



Public Health  
England



# Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm  
Screening Programme Gloucestershire  
and Swindon

## Executive Summary

3 April 2019

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## About PHE Screening

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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 Gloucestershire and Swindon AAA screening programme held on 03 April 2019.

### 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:

- 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 South regional SQAS as part of the visit process

### Local screening service

The original Gloucestershire AAA screening programme started nearly 30 years ago and became an early implementer of the national AAA screening programme in 2009. The programme was extended to include Swindon in 2012. The screening programme now covers an area with a population of approximately 843,000. In 2017 to 2018 the programme had an eligible cohort of 4,893 with an additional 281 men over the age of 65 who self-referred. The screening programme covers 5 clinical commissioning groups (CCGs) and 124 general practitioner (GP) practices. The Gloucestershire and Swindon AAA screening programme is provided by the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), and is commissioned by NHS England South West, North.

Gloucestershire is a largely rural county whilst Swindon is classed as an urban area. Levels of deprivation varies across the Local Authorities (LAs). Gloucester was in the fourth most deprived tenth of LAs in the country. Cotswold and Tewkesbury were in the second least deprived tenth. The ethnic mix of the LAs within the screening programme

boundary area is 98.6% white, 0.77% Asian/Asian British, 0.34% Black/African/Caribbean/Black British, 0.09% other and 0.24% mixed.

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. Men with large (>5.5cm) AAAs are referred for treatment at Cheltenham General Hospital, part of Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), which offers a full service for open and endovascular aneurysm repair (EVAR).

Assessment and outpatient appointments can be provided in Gloucestershire Royal Hospital, Cheltenham General Hospital, The Great Western Hospital, Swindon as well as any of the community hospitals. Complex cases or fenestrated or branched endovascular surgery (FEVAR) are referred out of area, usually to Bristol or Birmingham. All men with AAA detected are offered a face to face appointment with a vascular nurse specialist (VNS) at a variety of venues across Gloucestershire and Swindon.

## Findings

This is the second QA visit to this screening programme. The programme is well led, patient centred and delivered by a team that is highly motivated and works well across all disciplines.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 3 high priority findings as summarised below:

1. Risk to business continuity of 1 person covering 3 key roles within the programme.
2. Potential risk to equity of access to screening, and safety of men and screening staff due to lack of site surveys being undertaken of screening venues.
3. No clear pathway or standard operating procedure that defines the clinical decision making and action regarding referrals of rapid growth aneurysms or aneurysms with unusual shape.

## Shared learning

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

- effective internal governance structure, including a trust screening governance board
- technicians very well supported by clinical skills trainers (CSTs) and encouraged to be reflective practitioners
- self-referral men are given 3 business cards to hand out to friends and family to encourage attendance
- consent and use of personal data literature sent out with initial invitations to screening
- screening results given verbally after scan and result letters printed and left at the surgery the same day
- a rolling programme for equipment replacement within the provider trust
- a recent multi-disciplinary (MDT) pathway co-ordinator to facilitate timeliness of treatment for all men with AAA

The screening programme met 11 out of the 12 national QA standards at the acceptable level in 2017 to 2018. In addition, 4 standards were fully met at the achievable level. Exception reports were made to the programme board for the one standard not met which relates to waiting times for treatment. Data for the first 3 quarters of 2018 to 2019 indicates that this standard is now being met.

## Recommendations

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

### Governance and leadership

| No. | Recommendation  | Reference             | Timescale | Priority | Evidence required   |
|-----|---|-----------------------|-----------|----------|---|
| 1   | Review the terms of reference (ToR) for the programme board to address aims and objectives; accountability and membership   | Service specification | 3 months  | Standard | Updated programme board ToR including refreshed membership list                                   |
| 2   | Screening and Immunisations team (SIT) to explore with stakeholders how to ensure consistency of attendance at programme board  | Service specification | 6 months  | Standard | Action plan to engage programme board membership  |
| 3   | Ensure the role of the patient representative on the programme board is clear and provide support for them to carry out their role  | Service specification | 6 months  | Standard | Recruitment of patient representative to the programme board                                      |
| 4   | Develop a standard agenda for team meetings to include regular operational items and disseminate minutes to all staff including clinical skills trainers                          | Service specification | 6 months  | Standard | Example agenda and the distribution list to be shared with the screening and immunisation manager |
| 5   | Develop a formalised agenda for screening multidisciplinary team (MDT) meetings to include interesting cases and a teaching component and disseminate minutes to all staff groups | Service specification | 6 months  | Standard | Example agenda and the distribution list to be shared with the screening and immunisation manager |

