



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Abdominal Aortic Aneurysm Sussex Screening Programme**

**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 and over. 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 Sussex AAA screening programme held on 22 February 2018.

### Purpose and approach to quality assurance

The aim of quality assurance is to maintain minimum 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 is derived from:

- routine monitoring data collected by the NHS screening programme
- data and reports from external organisations as appropriate
- evidence submitted by the provider, commissioner and external organisations as appropriate
- information shared with the south regional SQAS as part of the visit process

### Quality assurance purpose and approach

QA aims to maintain national standards and promote continuous improvement in AAA 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 SQAS.

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations

## Local screening service

The Sussex service has its roots in the 1980s and was an early implementation site for the national screening programme, initially covering West Sussex. In 2012, the service expanded to cover East Sussex and Brighton & Hove and now covers an area with a population of approximately 1,609,500. The eligible population of men is 9,077 (2016 to 2017) and the service covers 7 clinical commissioning groups (CCGs) and 187 GP practices.

The programme 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 GP practices, hospital sites and prisons. Men with small (3.0 to 4.4cm) or medium (4.5 to 5.4cm) aneurysms are managed within community clinics. Men with large (>5.5cm) aneurysms are referred for treatment at The Royal Sussex County Hospital Brighton (part of the Brighton and Sussex University Hospitals NHS Trust) which offers a full service for open and endovascular aneurysm repair (EVAR).

Assessment and outpatient appointments can be provided in one of 9 hospitals across the catchment area. All men with an aneurysm detected are offered a face to face 20 minute appointment with a vascular nurse specialist (VNS) within 3 months of the scan; evidence shows there are breaches of this target. Patients are batched and seen at a variety of central locations across the service's catchment areas. There are some challenges to holding clinics in some of the more deprived areas, primarily in East Sussex. Contact with the nurse is through the screening office.

The service is provided by Sussex Community NHS Foundation Trust (SCFT) which works in partnership with Brighton & Sussex University Hospitals NHS Trust (BSUH), who provide clinical elements of the service and covers both counties. NHS England South East commission the service.

## Findings

This is the second QA visit to this service.

### Immediate concern

The QA visit team identified one immediate concern. The radiological science team report (December 2017) stated that one machine "should not be used for AAA scanning". The programme manager confirmed that machine was no longer in use. However, there was a period between the date the machines were inspected and the date the report was received and taken out of service (evidence taken off of the SMaRT national IT system AAA screening system on the day of the visit). A screening incident form (SIAF) has been raised and an investigation has been initiated.

## High priority

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

- issues around the internal QA of ultrasound equipment need urgent attention
- no allocated programme activities for clinical leadership of this service
- lack of joint working between provider organisations at a senior/executive level
- referral of men outside the guidance of National Abdominal Aortic Aneurysm Screening Programme (NAAASP)

All recommendations are summarised in the table on page 8 and reference documentation is in the appendix.

## Shared learning

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

- an informative frequently asked questions with answers sheet, sent to all men with their appointment
- travel information sent with men's appointments
- the service have initiated referral to wellbeing clinics for men referred for treatment
- effective escalation of issues within NHS England
- effective locally developed clinic assessment form
- bespoke mandatory training for screening technicians

## Next steps

Sussex Community Foundation NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report. This will involve joint working with Brighton and Sussex University Hospitals NHS Trust to address some recommendations.

The SQAS will monitor activity/progress in response to the recommendations for 12 months following the issuing of the final report. This is to allow time for at least 1 response to all recommendations. After this point, a letter should be sent to the chief executive of the trust and the commissioners, summarising progress made and asking for their direct intervention to address any remaining key issues.

