The North East of England Abdominal Aortic Aneurysm Screening Programme

Annual Report 2015-2016

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The North East of England AAA Screening Programme
Annual Report 2015-2016

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Foreword

Dear Colleagues

I am delighted to be once again writing the foreword for the Annual Report of the North East Abdominal Aortic Aneurysm Screening Programme. This is our 5th year of screening and we are now starting to see a significant drop in deaths from ruptured aneurysms across the North East. We have now made 133 referrals for surgery and are following up 672 other men who have aneurysms currently too small to treat, who will be referred if and when they grow sufficiently large.

The team continue to provide a first class service in a technical sense. That is demonstrated by the fact that their rate of successfully completing the scan (the visualisation rate) is amongst the best in the country. They also deliver a first class service for the patients and our customer satisfaction, as assessed by patient feedback, is also exceptionally good.

We continue to deliver the service across 26 sites in the North East and also in the regions prisons. Providing appointments for scans and follow-up scans across all these sites requires a considerable degree of organisation and I would like to thank the Management Team headed by Tracy Gilchrist for doing that so effectively, as well as all the Technicians and the Vascular nurse Practitioners.

Going forward we are not expecting very many changes in the way we deliver the service over the next year. We are going to continue to work very hard to improve attendance rates and the way we deliver health prevention for the gentlemen discovered to have aneurysms. There is considerable interest at the moment in looking at how improving cardiovascular risk before major surgery can reduce complications. In practice this will mean us encouraging our gentlemen with known aneurysms to give up smoking, getting their blood pressure controlled and losing weight and taking more exercise. By virtue of having an aneurysm, which is an atherosclerotic process, these men are more at risk of future cardiovascular events such as heart attack or stroke than the ordinary population.
The National Programme is still looking at ways to increase the efficiency of aneurysm screening. It seems possible that at some point a second screening scan may be factored in for men whose aneurysms were just below the borderline of 3cms at their first scan aged 65. There is increasing evidence that some of those do progress over the next five years and that a second scan at 70 may be cost effective. However that currently is not funded or agreed. Similarly selective screening in women is being looked at.

The team have been particularly active in the last year at trying to improve the AAA screening pathway for gentlemen with learning disabilities. Further details are given in this annual report for those that are interested but I would like to commend them on how effectively that has been delivered.

With an increasing number of gentlemen in the follow up cohort with known small aneurysms follow-up is becoming an increasing part of the service. A text reminder service has been tried and looks very promising as a way of encouraging attendance for further scans. Additionally we are trying to be as flexible as possible about offering alternative scans or even venues if the gentlemen contact us. Hopefully we will see the number of DNA’s decrease as a result.

Interaction with the Regional Vascular Surgery Units remains good. The National Programme have introduced a new standard of a 3 month maximum wait, along with the existing 2 week maximum limit for initial outpatient appointment and an 8 week target for referral until surgery for those who are fit at initial assessment. The Units continue to reach these targets in the vast majority of cases and are working with us to improve lines of communication. As previously, the clinical results of aneurysm surgery remain good in all of the Vascular Units and all are working together to try and improve Regional Vascular Services including looking at reconfiguration down to 3 units instead of 4 in the future.

Finally, the next year will hold some challenges for us. At some point we are expecting to get an external QA visit from the National Programme and we will need to prepare for that and respond to any criticisms. Also after 5 years, the tender for renewal of the contract for screening will have to be re-agreed. However on the back of delivering such a fantastic first 5 years of screening for the North East, I am confident that the contract can be retained and that next year will turn out to be another great one for us and the North East.

G Stansby
Introduction

This is the fifth Annual Report of the North East of England Abdominal Aortic Aneurysm Screening Programme (NE AAASP).

The report concentrates on the data for the 2015-16 screening cohort and aims to highlight the continued achievements of the North East of England Programme during the screening year.

The UK National Screening Committee assessed research evidence, pilot programmes and economic evaluations before recommending that the NHS AAA screening programme would deliver benefits at a reasonable cost. It is estimated the programme will reduce the death rate from ruptured AAAs among men aged 65 and over by up to 50% and prevent around 2,000 premature deaths a year.

There are 41 local screening programmes offering AAA screening to men aged 65 and over residing in England. NAAASP also works in collaboration with the AAA Screening programmes in Wales, Scotland and Northern Ireland ensuring equity of access for AAA screening for men throughout the UK.

The North East of England AAA Screening Programme (NE AAASP) commenced screening in January 2010. We are the largest local screening programme covering a population of 2.6 million over a large demographic area including Northumberland, Tyne & Wear, South of Tyne, County Durham & Darlington, Teesside and selected GP practices of North Yorkshire.

Our service is aligned with the values of the NHS Constitution. We are committed to putting patients at the heart of everything we do and our goal is to ensure a safe, consistent and efficient screening service. We continue to focus on improving service quality and maximising delivery by listening to service user comments and benchmarking our performance against the NAAASP and Public Health England Quality Standards and key performance indicators. In addition we undertake multiple local audits to improve the quality and clinical safety of the local programme to ensure the right result is given to the right gentleman at the right time.
We have completed our fifth full year of screening and we have matured as a screening provider delivering real improvements for our target population. We have increased the provision of screening venues and have performed in excess of 68,500 screening tests over the last five years.

NE AAASP is delivered by a highly motivated and enthusiastic team consisting of screening technicians, nurse practitioners, lead sonographer and admin staff who ensure the delivery of care is consistently of a high quality. The programme management team regularly receives compliments and thanks in recognition of the contributions of individual team members. The continued success of the local programme is undoubtedly thanks to their dedication and hard work.

A special thank you must be made in recognition to all of those who continue to work so hard to ensure we deliver a safe, effective programme which ensures National Standards are maintained in the provision of AAA screening in the North East. This includes the admin support, screening technicians, nurse practitioners and lead sonographer. This report is dedicated with heartfelt thanks to all of the NE AAASP team for their dedication to providing a high quality service and their continued efforts throughout the year.

I would also like to extend a personal thank you to Mr Bill Southern for his comments and both Bill and his wife Shirley for agreeing to the cover photograph.

Finally I would like to extend a special acknowledgement to Professor Stansby, Dr Nice, Kate Nicol, Jeanne Boynton, Julie Wilson and Julie Thomas for their contribution to the development of this report.

*Tracy Gilchrist*
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https://www.facebook.com/qegateshead?ref=ts&fref=ts
http://www.qegateshead.nhs.uk/aaa
https://twitter.com/QEGateshead

Programme Staff

Clinical Director: Professor Gerry Stansby
Consultant Vascular Surgeon at Freeman Hospital and Chair of the North of England Cardiovascular Network Group for Vascular Surgery

Consultant Radiologist Lead: Dr Colin Nice
Consultant Radiologist at Freeman Hospital

Screening Manager: Tracy Gilchrist
Service Manager AAA, Breast and Bowel Cancer Screening Services

Lead Ultrasonographer/ Acting Coordinator: Kate Nicol

Nurse Practitioners: Jeanne Boynton & Julie Wilson

Screening Technicians: Alan Selby, Alex Thompson, Clare Jewitt, Claire Smith, Graham Blyth, Heather Doran, Joanne Usher, Paula Ball, Paul Teasdale, Sue Monnelly

Office Manager: Allison Wise
AAA, Breast and Bowel Cancer Screening Services

Admin Team Leader: Tracey Simm

Admin Staff: Lisa Dale and Ryan Beard
Service Provision

If you are a man aged over 65 you are more likely to have an abdominal aortic aneurysm. That is why the NHS AAA Screening Programme invites men for screening during the year (1 April to 31 March) that they turn 65. Men are sent an appointment at a screening site local to their area of residence by the administration centre based at the Queen Elizabeth Hospital, Gateshead. Men over 65 who have not previously been screened or diagnosed with an aneurysm can request a scan by contacting the NE AAASP admin team directly on 0191 445 2554.

The NE AAASP commenced screening in January 2010. We are the largest local screening programme covering a population of 2.6 million distributed over a large demographic area. The programme offers screening to all eligible men (registered with a GP) residing within the following CCG boundaries:

- NHS Hambleton, Richmondshire and Whitby
- NHS Hartlepool and Stockton-on-Tees
- NHS Newcastle Gateshead
- NHS North Durham
- NHS North Tyneside
- NHS Northumberland
- NHS South Tyneside
- NHS Sunderland

The 2016-17 NHS England Service Specification No 23; Abdominal Aortic Aneurysm Screening Programme (1) states the following:

**3.32 Days and Hours of Operation:** The days and hours of service operation shall be based on the needs and wants of the target population with the aim of maximising the uptake of the screening offer and in consultation with the Commissioner. Consideration of the move to 7 day services should be made, building the local evidence base, acknowledging that this will be based on local population needs.

