



Public Health  
England



# **Screening quality assurance visit report**

**NHS abdominal aortic aneurysm  
screening programme, United  
Lincolnshire Hospitals NHS Trust**

25 January 2018

**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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[www.gov.uk/topic/population-screening-programmes](http://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 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 Lincolnshire AAA screening service held on 25 January 2018.

### Purpose and approach to quality assurance (QA)

Quality assurance 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 service was implemented in March 2013 covering 4 clinical commissioning groups (CCGs) and 99 GP practices. There is a total population of approximately 743,400 of whom 4,647 were eligible for screening (2016 to 2017).

The service offers screening to all eligible men in the year they turn 65 in line with national guidance. This is delivered by screening technicians in community settings such as hospitals, community health centres and GP practices. Men with large (5.5cm or greater) aneurysms are referred for treatment at Pilgrim Hospital in Boston which offers a full service for open and endovascular aneurysm repair. All men with a small (3.0 – 4.4cm) or medium (4.5 – 5.4cm) aneurysm detected are offered an appointment with a vascular nurse specialist.

The service is provided by United Lincolnshire Hospitals NHS Trust. NHS England Midlands and East (Central Midlands-North) commission the service.

## Findings

This is the first QA visit to this service. The service was noted to have a professional workforce which was commended for keeping a safe service through recent staff changes.

From the April 2016 to March 2017 annual data, the service met 4 of the 10 national pathway standards (excluding the 2 currently not measured). The standards relating to uptake and coverage were partially met as the minimum standard was not achieved consistently for the surveillance cohorts. The 3 remaining standards not met relate to the referral pathway.

For 2016 to 2017, 2 out of 3 of the key performance indicators (KPIs) were met. The KPI not met was AA4 coverage of quarterly surveillance screen.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 4 high priority findings as summarised below:

The role of ultrasound lead and the role of clinical skills trainer (CST) are undertaken by the same person. The post holder does not have any protected time or job description for these roles. National guidance recommends a programme should have a 0.1wte lead ultrasound clinician and 0.1wte clinical skills trainer per 800,000 population.

The service does not have a Level 3 Certificate in Assessing Vocational Achievement (CAVA) qualified assessor or anyone identified with the time and knowledge to fulfil this role. This is a concern because the programme is currently recruiting to a technician post where training will be required.

It is unclear whether the correct policy for gaining consent to share data between the prison and the service is used.

The service should enable the Vascular Nurse Specialist (VNS) to use the AAA SMaRT system appropriately and record all patient details directly onto the software.

## Shared learning

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

- United Lincolnshire Hospitals NHS Trust has put in place local business continuity policies
- there is extended representation at the programme board, including patient representatives and contract managers
- comprehensive local trackers and standard operating procedures are in place
- the administration team routinely highlight similar user names/dates of birth on the system before a clinic
- AAA information folders are circulated to all GP practices
- the service has secured information governance approval to utilise phone numbers to call men who have previously not attended

# Table of consolidated recommendations

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Commissioner should report all AAA KPIs to the health protection board	Service specification	6 months	S	Confirmed at programme board
2	Ensure that programme board minutes include a record of specific performance issues that have been discussed	Best practice	6 months	S	Performance and activity-related discussion points recorded in minutes
3	Provide exception reports/commentary to the programme board on all pathway standards and timescales detailed in guidance which are related to timely patient appointments and QA of images	Pathway standards  Nurse Specialist Guidance  Non visualisation guidance  Internal quality assurance guidance	6 months	S	Exception reports included in board papers

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Complete quarterly data validations in accordance with timelines given by the NHS AAA screening programme	AAA screening: validate annual pathway standards	3 months	S	Confirmation to programme board
5	Ensure regular scheduled screening team/multi-disciplinary team meetings take place and minutes taken	Best practice	12 months	S	Meeting schedule presented to programme board
6	Review and update trust and local incident policies to correctly reflect national screening incident guidance	Incident guidance	9 months	S	Updated policies presented to programme board
7	Commissioners and provider should put in place an inequalities action plan to address the needs of under-served groups	Service specification	12 months	S	Plan shared with the wider Lincolnshire inequalities group and monitored through the programme board
8	Undertake annual user satisfaction survey	Service specification	12 months	S	Findings presented to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Ensure the key tasks detailed in guidance for a programme coordinator are fulfilled by the team	AAA screening: standard operating procedures	9 months	S	Confirmation to programme board
10	Make sure that job descriptions for the posts of technicians, QA lead/clinical skills trainer and vascular nurse specialist accurately reflect the duties, tasks and training requirements, in line with national guidance with sufficient time to fulfil the roles	AAA screening: standard operating procedures	6 months	S	Confirmation that job descriptions have been reviewed and updated provided to programme board
11	Identify a CAVA assessor for the service to support technicians pursuing the health diploma	Health screener diploma: guidance for assessors	3 months	H	Assessor identified and confirmed to programme board
12	Ensure screening venues are reviewed and compliant with national guidance	Scope of practice	6 months	S	Venue assessments completed and confirmed at programme board
13	Ensure that daily equipment checks are performed	Ultrasound equipment quality assurance guidance	6 months	S	Updated ultrasound machine maintenance procedure confirmed to programme board



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Complete a risk assessment on the equipment and agree a replacement plan with the trust	Service specification	6 months	S	Replacement plan confirmed to programme board
15	Review all standard operating procedures (SOPs) to ensure tasks are allocated to the correct member of staff in the new structure	Best practice	6 months	S	SOPs updated and confirmed to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Ensure the notification of prisoners for screening is only made once the prisoner has given consent to their involvement and the sharing of demographic and clinical information	AAA screening: standard operating procedures	3 months	H	Confirmation to programme board
17	Develop SOPs that describe how vulnerable groups are supported to access to the service	Accessible information standard	6 months	S	SOP presented to programme board

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Make changes to the process for booking surveillance appointments to enable surveillance targets to be met	Service specification	6 months	S	KPIs and pathway standards consistently met
19	Review the vascular nurse service to ensure it is provided in line with the national guidance	Nurse specialist guidance	3 months	H	Updated SOP presented to programme board

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Review and update the consent policy and pathway for men who lack mental capacity	Service specification	6 months	S	Updated SOP provided to programme board
21	Audit the number of patients having CT scan after non visualisation at screening to assess the appropriateness of the current referral process	Best practice	6 months	S	Audit outcome reported to programme board
22	Ensure that men who attend for screening who cannot lie supine are managed in line with national guidance	Scope of practice document	6 months	S	Updated SOP provided to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Review the incidental finding SOP to encompass the aortic dissection SOP	Scope of practice document	9 months	S	SOP

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Report all treatment delays due to hospital factor, to the programme board	Waiting time guidance	6 months	S	Treatment trackers presented to programme board
25	Commissioners to agree an escalation process to specialised commissioners	Best practice	6 months	S	Agreed process of escalation

\* I = Immediate

H= High

S = Standard

## Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.