## Recommendations

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

Table of consolidated recommendations

	Recommendation	Reference	Timescale	Priority	Evidence required
1	Review access and timeliness of providing non visualisation scans to ensure equity of access and timeliness of appointments across the entire catchment area	National Guidance Management of non-visualised aortas p5	6 months	S	Details of review and evidence of new venues brought to programme board
2	Review the arrangements for men who need a specialist vascular nurse appointment to improve service provision and reduce non-attendance	AAA Screening Programme Nurse Specialist Best Practice Guidelines p7. Standard operating procedures (SOPs) Essential elements in providing an AAA screening and surveillance programme	6 months	S	Details of review and evidence of new venues brought to programme board
3	Ensure non-visualisation clinics are accessible and appointments are timely	Service Specification	6 months	S	Report on access and timeliness of non-visualisation scans provided to programme board

4	Cease referring men with an AAA <5.5cm who have rapid growth for operations	Standard operating procedures (SOPs) Essential elements in providing an AAA screening and surveillance programme p31	3 months	H	Amended protocol to be submitted to the programme board
5	Revise service level agreement between provider organisations to meet requirements of the national service specification, the national AAA screening programme regarding staffing levels and to facilitate more effective inter provider working	AAA Service Specification p27	3 months	H	Signed service level agreement presented to the programme board
6	Revise all local policies to align with national guidelines.	National AAA service specification p33 & 38. National AAA screening SOP p13, 14, 18 &20	12 months	S	Plan submitted to the programme board and documents submitted for review and comment
7	Development of a clear dissemination process for all policies	National AAA service specification p33 & 38. National AAA screening SOP p13, 14, 18 &20	12 months	S	Plan submitted to the programme board
8	Develop a policy for the management of incidental findings and ensure all screening staff are aware of the process to be followed	Management of Non-visualised Aortas, p6. AAA National SOPS p 30. Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening, p12	3 months	S	Evidence of policy and roll out to be presented to the programme board

9	Revise the programme board's terms of reference to include reporting requirements, attendance and standardised agenda	AAA Service Specification p27	6 months	S	New terms of reference completed and agreed at the programme board
10	Develop a risk register and method of sharing risks with the wider screening team	National AAA service specification p27	3 months	S	Copy of risk register to be presented to the programme board as a standard agenda item
11	Develop an incidents log and related documentation	Managing Safety Incidents in NHS Screening Programmes August 2017	6 months	S	Presented to the programme board
12	Revise team meetings to facilitate attendance of core staff, produce terms of reference, standard agenda and minutes	National AAA service specification. Standard Operating Procedures March 2017	12 months	S	Copy of agenda shared with the programme board
13	Improve access to hospital provider clinical information systems Brighton and Sussex University Hospitals NHS Trust and Sussex Community Foundation NHS Trust for the AAA screening administrative team	Standard Operating Procedures March 2017 p23	6 months	S	Confirmation of access to be evidenced to screening and immunisation team
14	Undertake service user feedback and use to make service improvements	National AAA service specification. Standard Operating Procedures March 2017	12 months	S	Results presented to the programme board. Action plan to be drawn up based on outcomes. To form part of programme manager's update to programme board



15	Develop a service specific complaints and plaudits process using the outcomes for service improvement	Service specification No.23 NHS AAA Screening Programme 17-18	3 months	S	Present evidence of complaints and plaudits to the programme board as a standing agenda item
16	Review and update all job descriptions and work plans for core staff providing clarity about role requirements, cross cover for resilience for the service and ensure adequate provision of time to carry out roles	Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening. Service specification No.23 NHS AAA Screening Programme 3.21. AAA screening standard operating procedures	6 months	S	Presentation of updated work plans and job descriptions submitted to the programme board. Presentation to the programme board
17	Identify a clinical skills trainer to undertake Certificate Assessing Vocational Achievement (CAVA) and other national AAA screening training	National guidance NHS population screening-diploma for health screeners. NHS AAA screening programme	12 months	S	Evidence of training submitted to clinical lead
18	Carry out a training programme for staff covering topics such as principles of screening, awareness of incidents and key aspects of national guidance and documentation pertinent to carrying out their roles.	Essential elements in providing an AAA screening and surveillance programme. Clinical skills trainer training handbook p5. Management of non-visualised aortas p10. Ultrasound equipment quality assurance guidance p6	3 months	S	Presentation of training plan submitted to the programme board.  Evidence of awareness and understanding of national documents to be evidenced to the clinical lead