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required  |
|-----|---|--|-----------|----------|--|
| 6   | Develop an audit schedule to include but not limited to; key imaging processes, exclusions, vascular nurse assessments; self-referrals, undertake regular audits and carry out service improvements based on outcomes | Service specification<br><br>Standard operating procedures | 6 months  | Standard | Audit schedule presented to programme board and service improvement plans based on outcomes of audits monitored at programme board                 |
| 7   | Develop and implement an annual user satisfaction survey to cover all parts of the pathway  | Service specification                                      | 6 months  | Standard | Results of user satisfaction survey presented to programme board for discussion and action plan for service improvement developed based on results |
| 8   | Regularly review complaints and compliments at team meetings and programme board  | NHS standard contract<br><br>Service specification         | 3 months  | Standard | Complaints and compliments added to team meeting and programme board as standing agenda items  |

## Infrastructure

| No. | Recommendation   | Reference                                  | Timescale | Priority | Evidence required  |
|-----|--|--|-----------|----------|--|
| 9   | Review the additional roles currently undertaken by the programme manager and assess and mitigate the risk to business continuity of 1 person covering 3 key roles within the programme  | Service specification                      | 3 months  | High     | Risk assessment and mitigation plan to be presented to programme board |
| 10  | Review and revise the job descriptions for all core roles to ensure they are aligned with national guidance and written in the trust's format  | Service specification<br>National guidance | 6 months  | Standard | Revised job descriptions to be presented to programme board            |
| 11  | Undertake annual screening site surveys to ensure equity of access to screening, safety of men and screening staff, and to reduce the possible risk of work related upper limb disorders | Service specification<br>National guidance | 3 months  | High     | Site survey reports to be presented to programme board                 |

## Identification of cohort

No recommendations



## Invitation, access and uptake

| No. | Recommendation   | Reference  | Timescale | Priority | Evidence required  |
|-----|--|--|-----------|----------|--|
| 12  | Develop a programme of patient engagement events and promotional activity to target areas of identified need   | NHS standard contract<br><br>Service specification | 9 months  | Standard | Programme of patient engagement events developed and presented to programme board          |
| 13  | Develop an action plan to address inequalities by targeting hard to reach populations such as learning disabilities, homeless, transgender and unregistered men. | NHS standard contract<br><br>Service specification | 9 months  | Standard | Action plan to address inequalities presented to and progress monitored at programme board |

## The screening test – accuracy and quality

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required                               |
|-----|---|--|-----------|----------|---|
| 14  | Review and revise all local standard operating procedures (SOPs) to ensure they are presented in the trust format and are reflective of current processes | Service specification<br><br>Standard operating procedures | 6 months  | Standard | Revised SOPs to be presented to programme board |

## Referral

| No. | Recommendation  | Reference                     | Timescale | Priority | Evidence required  |
|-----|---|-------------------------------|-----------|----------|--|
| 15  | Review and revise the SOP for incidental findings that evidences clinical action regarding the findings reported  | Standard operating procedures | 3 months  | Standard | Revised SOP to be presented to programme and implemented in practice   |
| 16  | Develop a clear documented pathway and SOP that defines the clinical decision making and action regarding referrals of rapid growth aneurysms or aneurysms with unusual shape | Standard operating procedures | 3 months  | High     | Pathway for rapid growth and unusual shaped aneurysms to be defined and SOP presented to programme board and implemented in practice |

## Intervention and outcome

| No. | Recommendation  | Reference   | Timescale | Priority | Evidence required          |
|-----|---|---|-----------|----------|----------------------------|
| 17  | Ensure that the revised treatment pathway for screen referred men becomes fully embedded to promote consistent delivery of the 8 week waiting time standard | Pathway standards<br>Service specification<br>Standard operating procedures | 9 months  | Standard | Quarterly standards report |

## 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.