



Public Health  
England

# Screening Quality Assurance visit report

## NHS Abdominal Aortic Aneurysm Thames Valley Screening Programme

5 October 2016

Public Health England leads the NHS Screening Programmes

Withdrawn February 2020

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

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://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 four 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH

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Prepared by: South SQAS. For queries relating to this document, including details of who took part in the visit, please contact: [PHE.southQA@nhs.net](mailto:PHE.southQA@nhs.net)

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## Executive summary

The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 to 74. A simple ultrasound test is performed to detect AAA. 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 (QA) visit of the Thames Valley AAA (TVAAA) screening programme held on 5 October 2016.

### Purpose and approach to quality assurance (QA)

The aim of QA is to maintain minimum standards and promote continuous improvement in abdominal aortic aneurysm 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 is derived from:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider, commissioner and external organisations as appropriate
- information shared with the South regional SQAS as part of the visit process

### Description of local screening programme

The Thames Valley AAA (TVAAA) programme implemented AAA screening in November 2012 and covers an area with a population of approximately 2.2 million. The eligible population is 10,047 (2015 to 2016) covering Oxfordshire, Buckinghamshire and Berkshire. TVAAA covers 10 clinical commissioning groups (CCGs) and 232 GP practices.

Thames Valley has a mixture of urban and rural areas. 95% of the population are white. Slough has the greatest ethnic mix with 33.6% of its population coming from non-white groups. The population of Thames Valley is mixed urban and rural with pockets of deprivation.

The programme 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, hospital sites and prisons. Men with small (3.0 to 4.4cm) or

medium (4.5 to 5.4cm) aneurysms are managed within these clinics. Men with large ( $\geq 5.5$ cm) aneurysms are referred for treatment at the John Radcliffe Hospital in Oxford which is part of the Oxford University Hospitals NHS Foundation Trust (OUH) which offers a full service for open and endovascular aneurysm repair (EVAR). Assessment and outpatient appointments are provided at The John Radcliffe Hospital, The Horton Hospital, The Royal Berkshire Hospital, Stoke Mandeville Hospital and Wycombe General Hospital.

The programme is provided by the Oxford University Hospitals NHS Foundation Trust. NHS England South (South Central) commission the programme to provide all aspects of the screening programme, including programme management, administration, failsafe, screening and clinical directorship.

## Key Findings

There were no immediate or high priority recommendations. Areas for shared learning are summarised below. For a complete list of recommendations, refer to the related section within this report or to the list of all recommendations.

## Shared learning

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

- mapping work on individuals who did not attend (DNAs).
- production of a nurse leaflet for patients
- sending a list of clinic locations with patient invitations, so patients can choose alternate venues
- a six week invitation letter is sent before the three week reminder letters and letters are in different colours so patients can see if it is a nurse/surveillance appointment
- eSpatial - a mapping piece of software that allows the programme to map clinic locations and compare them to the cohort home postcode, deprivation scores, county boundaries and any type of results they wish to visualise and overlay and analyse using, heat maps, spot maps etc
- analysis of non-visualised images (where measurements of the aorta could not be ascertained) and consequent reduction (resulting in fewer men having to have a second appointment)
- failsafe processes to monitor patients who don't have a standard AAA
- transparent response to incidents
- network processes to ensure equity of care and minimise risk of delay between Berkshire and Oxford providers
- low mortality rate for elective AAA surgery

## Key recommendations

The review team identified 19 standard priority recommendations as themed below:

- requirements of national service specification
- enhancement of standard operating procedures to achieve standards
- audit and data collection/monitoring/presentation to programme board requirements
- increasing accessibility and uptake
- improved governance processes

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## Table of consolidated recommendations

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Ensure commissioners benchmark local programme's performance against national reports and neighbouring programmes	National Guidance	6 months	S	Confirmation of meetings or communications
2	Undertake patient satisfaction survey and present results to programme board	National SOPs	6 months	S	Action plan and programme board minutes to state approved
3	Develop an action plan to address the findings of the health equity audit and eSpatial investigations/reports	Service specification	12 months	S	Action plan and programme board minutes to state approved
4a	Create and manage a risk register with overview within the host organisation governance framework	Service specification	6 months	S	Screen shot of register to programme board
4b	Streamline incident and risk management processes to remove unnecessary steps and increase business resilience	Service specification	6 months	S	Presentation and ratification at programme board
5	Ensure all staff have up to date job descriptions, including an organisational chart	National SOPs	6 months	S	JDs and staff schedules
5b	Ensure staff are: <ul style="list-style-type: none"> <li>enabled to undertake the responsibilities of the role</li> <li>attend team meetings and</li> <li>that there is cross cover and hours are in line with national SOPs</li> </ul>	National SOPs	6 months	S	JDs and staff schedules
6	Review timings of meetings, including MDTs, to enable all staff groups to attend and produce notes for staff unable to attend	Service specification	12 months	S	Minutes with attendance
7	Ensure there is a planned equipment replacement process for including a timetable	Service specification	12 months	S	Presentation to programme board

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8	Develop a protocol for basic checking of ultrasound equipment before use (for example power cables, transformers, scanner surround and transducer)	Service specification	6 months	S	Protocol
9	Develop an audit plan, presentation of results and follow up action plans to the programme board (see text of audit recommendations)	Service specification	6 months	S	Audit cycle Reports of follow up actions documented at the programme board
10	Undertake a review of possible and existing screening locations	National SOPs	6 months	S	Revised round plan presented to programme board
11	Revise round plan (capacity planning model) to improve round timings and performance	National SOPs	6 months	S	Revised round plan presented to programme board
12	Undertake a review of Did Not Attends (DNAs) by characteristics and GP practices using information to increase uptake	Service specification	6 months	S	Work to be presented to the programme board and used to help gain additional screening venues.
13	Generate letters for GPs when men are deactivated	Service specification	6 months	S	Example letters
14	Investigate alternatives to the post room and revision of processes with letters to remove delays and increase efficiency	National SOPs	12 months	S	Quotes from external providers or change of work processes
15	Develop a clinic control sheet to ensure handover of information to the admin team, appropriate management of patients and issues (Such as IT or equipment malfunction)	Service specification	6 months	S	Evidence of sheet and training of technicians to use it
16	Revise the incidental findings process, to ensure all outcomes are recorded. (Senior clinical staff to be involved in development and implementation)	SOPs	6 months	S	Evidence of process and outcomes reported to programme board and staff training sessions

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<b>17</b>	Introduction of computed tomography (CT) and Multi-Disciplinary Team milestones in clinical pathways with increased involvement of the screening team in monitoring and ensuring proactive achievement of milestone dates	National Quality Standard	6 months	S	Screen shot and verbal report from CD
<b>18</b>	Identify and address barriers to two week outpatient appointment consultations and consider increased involvement of providers of outpatient services and clinicians in the local screening programme board	National Quality Standard	12 months	S	Presentation of improved compliance to the programme board and amended membership list
<b>19</b>	Introduce a process for identifying and reporting AAA related deaths in screened aged men	National Guidance	12 months	S	Presentation of data to programme board

\* I = immediate, H = High, S = Standard.



## Next steps

Oxford University Hospitals NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report. The commissioner is responsible for the overseeing and implementation of the action plan.

The SQAS will monitor activity/progress in response to the recommendations for 12 months following the issuing of the final report. This is to allow time for at least one response to all recommendations. After this point, a letter should be sent to the chief executive of the trust and the commissioners, summarising progress made and asking for their direct intervention to address any remaining key issues.

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