Screening Quality Assurance visit report
NHS Abdominal Aortic Aneurysm Thames Valley Screening Programme

Executive summary

5 October 2016

Public Health England leads the NHS Screening Programmes
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Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 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.

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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 quality assurance 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...
(≥5.5cm) 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 attends (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 over lay and analye using, heat maps, spot maps etc.
- analysis of non-visualised images (where measurements of the aorta could not be ascertained) and consequent reduction (resulting is 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
# Table of consolidated recommendations

<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Reference</th>
<th>Timescale</th>
<th>Priority *</th>
<th>Evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clarify and amend verbal information given to all men measured &lt;3cm to bring in line with National AAA Screening Programme (NAAASP) guidance</td>
<td>National guidance</td>
<td>3 months</td>
<td>S</td>
<td>Minutes or email evidence of roll out to staff to be presented to the board. Audit of new process to be carried out</td>
</tr>
<tr>
<td>2</td>
<td>Revise specialist nursing provision, using NAAASP guidance, to bring in line with national recommendations, ensure business resilience and improved access</td>
<td>National guidance</td>
<td>6 months</td>
<td>S</td>
<td>Amended job description and level of service provision to be presented to the board.</td>
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<tr>
<td>3a</td>
<td>Revise core staff roles (specialist nurse, Clinical Skills Trainer) to: - ensure screening is reflected in job descriptions, time is allocated (in line with national guidance), to carry out the role and processes are in place to mitigate risks relating to lone post holders</td>
<td>National guidance</td>
<td>12 months</td>
<td>S</td>
<td>Production of job descriptions, work plans and amended organisational charts presented to the programme board</td>
</tr>
<tr>
<td>3b</td>
<td>Provide assurance to the programme board that risks relating to staffing levels, single person dependent risks and timeliness of training are clearly articulated and mitigated</td>
<td>Service specification</td>
<td>6 months</td>
<td>S</td>
<td>Risks reviewed at programme board as part of standing agenda item (Risks)</td>
</tr>
<tr>
<td>4</td>
<td>Present the round plan (capacity planning model) to the programme board, supported by a monthly update report to provide assurance of capacity, planning and achievement against targets</td>
<td>Service specification</td>
<td>6 months</td>
<td>S</td>
<td>Presentation to the programme board</td>
</tr>
<tr>
<td></td>
<td>Task Description</td>
<td>Best Practice/Service Specification</td>
<td>Timeline</td>
<td>S</td>
<td>Notes</td>
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<tr>
<td>5</td>
<td>Produce a standard agenda, terms of reference and written briefing for team meetings to ensure all staff are kept informed and outcomes are recorded</td>
<td>Best practice</td>
<td>6 months</td>
<td>S</td>
<td>Sample agenda, briefing notes and terms of reference presented to the programme board</td>
</tr>
<tr>
<td>6</td>
<td>Produce a log of incidents, compliments and complaints to identify themes, trends and near misses to improve training and support a continuous improvement process</td>
<td>Service specification National guidance</td>
<td>12 months</td>
<td>S</td>
<td>Trends and themes from log to be presented to the programme board</td>
</tr>
<tr>
<td>7</td>
<td>Develop a webpage to improve patient information and provide another means of contact with the programme for service users</td>
<td>Best Practice National guidance</td>
<td>12 months</td>
<td>S</td>
<td>Review of pages</td>
</tr>
<tr>
<td>8</td>
<td>Produce and implement service user feedback collection, involving all parts of the patient pathway and use results to create service improvements</td>
<td>Service specification National guidance</td>
<td>12 months</td>
<td>S</td>
<td>Presentation of the surveys, the results of the surveys and monitoring of the services improvements at programme board</td>
</tr>
<tr>
<td>9</td>
<td>Produce a formal agreement, with radiology, for the provision of clinical skills training/internal quality assurance</td>
<td>Service specification National guidance</td>
<td>6 months</td>
<td>S</td>
<td>Agreement to be presented to the board</td>
</tr>
<tr>
<td>10</td>
<td>Identify a resource to quality assure the screening equipment in line with NAAASP requirements</td>
<td>National guidance</td>
<td>6 months</td>
<td>S</td>
<td>Outcomes presented at programme board</td>
</tr>
<tr>
<td>11</td>
<td>Produce a policy on information governance, relating to paperwork taken to clinics, which complies with Caldicott and NHS information governance guidance</td>
<td>Service specification National guidance</td>
<td>3 months</td>
<td>S</td>
<td>Process and audit of process presented to the programme board</td>
</tr>
<tr>
<td></td>
<td>Activity</td>
<td>Specification</td>
<td>Duration</td>
<td>Action</td>
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<tr>
<td>12</td>
<td>Generate a targeted health promotion schedule of work to further improve access and uptake using a health equity audit or similar assessment.</td>
<td>Service specification</td>
<td>12 months</td>
<td>S Activity to be monitored as a standing item on the programme board agenda</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Complete and roll out the prior notification letter (PNL) to GP practices to aid accessibility and tailor clinics to user needs</td>
<td>Best practice</td>
<td>6 months</td>
<td>S Example PNL and audit of modifications based on PNL results to be shared with programme board</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Revise, update and implement version control for all policies to reflect current practice and facilitate audit</td>
<td>Service specification</td>
<td>12 months</td>
<td>S Ratification of policies at programme board</td>
<td></td>
</tr>
<tr>
<td>15a</td>
<td>Clarify the responsibilities, based on job descriptions, around the incidental findings and non-visualised processes, to streamline the process and provide assurance that cases are followed up</td>
<td>National guidance</td>
<td>6 months</td>
<td>S Revised process to be presented to the programme board</td>
<td></td>
</tr>
<tr>
<td>15b</td>
<td>Revise the booking process for incidental findings and non-visualised rescans, to provide business resilience and equity of access</td>
<td>National guidance</td>
<td>6 months</td>
<td>S Process to be presented to programme board</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Complete and roll out the (currently draft) “large AAA policy” to provide guidance and mitigate risk</td>
<td>Best practice</td>
<td>6 months</td>
<td>S Minutes of team meetings evidencing roll out, copy of process presented to the programme board</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Produce and implement an audit plan with outcomes used to direct service improvement to be reviewed as a standing agenda item on the programme board</td>
<td>Service specification</td>
<td>6 months</td>
<td>S Schedule to be presented to programme board for monitoring</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Formalise the input of the clinical director on a day to day basis for the management of the programme and provision of strategic direction</td>
<td>Service specification</td>
<td>6 months</td>
<td>S Summary presented to the programme board</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Share the risks and assess the impact of vascular service centralisation with the screening programme</td>
<td>Service specification</td>
<td>3 months</td>
<td>S</td>
<td>Reported to the programme board under the standing agenda item of risk reviews</td>
</tr>
</tbody>
</table>

* 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.