



Public Health
England

**Screening Quality Assurance visit
report**
NHS Abdominal Aortic Aneurysm
Screening Programme
Cambridgeshire, Peterborough and West
Suffolk/Cambridge University Hospital
Foundation Trust

4 July 2018

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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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Published: December 2018

PHE publications

gateway number: 2018654

PHE supports the UN

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Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme is available for all men aged 65 and over in England. The programme aims to reduce abdominal aortic aneurysm related mortality among men aged 65 and older. A simple ultrasound test is performed to detect abdominal aortic aneurysms. 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 visit of the Cambridgeshire, Peterborough and West Suffolk abdominal aortic aneurysm screening service held on 4 July 2018.

Quality assurance purpose and approach

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.

Quality assurance visits are carried out by the PHE screening quality assurance service (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(s), commissioner and external organisations
- information shared with the Midlands and East regional screening quality assurance service as part of the visit process

Local screening service

The Cambridgeshire, Peterborough and West Suffolk abdominal aortic aneurysm screening service (the service) has an eligible population of approximately 5,583 (2017 to 2018). This population is predominantly white. Peterborough has the greatest ethnic mix with 6.1% of its population from non-white groups whilst Fenland has the least variation. The area is characterised by geographically large rural areas as well as urban areas. Levels of deprivation vary across the local authorities. Peterborough is in the third most deprived tenth of local authorities in the country. South Cambridgeshire is in the least deprived tenth³.

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 and community hospitals. Surgery for men with large (equal to or greater than 5.5cm) aneurysms takes place at Cambridge University Hospital NHS Foundation Trust which offers a full service for open and endovascular aneurysm repair. Vascular nurse specialist appointments are offered at Cambridge University Hospital NHS Foundation Trust.

The programme is provided by Cambridge University Hospital NHS Foundation Trust. It is commissioned by NHS England Midlands and East (East).

Findings

The service meets 7 out of the 10 national QA standards that they are assessed against for the period 1 April 2017 to 31 March 2018. Two standards are not measured at service level. The standards that relate to the screening cohort and annual surveillance are met, but the standards that relate to quarterly surveillance of men are not met.

The service is not consistently achieving the quarterly key performance indicators. In 2017 to 2018 the cohort coverage key performance indicator (AA2) was only met in quarter 4. The annual surveillance key performance indicator (AA3) was not met in quarter 1 but was achieved for quarters 2, 3 and 4. The key performance indicator for quarterly surveillance (AA4) was met for quarters 1 and 2, but not met for quarters 3 and 4.

The service consistently meets the achievable threshold of 80% of men receiving treatment within the 8 week target.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings as summarised below:

- the service is not consistently achieving national key performance indicators
- the scanning equipment is reported to be bulky and heavy but there has been no health and safety or manual handling risk assessments undertaken

Shared learning

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

- an 'absent programme manager and unmanned office policy'
- members of the screening team have undertaken basic British Sign Language courses
- technicians book vascular nurse appointments immediately following scanning
- co-location of the screening office with the vascular scientists and vascular admin team
- access to radiologist advice for non-vascular incidental findings during image QA to enable feedback to the GP
- trust wide screening committee provides an appropriate forum for escalation and resolution of issues
- consistent achievement of 2 week and 8 week targets with an effective referral process

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure that adequate cover is provided for periods of clinical director absence.	Service specification	6 months	Standard	Confirmation of formal cover arrangements presented at programme board.
2	Make provision in the job plan to enable the clinical director to attend team meetings	Best practice	6 months	Standard	Minutes of team meetings presented to programme board.
3	Agree a schedule of audits with the programme board	Service specification	6 months	Standard	Summary of audit and findings presented to board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Review the administrative checklist to ensure ad hoc tasks are adequately transferred	AAA screening standard operating procedures	6 months	Standard	Revised checklist to be presented at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Undertake a workforce review to ensure there is adequate technician resource to meet current and future service demand	Service specification	6 months	Standard	Confirmation to programme board
6	Identify opportunities to increase the frequency of image transfer in order to reduce information governance risk.	NHS Information Governance guidelines	6 months	Standard	Confirmation to programme board
7	Make sure that the transport and storage of clinic lists and scanning machines is in line with trust information governance requirements	NHS Information Governance guidelines	3 months	Standard	Confirmation to programme board

Identification of cohort

None.

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Put in place a key performance indicator service improvement plan	Service specification	6 months	High	Action plan presented to programme board KPIs achieved
9	Take action to ensure men have equitable access to the vascular nurse service.	Nurse Specialist best practice guidelines	6 months	Standard	User satisfaction survey results and other findings reported to programme board.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Track and confirm that men requiring vascular nurse appointments are seen in line with national guidance	Nurse Specialist best practice guidelines	6 months	Standard	Confirmation to programme board
11	Review the method of transferring vascular nurse assessment information to SMaRT to reduce risk of transcription error and to comply with national guidance	Nurse Specialist best practice guidelines	3 months	Standard	Present outcome of review to programme board.
12	Use appropriate public health tools to assess and address screening inequalities	Guidance for NHS commissioners on equality and health inequalities legal duties	12 months	Standard	Implementation plan presented to programme board

The screening test: accuracy and quality

None

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure there is sufficient clinic availability to meet key performance indicators target for surveillance appointments	Service specification	6 months	High	Acceptable target met for key performance indicators

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Confirm that users are satisfied to attend Cambridge University Hospital for medical imaging appointments	Accessible Information Standard	6 months	Standard	Findings and development plan from user satisfaction survey results reported to programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure the SMaRT system states the correct surgeon for all referrals	AAA screening standard operating procedures	6 months	Standard	Confirmation at programme board

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 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.