



Public Health
England



Screening Quality Assurance Visit Report

NHS Abdominal Aortic Aneurysm
Screening Programme
North London

28 February 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: 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 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.

www.gov.uk/phe/screening Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

Prepared by: Screening QA Service (London)

For queries on this document, please contact London QA: PHE.LondonQA@nhs.net

© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Published August 2019

PHE publications

gateway number: GW-610

PHE supports the UN

Sustainable Development Goals



Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme is offered to 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 North London abdominal aortic aneurysm screening programme held on 28 February 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
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to North London AAA screening programme on 15 January 2019
- information shared with the London regional SQAS as part of the visit process

Local screening service

InHealth Group was awarded the North London AAA screening programme contract as a new provider in December 2017 following a procurement of AAA screening services in London. The provider undertook a 3-month period of mobilisation from January to March 2018 with the contract commencing on 1 April 2018.

The North London abdominal aortic aneurysm (AAA) screening programme covers the footprints of 3 previous London screening programmes (North East London, North Central London and North West London). This area has a population of approximately 4.6 million. The eligible population for AAA screening is 21,753 (2018 to 2019) across 20 clinical commissioning groups (CCGs), 21 local authorities (LA) and 869 GP practices (source AAA screening management and referrals tracking system (SMaRT)). The programme serves 1 of the most ethnically diverse populations in the country. This varies by CCG, as do the levels of deprivation across the area.

The programme offers screening to all eligible men in the year they turn 65 in line with national guidance. Screening is delivered by screening technicians from a total of 40 sites consisting of 3 hospital outpatient departments, 9 GP practices and 28 fixed community health centres.

Men with large (>5.5cm) aneurysms are referred for treatment at 1 of 3 vascular referral centres which offer a full service for open and endovascular aneurysm repair (EVAR), including assessments and outpatient appointments. These centres are located at:

- Imperial College Healthcare NHS Trust (St Mary's hospital)
- Royal Free London NHS Foundation Trust (Royal Free hospital)
- Barts Health NHS Trust (Royal London hospital)

All men with an aneurysm newly detected, those whose aneurysms change size or those who are referred in from other services are offered a face to face vascular nurse specialist assessment appointment at 1 of these 3 hospitals.

Findings

InHealth Group, the current provider for North London AAA screening programme, has not yet completed a full year of screening activity. Therefore, the information reviewed for this QA visit ranged from 1 April 2018 to 31 December 2018. Due to staff training and engagement, the provider could not commence screening until the end of April 2018. There were approximately 2,300 men outstanding from the previous cohort in 2017/18 that needed to be screened and were inherited by the new provider. This was a priority in conjunction with the commencement of the 2018-19 cohort of men.

The programme has made progress in completing the screening of the men outstanding from the previous 2017/18 cohort, identifying new screening sites and stabilising their workforce. The programme continues to standardise practice through successful transfer of existing staff and ongoing review of protocols from the 3 previous screening programme providers.

The dedicated Clinical Lead has a good working relationship with the Programme Manager. Effective working relationships and good communication was observed between the Programme Manager and other members of the screening team.

The challenges for this programme include low uptake and a high non-attendance rate. From 1 April to 31 December 2018, the uptake was 51.3%. This is lower than the national average at Q3 2018 to 2019 which is approximately 70.9%. The percentage of eligible men offered screening who do not attend their first appointment was 37.2% compared with the national average of 21.5%. The programme recognises the issues around their low uptake and high non-attendance rate and has undertaken audits to

better understand and consider ways of improving access to the service. InHealth Group has increased the number of screening sites to offer additional or ad hoc screening sessions in different sites and has also mapped sites to nearby transport links.

At its inception, the programme had prioritised the screening of men from the previous 2017/18 cohort. At the time of the visit, the programme reported that the plan to screen all eligible men in cohort 2018 to 2019 by the end of June 2019 was achievable at full capacity. However it is uncertain whether there would be sufficient time for reinviting DNA men in case of any unforeseen event.

A memorandum of understanding (MOU) is in place between the programme and each of the 3 vascular referral centres. This reflects a commitment to working in partnership.

There was evidence of responsiveness to the incident management process with the new provider dealing with a historic incident effectively.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings, summarised as:

1. Lack of engagement, for example data sharing, between the screening programme and the vascular leads at St Mary's and Royal London hospitals and vascular nurse specialists across all 3 vascular referral centres.
2. Lack of clear arrangements for screening functions and accountability within job plans for local vascular leads and vascular nurse specialists.
3. Uncertainty around lines of communication, risk escalation and incident reporting between the screening programme and vascular nurse specialists within the 3 vascular referral centres.
4. Lack of specific content about AAA screening within the incident policy.
5. Performance monitoring and professional development of clinical skills trainers (CST) staff.
6. Potential for insufficient capacity among CST staff to review training scans for new screening technician trainees.
7. Number of solo (lone technician) clinics appear to be higher than recommended within national guidance and may be due to insufficient screening technician numbers.
8. Low uptake which is below the acceptable national standard and high DNA rates for data up to the end of quarter 3, 2018 to 2019.

