



Public Health  
England



# Quality Assurance report North East London AAA Screening Programme

11 May 2016

**Public Health England leads the NHS Screening Programme**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 findings in this report relate to the quality assurance (QA) review of the North East London Abdominal Aortic Aneurysm (AAA) Screening Programme held on 13 April 2016.

## 1. Purpose and approach to quality assurance

The aim of QA in NHS screening programmes is to maintain minimum standards and promote continuous improvement in the AAA screening programme. 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 QA service (SQAS).

The evidence for this report is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information shared with the London regional QA service as part of the visit process

## 2. Description of local screening programme

The North East London AAA screening programme (the programme) has an eligible screening population of approximately 6354 (2014/15). The programme covers an area with a total population of around 1.9 million (Greater London Authority population figure). This population is characterised by a diverse ethnic mix of predominantly Indian, Pakistani and Bangladesh within the London geographic boundaries of Barking and Dagenham, Havering, Waltham Forest, Tower Hamlets, City and Hackney, Redbridge and Newham. High levels of deprivation exist compared to England (Department for Communities and Local Government, Indices of deprivation figure).

The programme is provided by Barts Health NHS Trust at the Royal London Hospital. It is commissioned by NHS England London.

The Royal London Hospital provides the entire screening pathway to men aged 65, as well as self-referred men. The Trust is the lead organisation (hub) in the North East London vascular network providing the associated diagnostic and treatment services for the programme. As the central 'hub' hospital, Royal London Hospital provides the

vascular services to the 'spoke' hospitals of the Homerton University Hospital, Newham University Hospital and Whipps Cross University Hospital. The programme provides screening from 25 clinic sites which include healthcare centres/community clinics and GP surgeries located in 7 Clinical Commissioning Groups (CCGs) of Barking and Dagenham, Havering, Waltham Forest, Tower Hamlet, City and Hackney, Redbridge and Newham.

NHS England is currently implementing activities to reconfigure and re-procure all NHS AAA screening programmes within London by April 2017. This will result in significant changes to the existing AAA screening programme provision for all screening programmes across London.

### 3. Key findings

The immediate and high priority issues are summarised below as well as areas of good practice.

#### 3.1 Shared learning

The review team identified several areas of practice that are worth sharing:

- courteous administration team providing support to patients and clinical team
- routine monitoring of screening sites to improve uptake
- ongoing local engagement with population groups using locations such as supermarkets, faith sites and media such as PPI forum, newsletter
- committed CCG representation and participation at programme board meetings
- consistent programme board representation from senior management of provider organisation
- dedicated and enthusiastic screening workforce, led by a passionate clinical lead supported by a committed vascular nurse specialist (VNS) and QA lead
- local templates and protocols for collating patient outcomes and technician feedback on QA image review
- training and development of technicians using innovative, structured feedback forms including images and observations as well as a technician training day

#### 3.2 Immediate concerns for improvement

The review team identified an immediate concern. A letter was sent to the Chief Executive of Barts Health NHS Trust on 20 April 2016, asking that the following was addressed within seven days:

A review of the NEL AAA Screening database, and the Screening Management and Referrals Tracking (SMaRT) system indicated an annual cohort of men with incomplete screening episodes since the inception of the programme.

As of the date of this report, the Chief Executive has responded to this immediate concern.

### 3.3 High priority issues

The review team identified six high priority issues as grouped below:

- workforce
- maximising the accuracy of the screening test
- Intervention and treatment

## 4. Recommendations

A number of recommendations were made related to the immediate and high level issues identified above. These are summarised in the table below.

Level	Theme	Description of recommendation
High (3 months)	Training	Develop staff protocols and training to ensure more knowledge of the SMaRT system ensuring SSPi logs are routinely cleared on a daily basis
High (3 months)	Maximising the accuracy of the screening test	Provide adequate resource for the QA lead/CST role in line with NAAASP guidance for Board sign-off
High (3 months)	Training and minimising harm	Update failsafe, non-visualised and incidental findings policies, protocols and pathways to ensure they are consistent, comprehensive and in line with national guidance and to train staff and ensure adherence

High (3 months)	Minimising harm	Establish a process to ensure routine submission of death proformas to national team and London SQAS in line with national guidance
High (3 months)	Intervention and treatment	Review and adjust the referral pathway to ensure improved data validation, treatment outcomes are tracked, and cover arrangements are in place for vascular nurse and clinical lead
High (3 months)	Workforce	Urgently recruit programme co-ordinator and establish effective internal team meetings and external interaction with other programmes for shared learning

## 5. Next steps

North East London AAA Screening Programme is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England London locality team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Regional Screening QA Service will support this process and the ongoing monitoring of progress.