Our aim is to maximise attendance at screening venues and sites have been chosen to ensure the distance travelled to the screening site does not exceed 45 minutes, however clinic appointment times are dictated by the venue opening times and distance travelled to each venue. The 30 sites currently used by the service include 4 offender health units. A list of the screening venues and clinic times can be found in Appendix 1.
Screening Venues

Northumberland
Berwick Infirmary
Blyth Community Hospital
Hexham General Hospital
Morpeth NHS Centre
Shiremoor Resource Centre
The Bondgate Surgery Alnwick

County Durham & Darlington
Bishop Auckland General Hospital
Darlington Walk in Centre
Peterlee Health Centre
Sedgefield Community Hospital
Stanley Primary Care Centre

North Yorkshire
Friarage Community Hospital
Richmond Community Hospital
Whitby Community Hospital

Newcastle
Cresta Unit (Newcastle General Hospital)
Molineux Primary Care Centre

South of Tyne
Blaydon Primary Care Centre
Cleadon Park Primary Care Centre
Gateshead Health Centre
Grindon Primary Care Centre
Houghton Primary Care Centre
Washington Primary Care Centre

Teeside
Lawson Street Health Centre
North Ormesby Village Resolution Centre
One Life Primary Care Centre
Hartlepool
Redcar Primary Care Centre

Offender Health
HMP Durham
HMP Frankland
HMP Acklington
HMP Holme House & Kirklevington
Why Do We Offer Screening?

The aorta is the main blood vessel that supplies blood to your body. It runs from your heart down through your chest and abdomen.

In some people, as they get older, the wall of the aorta in the abdomen can become weak. It can then start to expand and form an abdominal aortic aneurysm (AAA).

Men are six times more likely to have an aneurysm than women and it is estimated that around 1 in 70 men aged between 65 and 74 in England have an AAA. The chance of having an aneurysm increases with age and the risk of having an abdominal aortic aneurysm can also increase if:

- You smoke
- You have high blood pressure
- Your brother, sister or parent has, or has had, an abdominal aortic aneurysm

If you have an aneurysm you will not usually notice any symptoms. This means you cannot tell if you have one, will not feel any pain and will probably not notice anything different.

An aorta which is only slightly larger than normal is not dangerous, however, it is still important to monitor whether the aneurysm is getting bigger.

A large AAA over 5.5cm in diameter is rare but can be very serious due to a high risk of rupture. As the wall of the aorta stretches it becomes weaker and can burst, causing internal bleeding. Around 80 out of 100 people die when an aneurysm bursts. The programme targets men aged 65 and over because 95% of ruptured aortic aneurysms occur in this group.
Screening Pathway

When you arrive for your appointment, a screening technician will check your details, explain the scan and give you the chance to ask any questions. You will be asked to give your permission:

- for the programme to store and keep information about you and your visit on the national AAA screening IT system, and to use this information to help offer safe and effective screening
- for the programme to screen you for an AAA (which involves an ultrasound scan of your abdomen) and to inform you of the result
- if you are found to have an AAA, to share your personal information with a vascular surgeon through the National Vascular Registry

Men will only be screened if they give their consent to all three of the points above.

You will also be asked if the NHS AAA Screening Programme can use your information to contact you to let you know about research that is going on in the programme. You do not have to give permission for this to be screened.

The screening test for AAA is a simple, pain-free ultrasound scan of the abdomen that usually takes less than 10 minutes. The technician will ask you to lie down and lift up or unbutton your shirt. You will not need to undress. The technician will put a cool jelly on your abdomen and then move a small scanner over the skin. The scan will show a picture of the aorta on a screen that the technician will measure. You will be told your result straight away and your GP will be informed by letter.

Screening Outcomes

Based on the results of an abdominal ultrasound scan, outcomes are categorised as follows:-

**Normal: aortic diameter (less than 3 cm)**

A normal result means that the aorta is not enlarged (there is no aneurysm). Most men will have a normal result and will be discharged (985 in 1,000 men). There is no need for any treatment or monitoring and they will not be offered a further appointment by the Programme.
Small aneurysm found (3-4.4 cm)

If we find a small aneurysm this means that the aorta is a little wider than normal and we will invite these men back for 12 monthly regular surveillance scans to monitor any growth. These men are also offered an appointment with a Screening Nurse Practitioner for health promotion advice and medication review.

Medium aneurysm found (4.5-5.4 cm)

If we find a medium sized aneurysm this means that the aorta is wider than normal and we will invite these men back for 3 monthly regular surveillance scans to monitor any growth. These men are also offered an appointment with a Screening Nurse Practitioner for health promotion advice and medication review. If the aneurysm grows to 5.5 cm or bigger men are referred to the vascular team.

14 in 1,000 men will have a small or medium aneurysm; because aneurysms grow so slowly, men with a small or medium aneurysm may never need treatment.

Large aneurysm found (the aorta is 5.5cm wide or more)

Only about 1 in 1,000 men who are screened have a large aneurysm. If we find a large aneurysm the man is referred to a Consultant Vascular Surgeon for further diagnostic tests and discussion regarding the possible treatment options which are conservative management, open repair and endovascular repair.

Referral to a Vascular Unit

Consistent practice is required to promote high standards of care within AAA screening. The NHS Abdominal Aortic Aneurysm Screening Standard Operating Procedures “Essential Elements in Providing an Abdominal Aortic Aneurysm (AAA) Screening and Surveillance Programme- January 2016, version 4.02” states the principles for AAA Screening include the rapid referral to a Vascular Unit for those meeting the criteria for considering treatment.
Vascular Units have been assessed by the National Programme and the Vascular Society of Great Britain and Ireland to be able to provide appropriate surgical treatment for open and endovascular repair of abdominal aortic aneurysms.

If an aorta measures $\geq 5.5$cm a referral to an agreed vascular unit for surgical review will be made within 1 working day of the scan. All referrals should be seen in the vascular outpatients department within two weeks of the referral being made by the Coordinator. If the AAA has a diameter on ultrasound of over 7cm, an urgent referral will be made with every attempt to see the patient at the next available outpatient clinic.

If surgery or stenting is indicated, the operation should be completed within eight weeks of the date of referral from the screening programme to minimise the risk of AAA rupture.

Current NE AAASP performance against these standards can be found within the Programme Performance section of the report.

**Incidental Findings**

The screening test objective is to identify abdominal aortas only. If any incidental findings are found the programme has developed a local protocol with the Commissioning team in line with National Guidance to ensure that the gentleman are promptly referred for further tests/treatment as appropriate:

- **Enlarged iliac aneurysm**
  Gentlemen with enlarged iliac measurements $\geq 2.5$cm will be reviewed on an individual basis by the Clinical Director and Consultant Radiologist Lead. Where appropriate gentlemen will be referred for a vascular consultation at the nominated vascular unit.

- **Potentially Serious pathology**
  Gentlemen with a potentially serious pathology will be referred to their local GP for urgent referral to the local hospital for further imaging.

- **General pathology**
  Gentlemen with routine pathology will be referred to their local GP for non-urgent referral to their local hospital for routine imaging.
Screening Nurse Practitioner

The NHS England Service Specification No 23 (Abdominal Aortic Aneurysm Screening Programme) states:

*All men identified with an aneurysm and requiring surveillance shall be offered health promotion information and advice as appropriate, relating to issues such as smoking, diet and physical activity. The nurse practitioner is involved in assessing and counselling men at specific points in the screening process and giving advice on changes in lifestyle as appropriate.*

When an aneurysm is identified on initial screening, all gentlemen are offered a telephone nurse assessment, ideally within a week of this appointment. During the assessment the Screening Nurse Practitioner (SNP) takes a detailed medical history, records all current medications and reviews the observations obtained at the clinic; weight, height, BMI, blood pressure and pulse, this enables us to give relevant health promotional advice in regard to healthy eating and increased exercise to reduce BMI, smoking cessation and reducing alcohol intake. If the gentleman is not taking stain or aspirin therapy we advise him to make a routine appointment with his GP for a medication review. We write a detailed report for the GP highlighting all advice given and alerting the GP to any risk factors identified. The GP is also informed of the screening programme’s recommendations for commencement of statin and aspirin therapy unless contraindicated.

A member of the nursing team attends each subsequent surveillance appointment to monitor gentleman and perform repeat ultrasound scan of the abdominal aorta. This face to face contact involves the review of aneurysm growth, compliance with medications, progress with reducing BMI, smoking cessation, reduction in alcohol intake and increased physical activity. There is also an opportunity to offer counselling at each appointment, particularly if the AAA has been increasing in size and a referral to the vascular team is imminent.
The GP receives a letter after each surveillance appointment documenting the advice given and highlighting any risk factors or concerns identified.

The SNP also tracks referrals made to the vascular units documenting additional information in regard to the gentleman’s care pathway from the initial out-patient appointment, admission for surgery and outcome, discharge and subsequent readmissions. This enables the NE AAASP to ascertain whether the approved vascular units are achieving the acceptable Quality Standards and Services set by the National Abdominal Aortic Aneurysm Screening Programme.

Julie Wilson / Jeanne Boynton

Programme Performance

NHS England monitors screening programme performance through Screening and Immunisation Area teams. Their role is to ensure screening programmes are safe, of high quality and are meeting UK National Screening Committee (UK NSC) standards. NE AAASP works closely with the Area teams to ensure service provision is of the highest standard and that we have appropriate and effective engagement with stakeholders and our screening population.

NE AAASP is required to provide the following service specification performance data to the Screening and Immunisation Coordinator of the Area Team of NHS England on a quarterly basis:

- % of men’s records with insufficient contact details to make an offer
- % of men offered screening who are tested
- % of those tested who have an aortic diameter of <3.0cm and are discharged from the screening programme
- % of those tested who have an aortic diameter 3.0-4.4cm and are entered into annual surveillance
- % of those tested who have an aortic diameter 4.5-5.4cm and are entered into three-monthly surveillance
- % of those tested who have an aortic diameter of 5.5cm or greater and are referred to a vascular surgeon
The data is split by GP practice of the men, screening clinic and each respective locality, to enable NHS England to monitor activity across the region and make necessary adjustments to improve clinic choice and venue or increase public engagement.

