



Public Health  
England



# **Screening Quality Assurance visit report**

**NHS Abdominal Aortic Aneurysm  
Screening Programme  
Derby Teaching Hospitals NHS  
Foundation Trust**

17 November 2016

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG  
Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

## About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 Derbyshire screening service held on 17 November 2016.

### 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 midland and east regional SQAS as part of the visit process

### Description of local screening service

The Derbyshire AAA screening service was implemented in 2012. It covers an area with a population of approximately 1,036,616 residents. The service had an eligible cohort of 5,851 in 2015-16 with an additional 1,444 men over the age of 65 who self-referred. The area is characterised by geographically large rural areas as well as urban areas.

The service is provided by Derby Teaching Hospitals NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust, which form the Derbyshire vascular service. NHS England North Midlands commission the service.

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 general practices and hospital sites. Surgery for men with large

aneurysms takes place at Royal Derby Hospital. The Trust offers open and endovascular aneurysm repair. Assessment and outpatient appointments are provided in either Royal Derby Hospital or Chesterfield Royal Hospital. Nurses employed by Derby Teaching Hospitals NHS Foundation Trust conduct vascular nurse specialist assessments over the telephone.

## Findings

The service meets all 12 national QA standards that are measured at service level for April 2015 to March 2016

All key performance indicators (KPIs) are being met.

Between April 2015 and March 2016 the service had the second highest uptake in the country (85.7% compared with national average of 80%).

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

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

- ensure Derby Teaching Hospitals NHS Foundation Trust information and clinical governance team provide an assurance that measures are in place to mitigate the risk of loss of information for devices stored off site (I4)
- 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 (IC1)

12 standard priority recommendations were identified as summarised below:

- incident reporting (GL1)
- staffing (I1, I2)
- equipment (I3)
- equity of access (IC2, R2, R3)
- national guidance requirements (IAU1, ST1, ST2, R1)
- treatment pathway (R4)

## Shared learning

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

- service user representation on the programme board - the representative receives support and training from the screening and immunisation team
- a demand and capacity planning tool used at the start of each cohort year to calculate clinic requirements
- the use of reminder letters to increase uptake
- effective use of Excel to collate all QA details and observations for monitoring purposes
- a variety of failsafe trackers are in place to monitor screening pathways

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
GL1	All staff should follow the trust policy to log incidents on the trust system	Page 22 - <i>Managing Safety Incidents in NHS Screening Programmes</i>	6 months	S	Datix numbers to be included on Screening Incident Assessment forms and incident log

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
I1	Update all job descriptions to ensure that they reflect the current roles and responsibilities within the AAA screening service	Page 9-13 - <i>Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme</i>	12 months	S	Evidence that job descriptions have been reviewed
I2	Put in place appropriate absence cover for the programme coordinator role	<i>Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme</i>	6 months	S	Standard operating procedure and documentation
I3	Ensure the business case for the replacement of screening equipment is finalised and approved	Page 18 - <i>Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme</i>	6 months	S	Confirmation extended warranty is in place. Confirmation of the approval of business plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
I4	Ensure Derby Teaching Hospitals NHS Foundation Trust information and clinical governance team provide an assurance that measures are in place to mitigate the risk of loss of information for devices stored off site	Page 19 - Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme	3 months	H	Confirmation from trust information and clinical governance team that processes in place are appropriate

### Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
IC1	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	Step 3 Page 42 - Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme	3 months	H	Standard operating procedure
IC2	Commissioners and service to undertake a health equity audit to improve uptake in under-served population groups	Page 9 - Service specification No.23, NHS Abdominal Aortic Aneurysm Screening Programme	12 months	S	Completed audit and resulting actions to be presented at programme board

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
IAU1	Ensure men are given the choice of a face to face or telephone nurse assessment appointment	Abdominal Aortic Aneurysm Screening Programme Nurse Specialist Best Practice Guidelines	6 months	S	Standard operating procedure

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
ST1	Correct measurement checks should be undertaken in a timely way so inaccuracies can be resolved before results letters are generated	Page 28 - Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme	6 months	S	Amended standard operating procedure
ST2	Ensure non-English speaking men are able to give informed consent by using available translation services and printed resources	Page 11/21 - Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme  <a href="https://www.england.nhs.uk/ourwork/accessibleinfo/">https://www.england.nhs.uk/ourwork/accessibleinfo/</a>	6 months	S	Standard operating procedure

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	Ensure all existing standard operating procedure and policy documents are approved through the trust governance structure	NAAASP guidance/Service specification	12 months	S	Documented approval process
R2	Agree referral pathways with all bordering trusts where patients may choose to be treated	Page 32 - Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme	6 months	S	Amended standard operating procedure



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3	Ensure all referred patients understand how to exercise patient choice for preference of a treatment centre	Section 4.7 - Royal College of Surgeons guide - <b>Consent: Supported Decision-Making</b>	6 months	S	Patient information resources
R4	Strengthen referral to treatment pathway by detailing timescales and booking responsibilities	Page 5 - <b>Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme</b>  Best Practice	6 months	S	Pathway diagram

### 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.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. 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.