## Key recommendations

Compiled in priority order.

No	Recommendation	Lead responsibility	Priority	Evidence required to demonstrate completion
9.1	Undertake an urgent detailed review of the information held on the AAA screening database (SMaRT) identifying the numbers of men whose episodes remain open	Screening Provider	Immediate (7 days)	SIAF
7.1	Develop staff protocols and training to ensure more knowledge of the SMaRT system ensuring SSPi logs are routinely cleared on a daily basis	Screening Provider	High (3 months)	Training logs
10.1	Review and adequately resource the QA lead/CST role in line with NAAASP guidance for Board sign-off	Screening Provider	High (3 months)	Contract, work plan and job description
10.2	Update failsafe, non-visualised and incidental findings policies, protocols and pathways to ensure they are consistent, comprehensive and in line with national guidance and to train staff and ensure adherence	Screening Provider	High (3 months)	Policy and meeting notes
11.1	Establish a process to ensure routine submission of death proformas to national team and London SQAS in line with national guidance	Screening Provider	High (3 months)	Policy, completed proformas

13.1	Review and adjust the referral pathway to ensure improved data validation, treatment outcomes are tracked and cover arrangements are in place for vascular nurse and clinical lead	Screening Provider	High (3months)	Policy and job descriptions
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No	Recommendation	Lead responsibility	Priority	Evidence required to demonstrate completion
15.1.	Urgently recruit programme coordinator and establish effective internal team meetings and external interaction with other programmes for shared learning	Screening Provider	High (3 months)	Meeting minutes
7.2	Develop a quality management system including audits, policies and protocols for activities across the screening pathway such as exclusions, post-office returns and unregistered men	Screening Provider	Medium (6 months)	Audit report, policies and Protocols
8.1	Improve the quality of patient information for informed consent and on the prior notification lists through liaison with GP practices on patient needs (eg need for translator services)	Screening Provider	Medium (6 months)	Patient letters and leaflets
10.3	Review the existing equipment maintenance policy and establish a more regular process of equipment checks by trained technicians in line with NAAASP recommendations	Screening Provider	Medium (6 months)	Policy
12.1	Review and regularly audit inappropriate referrals, incidental findings, non-visualised and the repeat scan process to identify any learning and ensure findings inform appropriate update of protocols in line with national guidance	Screening Provider	Medium (6 months)	Audit report
14.1	Review the NVR data submission process and implement a local policy that defines the purpose and user access responsibilities for a local database and facilitates real time NVR submission	Screening Provider	Medium (6 months)	Policy

No	Recommendation	Lead responsibility	Priority	Evidence required to demonstrate completion
15.2	Carry out a risk assessment of screening location and technician work arrangements including occupational health assessments, mandatory training on manual handling, equipment transport and update programme risk register	Screening Provider	Medium (6 months)	Risk register, Protocol
15.3	Review staffing arrangements/job plans for entire programmes team against national guidance and local need to ensure meeting attendance, adequate emergency cover, capacity planning and resilience	Screening Provider	Medium (6 months)	Job plans, contracts
16.1	Review and update the risk register including mitigation, priority scoring system to ensure the risk register is an effective and accurate reflection of the programme risks and embed into Trust systems	Screening Provider	Medium (6 months)	Risk register
16.2	Report and manage incidents in line with national guidance embedding into Trust systems and ensuring all staff are trained to identify and report screening safety incidents	Screening Provider	Medium (6 months)	SIAF, meeting notes
15.4	Review IG arrangement and IT contingency plans and implement improvements to minimise risk	Screening Provider	Low (12 months)	Policy, meeting notes