Service Specification Performance

The SMaRT database service specification reports include men who attended screening after the NAAASP KPI data submission deadline therefore there is some variation from the KPI data reported by NAAASP. The NE AASP service specification performance (as reported to our commissioners) for 2015-16 is shown below:

### Initial Screens Service Spec Report

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
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<tbody>
<tr>
<td>Total eligible subjects</td>
<td>16048</td>
</tr>
<tr>
<td>Subjects with insufficient contact details to make an offer</td>
<td>44 (0.3%)</td>
</tr>
<tr>
<td>Subjects offered screening who are tested</td>
<td>12400 (77.3%)</td>
</tr>
<tr>
<td>Measurement of &lt;3.0cm and discharged</td>
<td>12255 (98.8%)</td>
</tr>
<tr>
<td>Measurement of 3.0-4.4cm</td>
<td>118 (1%)</td>
</tr>
<tr>
<td>Measurement of 4.5-5.4cm</td>
<td>13 (0.1%)</td>
</tr>
<tr>
<td>Measurement of ≥5.5cm referred to Vascular Surgeon</td>
<td>11 (0.1%)</td>
</tr>
</tbody>
</table>

### Surveillance Screens Service Spec Report

<table>
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<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Total surveillance subjects</td>
<td>573</td>
</tr>
<tr>
<td>Subjects offered screening who are tested</td>
<td>548 (95.6%)</td>
</tr>
<tr>
<td>Measurement of 3.0-4.4cm</td>
<td>429 (78.3%)</td>
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<tr>
<td>Measurement of 4.5-5.4cm</td>
<td>94 (17.2%)</td>
</tr>
<tr>
<td>Measurement of ≥5.5cm referred to Vascular Surgeon</td>
<td>18 (3.3%)</td>
</tr>
<tr>
<td>Measurement of &lt;3cm overridden into surveillance</td>
<td>6 (1.1%)</td>
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### Self-Referrals Service Spec Report

<table>
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<tr>
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<th>%</th>
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<tbody>
<tr>
<td>Total self-referral subjects</td>
<td>346</td>
</tr>
<tr>
<td>Subjects offered screening who are tested</td>
<td>335 (96.8%)</td>
</tr>
<tr>
<td>Measurement of &lt;3.0cm and discharged</td>
<td>325 (97%)</td>
</tr>
<tr>
<td>Measurement of 3.0-4.4cm</td>
<td>8 (2.4%)</td>
</tr>
<tr>
<td>Measurement of 4.5-5.4cm</td>
<td>1 (0.3%)</td>
</tr>
<tr>
<td>Measurement of ≥5.5cm referred to Vascular Surgeon</td>
<td>1 (0.3%)</td>
</tr>
</tbody>
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Key Performance Indicators

In addition to the service specification requirements there are four Key performance Indicators (KPIs). They are:

- AA1: Completeness of Offer
- AA2: Coverage of Screen
- AA3: Coverage of Annual Surveillance Screen
- AA4: Coverage of Quarterly Surveillance Screen

Performance against the KPIs is provided by NAAASP on a quarterly basis. NE AAASP provides this information to our commissioners via quarterly Project Management Board Meetings. The meeting is attended by representatives from the screening team, the Cumbria, Northumberland, Tyne and Wear Area Teams, Durham, Darlington and Tees Area Teams, North Yorkshire and Humber Area Teams and the North Regional Quality Assurance Team.

NEAASP KPI performance (as reported by NAAASP) for 2015-16 is below:

<table>
<thead>
<tr>
<th>KPI</th>
<th>Tested/ offered</th>
<th>Total</th>
<th>%</th>
<th>National Average</th>
</tr>
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<tbody>
<tr>
<td>AAA1: Completeness of Offer</td>
<td>15783</td>
<td>15943</td>
<td>99.9%</td>
<td>99.8%</td>
</tr>
<tr>
<td>AAA2: Coverage of Screen</td>
<td>12083</td>
<td>15943</td>
<td>77.8%</td>
<td>79.8%</td>
</tr>
<tr>
<td>AAA3: Coverage of Annual Surveillance Screen</td>
<td>110</td>
<td>124</td>
<td>88.7%</td>
<td>91.1%</td>
</tr>
<tr>
<td>AAA4: Coverage of Quarterly Surveillance Screen</td>
<td>86</td>
<td>96</td>
<td>89.6%</td>
<td>90.7%</td>
</tr>
</tbody>
</table>
Coverage

Attendance rates have progressively improved across the region over the last 5 years. A comparison of CCG attendance rates for the 2011-12 and 2015-16 screening years can be found at the end of this section of the report.

The 2015-16 data confirms we are performing slightly below the National average with 77.8% of our eligible population tested during the screening year. However, this is a 3.7% increase from our first screening year where we tested 73.6% of the eligible population.

We can contribute this achievement to several factors:

- The introduction of an additional screening venue in the West of Newcastle has increased attendance rates for NHS Newcastle Gateshead CCG by 2.8%
- The introduction of a text reminder service has resulted in a reduction of DNA rates
- The screening team have promoted the screening service by distributing information packs to GP practices and pharmacies throughout the region
- AAA screening is now included within the remit of the Health Improvement Practitioner and is actively publicised at stakeholder events throughout the region

Our commissioners have set a desired target rate for attendance at 81% and our aim is to meet this challenge over the next 3 years. We plan to continue to increase our coverage across the region by working closely with CCGs, GP practices, pharmacies, local support groups and our stakeholders.

It is anticipated improved coverage, increased public awareness and stakeholder engagement will improve attendance contributing to the reduction of health inequalities in areas where screening uptake is poor throughout the region.

We are currently working with Julie Thomas, Health Improvement Practitioner at Gateshead Health to develop a communications strategy to reduce variation in uptake of screening across the North East. A report on Julie’s progress so far can be found in the Promotion and Events section of this report.
A comparison of the average attendance rates between the 2011-12 cohort and 2015-16 screening cohort is illustrated below:

**2011-12**

**2015-16**

*Created using PHE Local Health Website and attendance rate data taken from SMaRT Database Service Specification Report*
Waiting Time Standards

If an AAA of ≥5.5 cm is identified, the screening office is contacted urgently by telephone from the clinic so that arrangements can start immediately for a referral to the vascular team. Referral to the approved vascular units is based on the vascular unit of choice identified by the subject’s GP during implementation of the programme. Information regarding the vascular unit of choice can be found in the North East AAA Referral for aorta ≥5.5 cm protocol.

Waiting times are key standards in the current Pathway Standards for NHS Abdominal Aortic Aneurysm Screening Programme (2016) (3) and the NHS Guidance on Waiting Time Standards (2015) (4). Waiting times standards have been monitored by the NAAASP national programme team and quality assurance teams since June 2013.

In addition to the ‘eight-week wait for treatment’ standard, a ‘maximum wait of 12 weeks’ standard was introduced in April 2015. Any patient waiting more than 12 weeks for treatment should be reported to the local screening programme board and the regional QA team. Unless there is an acceptable reason for delay, this will be investigated by NE AAASP as a screening safety incident in accordance with National Screening Programmes guidance on managing safety incidents in screening programmes.

Any deaths in patients waiting more than eight weeks for surgery will also be investigated as a potential serious incident in accordance with the UK NSC/National Screening Programmes guidance on managing safety incidents in screening programmes and NHS England’s Serious Incident Framework (5&6).

It is the local programme responsibility to track each referral with the receiving trust and ensure it is monitoring any delays in the patient being seen for assessment or subsequent treatment. They should also be aware of all final outcomes for each patient referred. The local programme should ensure that appropriate systems are in place to support a high quality interface between screening and treatment services.
Our 2015-16 ‘referral to vascular unit performance’ is illustrated below:

<table>
<thead>
<tr>
<th>Pathway Standard</th>
<th>NE AAA Performance</th>
<th>Waiting Time Standard Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA-PS-11 % of subjects with AAA ≥5.5cm seen by vascular specialist within two weeks</td>
<td>100%</td>
<td>≤50%</td>
</tr>
<tr>
<td>AAA-PS-12 % of subjects with AAA ≥5.5cm deemed fit for intervention and not declining, operated on by a vascular specialist within 8 weeks</td>
<td>77.8%*</td>
<td>≥60%</td>
</tr>
</tbody>
</table>

*This is an 8.8% increase from the 2014-15 screening year (AAA-PS-12). Our aim is to conquer the achievable threshold for the ‘eight week waiting time standard (AAA-PS-12)’ for the 2016-17 population.

We continue to work closely with the vascular surgeons and the Northern England Vascular Advisory Group throughout the screening year to improve and maintain our performance against the waiting time standards. The screening coordinator receives weekly updates on referral progress and attends the Vascular Advisory Group meetings on a quarterly basis to provide feedback to the vascular units on current performance.
Quality Assurance

We continue to screen a large number of men with image quality assurance indicating high levels of accuracy and good image quality allowing men to be referred for appropriate treatment where necessary.

