Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme Cheshire and Merseyside

30 January 2020

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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 Cheshire and Merseyside AAA screening service held on 30 January 2020.

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 SQAS (North) as part of the visit process

Local screening service

Liverpool University Hospitals Foundation Trust provides the service. The service is based at the Royal Liverpool University Hospital.

NHS England and NHS Improvement North West (Cheshire and Merseyside) commissions the service.

Findings

This is the second QA visit to the service. The first QA visit was in June 2016.

Immediate concerns

The QA visit team identified no immediate concerns

High priority

The QA visit team identified 3 high priority findings as summarised below:

- failure to meet the national treatment standard timeline
- inadequate IT processes and associated governance risks
- risk management, failsafe and business continuity not formalised

Shared learning

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

- participation in regional programme managers meetings
- educational sessions within team meetings
- an established pathway for quarterly screening in prisons
- awareness raising regarding transgender patients
- links with the homeless community
- links with the Irish travelling community
- community awareness raising initiatives, including events at football clubs
- vascular nurse activity ‘making every contact count’, signposting men to local healthy living

Other notable practice is documented throughout the report.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Identify and record screening programme risks in accordance with trust risk management processes	Service specification 2019 to 2020[12]	6 months	High	Updated risk register presented at programme board. Register to include: • screening in prisons • lone working • unplanned staff shortages • delays in treatment • IT connectivity Copy of SOP documenting the process.
2	Revise audit schedule. Make sure audits are undertaken, findings implemented and outcomes re-audited	Service specification 2019 to 2020[12] AAA screening management of non-visualised aortas[3]	6 months	Standard	Updated audit schedule presented at programme board. To include: • non-visualised scans • referrals • timeliness of nurse assessments.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		AAA screening monitoring waiting times to surgery[2]			
3	Use outcomes of patient satisfaction surveys for service improvement	Service specification 2019 to 2020[12] AAA screening standard operating procedures[4] AAA screening reducing inequalities[6]	12 months	**Standard**	Annual summary of results to be presented at programme board Action plan to implement and monitor any future changes

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Make sure all job descriptions (JDs) include programmed activity for AAA screening	Service specification 2019 to 2020[12] AAA screening standard operating procedures[4]	12 months	Standard	Revised JDs to be shared at programme board or with commissioners
5	Make sure there is a business	AAA	6 months	High	Business continuity plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	continuity plan	screening standard operating procedures[4]			presented to programme board. Plan must identify risks and mitigation factors, to include loss of key members of staff, loss of IT in clinics, vascular nurse cover and equipment replacement plans.
6	Undertake equipment quality assurance (QA) in accordance with national guidance	AAA screening ultrasound equipment QA guidelines[8] AAA screening standard operating procedures[4]	6 months	Standard	Revised SOP shared with programme board Confirmation that daily, monthly and annual QA checks are carried out in line with guidance. To include the review of ultrasound machines to ensure they retain the approved pre-set values and controls. Appropriate records to be kept of faults, actions and outcomes. Team meeting minutes to evidence that all staff are made aware of the requirements
7	Implement a process for the development, control, approval and revision of standard operating procedures and local guidance	Service specification 2019 to 2020[12]	6 months	**Standard**	Standard operating procedure developed and presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	SOPs to include version control, review dates and clinical sign off for clinical SOPs	AAA screening standard operating procedures[4]			Confirmation in programme board minutes that SOPs have been produced and updated in line with guidance. To include: • SOP for receiving and making tertiary referrals with Wales • home visits SOP (with GPs and the clinical director involved in the decision-making process) • mobile devices and secure transport of information SOP (to include portable medical equipment) Team meeting minutes to evidence that new and updated SOPs have been shared with staff

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	N/A			**Choose a priority**	

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Implement failsafe processes across the screening pathway	Service specification 2019 to 2020[12] AAA screening standard operating procedures[4] AAA screening monitoring waiting times to surgery[2]	12 months	**High**	Evidence in programme board minutes that summary outcome reports have been produced and shared, as part of ongoing assurance Trackers in place with supporting SOPs

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Review IT processes to reduce delays in image download and information governance risks.	AAA screening standard operating procedures[4]	6 months	**High**	Revised SOP presented to programme board Confirmation of IG compliance from provider Caldicott lead

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	N/A			**Choose a priority**	

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Make sure all screen referred men receive treatment within national timescales	AAA screening programme standards[6] AAA screening monitoring waiting times to surgery[2]	3 months	High	Map of the assessment and treatment pathways identifying why delays occur and tracking report presented to programme board Agreed process for ongoing monitoring and feedback agreed
11	Validate waiting times information in line with NAAASP timescales	Service specification 2019 to 2020[12] AAA screening KPI and standards data submission 2020 to 2021[1] AAA screening programme standards[7]	12 months	**Standard**	Waiting times trackers completed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		AAA screening failsafe procedures[5]			

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.