



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Abdominal Aortic Aneurysm Screening Programme Norfolk & Waveney**

7 November 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.

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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 Norfolk & Waveney AAA screening service held on 7 November 2018.

### Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in abdominal aortic aneurysm (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 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 SQAS as part of the visit process

### Local screening service

The Norfolk and Waveney abdominal aortic aneurysm screening service (the service) has an eligible population of 5,972 (2017 to 2018 cohort). This population is predominantly white. Norwich has the greatest ethnic mix with 1.2% of the population from non-white groups. North Norfolk 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. Great Yarmouth is in the second most deprived tenth of local authorities in the country. Broadland is in the second least deprived tenth<sup>3</sup>.

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 Norfolk and Norwich University Hospital NHS Foundation Trust which offers a full service for open and

endovascular aneurysm repair. Vascular nurse specialist appointments are offered at Norfolk and Norwich University Hospital NHS Foundation Trust

The service is provided by Norfolk and Norwich University Hospital Foundation Trust and is commissioned by NHS England (Midlands and East) East.

## Findings

The service meets 9 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 service has consistently achieved all the required key performance indicators.

The service consistently meets the higher 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 3 high priority findings as summarised below:

Vascular surgeons from NNUH and CUH both run general vascular outreach clinics in West Norfolk at Queen Elizabeth Hospital, Kings Lynn (QEH) and emergency cover was provided by both sites on alternate days. A man with a screen detected AAA may become part of a separate pathway if he presented as at QEH as an emergency for other reasons.

The service does not employ the recommended number of screening technicians and this may compromise service resilience

Ongoing IT and N3 connection issues are impacting the delivery and efficiency of the programme.

## Shared learning

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

- the service writes to men when a third party has declined screening on their behalf, to ensure they are fully aware of the decision

- men attending a vascular nurse surveillance appointment receive a follow up letter from the nurse confirming outcomes and discussions
- a comprehensive annual vascular surgery report is produced containing an overview of all procedures, outcomes and audits
- an effective communication and local policy for prison screening enabling high uptake
- the programme manager's attendance at directorate meetings

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Ensure network arrangements are clearly documented and have clearly articulated governance arrangements for the West Norfolk area	Specialised vascular services service specification - adult	3 months	High	Confirmation at programme board
02	Update the terms of reference to describe accountability arrangements for the provider	Service specification	3 months	Standard	Terms of reference presented to programme board
03	Change programme board agenda item 'health promotion' to 'screening inequalities'	Guidance for NHS commissioners on equality and health inequalities legal duties	3 months	Standard	Revised agenda presented to programme board
04	Review the team meeting agendas to include clinical/educational items.	AAA screening standard operating procedures	6 months	Standard	Revised agenda presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
05	Agree a schedule of audits with the programme board	Service specification	3 months	Standard	Schedule of audits presented to programme board
06	Work with the trust's audit team to re design and evaluate the next user satisfaction survey	Service specification	12 months	Standard	User satisfaction survey report presented at programme board
07	Develop a public awareness plan in conjunction with commissioners as part of the service inequalities plan	Service specification	6 months	Standard	Public awareness plan presented at programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
08	Update the programme coordinator job description to accurately reflect lines of accountability.	Service specification	6 months	Standard	Updated job description presented at programme board
09	Undertake a workforce review to ensure there is adequate technician resource to provide resilience within the service	AAA screening standard operating procedures	6 months	High	Outcome of review presented at programme board
10	Develop a local standard operating procedure to ensure scanning machines are tested and serviced in line with NAAASP requirements	AAA screening standard operating procedures	6 months	Standard	Standard operating procedure presented at programme board
11	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Make sure the AAA service has adequate and reliable hardware, software, and IT infrastructure in place to provide a safe screening service. Include IT connection issues on the service and trust risk registers	Service specification	6 months	High	Confirmation to programme board

### Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Produce an SOP for capacity/monitoring of the current cohort and surveillance men	AAA screening standard operating procedures	6 months	Standard	SOP to be presented at programme board
14	Review the local standard operating procedure for screening in prisons to include all secure establishments	Service specification	6 months	Standard	Revised standard operating procedure to be presented at programme board

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Identify new screening venues in areas not currently well served	Service specification	6 months	Standard	New venue list shared with programme board
16	Review the process for accessing translator services and materials.	Service specification	6 months	Standard	Findings reported to programme board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Share and discuss GP practice and clinical commissioning group uptake reports with commissioners	Service specification	6 months	Standard	GP and clinical commissioning group uptake discussed as regular agenda item at programme board
18	Commissioners and the service should collaborate and use appropriate public health tools to assess and address screening inequalities including the health inequalities toolkit available in the SMaRT software	Guidance for NHS commissioners on equality and health inequalities legal duties	12 months	Standard	Inequalities implementation plan presented to programme board

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update local standard operating procedure to describe the detail of lone worker clinics, and confirm that arrangements are in line with the trust lone worker policy.	AAA screening standard operating procedures	6 months	Standard	Updated standard operating procedure presented to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Monitor the did not attend rate for medical imaging scans and if appropriate determine if an alternative venue may be suitable	Accessible Information Standard	6 months	Standard	Findings presented to programme board
21	Review and update all standard operating procedures and written instructions in line with trust quality management system (QMS) arrangements and templates	Best practice	12 months	Standard	Confirmation at programme board
22	Amend the referral standard operating procedure to accurately describe the referral process	AAA screening standard operating procedures	3 months	Standard	Standard operating procedure presented to programme board

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Describe the pre-operative pathway for screen detected AAA referrals in a standard operating procedure	AAA screening standard operating procedures	6 months	Standard	Confirmation at programme board
24	Enable vascular anaesthetists to regularly attend multi-disciplinary team meetings	Best practice	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 and 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.