We are also working hard with the surgical units in the region to ensure that this treatment is delivered promptly and to a high standard.

2015/16 also saw the beginning of the national external quality assurance process and visits with the aim of ensuring that high standards are delivered consistently across the country. A number of the North East team have been involved in visits to other AAA screening programmes and have found the process to be very thorough, fair and highly informative. This should ensure that we are well prepared when it is our turn to be visited.

We have also invested in new ultrasound machines that should be well suited to the particular requirements of our programme - image quality and machine robustness were foremost in our minds when choosing.

UK Aneurysm Growth Study (UKAGS)

This research project aims to assess the genetic and protein markers linked to the development and enlargement of aortic aneurysms. It is a large scale project over many years. We began recruiting North east men to this study on 16th January 2013 and by 1st April 2015 had recruited 1183 men (making us the third highest recruiting programme nationally).

All 10000 men without aneurysms (the study control group) have now been recruited and the emphasis is now on recruiting more men with aneurysms.

This will continue in the coming years.

For further information please contact

colin.nice@ghnt.nhs.uk

Dr Colin Nice
Clinical Governance

The Department of Health (1998) defines clinical governance as a framework through which NHS organisations are made accountable for the quality of service they provide. The aim is that services will be continuously improved through the creation of an environment in which excellence in clinical care will flourish. There are seven areas of activity which are used to make sure we deliver the highest quality health care to our service users:

- Service user, carer and public involvement
- Risk management
- Clinical audit
- Staffing and staff management
- Education and training
- Clinical effectiveness
- Clinical information

NE AAASP is committed to embedding Clinical Governance throughout all of its processes. ‘SafeCare’ is QE Gateshead’s internal branding created to communicate the trust’s overarching patient safety ethos. Integral to this is the vision that no patient should suffer unnecessary harm, pain or suffering as a result of an error or planned medical intervention.

The leadership, management and governance of the NE AAASP are integral to assuring the delivery of high-quality person-centred care. We achieve this by the following:

**Multi-Disciplinary Team Meetings**

All members of the local programme attend a multi-disciplinary team meeting every six weeks. The meetings offer an ideal opportunity to embed the SafeCare culture of the programme and of Gateshead Health NHS Foundation Trust into our daily practice. They offer an exceptional opportunity for all of the team to meet to discuss current performance, improvement initiatives, staffing, risk management, disseminate information and share good practice.
**Patient Feedback and Incidents**

NE AAASP is committed to learning from complaints and incidents to improve clinical safety and improve the quality of the screening service. All complaints and adverse incidents are reported using the electronic data base DATIX system and are promptly investigated by the senior management team. All incidents and complaints are reported to the Regional QA team and our Commissioners.

Each incident is awarded a severity grade by establishing the likelihood of recurrence and the consequence of the incident.

<table>
<thead>
<tr>
<th>Likelihood of recurrence</th>
<th>Negligible - no harm to patient or trust</th>
<th>Minor - Patient requires first aid</th>
<th>Moderate - Patient requires increase in treatment</th>
<th>Major - Patient requires extended stay in hospital</th>
<th>Catastrophic - Resulting in death of permanent disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain - Will undoubtedly happen/recur, possibly frequently</td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
</tr>
<tr>
<td>Likely - Will probably happen/recur, but it is not a persisting issue or circumstances</td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
</tr>
<tr>
<td>Possible - Might happen or recur occasionally</td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
</tr>
<tr>
<td>Unlikely - Do not expect this to happen/recur but it is possible it may do so</td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
</tr>
<tr>
<td>Rare - This will probably never happen/recur</td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
<td><img src="image" alt="Severity" /></td>
</tr>
</tbody>
</table>

Datix severity scoring matrix

**Screening incidents 2015-16:**

- 0 serious incidents reported during the 2015-16 screening year
- 15 ‘no harm incidents’ reported via Datix resulting in improvements to administrative, booking and reporting procedures

All DATIX incidents and lessons learned are discussed at the local MDT meetings, project board meetings and are also shared within the Trust via the Trust Risk Management strategy. Notification is also made to our Commissioners, the regional Quality Assurance team, NAAASP, Public Health England and other appropriate stakeholders in the event of a Serious Incident.

We will continue to build on the foundation of an open culture of learning and information dissemination to continue to make improvements and enhance the quality of our service by careful monitoring of performance and customer feedback.
**Project Board Meetings**

The senior management team meets twice a year with the Programme Board, which represents the Commissioning members to discuss programme performance, current risks, patient feedback and incidents using National performance criteria as a benchmarking tool.

The programme also aims to introduce a quarterly Local Operational Board Meeting during the 2016-17 screening year to monitor and discuss operational issues.

**Right Results**

A “Right Results” policy is in place to ensure that there are standard operating procedures at all stages of the screening pathway. These standard operating procedures are regularly reviewed and are embedded in the overall risk management process.

**Training**

As in previous years, the training commitment for screening staff remains continuous.

In 2015-16, the North East of England AAA Screening programme successfully trained 2 AAA technicians, and 2 AAA nurse practitioners, and all are now fully integrated into the team.

We are committed to the professional development of our screening team. A previous technician has now gained his Post Graduate Diploma in Medical Ultrasound and is now a full time Ultrasonographer at the Queen Elizabeth Hospital. In September, another technician left the AAA screening programme to embark on the same course.

Mandatory training, online and face to face, and in house development courses are regularly attended by screening staff. Group and individual skills training, takes place at regular intervals throughout the year.
In addition to their initial training and qualification, technicians and nursing staff are assessed at least every four months at clinic by the Clinical Skills Trainer in relation to carrying out the examination, ergonomics, equipment safety and knowledge. This helps to ensure an extremely high standard of practice is maintained. Twenty five random images are also examined for quality every four months for each individual by the consultant radiologist or ultrasound lead. Compulsory NAAASP reaccreditation takes place for all screeners every two years.

The reaccreditation process and the way in which the initial training is undertaken are set to change at the start of the next screening year. We will know more next year, however we believe that the initial training will remain as e-learning and continual assessment, but more emphasis will be placed on in house assessment, with technicians no longer having to travel to the University of Salford for their OSCE. For reaccreditation, technicians will still be assessed at Salford, but will now only need to be there for a half-day session, but will have to scan two gentlemen and be assessed on the full examination.

During the year, we have made use of ‘BOB’ the ultrasound training simulator that is situated within the clinical skills department, to demonstrate anatomy and its correlation to the ultrasound image, to new trainee screening technicians. It is also useful in hand eye coordination and image orientation.

All the team undertake regular Continued Professional Development, which we expect will become a national requirement for screening technicians at some point in the future. We reflect on any events that we may attend, and regularly feedback by presenting to colleagues at our monthly Staff and MDT meetings. We regard this as a shared learning activity where we can all learn good practice and discuss findings with other members of the team.

The technicians also rotate around other additional roles, such as taking responsibility for updating work instructions, in house equipment checks and stock procurement. This gives an insight into the day to day workings of the service and allows them to increase their knowledge base.

We strive to maintain a caring, efficient, high quality and friendly service, where our no blame culture allows us all to learn from others. We anticipate that during the next screening year there will be exciting developments regarding a new national screener qualification.

Kate Nicol
Research and Audit

Attended Not Screened (ANS) Audit

This is a continuous audit which commenced in 2013, and focuses on men who attend for their appointment, but do not have a screening test. The aim of the audit is to identify why the man is not screened and to facilitate screening using a variety of mediums in order to improve the patient journey and increase screening uptake.

If screening does not occur, screening staff complete a form which is then returned to the screening office. The Screening Nurse Practitioner examines the information provided and attempts to facilitate a further appointment whenever possible.

During the 2015-16 screening year 54 men attended but were not screened at their first appointment for a variety of reasons shown below:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working abroad delayed scan</td>
<td>1</td>
</tr>
<tr>
<td>Unwell</td>
<td>2</td>
</tr>
<tr>
<td>Refused Scan</td>
<td>4</td>
</tr>
<tr>
<td>Private health check</td>
<td>1</td>
</tr>
<tr>
<td>Physical limitations</td>
<td>4</td>
</tr>
<tr>
<td>Parking issue</td>
<td>1</td>
</tr>
<tr>
<td>Wrong seating area at clinic</td>
<td>2</td>
</tr>
<tr>
<td>Left Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Language interpreter needed</td>
<td>12</td>
</tr>
<tr>
<td>Incorrect DOB- out of cohort</td>
<td>1</td>
</tr>
<tr>
<td>Holiday concern</td>
<td>3</td>
</tr>
<tr>
<td>Driving</td>
<td>2</td>
</tr>
<tr>
<td>Consent</td>
<td>7</td>
</tr>
<tr>
<td>Clinic running late</td>
<td>2</td>
</tr>
<tr>
<td>Abdominal wound</td>
<td>3</td>
</tr>
<tr>
<td>AAA repair</td>
<td>6</td>
</tr>
<tr>
<td>AAA opted to stay with unit</td>
<td>2</td>
</tr>
</tbody>
</table>

Number of attended not screened cases April 2015- March 2016
Similar trends have appeared over the last 3 years. Lack of capacity to consent to screening, language barriers, clinic timings, driving concerns and incorrect demographics appear to be recurrent themes however there has been a significant reduction in the number of men with learning disabilities not screened since the introduction of the learning disability pathway.

