



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

**NHS Abdominal Aortic Aneurysm
Screening Programme
Greater Manchester and East Cheshire**

13 June 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 to advise and support government, local authorities and the NHS in a professionally independent manner.

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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. 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
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Published October 2019
PHE publications
gateway number: GW-859

PHE supports the UN
Sustainable Development Goals



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 Greater Manchester and East Cheshire screening service held on 13 June 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 shared with the SQAS (North) as part of the visit process

Local screening service

The Greater Manchester and East Cheshire AAA screening programme (the service) is provided by Manchester University NHS Foundation Trust (MFT). The service is commissioned by NHS England and NHS Improvement – Greater Manchester Health and Social Care Partnership and NHS England and NHS Improvement North West, Cheshire and Merseyside. Both commissioning organisations are associates to the NHS England and NHS Improvement, Specialised Commissioning contract with Manchester University Hospital NHS Foundation Trust for Section 7a services.

The service serves a population of approximately 3.2 million and covers 11 clinical commissioning groups (CCGs) and 12 local authorities (LAs). In 2017 to 2018 the service had an eligible cohort of 15,254 with an additional 207 men over the age of 65 who self-referred.

The ethnic mix of the LAs within the service boundary area is 95.7% white, 2.91% Asian/Asian British, 0.91% Black/African/Caribbean/Black British, 0.19% other and

0.31% mixed. Manchester had the greatest ethnic mix with 14.5% of the population from non-white groups. High Peak had the least variation, 0.7% from non-white populations. Levels of deprivation varies across the LAs. Manchester, Rochdale and Salford were in the fourth most deprived tenth of LAs in the country. Cheshire East was in the third least deprived tenth³.

Commented [DS1]: Is this a typo?

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 across 39 clinic locations. The eligible population includes men in 4 prisons and 10 mental health units.

Men with large aneurysms (5.5cm or greater) are assessed and referred for treatment at the following 3 vascular treatment centres:

- Royal Oldham Hospital, Pennine Acute NHS Hospitals Trust
- Manchester Royal Infirmary, Manchester University NHS Foundation Trust
- Wythenshawe Hospital, Manchester University NHS Foundation Trust

Findings

The service has met either the acceptable or achievable level for measurable national quality assurance pathway standards 1 to 9 and 11. Standards 10 and 12 are not met (reporting period 1 April 2017 to 31 March 2018).

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings, summarised as:

- a failure to meet the national treatment standard timeline
- IT processes and a lack of IT hardware causing delays for – image download, time to internal QA and potential information governance risks

Shared learning

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

- regional programme managers meetings
- networking and educational events for men on the surveillance pathway

- multi-skilled staff who can perform multiple roles
- awareness raising regarding trans-gender patients
- provision of Saturday morning clinics
- community awareness raising initiatives including events at football clubs
- vascular nurse clinics provided close to patients' homes
- vascular nurse using 'every contact counts' to sign post men to local healthy living initiatives and other screening services
- multi-disciplinary team meeting template document

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 programme board (PB) attendees to ensure Trust management representation	AAA Service specification 2018 and 2019	6 months	Standard	Trust manager attendance to be documented in the PB minutes
2	Service to benchmark themselves against nationally required audits and agree an audit schedule with commissioners	AAA Service specification 2018 and 2019 Essential elements in providing an AAA screening and surveillance programme	6 months	Standard	Audit schedule to be presented at programme board
3	Complete an annual user satisfaction survey and make sure results are presented in a timely manner	AAA Service specification 2018 and 2019	12 months	Standard	User satisfaction survey to be presented at PB annually
4	Review and update standard operating procedures (SOPs) and local processes for all elements of the programme pathway to comply with national guidance	AAA Service specification 2018 and 2019	12 months	Standard	Master SOP index (or similar) and revised sign-off process to be shared with the Programme Board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Undertake a service staffing capacity review	AAA Service specification 2018 and 2019 Essential elements in providing an AAA screening and surveillance programme	6 months	Standard	Present staffing capacity review at PB
6	Review IT processes and hardware, to reduce delays in image download, time to internal QA and information governance risk	Pathway Standards for NHS Abdominal Aortic Aneurysm Screening Programme Essential elements in providing an AAA screening and surveillance programme	6 months	High	Review to be presented at PB

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations			Choose a priority	

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Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Develop an action plan to improve uptake and / or coverage in underserved and protected population groups	AAA Service specification 2018 and 2019 NHS Accessible Information standard and specification Abdominal aortic aneurysm screening: reducing inequalities	12 Months	Standard	Present action plan and an update on initiatives undertaken at PB

The screening test – accuracy and quality

Screening Quality Assurance visit report: Greater Manchester and East Cheshire NHS Abdominal Aortic Aneurysm Screening Programme

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Produce a SOP and work instruction for the vascular nurse specialist role	Abdominal Aortic Aneurysm Screening Programme Nurse Specialist Best Practice Guidelines	3 months	Standard	SOP to be presented at PB

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations			Choose a priority	

Commented [DS3]: Should this be a continuation of the numbered list?

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Carry out a full review of the referral pathway for all 3 vascular centres to identify the cause of treatment delays and appropriate solutions	Pathway Standards for NHS Abdominal Aortic Aneurysm Screening Programme	6 months	High	Review to be presented at PB

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.