Shared learning

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

- effective administrative and IT support for the screening service
- proactive transfer of experienced staff from previous providers into the new service, including training and development
- well-structured clinical multi disciplinary team (MDT) meetings at each vascular referral centre
- innovative use of mapping to match transport links to screening locations
- organisation and joint working between provider and various stakeholders during the service mobilisation

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should review the existing subcontracting arrangement between InHealth Group and the vascular referral centres to determine whether engagement and accountability requirements are being met and amend where required	NHS standard contract	3 months	High	Confirmation of outcome of the review
2	The commissioner should review terms of reference of programme boards to ensure all key members including vascular nurse specialists and vascular leads at referral centres can attend or have access to review the programme performance	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Outcome of review and updated terms of reference to be provided Confirmation that performance data is circulated to the whole team including VNS and CSTs

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Review job plans for vascular leads at vascular referral centres to ensure roles, responsibilities and lines of accountability are included and clear	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Updated job plans of vascular leads at vascular screening referral centres

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Strengthen communication, reporting and lines of accountability between the programme and all referral centre vascular nurse specialists and vascular leads	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Confirmation of meetings, meeting minutes and updated reporting structures to be submitted
5	Review each vascular nurse specialist job descriptions to ensure roles, responsibilities and lines of accountability are clear and effective	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Copy of each JD and confirmation that job description has been distributed and that there is a vascular nurse specialist at each of the referral centres fulfilling their whole time equivalent (WTE)
6	Provide patient medical summary for the nurse assessments to ensure current medication and relevant information is readily available on to the screening management and referrals tracking (SMaRT) system	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Confirmation that GP patient summaries for vascular nurse assessment appointments are uploaded onto SMaRT

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Establish cross working, standardisation and good communication between clinical skills trainers (CSTs) with attendance at relevant screening team meetings	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Meeting minutes CST standard operating procedure
8	Produce a local AAA screening incident reporting policy, with reference to the relevant national guidance included and ensure appropriate staff training	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Local AAA screening incident reporting procedure and confirmation that training has been provided for staff
9	Develop a log for recording non-conformances	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Non-conformance log and copies of meetings to show where these non-conformances are discussed
10	Develop and update audit schedule into an annual plan, including clinical audits to be presented at programme boards	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Updated audit schedule to include: <ul style="list-style-type: none"> - an annual audit on exclusions - an audit schedule for standard operating procedures - more clinical skills trainer audits - audit men with a non-visualised aorta - audit on incidental findings - audit of 8 week treatment timelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Continue the development of the quality management system (QMS)	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Updated standard operating procedures: - - User Satisfaction survey - Process on how they engage with hard to reach groups - Finalised learning difficulties policy - Process for Image QA feedback - Vascular Nurse specialist duties - process for the reconciliation of clinics - process on how men with non visualised aorta are tracked - Review of incidental findings, particularly around saccular bulge and local definition of iliac aneurysms
12	Establish a user satisfaction survey for men who attend nurse assessment appointments	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Confirmation that a nurse assessment user satisfaction survey has been developed and is operational

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure that any sensitive data being communicated by screening technicians or stored on scanners in transit are managed in-line with information governance or general data protection regulation (GDPR)	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Confirmation that all mechanisms for communication and transportation facilities for scanners is secure and compliant with information governance or general data protection regulation (GDPR)

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Establish a mechanism for monitoring clinical skills trainer (CST) performance, continuous professional development, appraisal and accreditation	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Confirmation appraisal and performance monitoring has been established and checks on accreditation and CPD are being carried out
15	Review CSTs capacity to enable them to undertake the initial 100 scan review for trainee screening technicians	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	3 months	High	Confirmation on outcome of review and how workload will be divided between the CSTs
16	Review numbers of screening technicians to ensure sufficient capacity to cover screening function and minimise the frequency of solo clinics	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	High	Confirmation on outcome of review; update on numbers of screening technicians and confirmation that solo clinics have reduced in NCL and NWL

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	To audit the vascular nurse assessments delivered to men in line with service requirements	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	12 months	Standard	Outcome of audit of the vascular nurse specialist assessments across each referral sites
18	To identify ways of reducing non-attendance for nurse assessment clinics including use of community clinics or other hospital sites and for the programme to call men prior to appointment	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Report on vascular nurse specialist assessments including ways to improve attendance and outcomes.

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Establish a health promotion strategy with local clinical commissioning groups and public health teams to address any issues with access and ways to improve uptake	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	High	Joint health promotion strategy and confirmation of communication with local clinical commissioning groups and public health teams
20	Update risk register to include potential risk of not completing cohort in case of any untoward event	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 month	Standard	Confirmation that this has been added to risk register
21	Review nurse assessment telephone appointments to ensure that men are receiving consistent care including taking their measurements of weight, height and blood pressure	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Confirmation on how men have their vital statistics measured when undertaking a telephone assessment

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Make sure images are deleted from scanners as quickly as possible after confirmation that they have safely transferred to SMaRT image storage	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Confirmation that this is undertaken, and evidence support in a standard operating procedure

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Review standard operating procedure for reporting deaths within the programme to ensure a consistent pathway with links to the referral centres including mechanisms for identifying men who die from a ruptured aneurysm	NHS public health functions agreement 2018-19 Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme	6 months	Standard	Updated standard operating procedure on the management of deaths

Next steps

The screening programme 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.