The primary reason for non-screening remains centred on those men who are unable to consent for screening, and maybe divided into two categories:

- Men who lack the capacity to consent, and require a best interest decision be made on their behalf
- Men who are unable to understand information provided due to language barriers, and require interpreter assistance to ensure information delivery and understanding

Collectively these issues relating to consent account for 35.2% of all ANS cases for the 2015-2016 screening year.

- 36 of the men identified as ANS were successfully screened and discharged (66.7%)
- 18 men were either out of cohort, declined screening or had screening declined on their behalf (33.3%)

There were no identified trends to indicate screening sites, screening technician, environmental factors, and days of the week or times of appointments contributed to ANS figures.

**CQUIN**

*Reducing Inequalities for Men with Learning Disabilities*

People with learning disabilities have poorer health than their non-disabled peers. Health inequalities are in part due to poor access to health services and access to health promotion may be significantly poorer for people with more severe learning disabilities, and people with learning disabilities who do not use learning disability services.
A number of studies have reported low uptake of health promotion or screening activities among people with learning disabilities. These include:

- Bowel screening
- Breast screening
- Cervical screening

The differences in health are to some extent, avoidable, and screening services have a duty to minimise health inequalities by putting reasonable adjustments in place. Failure to identify people with learning disabilities in national screening programmes and make appropriate reasonable adjustments is potentially a breach of the Equalities Act 2010.

This means that AAA Screening should plan reasonable adjustments into our services in advance, rather than wait for someone with learning disabilities to try and use them. Reasonable adjustments include improving supporting literature, changing the ways in which services are delivered and ensuring that policies, procedures and staff training all enable services to work equally well for people with learning disabilities.

The 2015-16 CQUIN aimed to increase the awareness and uptake of AAA screening for men with learning disabilities and reduce the inequalities in accessing the AAA screening offer and the AAA screening process.

This was set out to be achieved through four components delivered throughout the year:

- Quarter one – Identification and flagging of men with a learning disability
- Quarter two – Reasonable adjustments for men with a learning disability
- Quarter three – Training and awareness for staff involved in the process
- Quarter four – Evaluation of impact
Summary of achievement and findings

NEAAASP attained the CQUIN requirements and the key achievements have been:

- The ability to identify people with a Learning Disability on the SMaRT database by the presence of a ‘case note flag’. This means programme staff can be alerted to men requiring reasonable adjustments prior to attendance at clinic.
- The establishment of an approved direct contact pathway to the Learning Disability Liaison Nurse Team. The programme can now contact the team via e-mail or a telephone call to advise the patient has been invited to attend screening and further support may be required.
- A significant reduction in the number of men ‘attended not screened’ (lack of ability to give informed consent due to Learning Disability) via the enhanced protocols and pathways integrated into NEAAASP policy and practice.
- Enhanced staff awareness of the client group and their needs by face to face Learning Disability training and workbooks.

The programme aims to build on the success of this CQUIN by:

- Developing a systematic process for gathering feedback from patients with Learning Disabilities, or their families to provide feedback to services. The feedback will be included in the Patient Experience Report on a regular basis.
- Increasing GP and associated community services knowledge of the AAA screening programme and the possible screening outcomes through the provision of training by the health improvement practitioner.

Customer Satisfaction Survey

NE AASP believes that the patient is the most important member of the health care team and is central to ensuring safe and high quality care. AAA screening encourages people who use services to influence how the service is run through providing suggestions via verbal and written feedback (comments cards) and via an annual patient feedback questionnaire.
Patient Feedback questionnaires with comments sections were available at all screening venues for clients to write down any comments for the duration of 2 weeks. Questionnaires were provided to gentlemen at all venues post examination.

Comments cards are available at all screening venues at all AAA Screening clinics throughout the year. All patient comments are documented within the Datix reporting system and are reviewed at multi-disciplinary team meetings.

2015-16 Patient Satisfaction Results:

280 men attended 14 screening venues during the 2 weeks in March 2016. The clinics including in the Patient Satisfaction audit were:

- Alnwick
- Bishop Auckland
- Blaydon
- Blyth
- Cleadon Park
- Dr Piper
- Gateshead HC
- Grindon
- Lawson Street
- Molineux
- North Ormesby
- One Life
- Sedgefield
- Stanley

Men were asked to rate NE AAA Screening service provision for the following categories:

- Your invitation to attend
- The facilities
- Your clinic appointment
- Staff performance

280 Patient Feedback questionnaires were completed however a small proportion of the feedback forms were not fully completed (the questions on page 2 were not fully answered) therefore the results will vary for the number of responses in each category.

The results from the survey showed 100% overall satisfaction with the screening visit with 97% of respondents rating the service as excellent.
250 men- answered the question
242 men- 97% respondents rated the service as excellent
8 men- 3% respondents rated the service as good

The North East AAA Screening Programme has maintained satisfaction levels at 100% since implementation in December 2010.

**Your Invitation to Attend**

**Your Appointment**

Men were asked to give a yes/ no rating for the following questions:

*Did you receive a leaflet?*

- 274 men received a leaflet.
- 3 men indicated they did not receive a leaflet. It is possible the respondents were a previous DNA, in this instance a leaflet is not routinely sent with the second appointment.
- 2 respondents answered not applicable.
- 1 respondent did not answer the question.

*Were you aware you could change your appointment date and time?*

- 263 men were aware they could alter their appointment date and time.
- 12 men were not aware they could alter their appointment.
- 5 men did not answer the question.
If you changed your appointment date/time was it easy to change?

- 37 men changed their appointment.
- 30 men found the appointment easy to change.
- 2 men did not find it easy to change their appointment.
- 3 men responded not applicable.
- 2 men did not answer the question.

As a result of the survey we have improved our access to the service by increasing telephone provision and receiving requests for change of appointment via the text reminder system.

Text reminder service

The text message appointment reminder service was introduced by NE AAA screening in January 2015. Text reminders are sent to all men with available telephone contact details.

- 90 men received a text reminder.
- 56 men found the reminder useful.
- 5 men did not find the reminder useful.
- 27 men responded not applicable.
- 2 men did not answer the question.

The NE AAA screening service will continue to use the text reminder system due to the high number of respondents who stated it was useful.
Out of Hours Clinic Provision

The NE AAA Screening Programme aims to maximise attendance at screening venues however clinic appointment times are dictated by the venue opening times and distance travelled to each venue. The current clinic times are illustrated below:

<table>
<thead>
<tr>
<th>9am-3pm</th>
<th>9/10am-5pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blaydon PCC</td>
<td>The Bondgate GP surgery</td>
</tr>
<tr>
<td>Blyth Hospital</td>
<td>Bishop Auckland Hospital</td>
</tr>
<tr>
<td>Cleadon Park PCC</td>
<td>Dr Piper House</td>
</tr>
<tr>
<td>Gateshead Health Centre</td>
<td>Lawson Street PCC</td>
</tr>
<tr>
<td>Grindon PCC</td>
<td>N Ormesby Health Centre</td>
</tr>
<tr>
<td>Molineux Primary Care Centre</td>
<td>Sedgefield</td>
</tr>
<tr>
<td>Stanley Primary Care Centre</td>
<td></td>
</tr>
</tbody>
</table>

Gentlemen were asked to indicate whether they would have preferred an evening appointment (4-6pm) or a Saturday appointment (9am-2pm).

Evening clinic, 4-6pm

22 men (7.9% of respondents) indicated they would have preferred an evening clinic at the venues illustrated below:

Unfortunately there is no provision for clinics at the indicated venues after 5pm therefore the service is unable to extend clinic times to accommodate this request.
Saturday clinic, 9am-2pm

22 men (7.9% of respondents) indicated they would have preferred a Saturday clinic at the venues illustrated below:

Un fortunately there is only scope to offer Saturday clinics at one of the indicated screening venues (Blaydon Primary Care Centre). Only 2 men requested a Saturday appointment at this venue therefore it would not be appropriate for the service to extend clinic times to accommodate this request at this time however this will be reviewed if further requests are received.

The Facilities

Was the clinic easy to find?

270 men answered the question. 3 men stated the clinics at North Ormesby and Hartlepool One Life Centre were difficult to find. This is a significant improvement from the 2014-2015 feedback survey. This improvement can be attributed to the inclusion of additional information (including landmarks) on appointment letters.
How long did it take you to get to clinic today?

275 men answered the question. 2 men indicated their journey to clinic took more than 45 minutes, both men were invited to the nearest venue and on further investigation both men had walked to their appointment.

Your Clinic Appointment

Current NAAASP screening letters advise men should be seen within 30 minutes of their given appointment time. Local AAA standards dictate men should be seen within 20 minutes of their allocated appointment time.

Men were asked how long they waited to be seen at clinic. 255 men answered the question.

- 102 men were seen before their appointment time
- 124 men were seen on time
- 24 men waited up to 10 minutes to be seen
- 4 men waited between 11-20 minutes to be seen
- 1 man waited over 20 minutes to be seen
The 3 screening clinics where significant delays were experienced (11-20 minutes and over 20 minutes) were reviewed and the delays were due to the identification of new surveillance gentlemen.

**Staff Performance**

The men were asked to rate the information given during their appointment, our ability to answer their questions and the overall appointment.