19	Review lone working practice to ensure it complies with NAAASP guidance	Essential elements in providing an AAA screening and surveillance programme. AAA screening standard operating procedures p12	6 months	S	Review outcome presented to the board along with amended round plan if applicable
20	Ensure that technicians work in accordance with the trust lone working policy	Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening	3 months	S	Policy to be presented at programme board
21	Ensure monthly ultrasound equipment checks are performed in line with NAAASP recommendations and the process documented in a Standard Operational Procedure (SOP)	Ultrasound equipment quality assurance guidance. Guidance for AAA screening providers p4&5	3 months	H	Process checked and reviewed by CST/QA and reported to the programme board
22	Develop and follow standard operating procedures for: maintenance of ultrasound scanners, including maintenance logs for monthly and annual checks and safe storage of equipment off site	Essential elements in providing an AAA screening and surveillance programme. AAA screening standard operating procedures	3 months	S	SOPs presented to programme board
23	Revise method for asking practices to provide relevant information on their cohort prior to invitations being sent out	Essential elements in providing an AAA screening and surveillance programme p5, 7, 15, and 33. Programme Specific Operating Model for Quality Assurance of Abdominal Aortic Aneurysm Screening Programmes p29	6 months	S	Process shared with the programme board

24	Produce a standard operational procedure for prisons, home visits and mental health service providers	Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme 2017-18, p15	6 months	S	Present to programme board for review
25	Update and localise the learning disability guidance making sure all staff are aware of the pathway	Programme Specific Operating Model for Quality Assurance of Abdominal Aortic Aneurysm Screening Programmes p29. AAA inequalities toolkit	12 months	S	Amended documentation shared with the programme board
26	Develop a health promotion strategy in conjunction with commissioners that maximises the activities already being undertaken by the screening programme and meets the needs of the screening population	Programme Specific Operating Model for Quality Assurance of Abdominal Aortic Aneurysm Screening Programmes p29. Vascular Surgery GIRFT Programme National Specialty by Professor Michael Horrocks GIRFT clinical lead for vascular surgery March 2018 p8	12 months	S	Present to programme board
27	Revise the process of internal quality assurance of images and provide feedback in a timely manner to screening technicians	NHS AAA Screening Programme. Internal quality assurance framework and resources p5, 6, 7 & 16	3 months	S	Evidence of feedback shared with programme manager and to form part of the manager's report to the programme board

28	Develop an audit plan, including any repeat scan processes, with outcomes used to direct service improvement	AAA screening standard operating procedures p5, 23, 30. Management of non-visualised aortas p6 & 10. Programme Specific Operating Model for QA of AAA Screening Programmes p10, 18, 29, 30 & 31. Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening, p12	6 months	S	Present audit schedule to programme board
29	Use audit outcomes to identify any learning and ensure findings inform appropriate update of protocols in line with national guidance	AAA screening standard operating procedures p5, 23 & 30 Management of non-visualised aortas p6 & 10. Programme Specific Operating Model for Quality Assurance of Abdominal Aortic Aneurysm Screening Programmes p10, 18, 29, 30 & 31. Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within AAA screening, p12	12 months	S	Results presented to the programme board
30	Ensure revised process for tracking men from referral to treatment is fully implemented and sustainable	Programme Specific Operating Model for Quality Assurance of AAA Screening Programmes	6 months	S	Review process as part of reporting of standards to programme board

31	Establish a process to monitor and report the mortality of men from previous years' cohorts	Essential elements in providing an AAA screening and surveillance programme p40. NHS AAA Screening Programme. Protocol for reporting deaths p4	12 months	S	Present findings to programme board
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I = Immediate

H = High

S = Standard