



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

## NHS Abdominal Aortic Aneurysm Screening Programme Kent and Medway

26 September 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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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## Executive summary

The National Health Service (NHS) abdominal aortic aneurysm (AAA) 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 Kent and Medway screening service held on 26 September 2019.

### Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in 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 public health England (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 Kent and Medway service implemented AAA screening in 2011 and covers an area with a population of approximately 1.7 million. The service is provided to an eligible population of 9,933 men (2018/19). The service covers 8 clinical commissioning groups (CCGs) and 275 general practitioner (GP) practices. The service is provided by the East Kent Hospitals University NHS Foundation Trust (EKHUFT). NHS England and NHS improvement South East commission the service.

Kent and Medway have a mixture of affluent, rural, urban and deprived areas. The area borders London in the North West and has significant coastline to the north, east and south. Thanet was in the second most deprived tenth of Local Authorities (LAs) in the country. Sevenoaks and Tonbridge and Malling were in the second least deprived tenth.

The ethnic mix of the 7 LAs within the service boundary area is 97.9% white, 1.3% Asian/Asian British, 0.24% Black/African/Caribbean/Black British, 0.16% other and 0.38% mixed.

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 identified through screening with large (>5.5cm) AAAs are referred for treatment at the Kent and Canterbury Hospital (KCH), part of EKUFT and both elective endovascular aneurysm repair (EVAR) and open surgical repair are available at KCH. Complex cases requiring fenestrated or branched endovascular surgery (FEVAR) are referred out of area, generally to Guy's and St Thomas' hospitals NHS foundation trust (GSTT). All men with AAA detected are offered a face-to-face appointment with a vascular nurse specialist (VNS) at a variety of venues across Kent.

## Findings

This is the second QA visit to this service. The service is patient centred and delivered by an experienced and highly-motivated team.

The service currently meets 11 out of the 12 national QA standards at the acceptable level. In addition, 3 standards are fully met at the achievable level. Exception reports are made to the programme board for the standard not currently met.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified no high priority issues.

## Issues

In 2018/19 the service did not achieve one national programme standard. This was standard 11, relating to men measured  $\geq 5.5$ cm being seen by a vascular specialist within 2 weeks of the measurement. 27 standard recommendations have been made (see table, [page 9](#)).

## Shared learning

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

- twice-yearly newsletter to GPs is effective in promoting awareness of the service, strengthening critical relationships to primary care and supporting self-referrals
- increased focus on learning disability subjects, collaboration with local health and care system and training within the team
- medical physics involvement in developing local ultrasound equipment training and user guides
- the vascular nurse specialist, which provides a link for men and for screening technicians to receive feedback on how men progress through the pathway
- men under screening surveillance who are given medical alert cards – this helps share awareness of their condition to wider health and care services