*Information given about screening during the consent process.*

- 242 men rated the information given as excellent
- 11 men rated the information given as good
- 3 men did not answer the question

*Information given about screening during the scan.*

- 243 men rated the information given as excellent
- 10 men rated the information given as good
- 3 men did not answer the question
Information given about your results.

- 243 men rated the information given as excellent
- 9 men rated the information given as good
- 3 men did not answer the question

How well did we answer your questions?

- 235 men rated our ability to answer questions as excellent
- 14 men rated our ability to answer questions as good
- 3 men did not answer the question

Finally men were asked to rate the appointment

- 242 men rated the appointment as excellent
- 8 men rated the appointment as good
- 3 men did not answer the question
The North East AAA Screening programme continues to maintain high standards for service provision. From the results of the questionnaire it can be concluded the programme offers a service that meets the needs of patients and their expectations as 100% of respondents who rated the service were satisfied with their screening session.

All feedback regarding screening staff and the service provided at clinic venues was positive. Comments and suggestions regarding areas for improvement focused on improving the ability to change appointments and the directions to screening venues rather than the level of service provided by the NE AAA Screening Programme. Comments have been fed back to the admin staff and they now are able to offer clinic details up to the end of the current screening year.

All men who responded to the question on the provision of information said the screening procedure was explained clearly to them beforehand allowing them to make an informed decision on whether to participate in AAA screening. 95% said the information provided was of an excellent standard.

The NE AAA Screening Programme aims to increase this to 98% for the 2016-2017 patient survey. This will be achieved by continuing to provide annual consent training sessions and the bi-annual review of observed practice for consent for all front line staff.

95% of men responding to the question regarding the scan procedure and 95% of men responding to the question regarding results and recommendations rated the staff member as excellent. The NE AAA Screening Programme aims to maintain this excellent performance. This will be achieved by continuing to provide high quality training and supervision from the Lead Ultrasonographer and feedback from Quality Assurance reviews three times a year.
Referral Outcomes

This is an audit to ensure the NE AAASP and the current approved vascular units are achieving the acceptable Pathway Standards and Waiting Time Standards set by NAAASP. Outcome records from the Northgate SMaRT system and local data capture is used to ascertain our current performance level. All data is validated with NAAASP to ensure accuracy.

This audit process has resulted in significant improvements in waiting times for patients. The monitoring process also identified the need for NE AAASP representation at the Vascular Advisory Group Meetings to provide further clarification and additional guidance on the monitoring of the current standards.

Patient Perspective

We asked one of our surveillance gentlemen to tell us about why he self-referred into the screening programme and his thoughts about our screening service. He wrote:

“My history with the AAA screening programme started when a very close friend of mine died when his aneurysm burst suddenly. He was 75 years old and never knew he had an aortic aneurysm so his death came as a great shock to me.

His widow, on one of her visits to Freeman Hospital was told by someone at the hospital about the AAA Programme. The GP’s at my surgery were not aware of it so referring to the Internet; I found that there was a screening programme available for men over 65.

I rang the number I had got off the internet and spoke to a secretary who informed me that men of 65 years of age were asked to attend a clinic, but if I was over 65 then I could be screened.

Thinking about the death of my friend, I felt that I had nothing to lose but to attend my first AAA Screening appointment. It was December 2014 when I went to Blyth Community Hospital for my first scan. I was sure that I would be OK. However, things were not as simple as that, it was discovered that I had an Abdominal Aortic Aneurysm.
I suddenly realised that despite having had two open heart surgery operations over a period of 20 years, I was still vulnerable. I was consoled by the girls in the room that it wasn't too bad, "there is nothing to worry about" they promised to keep an eye on me.

I have now been for about seven scans at three monthly intervals; so far my aneurysm has not got any larger. So my next scan is about two months’ time at Blyth, I hope there is no change.

My wife and I are great believers in the AAA Programme, to such an extent that all male neighbours and friends have been informed "get to AAA Screening clinic". I only wish my friend had been able to attend a clinic, it may well have saved him. If only.

Finally, I would like to thank all the staff who have been involved with my attendance at the AAA Screening Programme. They have all been very supportive and their attitude has been wonderful.

Bill Southern
Reducing Inequalities

Our vision is to achieve high quality, personal treatment for all men invited for screening. Every member of the NEAAASP team plays an important role in promoting equality throughout the screening pathway from identifying and inviting eligible men for screening to ensuring men are offered the right treatment at the right time, and feel they are treated with dignity and respect. We performed a Health Equity audit in 2013 which helped us explore and understand the reasons for differences in uptake throughout the region allowing us to improve our service provision and we participate in the workshops provided by the Screening and Immunisation Team aimed at reducing inequalities across the screening programmes.

NEAAASP aims to ensure equity of access for all our men by providing screening at various local venues across the region including community hospitals, primary care centres and prisons. We understand you may not be able to attend your appointment on the date or time allocated to you, alternative appointments and venues can be arranged by contacting the screening office and we will automatically offer you a second appointment if you are unable to contact us. If you are unable to attend the appointments we have offered we will contact your GP so they can arrange another appointment with us or alternative testing as required. If you do not wish to be screened you can cancel your appointment and we can offer screening at a later date if you change your mind.

Screening for AAA has important ethical differences from clinical practice, because we are targeting apparently healthy people we need to ensure we are offering enough information to allow individuals to make informed choices about their health. There are risks associated with screening and it is important that people have realistic expectations of what the programme can deliver.

NEAAASP ensures all men invited for screening are fully informed about the benefits and risks associated with testing for AAA by enclosing the information leaflet provided by NAAASP with their invitation letter. We can provide information leaflets in alternative formats including easy read, audio and other languages on request and we are able obtain assistance from interpreting services and the learning disability team if you need additional support. There is also a patient decision aid to help you decide whether AAA screening is right for you. We will discuss the benefits and risks of the screening test at your appointment and offer you the opportunity to ask questions before we perform your scan.
NE AAASP is working closely with the Cumbria and North East (CANE) Screening and Immunisations team to improve screening uptake for AAA screening and reduce inequalities throughout the North East. A NE AAASP Inequalities plan was developed in April 2015. The plan is linked to the aims and objectives of the 2015-18 Screening and Immunisations Strategic Plan which was formulated following the PHE/NHSE Health Inequalities Key Stakeholder Event in February 2015.

The aims and objectives of the CANE Strategic Plan are:

**Aims**

- To address and reduce health inequalities in screening and immunisation programmes across CANE
- Develop a shared vision of what we want to have achieved by the end of a three year period

**Objectives**

- Secure commitment of key partners to deliver a three year programme of action
- Build upon the recommendations and guiding principles from the Screening and Immunisation Health Inequalities event held in February 2015
- Identify clear achievable measurable actions with partners
- Develop mechanisms to support, monitor and ensure delivery of the agreed programme of action
- Service Promotion and Events

The plan is reviewed at each Programme Board Meeting and the Coordinator and a member of the CANE team meet regularly throughout the year to discuss progress. The NE AASP 2015-16 Inequalities plan can be accessed using the icon below.
Service Promotion and Events

I commenced post as Health Improvement Practitioner in October 2015. The main focus has been to increase awareness of the AAA screening programme enabling the public to make an informed choice, alongside increasing awareness of risk factors and risk reduction. To help me to achieve I completed a mapping exercise which helped to establish target areas for promotion work. I have continued to work closely with existing partners and made some new contacts to support the delivery of a number of projects and keep screening in the spotlight. Below are a number of highlights from the year.

<table>
<thead>
<tr>
<th>Brief Intervention Training Delivered</th>
<th>Talks Delivered</th>
<th>Events/ Stalls</th>
<th>Total Number of People Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>18</td>
<td>852</td>
</tr>
</tbody>
</table>

During 2015-16 brief intervention training sessions were delivered within a variety of settings for example; Pharmacy Counter Staff, Learning Disability Nurses and Wellbeing Network Staff, to enable them to pass on key AAA screening messages within their communities.

Workplace Interventions

AAA Screening awareness sessions were delivered to Metromail, Gentoo, Cestria Housing, Sunderland College, St Nicholas Hospital, Sainsbury’s Staff and HMRC PIP staff. Screening literature was given to be displayed within their workplaces.

Community Interventions

AAA screening information Stands were facilitated in a range of community settings, these included Libraries, Church Halls, Bus Stations, Supermarkets, Community Centres Bingo Halls, Leisure Centres and Golf clubs. The health Improvement Practitioner made contact with 852 individuals.
Materials

To support the promotion of AAA screening some materials were developed. The business card has been distributed to Pharmacies, GP surgeries, a wide range of community settings and through awareness events.

Partnership Working

Working in partnership with other organisations has enabled the AAA Screening messages to be disseminated to a wide audience. This year we have delivered a number of joint sessions working with, Co Durham and Darlington Wellbeing Network, Gentoo and Age UK. These sessions have raised the awareness of staff and volunteers who work within the community.

Cancer Research UK roadshows

Linking with the Cancer Research UK road show team enables contact with individuals in some of the areas of highest deprivation.

The team have been keen to help to promote AAA Screening and take our literature with them to their roadshows.
GP Surgery Engagement

GP surgeries where AAA screening uptake is low have been identified, contacted and offered supported to promote the Screening. Practice Managers have been given literature for Health Professionals which informs them of the screening process, structure, delivery, prevalence and risk factors. They have been given screening literature to display within the surgeries and offered Brief Intervention training for their staff.

