



Public Health  
England



**Screening Quality Assurance visit  
report**  
NHS Abdominal Aortic Aneurysm  
Screening Programme  
West Hertfordshire NHS Hospitals Trust

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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH  
[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)  
Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)  
Prepared by Midlands and East Screening QA services: [PHE.MidsandEastQA@nhs.net](mailto:PHE.MidsandEastQA@nhs.net)



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## Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) 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 to the West Hertfordshire NHS Hospitals Trust screening service held on 10 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 data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, 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 Hertfordshire service implemented AAA screening in 2013 and covers 3 clinical commissioning group (CCG) areas and 133 GP practices. There is a total population of approximately 1,166,3001 of whom 5,660 are eligible for screening (2015 to 2016).

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 GP practices. Men with large (greater than 5.5cm) aneurysms are referred for treatment at West Hertfordshire NHS Trust which offers a full service for open and endovascular aneurysm repair. All men with an aneurysm detected are offered a face to face appointment with a vascular nurse specialist at St Albans Hospital.

The service is provided by West Hertfordshire NHS Trust. NHS England Midlands and East (Central Midlands) South Locality commission the service.

## Findings

The service meets 11 out of the 12 national QA standards that are measured at programme level for April 2015 to March 2016.

All key performance indicators (KPIs) are being met.

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

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

1. A vascular network, with a designated hub, should be established as soon as possible. The screening service should be aligned with the hub and delivered in accordance with both NAAASP guidance and the service specification.
2. A new process needs to be established to ensure that prisoners are offered appointments only if they have consented to screening.
3. The formulation of the programme policies and procedures should be integrated into the Trust's governance structure.
4. Technicians should not share a login for the screening software management system. The current practice does not conform to Information Governance requirements.

10 standard priority recommendations were identified as summarised below:

- programme board requirements (GL2)
- staffing (I1, I2)
- appropriate governance of existing policy and protocols (ST3)
- equity of access (IAU1, IAU2)
- national guidance requirements (I3, ST1)
- treatment pathway (IO1, IO2)

### Shared learning

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

1. Effective referral and assessment pathways that result in all patients being treated within 8 weeks.

2. The changes introduced by the service to improve access to screening for men with learning disabilities.
3. Men who have a positive screen are contacted promptly by the vascular nurse specialist. Direct referral to smoking cessation services is initiated immediately where appropriate.

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
GL1	Establish a vascular network, with a designated hub, as soon as possible. The screening service should be aligned and delivered in accordance with both NAAASP guidance and the service specification.	NAAASP guidance/Service specification	12 months	High	Draft transition plan and risk assessment submitted to SQAS and commissioners for comment. Final document to be ratified by programme board.
GL2	Strengthen the terms of reference for the programme board to reflect the functions it should perform.	Review of screening and immunisation services (December 2015)	6 months	Standard	Outcome to be presented at programme board.

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
I1	Monitor and document training, accreditation status and continuing professional development (CPD) activities for staff.	NAAASP guidance	6 months	Standard	Plans to be presented at programme board.
I2	Put in place appropriate absence cover for the clinical skills trainer (CST) role.	NAAASP guidance	6 months	Standard	Plan to be presented at programme board.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
I3	Implement a maintenance schedule for scanning machines in line with the NAAASP document <b>Ultrasound Equipment QA Guidance</b> .	NAAASP guidance	6 months	Standard	Schedule to be presented at programme board.

#### Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
IC1	Implement a new process to ensure that only prisoners who have consented to screening are offered appointments.	NAAASP Guidance	3 months	High	SOP presented to programme board.

#### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
IAU1	Take action to ensure that all men have equal access to the vascular nurse service.	Service specification	6 months	Standard	Analysis to be presented at programme board.
IAU2	Undertake a health equity audit to identify any underserved population groups and take action to improve uptake. Use the GP practice report to inform the health equity audit.	Service specification	12 months	Standard	Completed audit and resulting actions to be presented at programme board.

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
ST1	Develop and implement a standard operating procedure (SOP) so that technicians get regular feedback on their performance.	NAAASP guidance	6 months	Standard	SOP and documentation to be presented at programme board.
ST2	Ensure technicians do not share a login for the screening software management system. The current practice does not conform to Information Governance requirements.	National Health Service Information Governance Toolkit	1 month	High	Confirmation email from a clinical director that logins for the screening software management system are not shared.
ST3	Ensure all existing SOPs and policy documents are approved through the Trust governance structure.	NAAASP guidance/Service specification	6 months	Standard	Present SOPs at programme board.
ST4	Develop SOPs for high risk operational activities identified by the QA visit and ensure they are approved through the Trust's governance structure.	NAAASP guidance/Service specification	3 months	High	Present SOPs at programme board.

Referral

No recommendations.



Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
IO1	Ensure appropriate clinical attendance at the multidisciplinary team meeting (MDT) and protected time for the discussion of AAA cases.	NAAASP guidance	6 months	Standard	Minutes of MDT presented at programme board.
IO2	Provide patients with written information describing their diagnosis and available treatment options.	Royal College of Surgeons guide <b>Consent: Supported Decision-Making</b>	6 months	Standard	Information resources presented at programme board.

## Next steps

The regional SQAS team will work with commissioners to monitor activity and progress in response to the recommendations made, for a period of 12 months after issue of the final report to allow time for at least one response to all recommendations to be made.

After this point, a letter will be sent to West Hertfordshire NHS Hospitals Trust and the commissioners summarising the progress made and asking for their direct intervention to address any remaining issues.