meetings	Service specification	6 months	Standard	Regular team meeting schedule confirmed at programme board
3	Develop an audit schedule to inform service improvements and include this information in the provider's annual work programme	Service specification/ NAAASP guidance	6 months	Standard	Audit schedule produced. Audit results presented to programme board as part of routine reporting
4	Review the options for wider service user engagement	Service specification	6 months	Standard	Options appraisal presented to the programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Review and update the clinical leads job plan to ensure time allocated for the role is clearly documented	Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme	6 months	Standard	Confirmation received at programme board.
6	Confirm and document the cover arrangements in the absence of the CST/QA lead	Essential elements - as above	6 months	Standard	Arrangements documented and confirmed to programme board
7	Ensure the monthly QA of ultrasound equipment is in line with national guidance	NAAASP - Ultrasound equipment assurance guidance	6 months	Standard	Confirmation received at programme board that practice is in line with national guidance
8	Update the local SOP for image upload to specify the frequency for uploading of images	Service specification	6 months	Standard	Confirmation received at programme board that the SOP has been updated

Identification of cohort - none

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Undertake a health equity audit in collaboration with the commissioners and develop an inequalities action plan to address the findings	NHS AAA screening programme service specification/ Accessible information standard	12 months	Standard	Health equity audit and inequalities action plan completed and presented at programme board
10	Review the method of transferring vascular nurse assessment information to SMaRT to reduce risk of transcription error and to comply with national guidance	NAAASP guidance	6 months	Standard	Present outcome of review to programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Develop a SOP for the manual input of information into scanning machines	Best practice	6 months	Standard	Completion of SOP and confirmed to programme board
12	Put in place mechanisms for structured feedback between CST and technicians to include scanning techniques, interesting cases and image sets	National guidance	6 months	Standard	Feedback mechanisms implemented and confirmed to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Make sure that the processes for managing and monitoring referrals to other units are documented in a local SOP	NAAASP guidance (Waiting time guidance)/service specification	6 months	Standard	SOP presented at programme board
14	Evaluate the local model of screening for non-visualised aortas and develop a SOP that accurately describes the process	Service specification	9 months	Standard	Review undertaken and result fed back to programme board and SOP presented at programme board

Intervention and outcome - none

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.

The Midlands and East SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. 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.