



Public Health  
England

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# **Screening Quality Assurance visit report**

## **NHS Abdominal Aortic Aneurysm Screening Programme – Hereford and Worcester**

3 March 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 (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 Hereford and Worcester AAA screening service held on 3 March 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:

- 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 Midlands and East regional SQAS as part of the visit process

### Local screening service

The Hereford and Worcester abdominal aortic aneurysm screening service implemented screening in May 2011 and has a geographical population size of approximately 800,000. The service has an eligible population of 4,686 (1 April 2018 to 31 March 2019) and covers 4 clinical commissioning groups and 62 GP practices. As of 1 April 2020, there are plans to amalgamate the 4 clinical commissioning groups into a single Herefordshire and Worcestershire group. The footprint will be coterminous with the sustainability and transformation partnership.

Herefordshire and Worcestershire are largely rural counties with some small urban areas. The counties have a slightly older age profile than England and Wales with 23% (Herefordshire) and 20% (Worcestershire) aged 65 years or above, compared to 18% nationally.

The ethnic mix of the population in Herefordshire and Worcestershire is predominantly White (99.3%). Redditch has the greatest ethnic mix with 2.7% of the population from all other ethnic groups. The Wychavon area has the least variation, with 0.3% from all other ethnic groups.

Levels of deprivation vary across the service and local authority boundaries. Redditch is the most deprived local authority within the provider area, ranked 107 out of 317 (where 1 is most deprived). Bromsgrove is the least deprived local authority, ranked 268 out of 317.

The screening service is provided by Worcestershire Acute Hospitals NHS Trust. NHS England and NHS Improvement Midlands and East (West Midlands) commission the service to provide all aspects of the screening pathway including programme management, administration, failsafe, screening, and clinical leadership.

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 working in community settings (GP practices, hospital sites and prisons). Arrangements are in place to offer a re-screen where the aorta has been difficult to visualise within the community, or at vascular departments in Worcester Royal Hospital or The County Hospital in Hereford.

Men with large (5.5cm or greater) aneurysms are referred for treatment at the Worcester Royal Hospital which offers a full service for open and endovascular aneurysm repair.

Assessment and outpatient appointments can be provided in either:

- Worcestershire Acute Hospitals NHS Trust venues (Worcestershire Royal Hospital, Alexandra Hospital in Redditch and Kidderminster Hospital and Treatment Centre)
- the County Hospital in Hereford (Wye Valley NHS Trust)
- Worcestershire Health and Care NHS Trust sites (Princess of Wales Community Hospital in Bromsgrove and Malvern Community Hospital).

## Findings

This is the second quality assurance visit to the Hereford and Worcester abdominal aortic aneurysm screening service. The service currently meets the acceptable level for 9 of the 10 measurable national quality assurance pathway standards (1 April 2018 to 31 March 2019).

The standard relating to the 8-week referral was not met at 21.4% (acceptable standard  $\geq 60\%$ ). Exception reports show reasons for preventing the standard from being met are due to patient co-morbidities and tertiary referrals. Significant improvements have been

noted for the period 1 April 2019 to 1 March 2020 where data indicates that the performance is 57% treated within 8 weeks.

### Immediate concerns

The quality assurance visit team identified no immediate concerns.

### High priority

The quality assurance visit team identified one high priority finding for the service. This was to develop and agree a standard operating procedure and risk assessment process before carrying out any home visits.

Key themes for recommendations were identified as the development, review and sign off of process documents, and formalising arrangements for staff in times of absence to make sure the service is resilient.

### Shared learning

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

- effective working relationships and an understanding of pathways between the abdominal aortic aneurysm screening service staff and wider vascular service staff
- screening technicians trained to carry out administration duties to provide resilience
- effective use of trackers to support failsafe processes across the screening pathway
- rotation of screening technicians in clinic after 5 scans to minimise the risk of work-related upper limb disorder
- agreement of the surgery date at the time of a patient's assessment appointment, to facilitate timely planning of required pre-operative tests
- alert placed on hospital system to highlight men that have a diagnosed abdominal aortic aneurysm
- collaborative working with a general practice surgery to run screening clinics in tandem with flu clinics
- annual training and development session for screening technicians led by vascular nurse
- event organised by the screening and immunisation team to share inequalities work, good practice and evidence-based interventions across all screening services and to other stakeholders within the region
- establishment of an incident learning management group by NHS England and NHS Improvement Midlands and East (West Midlands) to offer peer learning and continuing professional development in relation to screening incidents