Pharmacy Engagement

A mail out was sent to 60 pharmacies where screening uptake was low. This included information about AAA screening process, question and answers fact sheet and literature to display within their venues. Brief intervention training about the screening programme was offered to counter staff.

Other Initiatives

With the help of interpreters and visual displays we have facilitated an awareness session for men from Newcastle's Deaf Society. Other hard to reach groups that have been engaged are LGBT who opted for information literature only and the Travelling Community in Co Durham.

Reviewing our Publicity Campaign

We asked 253 men who self-referred during 2015-16 how they heard about the service. The majority of men found out about AAA screening via their GP surgery or family and friends as illustrated below:
Future work

Plans for the coming year are to:

- Continue working with existing partners
- Complete work with GP surgeries and Pharmacies
- Continue to make contact with hard to reach groups
- Build capacity through existing wellbeing networks
- Develop a healthy lifestyle pack to give to surveillance gentlemen

The NE AAASP team also attended several events over the screening year to promote the service and increase awareness within the stakeholder groups.

**SMaRT User Group Meetings**

The user group meeting is attended by nominated regional representatives for the local screening programmes. The aim of the meeting is to review the current performance of the national database provided by Northgate Solutions and improve service provision. The meeting also reviews the potential impact of requests for change from local programmes at a national level.

**Vascular Advisory Group Meetings**

The Screening Programme Coordinator attends the regional vascular network meeting to provide feedback regarding current performance against the waiting time standards.

**National Association of Retired Police Officers (NARPO) Meeting**

The event was attended by Alex Thompson (screening technician). Alex provided an overview of the screening programme, the screening appointment and the possible outcomes of the screening test. This was an extremely successful promotional event which generated multiple self-referrals to the screening programme.
Laygate Mosque

This event was arranged via the Mosque governing body to provide health information and raise awareness of various health services within the Muslim community. The venue was a community room inside the Mosque itself and was set out in a market stall layout with tables for the representatives from each service to utilise.

Two AAA technicians attended this event, and made use of the service health promotion poster and various NAAASP literature.

The technicians were able to liaise with other health service groups and made some useful contacts and links with services such as AGE UK and AGE CONCERN, who took a lot of the NAAASP leaflets to promote screening within their support groups.

The event was extremely productive as other service providers were educated and able to pass on information about AAA screening and encourage eligible subjects to attend their screening appointments.

NHS AAA Screening Programme Networking and Information Day

The NAAASP networking day is an excellent opportunity for programme managers, CSTs and nurse practitioners to share best practice and service improvement initiatives to improve local service delivery. The meeting includes a presentation by national clinical lead Jonothan Earnshaw on current performance and how the national programme might be optimised in the future.

Practice Nurse/ Practice Manager Meetings

The NE AASP team regularly attend practice nurse and GP practice manager meetings throughout the region to increase awareness and provide coverage data in order to improve service delivery.
NHS AAA Screening Programme Nurse Practitioner Day

The NAAASP networking day is an excellent opportunity for nurse practitioners to share best practice and service improvement initiatives to improve local service delivery. The meeting includes a presentation by national clinical lead Jonothan Earnshaw on research proposals.

Future Developments

The NE AAAASP continues to work closely with GP practices, local support groups and our stakeholders to improve attendance in areas where screening uptake is poor.

Information about our screening service is available in local pharmacies, GP practices, on the QE website, twitter feed and on the QE Gateshead Facebook page.

We are looking forward to improving our communications strategy to involve other services and local community support groups.

Resources

AAA Screening Leaflets; information in other languages: https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-invitation-leaflet

AAA Screening Patient Decision Aid: http://sdm.rightcare.nhs.uk/pda/aaa-screening/

PHE Local Health: http://www.localhealth.org.uk/#sid=98;v=map10;sly=ccg_2013_DR;i=en;z=307642,737901,423026,346881
References

1. The 2016-17 NHS England Service Specification No 23 (Abdominal Aortic Aneurysm)

2. Essential Elements in Providing an Abdominal Aortic Aneurysm (AAA) Screening and Surveillance Programme- January 2016, version 4.02 available at:


5. UK NSC/National Screening Programmes guidance on managing safety incidents in screening programmes available at
   http://www.google.co.uk/url?url=http://www.screening.nhs.uk/getdata.php%3Fid%3D18376&rct=j&frm=1&q=&esrc=s&sa=U&ved=0CBQQFjAahUKEwjMiMDNz5PGAhXIKtsKHVmnAPI&usg=AFQjCNEemB4lfgaqPnPYJps-qiDaRjQ-Ng

6. NHS England’s Serious Incident Framework available at:

7. A First Class Service: Quality in the new NHS available at:
## Appendix 1

### Screening venues, frequency and times

<table>
<thead>
<tr>
<th>Area</th>
<th>Site</th>
<th>Day</th>
<th>Frequency</th>
<th>Clinic Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Durham &amp; Darlington</strong></td>
<td>Bishop Auckland General Hospital</td>
<td>THURSDAY</td>
<td>FORTNIGHTLY</td>
<td>09:35-17:00</td>
</tr>
<tr>
<td></td>
<td>Darlington Walk in Centre</td>
<td>WEDNESDAY</td>
<td>MONTHLY</td>
<td>09:15-16:20</td>
</tr>
<tr>
<td></td>
<td>Peterlee Health Centre</td>
<td>THURSDAY</td>
<td>MONTHLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Sedgefield Community Hospital</td>
<td>TUESDAY</td>
<td>EVERY 2 MONTHS</td>
<td>09:15-16:20</td>
</tr>
<tr>
<td></td>
<td>Stanley Primary Care Centre</td>
<td>MONDAY</td>
<td>WEEKLY</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td><strong>North of Tyne</strong></td>
<td>Alnwick Bondgate Surgery</td>
<td>FRIDAY</td>
<td>EVERY 3 MONTHS</td>
<td>09:45-17:00</td>
</tr>
<tr>
<td></td>
<td>Berwick Infirmary</td>
<td>THURSDAY</td>
<td>EVERY 3 MONTHS</td>
<td>10:15-17:00</td>
</tr>
<tr>
<td></td>
<td>Blyth Community Hospital and Health Centre</td>
<td>MONDAY</td>
<td>WEEKLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Cresta Unit at Newcastle General Hospital</td>
<td>FRIDAY</td>
<td>EVERY 2 WEEKS</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td></td>
<td>Hexham General Hospital</td>
<td>FRIDAY</td>
<td>EVERY 2 MONTHS</td>
<td>09:40-16:30</td>
</tr>
<tr>
<td></td>
<td>Molineux Primary Care Centre</td>
<td>THURSDAY</td>
<td>WEEKLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Morpeth Health Centre</td>
<td>FRIDAY</td>
<td>MONTHLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Shiremoor Resource Centre</td>
<td>FRIDAY</td>
<td>WEEKLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td><strong>North Yorkshire</strong></td>
<td>Frierage Community Hospital</td>
<td>TUESDAY</td>
<td>MONTHLY</td>
<td>09:40-17:00</td>
</tr>
<tr>
<td></td>
<td>Richmond Community Hospital</td>
<td>THURSDAY</td>
<td>MONTHLY</td>
<td>09:20-16:45</td>
</tr>
<tr>
<td></td>
<td>Whitby Community Hospital</td>
<td>MONDAY</td>
<td>EVERY 3 MONTHS</td>
<td>10:15-17:00</td>
</tr>
<tr>
<td><strong>South of Tyne</strong></td>
<td>Blaydon Primary Care Centre</td>
<td>MONDAY</td>
<td>WEEKLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Cleadon Park Primary Care Centre</td>
<td>WEDNESDAY</td>
<td>WEEKLY</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td></td>
<td>Gateshead Health Centre</td>
<td>WEDNESDAY</td>
<td>FORTNIGHTLY</td>
<td>09:15-14:40</td>
</tr>
<tr>
<td></td>
<td>Grindon Primary Care Centre</td>
<td>FRIDAY</td>
<td>FORTNIGHTLY</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td></td>
<td>Houghton le Spring Primary Care Centre</td>
<td>TUESDAY</td>
<td>MONTHLY</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td></td>
<td>Washington Primary Care Centre</td>
<td>FRIDAY</td>
<td>MONTHLY</td>
<td>09:00-14:40</td>
</tr>
<tr>
<td><strong>Teesside</strong></td>
<td>Lawson Street Health Centre</td>
<td>WEDNESDAY</td>
<td>FORTNIGHTLY</td>
<td>09:35-17:00</td>
</tr>
<tr>
<td></td>
<td>North Ormesby Village Resolution Health Centre</td>
<td>TUESDAY</td>
<td>FORTNIGHTLY</td>
<td>09:35-17:00</td>
</tr>
<tr>
<td></td>
<td>One Life Primary Care Centre Hartlepool</td>
<td>TUESDAY</td>
<td>MONTHLY</td>
<td>09:35-17:00</td>
</tr>
<tr>
<td></td>
<td>Redcar Primary Care Centre</td>
<td>WEDNESDAY</td>
<td>MONTHLY</td>
<td>09:35-17:00</td>
</tr>
<tr>
<td><strong>HMP Health Services</strong></td>
<td>HMP Acklinton</td>
<td>AS REQUIRED</td>
<td>TWICE A YEAR AND AD HOC AS REQUIRED</td>
<td>AS REQUIRED</td>
</tr>
<tr>
<td></td>
<td>HMP Durham</td>
<td>AS REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HMP Frankland</td>
<td>AS REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HMP Holme House &amp; Kirklevington</td>
<td>AS REQUIRED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Comments from Patient Satisfaction Survey 2015-2016

Comments for ‘Your Appointment’.

