



Public Health
England

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme North West London

26 September 2017

Public Health England leads the NHS Screening Programmes

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-leading 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 Social Care, and 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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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

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 North West London abdominal aortic aneurysm (AAA) screening service held on 26 September 2017.

Purpose and approach to quality assurance (QA)

Quality assurance aims to maintain national 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 comes from the following sources:

- routine monitoring of data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to North West London AAA screening service on 2 August 2017
- information shared with the London regional SQAS as part of the visit process

Description of local screening service

The population of North West London is approximately 2 million. The North West London AAA screening programme (the programme) has an eligible screening population of 8,394 (2016/17) (Source: screening management and referrals tracking (SMaRT) system). The programme is provided by Imperial College Healthcare NHS Trust at St Mary's Hospital. It is commissioned by NHS England (London).

St Mary's Hospital provides the entire screening pathway to men aged 65, as well as self-referred men. St Mary's Hospital is the sole vascular centre for the North West London area.

The programme currently provides screening from a total of 13 sites including 2 hospitals, 7 community healthcare centres, 3 GP practices and one Category B men's prison. These clinics are located in 8 clinical commissioning groups (CCGs): Brent, Central London, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow and West London.

The screening programme database is provided by the nationally approved screening management and referrals tracking (SMaRT) system.

NHS England (London) commissions the programme and is currently implementing activities to reconfigure and re-procure all NHS Abdominal Aortic Aneurysm (AAA) screening programmes within London by 1 April 2018. This may result in significant changes to the existing AAA screening programme provision for all screening programmes across London.

Findings

The programme meets 12 out of the 16 measurable pathway standards for the NHS AAA screening programme (NAAASP) from 1 April 2016 to 31 March 2017 (see Appendix 1).

In 2016/2017, uptake was 71.1% compared to a slightly higher 72.5% in 2015/2016. These figures are significantly below the national average (80.9%). Aortic abdominal aneurysms (AAA) detection rate for North West London is similar to London average (0.8%) but lower compared with the national average (1.1%). The programme recognises the issues around their low uptake and low detection rates. The programme manager monitors and reports uptake by clinical commissioning group (CCG) and GP practice level at the quarterly programme board.

There is an effective approach to managing risks and incidents.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- uncertainty for the service due to procurement process, with a lack of contingency plans in place to cover and maintain the service over the next year
- vacant clinical skills trainer (CST) post from end of November 2017

- all ultrasound machines are reaching recommended life span and replacement plan has not been formalised
- uptake is low compared to other regional screening programmes and below the acceptable national standard
- the national vascular registry (NVR) does not have data on ruptured aneurysms for the service

Shared learning

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

- functional and effective programme board
- proactive and “can do” attitude to finding solutions eg use of dongles, accelerated incidental findings referral, internal quality assurance review of 2.9cm subaneurysms
- good health equity audit
- patient information leaflets include details of other clinic locations
- good access to translation services
- useful staff handbook with policies and protocols available for reference
- concise and clear surveillance data spreadsheet
- ability to offer non visualised scans outside St Mary’s
- excellent documentation for CST feedback to screening technicians
- vascular nurse assessments are holistic and comprehensive
- good failsafe, close integration and communication with the well-established vascular service
- fully co-ordinated and managed aortic pathway

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Review terms of reference template for programme boards	NHS public health functions agreement 2016-17 Service specification No.23	3 months	Standard	Updated terms of reference to include maintaining confidentiality, reporting any conflicts of interest and the responsibility of members to report and escalate issues within their own organisation
2	Benchmark provision of service against national data to identify any learning from findings	NHS public health functions agreement 2016-17 Service specification No.23	3 months	Standard	Updated programme board dashboard to include national data for uptake and detection rates, numbers in surveillance, number of aneurysms and number of self referrals and consider links to ethnicity and deprivation. Review data and information on AAA deaths in the context of uptake and detection rates.

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3	Produce a contingency plan to cover the next year and maintain the service during the procurement process	NHS public health functions agreement 2016-17 Service specification No.23	6 months	High	Regular communication with service and minutes showing updates and contingency plan at programme boards
4	Formalise team meetings ensuring attendance from across the disciplines including clinical lead and vascular nurse specialist	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Terms of Reference identifying quoracy. Audit of attendance.
5	Produce an annual report approved by the Trust board	NHS public health functions agreement 2016-17 Service specification No.23	3-6 months	Standard	Annual report submitted to the board
6	Develop an accountability structure showing AAA workforce governance links to the Trust board to identify associations between the screening programme and the Trust	NHS public health functions agreement 2016-17 Service specification No.23	3 months	Standard	Governance structure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Implement a screening audit schedule which includes audits to be undertaken over reasonable time frames across the entire screening pathway	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Audit Schedule Example of audits to include: <ul style="list-style-type: none"> - SMART system audits - DNA audit - deactivation audit - mortality audit - reasons for opt outs - readmissions - follow up of lifestyle audit - nurse appointment uptake - compliance with 12 week first nurse appointment standard

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Ensure clinical lead job description includes AAA screening role and responsibilities	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Job description for clinical lead
9	Monitor contingency plans to mitigate the risk from a vacant clinical skills trainer (CST) post from end of November 2017 and add to the risk register	NHS public health functions agreement 2016-17 Service specification No.23	3 months	High	Confirmation that this has been reviewed and included within the Trust risk register
10	Formalise an equipment replacement plan to ensure business continuity	NHS public health functions agreement 2016-17 Service specification No.23	3 months	High	Business Continuity Plan
11	Ensure the clinical skills trainer (CST) has remote access to enable QA reviews to be undertaken with minimum delay	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Confirmation that access on a laptop has been achieved

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Ensure the arrangements for provision of home visits are in line with national guidance and all staff are adequately trained using local protocols signed off by the programme board	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Updated protocol

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Continue to focus on ways to improve uptake and consider benefit of local clinical commissioning groups and public health contributions to developing a joint plan for addressing uptake issues	NHS public health functions agreement 2016-17 Service specification No.23	3 - 6 months	High	Health Promotion Plan/Strategy
14	Review accessibility and numbers of screening sites to maximise the opportunity for men to attend screening	NHS public health functions agreement 2016-17 Service specification No.23	3 - 6 months	Standard	Outcome of review of number of screening venues provided
15	Undertake vascular nurse clinics at other clinic sites to improve access	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Confirmation of vascular nurse clinics locations

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Update lone working and incidental findings policies	NHS public health functions agreement 2016-17 Service specification No.23	6 months	Standard	Updated lone working to show that lone working occurs on a planned basis and not just in emergencies and incidental findings policy provides a clear timeline and failsafe process for managing incidental findings

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Review of local population deaths due to AAA to identify men who died from an AAA rupture and include within the national vascular registry (NVR) to identify any learnings	Essential elements in providing an abdominal aortic aneurysm (AAA) screening and surveillance programme - Standard Operating Procedure	3 months	High	National Vascular Registry report submitted to Board

I = Immediate

H= High

S = Standard

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/progress in response to the recommendations made for a period of 12 months, following the issuing of the final report. 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.