## 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 to ensure that there are appropriate, signed contracts in place for all subcontracted services	NHS standard contract	3 months	Standard	Signed sub contracts shared with programme board
2	Implement a process for the development and control of all standard operating procedures (SOPs)	Standard Operating Procedures	3 months	Standard	Index of SOPs to programme board, including refresh/development schedule for those requiring review
3	Update local incident management policy to ensure all issues are reported in line with national managing safety incidents in NHS screening programmes guidance	Managing safety incidents in NHS screening programmes	3 months	Standard	Updated policy shared with programme board. Assurance that policy has been read by all service personnel and any people covering the vacant clinical skills trainer (CST) duties
4	Identify and record all screening programme risks in accordance with trust risk management processes	NHS Service Specification 2018/19	3 months	Standard	Risk register tabled for review at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop an SOP for identifying and recording ruptures within the surveillance cohort	Standard Operating Procedures	6 months	Standard	SOP to programme board
6	Develop an audit schedule and present to programme board	NHS Service Specification 2018/19	3 months	Standard	Copy of audit schedule to programme board
7	Analyse available demographic data alongside the national AAA screening programme (NAAASP) inequalities toolkit and put in place targeted interventions to meet local community needs	NHS Service Specification 2018/19	12 months	Standard	Inequalities needs analysis to programme board for discussion. Targeted action plan monitored through programme board
8	Ensure user feedback is sought to cover all parts of the pathway and responses used to guide development of service improvement plan	NHS Service Specification 2018/19	12 months	Standard	Updated user feedback strategy to programme board. Annual user feedback survey to programme board
9	Produce and disseminate annual report	NHS Service Specification 2018/19	12 months	Standard	Annual report to programme board
10	Update website to be consistent with NAAASP guidance and factually accurate	Abdominal aortic aneurysm screening: short form decision aid	3 months	Standard	Updates confirmed to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop a business continuity plan to provide resilience for all core roles	NHS Service Specification 2018/19	6 months	Standard	Business continuity plan to programme board
12	Update the clinical skills trainer (CST) job description to accurately reflect role duties, hours required to undertake role and with reference to all relevant national policies	Standard Operating Procedures  Clinical skills trainer training handbook	3 months	Standard	Updated CST job description to programme board
13	Renew efforts to recruit to the vacant CST position	NHS Service Specification 2018/19	3 months	Standard	Updates on recruitment progress to programme board
14	Develop a contingency plan to ensure all aspects of CST role are being covered and risks identified and mitigated in the absence of a permanent appointment	NHS Service Specification 2018/19	3 months	Standard	Contingency plan to programme board. Updated risk register
15	Ensure screeners receive regular feedback in an appropriate format and that there is a documented process for managing poor performance	Standard Operating Procedures  Clinical skills trainer training handbook	6 months	Standard	Screener performance management policy to programme board. Screener feedback log to programme board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop a plan to provide appropriate support to candidates undertaking the Health Screener Diploma (HSD)	NAAASP clinical training log book and assessment record	6 months	Standard	HSD support policy to programme board
17	Undertake an evaluation of all screening venues to ensure equity of access	Standard Operating Procedures	12 months	Standard	Service demand and uptake review summary to programme board
18	Revise the equipment QA and maintenance policy to ensure it reflects national guidance and required actions following outcomes from all equipment QA reviews	Standard Operating Procedures	3 months	Standard	Equipment QA and maintenance policy to programme board
19	Develop disaster recovery and business continuity planning by undertaking a simulation and reflective learning exercise	Standard Operating Procedures	6 months	Standard	Disaster simulation test report to programme board. Updated disaster recovery and business continuity plan to programme board
20	Agree an equipment replacement programme for ultrasound scanners and laptops and ensure that existing equipment is recorded on the trust's capital depreciation list	Standard Operating Procedures	6 months	Standard	Equipment replacement plan to programme board Screenshot of capital depreciation list

## Identification of cohort

No recommendations

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Ensure that reminder letters are issued, in line with national guidance	NHS Service Specification 2018/19	3 months	Standard	Invitation/letter SOP to programme board
22	Produce a targeted health promotion schedule identifying activities to improve uptake and address barriers to screening or inequalities with annual evaluation to assess effectiveness	NHS Service Specification 2018/19	6 months	Standard	Health promotion plan to programme board

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Revise clinic SOP to ensure both longitudinal and transverse images are always captured, in line with NAAASP guidance	Clinical guidance and scope of practice	3 months	Standard	Updated clinic SOP to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Enhance non visualisation SOP to include feedback on non visualisation rates by screener and by machine	Standard Operating Procedures  NHS Service Specification 2018/19  Management of non visualised aortas	6 months	Standard	Updated non visualisation SOP to programme board
25	Agree and document a process for referral and tracking of men referred to tertiary centres	Standard Operating Procedures	3 months	Standard	SOP for tertiary referrals and tracking to programme board

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Establish regular meetings with the clinical coding department to address inconsistencies in data entry/coding between hospital episode statistics and national vascular registry	Getting it right first time (GIRFT)	6 months	Standard	Assurance to programme board
27	Review processes for entry of procedures and outcomes to the national vascular registry to ensure completeness of entry and provide additional local peer review to submitted outcomes of all cases	Standard Operating Procedures  NHS Service Specification 2018/19	6 months	Standard	Assurance 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.