



Public Health
England

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Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme Thames Valley

3 October 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 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 Thames Valley screening service held on 3 October 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, commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

Local screening service

Thames Valley

Findings

This is the second QA visit to this service. Since the last visit there has been a substantial improvement in the quality of the service.

The service currently meets 11 out of the 12 national QA standards at the acceptable level. In addition, 5 standards are fully met at the achievable level. Exception reports are made to the programme board for any standard not fully met.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

The process for sharing outcomes of equipment checks, reports/failures and actioning any faults was not clear. If not rectified, this poses a serious risk to patient safety. The ultrasound equipment is 6 years old and needs to be replaced every 5 years. There is no capital equipment plan for replacement. As the equipment deteriorates there is a risk that AAAs could be missed due potential deterioration in image quality.

Shared learning

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

- annual patient education day
- screening technicians produce a quarterly letter to GPs, which they then follow up with a call to GP practices to address any queries or offer further information
- appointment reminder letter to men 2 weeks before the appointment
- effective and efficient end of clinic failsafe process
- men on surveillance with AAA of 4.5cm are offered a healthy lifestyle information/support session
- follow up process after the nurse appointment to establish if advice recommended actions have been undertaken
- local provision of consultant outpatient appointments

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Carry out a health equity audit (HEA), or similar, and use the results to inform work to address inequalities work	Service specification 2018 P 11	12 months	Standard	HEA and service improvements to be submitted to the programme board.
2	Book and undertake screening at Broadmoor hospital of all eligible men and any men that wish to self refer	Service specification 2018 3.37	3 months	Standard	Evidence of clinic submitted to the programme board
3	Review the structure and membership of the Programme Board and update the terms of reference to reflect the finally agreed structure	Service specification Ref 4.19	6 months	Standard	New terms of reference to be signed off at the programme board
4	Revise the membership and standard agenda at team meetings to broaden membership and share learning	Service specification Ref 4.19	6 months	Standard	New terms of reference to be signed off at the programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Update organogram to reflect current service, lines of reporting and clinical responsibility	Service specification 3.50	12 months	Standard	Revised organogram to be submitted to the programme board
6	Ensure that all staff are aware of and able to report incidents for screening men.	Standard Operating Procedures March 2017 p 22 Managing Safety Incidents in NHS Screening Programmes 2017	3 months	Standard	Confirmation of update / training to be provided to the programme board
7	Revise and update the current audit plan, using the outcomes of audits to generate service improvements	Service specification 3.50, 4.6, 4.7, 4.9, 4.15, 3.2 and section on Equality	12 months	Standard	Audit plan and results, including evaluation of learning to be presented to the programme board
8	Review developing and using a prior notification list, or similar process, to reduce barriers to screening and improve clinic efficiency.	AAA Programme Specific Operating Model AAA screening standard operating procedures March 2017	12 months	Standard	Process to be presented to programme board
9	Produce and disseminate an annual report	Service specification 4.18, 3.2	12 months	Standard	Report to be shared with programme board and key stakeholders

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Produce a job description for the QA lead	Standard Operating Procedures 2.17	6 months	Standard	Job description to be presented to the programme board
11	Review and revise the Clinical Skills Trainer/QA roles to allow for sufficient capacity and possible cross cover for service resilience	Standard Operating Procedures p 12, 20 NHS AAA screening programme CST training handbook April 2016 NHS AAA Screening Programme Internal QA framework and resources	6 months	Standard	Job plan presented to programme board
12	Review the hours for Vascular Nurse Specialist (VNS), to ensure there are sufficient dedicated hours to undertake the role in line with national screening guidance	AAA Screening Programme Nurse Specialist Best Practice Guidelines February 2016 p 5 to 6	6 months	Standard	Presentation of revised job description to the programme board
13	Produce written shared nurse standard operational pathway, cover plans and standard handover processes.	AAA Nurse Specialist Best Practice Guidelines p 5 to 6	6 months	Standard	Presentation of revised job description to the programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Compare and standardise the job descriptions for all AAA VNS, ensuring that there is reference to all NAAASP requirements and training	AAA Nurse Specialist Best Practice Guidelines p 5 to 6	3 months	Standard	Presentation of revised job description to the programme board
15	Establish weekly meeting for the Clinical Director (CD) and Programme manager (PM)	Standard Operating Procedures p 10	3 months	Standard	Confirmation from the clinical lead to SIT that meetings are established
16	Replace scanning equipment to reduce risk, increase image quality and reduce the pressure of work on the vascular lab	Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidelines Updated 22 March 2019	6 months	High	Confirmation of equipment replacement
17	Develop and implement a policy for sharing and actioning the outcomes of medical physics equipment reports	AAA ultrasound equipment quality assurance guidelines	3 months	High	Policy submitted to programme board
18	Investigate access to relevant clinical systems in spoke hospitals for PM	Standard Operating Procedures March 2017 to support p 23	3 months	Standard	Confirmation of access to be evidenced to screening and immunisation team

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update the death reporting standard operating procedure	AAA death reporting guidance – pending update, as recently amended	6 Months	Standard	SOP to be signed off at the programme board
20	Review the timings of surveillance clinic appointments to ensure compliance with standards	Guidance Abdominal aortic aneurysm screening programme supporting information Updated 26 July 2019 Pathway Standards for NHS AAA Screening Programme – June 2016	3 Months	Standard	Results to be presented to the board and monitored via standards compliance
21	Undertake a service user feedback exercise, covering the entire patient pathway	Service specification 4.4, AAA SOP p 40	12 Months	Standard	Feedback form and plan presented to programme board
22	Use the results of service user feedback to make service improvements and reduce barriers to attendance	Service specification 4.4, AAA SOP p 40	12 Months	Standard	Results of feedback and service improvements presented to programme board

Invitation, access and uptake

No recommendations in this area

The screening test – accuracy and quality

No recommendations in this area

Referral

No recommendations in this area

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Establish a process for covering core clinical director tasks for periods of absence and to provide resilience for the service.	Standard Operating Procedures March 2017	6 Months	Standard	Process submitted to the programme board
24	Include the interventional suite on the screening service's risk register as it does not meet current national specification requirements	guidance on delivering Endovascular Aneurysm Repair service The Vascular Society of Great Britain and Ireland December 2010 p5	3 Months	Standard	Entry on risk register
25	Share outcomes of intervention suite infection audit with screening service	Programme Specific Operating Model for QA of AAA Screening Programmes AAA SOP Managing safety incidents in NHS screening programmes	12 Months	Standard	Outcome to be presented to the 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.