



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm
Screening Programme Leicester,
Leicestershire and Rutland - University
Hospitals of Leicester NHS Trust

12 February 2019

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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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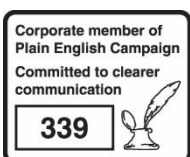
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Executive summary

The NHS Abdominal Aortic Aneurysm Screening Programme (NAASP) 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 Leicester, Leicestershire and Rutland abdominal aortic aneurysm screening service held on 12 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 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 Leicestershire abdominal aortic aneurysm screening service (the service) has an eligible population of 5,786 (2017 to 2018 cohort) with an additional 191 men over the age of 65 who self-referred.

The area is characterised by geographically large rural areas as well as urban areas. Leicester has the greatest ethnic mix with 30.7% of the population belonging to non-white groups. North West Leicestershire has the least variation, 0.6% from non-white populations. Levels of deprivation vary between the local authorities. Leicester is in the most deprived tenth of local authorities in the country. Blaby, Harborough and Rutland are in the least deprived tenth.

The service is provided by University Hospitals of Leicester NHS Trust and is commissioned by NHS England (Midlands and East) Central Midlands.

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 nurses 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 University Hospitals of Leicester NHS Trust, which provide a full service for open, endovascular aneurysm repair and complex cases. Vascular nurse specialist appointments are offered at the screening appointment.

Findings

The service meets 6 out of the 10 national quality assurance 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 achieved 2 of the 3 required key performance indicators (KPIs).

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- The service has staffing ratios below those set out in NAAASP guidelines. This may compromise future sustainably and capacity to deliver screening in line with the service specification No.23
- the internal governance and accountability arrangements are not adequately described and it is unclear how AAA screening issues can be escalated within the trust
- prisoners eligible for screening are not being consented prior to offering a screening appointment – this is not in line with information governance guidelines
- men are being deactivated on the software after failing to attend their initial screening appointment – this process is not in line with national guidance
- vascular nurse assessments are undertaken during normal clinic time this may result in insufficient time being available to complete these fully

Shared learning

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

- detailed business continuity/disaster recovery plan with appropriate references to equipment maintenance, programme continuity, staff welfare, communications and incidents that may impact on service delivery
- annual information events held for surveillance of men
- left- and right-handed scanning undertaken across the service and included as part of initial training
- monthly Saturday clinics
- locally-developed advice cards given to men following the detection of an aneurysm
- multidisciplinary initial consultation for men with large aneurysms including advance booking of treatment date.
- weekly screening clinic in a supermarket pharmacy identified as an accessible location with free parking

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners should include annual and quarterly surveillance coverage KPIs in the report to the local authority health protection committee	Service specification	6 months	Standard	Confirmed at programme board
2	Ensure that programme board minutes include a record of specific performance issues that have been discussed	Best practice	6 months	Standard	Performance and activity-related discussion points recorded in minutes
3	Commissioners should act on underperformance against standards and consider contractual action for standards which are consistently not being met	Service specification	6 months	Standard	Confirmed at programme board
4	Submit validated surveillance standard exception reports to the national data team and share copies with the programme board	Pathway standards	3 months	Standard	Validated exceptions shared with programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Agree and describe the trust governance arrangements for the escalation and management of AAA screening issues	Service specification	3 months	High	Confirmed at programme board
6	Represent AAA at the trust screening committee	Best practice	6 Months	Standard	Confirmed at programme board
7	Schedule operational meetings between the programme coordinator, clinical director and vascular service manager to discuss matters such as current staffing, performance and pathways	AAA screening standard operating procedures	6 months	Standard	Revised agenda(s) presented to programme board
8	Make sure team meetings have structured agendas and minutes and reintroduce clinical education and audit sessions	AAA screening standard operating procedures	6 months	Standard	Revised agenda presented to programme board
9	Agree with commissioners a plan of audits in line with the national audit schedule (once published)	Service specification	12 months	Standard	Audit schedule produced. Audit results presented to programme board as part of routine reporting
10	Review and update the AAA screening webpage	Accessible Information Standard	6 months	Standard	Confirmed at programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Make sure the service is appropriately staffed to fulfil safe screening and enable service improvements to be implemented	Service specification	6 months	High	Confirmation to programme board
12	Work with screening venues to ensure height adjustable examination couches are available.	Clinical guidance and scope of practice	12 months	Standard	Notify screening and immunisation team (SIT) of any issues of venues providing height-adjustable couches
13	Develop an equipment replacement programme with supporting business cases for the scanning machines	https://www.rcr.ac.uk/publication/standards-provision-ultrasound-service	12 months	Standard	Confirmation to programme board
14	Make sure the AAA service has adequate and reliable hardware, and IT infrastructure in place to fulfill all the functions required.	Service specification	6 months	Standard	Confirmation to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Put in place a process to be regularly informed of men eligible for screening that are resident in secure mental health institutions	AAA screening standard operating procedures	6 months	Standard	Confirmation to programme board
16	Implement a new process to ensure that only prisoners who have consented to screening are offered appointments.	AAA screening standard operating procedures	3 months	High	Standard operating procedure presented to programme board
17	Update the local standing operating procedure to accurately describe the process for men who decline their screening invitation.	AAA screening standard operating procedures	6 months	Standard	Standard operating procedure presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Make sure that the model used for translators/interpreters complies with NHS guidelines and update the relevant standard operating procedure accordingly	NHS guidelines	6 months	Standard	Updated standard operating procedure presented to programme board
19	Utilise the health inequalities toolkit available in the SMaRT software and use the findings to inform the AAA workstream for the screening health and inequalities group	Accessible Information Standard	12 months	Standard	Inequalities plan agreed at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Stop deactivating men after they fail to attend their first screening appointment.	Service specification AAA screening standard operating procedures	3 months	High	Confirmation to programme board
21	Introduce service changes to increase uptake for men that do not attend their initial screening appointment	Service specification	12 months	Standard	Pathway standards report and national data show increase in uptake

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure there is adequate time available for vascular nurse assessments.	AAA Nurse specialist guidance	6 months	High	Summary of review provided to programme board
23	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
24	Review the overarching service standard operating procedure to ensure adequate instruction is available for new staff	Service specification	12 months	Standard	Reviewed document presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Agree a policy/standard operating procedure for the systematic review of controlled documents, including dissemination, change control and ratification	Service specification	12 months	Standard	Agreed list of policy documents and guidance presented to programme board

Referral

There are no recommendations for this section

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Complete a patient satisfaction survey for those attending the multidisciplinary initial appointment to understand why patient choice is a significant factor in not meeting the 8-week standard	Waiting times	6 months	Standard	Outcomes of satisfaction survey presented to 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.