Positive comments

- 100% SATISFACTION
- ALL GOOD
- ANYTIME IS OK
- APPOINTMENT TIME DID NOT MATTER, I AM RETIRED IF I WAS WORKING SATORUDAYS WOULD BE BETTER
- EVERYTHING SPOT ON
- EVERYTHING WAS GOOD
- EXCELLENT
- FULLY INFORMATIVE
- GOOD SERVICE
- GOOD SYSTEM
- GREAT SERVICE, VERY FRIENDLY KNOWLEDGEABLE STAFF.
- IT WAS QUICK AND PAINLESS SO I WAS PLEASED.
- NO PROBLEM WITH APPOINTMENT
- NO PROBLEMS
- NO PROBLEMS - SEEN STRAIGHT AWAY
- NO PROBLEMS. EXCELLENT SERVICE. FULL EXPLANATION FROM BOTH MEMBERS OF STAFF
- OK
- PERFECT
- PLEASED, DEALT WITH VERY QUICKLY
- POSITIVE
- QUICK AND EFFICIENT
- RECEIVED INFORMATION 3 TIMES!
- STAFF GREAT
- TREATMENT WAS FIRST CLASS
- VERY GOOD
- VERY GOOD SERVICE, POLITE, INFORMATIVE AND REASSURING THANK YOU
- VERY SATISFIED
- WELL TREATED

Areas for improvement

None noted

The comments have been fed back to the admin department and the team strive to maintain and improve service provision.
Comments for ‘Facilities’

Positive comments:

- ALL STAFF VERY PROFESSIONAL & KIND
- ALL VERY GOOD
- APPOINTMENT ON TIME, SEEN TO EFFICIENTLY.
- CLEAN
- EVERYTHING AS GOOD AS COULD BE EXPECTED
- EVERYTHING VERY EFFICIENTLY CARRIED OUT. THANKS
- EVERYTHING GOOD AND STAFF POLITE
- EXCELLENT
- EXCELLENT SERVICE, VERY INFORMATIVE & KNOWLEDGEABLE STAFF. VERY GOOD SERVICE
- FIRST CLASS SERVICE, STAFF VERY GOOD COMMUNICATORS
- FIRST CLASS SERVICE-INFORMATIVE STAFF
- FRIENDLY ATMOSPHERE
- FRIENDLY PEOPLE
- FRIENDLY REASSURING STAFF
- GIRLS ARE EXCELLENT
- GOOD
- GOOD AND QUICK BUT COMPREHENSIVE
- GOOD SERVICE
- GOOD SERVICE. PLEASANT STAFF A+++ 
- I WAS TREATED WITH KINDNESS AND RESPECT + ALL EXPLAINED
- KEEP UP THE GOOD WORK
- NICE FRIENDLY SERVICE
- NICE HELPFUL PEOPLE
- NO ISSUES WHAT SO EVER
- NO PROBLEMS
- NO PROBLEMS WHAT SO EVER. VERY WORTH WHILE PROCEDURE.
- NONE
- OK
- PAINLESS PROCEDURE, PROMPT, ATTENTIVE, OVERALL 100%
- PLEASANT EXPERIENCE
- QUICK INFORMATIVE & REASSURING
- QUICK & EASY DONE, NO REAL PROBLEMS
- REALLY GOOD APPOINTMENT, SPOT ON TIME, STAFF GREAT, HELPFUL AND FRIENDLY.
- SATISFACTORY SERVICE
- SERVICE REALLY FRIENDLY
- STAFF EXCELLENT
- STAFF VERY EFFICIENT & HELPFUL, EXPLAINED EVERYTHING
- STAFF VERY HELPFUL
THANKS
- VERY CONCISE AND PROFESSIONAL ANALYSIS BY STAFF
- VERY CONVENIENT FOR ME
- VERY EASY AND VERY PROFESSIONAL. CLAIRE DID A GREAT JOB.
- VERY EASY GOING, NO MORE THAN 20 MINS
- VERY EASY TO FIND
- VERY EFFICIENT - THANK YOU.
- VERY GOOD
- VERY HELPFUL STAFF, FRIENDLY SERVICE
- VERY HELPFUL, NO PROBLEMS
- VERY PROFESSIONAL STAFF BUT ALSO VERY FRIENDLY
- VERY SATISFIED
- VERY WELL LOOKED AFTER
- WELL TREATED

Areas for improvement
- FREEZING COLD WAITING AREA AT THE HEALTH CENTRE
- PARKING WAS A PROBLEM

Feedback regarding the facilities has been forwarded to the appropriate screening venue (Lawson Street) for their consideration.

The following comments were received for ‘Clinic Appointment’:

Positive comments
- ALL GOOD
- ALWAYS PLEASANT AND HELPFUL
- APPOINTMENT WAS FANTASTIC
- EXCELLENT
- EXCELLENT SERVICE
- FRIENDLY
- GOOD/GOOD STAFF
- LOOKED AFTER VERY WELL
- NO CAUSE FOR COMPLAINT
- NO ISSUES
- NO PROBLEMS
- NO PROBLEMS WHATSOEVER
- OK
- PUT AS EASE IMMEDIATELY
- REGISTERED BLIND: STAFF KNEW HOW TO DEAL WITH ME WITHOUT BEING PATRONISING.
- RUNNING AHEAD OF TIME, NO WAITING WHAT SO EVER. EXCELLENT
STAFF EXCELLENT
STAFF VERY GOOD!
VERY EASY PLEASEANT EXPERIENCE
VERY EFFICIENT
VERY GOOD
VERY GOOD STAFF, VERY THOROUGH AND CARING
VERY PROFFICIENT STAFF, MADE THE PROCESS VERY EASY.
WAIT DUE TO RECEPTIONIST ERROR
WELL TREATED

There were no areas for improvement identified by the men responding to the questions.

Comments for ‘Screening Process and Staff’:

Positive comments

10 OUT OF 10
100% SATISFACTION
1ST CLASS, STAFF WERE WONDERFUL.
A WONDERFUL SERVICE. COULD NOT BE BETTERED
ALL GOOD
ALL GOOD, THANK YOU
ALL GOOD. A GOOD EXPERIENCE.
ALL IN ALL A VERY GOOD, REASURRING EXPERIENCE THANK YOU
ALL VERY QUICK AND EFFICIENT, THANK YOU.
ALWAYS HAD GOOD SERVICE AT THIS CLINIC.
BRILLIANT
BRILLIANT LOVELY STAFF
CANNOT SAY ANYMORE - EXCELLENT
DID PRETTY WELL.
EFFICIENT AND INFORMATIVE STAFF
EVERYTHING IS OK
EVERYTHING WENT FINE WONDERFUL STAFF VERY HELPFUL.
EXCELLENT
EXCELLENT ALL ROUND, HAPPY.
EXCELLENT SCREENING SERVICE, NO WAITING AROUND, THANKS
EXCELLENT SERVICE
EXCELLENT TREATMENT BY ALL STAFF
EXTREMELY FRIENDLY & VERY GOOD AT PUTTING PEOPLE AT THEIR EASE.
FIRST CLASS
FIRST CLASS PROFESSIONAL SERVICE
FIRST CLASS STAFF AND SCREENING PROCESS.
FIRST CLASS TREATMENT & SERVICE
FIRST CLASS TREATMENT AND INFORMATION
First time attending Cleadon Park Centre & very impressed. Cleanliness, staff & facility all excellent!
Friendly & helpful staff
Good
Good all round
Good service
Great staff
I was happy to get results straight away to put my mind at ease
Job well done!
Just what the NHS should be. Thankyou!
Keep up the good work :)
Never any problems, always helpful
No grounds for complaints, everything went very well!
No problems
No problems x
No problems, all good
No problems, left feeling re-assured.
None
Ok
Put at ease & made comfortable, staff knowledgable & explained everything clearly. Well done NHS!!!
Really good experience today- well done.
Relaxed atmosphere, ladies performing screening were lovely and communicated well.
Simple examination, staff friendly & welcoming
Sound
Staff very helpful
Staff very professional and made me feel at ease throughout. All are very pleasant. Thank you so much
Staff were excellent, very polite, caring staff. Thank you.
Staff were very reassuring and helpful
Thank you
The staff were excellent and very helpful
The staff were very approachable, friendly & professional
They were very helpful and explained the whole procedure. Very satisfied.
Throughout the staff were efficient, professional, very friendly - a credit!!
Top class service
Very efficient and helpful thank you
Very friendly and first class
Very friendly and helpful staff. Caring & reassuring. I was comfortable at all times
Very good
Very good experience
Very good indeed
Very good service
Very good thank you
Very happy
☐ VERY HELPFUL & COURTEOUS. VERY PROFESSIONAL.
☐ VERY HELPFUL & KNOWLEDGEABLE STAFF
☐ VERY HELPFUL FRIENDLY STAFF
☐ VERY NICE AND EASY, RELAXED AND RESPECTFUL
☐ WELL TREATED

There were no areas for improvement identified by the men responding to the questions.