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.01	Review identification and invitation process for screening in prisons and develop standard operating procedure to include process for surveillance, nurse assessment and referral	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	6 months	Standard	Ratified standard operating procedure presented to programme board
0.02	Review and revise as necessary all standard operating procedures marked as draft to include the addition of local operational details	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	6 months	Standard	Ratified standard operating procedures presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.03	Develop an audit schedule to include inappropriate referrals, declines, non-attendance, incidental findings, non-visualisation, repeat scans and ruptured abdominal aortic aneurysms	<p>Service Specification</p> <p>Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme</p>	6 months	Standard	<p>Audit schedule developed and approved by programme board</p> <p>Summaries and resultant actions from audits presented at programme board and recorded in minutes</p>
0.04	Develop a standard operating procedure to outline the process and responsibility for completing death information and reviewing previous images	<p>Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme</p> <p>Protocol for reporting deaths: process for abdominal aortic aneurysm screening programmes</p>	6 months	Standard	Ratified standard operating procedure presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.05	Undertake user surveys across the entire screening pathway and use outcomes for service improvement	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	12 months	Standard	Summary of user satisfaction surveys presented to programme board with resulting actions for improvement identified
0.06	Develop a health promotional plan to include actions and evaluation processes	Service Specification	12 months	Standard	Health promotion plan to be presented to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.07	Review and update clinical director job description in line with trust template	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	3 months	Standard	Job description confirmed as updated at programme board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.08	Approve and document cover/deputy arrangements for the clinical director in times of absence	Service Specification	3 months	Standard	Arrangements for cover documented at programme board  Job descriptions updated where relevant
0.09	Approve and document arrangements for additional clinical skills trainer/quality assurance lead support	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	3 months	Standard	Post recruited and filled  Update provided to programme board
0.10	Develop an absence manager policy that documents tasks and roles that can be undertaken by staff who can deputise in the absence of the programme manager	Service Specification	6 months	Standard	Standard operating procedure presented to programme board
0.11	Provide confirmation that the abdominal aortic aneurysm screening vascular nurse practitioner role is assigned and commissioned within the screening service	Abdominal aortic aneurysm screening programme nurse specialist best practice guidelines	3 months	Standard	Confirmation of commissioned role provided to programme board  Confirmation of accurate job description presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.12	Agree an equipment replacement programme for ultrasound scanners and add to risk register as appropriate	<p>Service Specification</p> <p>Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme</p> <p>The Royal College of Radiologists standards</p>	3 months	Standard	<p>Updated risk register</p> <p>Equipment replacement programme presented to programme boards</p>
0.13	Develop a standard operating procedure for the monthly equipment quality assurance checks and assessment/ sign off process	Abdominal aortic aneurysm screening: ultrasound equipment quality assurance guidelines	6 months	Standard	Ratified standard operating procedure presented to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.14	Identify mental health units and armed forces bases within the service boundary to make sure screening is offered if appropriate	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	3 months	Standard	Summary of work undertaken presented to programme board  Ratified standard operating procedure presented to programme board as appropriate
0.15	Develop a standard operating procedure and a risk assessment process for decision making and carrying out home visits	Service Specification  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	1 month	High	Ratified standard operating procedure and risk assessment presented to programme board

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.16	Work collaboratively with the screening and immunisation team to develop a systematic action plan to address screening inequalities	Service Specification  Guidance for NHS commissioners on equality and health inequalities  NHS Accessible Information Standard	6 months	Standard	Plan presented to programme board
0.17	Conduct an audit to understand if there are any attendance barriers for nurse assessment appointments	Service Specification	12 months	Standard	Audit of cancellations and non-attendances  Results of review and policy changes presented to programme board

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.18	Document and implement a process to sign off the duties carried out by the administrator when acting as a facilitator in clinics	Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	6 months	Standard	Ratified standard operating procedure presented to programme board
0.19	Review the current system for image upload to expedite the process	<b>National pathway standards</b>  Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme	12 months	Standard	Results of review presented to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.20	Review the non-visualisation policy to make sure it reflects current practice and is in line with national guidance	Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme  Guidance on the management of non-visualised aortas	3 months	Standard	Ratified standard operating procedure presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.21	Develop a standard operating procedure in line with current practice and national guidance for the management and failsafe of incidental findings	<p>Essential elements in providing an abdominal aortic aneurysm screening and surveillance programme</p> <p>Clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within abdominal aortic aneurysm screening</p>	3 months	Standard	Ratified standard operating procedure presented to programme board

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.22	Communicate to the vascular service the need for a pre-operative anesthetic review for all patients requiring surgery	National Institute for Health and Care Excellence Abdominal aortic aneurysm: diagnosis and management	3 months	Standard	Confirmation received from vascular service that this has been taken to surgical division group



## Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained in 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.