The North East of England Abdominal Aortic Aneurysm Screening Programme

Annual Report 2013-2014

Prepared by Mrs Tracy Gilchrist
NE AAA Screening Coordinator
Clinical Support & Screening Division
Queen Elizabeth Hospital
The North East of England AAA Screening Programme Annual Report
2013-2014

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Foreword

Professor Gerry Stansby
Clinical Director

It gives me great pleasure to introduce this 3rd annual report of the North East England Aneurysm Screening Programme and to know that fewer men are dying of ruptured aneurysms as a result of the work done. As I write this report we are actually in the 4th year of screening and as well as aneurysms found and referred on for surgery we now have a large number of smaller aneurysms in surveillance that can be treated before rupture. It seem a very long time since our first meeting to set the programme up back in 2009 and quite a journey! However I believe we are now well on target to seeing the number of ruptured aneurysms decline in the north-east.

It is important that we recognise that setting up this program and running it successfully for its first 4 years has not been an entirely straightforward task. The north-east is a geographically diverse area and delivering aneurysm screening to more than 15,000 men per year has produced significant challenges for the team. However, they have risen exceptionally well to those challenges, both at the setup stage and on an on-going basis. At every level from the management team to the technicians who do the screening I have been incredibly impressed by not only their efficiency but also their enthusiasm.

Despite the current success of the programme, we are continually trying to improve the service and would welcome any suggestions as to how we could do that. One significant problem for us has been how to provide screening sites so that they are equitably placed for access for the gentlemen who are being screened. I think we have got that mostly right but there are some sites that we are looking at either moving or providing an alternative. I think that underscores the fact that a program like this needs to be patient-centred and continually developing and improving, which I believe our service has the ability to do.
Nationally we are now in the 2nd year of nationwide screening but there have been concerns that the incidence of aneurysms found has been less than predicted by the pilot studies. However, I can reassure you that even at the current 1-2% incidence a recent economic analysis has shown that this is still a very cost-effective intervention and the National Programme is secure for the future and may even expand. Going forward there is consideration of repeat screening for some as well as possible screening of women and those with a family history. Details will probably emerge later this year. There are also new information leaflets available which are clearer about the interaction with driving and other key issues, a web based shared decision making tool as well and an expanding quality assurance programme nationally.

It is vitally important to appreciate that the role of the screening unit is not over once an aneurysm has been found and that part of quality assurance is making sure that the patients are seen quickly and efficiently in vascular clinics for investigation and that those who are suitable for surgery get their operation in a timely fashion. Going forward we will continue our efforts to coordinate with the North East Vascular units in order to make sure that this happens as efficiently as possible. In fact we have already seen a very significant improvement in times to treatment for screen-detected aneurysms which I hope will continue and the clinical results for aneurysm repair in the north-east are also excellent.

Clearly despite success to date there is no room for complacency. We will need to react to new challenges and any new operating procedures that are issued nationally. We also need to continue to refine our approach locally, which for us will mean continued attempts to improve the overall uptake rate for screening as well as efforts to improve public and professional understanding about abdominal aortic aneurysms and the role of the screening programme. I am sure there is another busy but successful year ahead.

Gerry Stansby
Introduction

This is the third Annual Report of the North East of England Abdominal Aortic Aneurysm Screening Programme (NE AAASP) and includes data for the 2013-2014 screening population cohort.

The report aims to demonstrate the achievements of the North East of England Programme for the 2013/14 screening year. The year has focused on reviewing programme performance both nationally and locally to ensure every effort is taken to improve the quality of the delivery of the screening service and therefore improve acceptability to the gentlemen who are invited to attend.

Abdominal aortic aneurysms develop most commonly in men and are associated with risk factors such as smoking and high blood pressure. Ruptured AAAs account for 2.1% of all deaths in men aged 65 and over in the UK. Most AAAs are asymptomatic and were often only detected by chance when undergoing investigations for unrelated conditions or symptoms. Large AAAs over 5.5cm in diameter are rare but carry a high risk of rupture. A ruptured AAA is a surgical emergency with a third of ruptures dying in the community before reaching hospital and only 50% of those who do undergo AAA emergency surgery surviving the operation. In contrast, if an AAAs is detected early and repaired by elective surgery in a high quality vascular service the post-operative mortality rate is significantly reduced to 3-8%.

In order to detect aneurysms before rupture the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) was established in 2009 and completed phased roll out across England in 2013. There are now 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 commenced screening in January 2010 and is one of the largest local screening programmes. NE AAASP covers a large demographic area including Northumberland, Tyne & Wear, South of Tyne County Durham & Darlington, Teesside and selected GP practices of North Yorkshire.
Screening is provided by a highly motivated and dedicated team of screening technicians and nurse practitioners who ensure the delivery of care is consistently of a high quality at all of the screening sites. The programme is supported by a reliable and motivated admin team who work in conjunction with the management and screening team to provide a seamless service.

Ensuring that screening technicians are well trained and supported is fundamental to ensuring screening is delivered to consistently high standards. The dedication of the Lead Ultrasonographer and nurse practitioners has ensured NE AAASP has not only maintained training requirements as per national standards but in addition has developed a robust internal programme of local training and continuous professional development (CPD) for all screening staff to ensure the delivery of the service is maintained at a high the highest possible standard. It has been my pleasure to use local experience to assist NAAASP as their Education and Training Expert Lead providing advice for local programmes and developing and implementing the new e-learning system for AAA trainee technicians in conjunction with The University of Salford.

NE AAASP has continued to build on its previous success by effectively achieving the NAAASP and UK Screening Committee (UK NSC) Quality Standards and key performance indicators. In addition NE AAASP continues to undertake multiple local audits to improve the quality and clinical safety of the local programme by reviewing failsafe procedures throughout the screening pathway to ensure the right result is given to the right gentleman at the right time.

The local programme has embraced the exciting new developments in the National Screening Programme over the last year. This has included piloting the Northgate IT Solutions national image storage solution which allows local programmes to upload all scans taken in AAA Screening clinics to a centralised storage system.

The continued success of the local programme is due to the efforts of the screening team and the admin staff. The whole team consistently delivers a high quality service and the programme management team regularly receives personalised thanks to individual technicians and nurse practitioners from gentlemen screened, appreciative of the care they have received. This report is dedicated with heartfelt thanks to the NE AAASP team for making such a huge positive impact on the screening service.
Programme Contacts

NE AAASP contact details:

☎ 0191 445 3726
✉ gan-tr.Abdominal-Aortic-Aneurysm-Screening@nhs.net

The North East of England AAA Screening Programme
Queen Elizabeth Hospital
Sheriff Hill
Gateshead
Tyne & Wear
NE9 6SX

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

Staff based at the Queen Elizabeth Hospital, Gateshead:

Consultant Radiologist Lead: Dr Colin Nice

Programme Manager: Mrs Jeanette Bowes
Service Level Manager Clinical Support & Screening Division

Screening Coordinator: Mrs Tracy Gilchrist

Lead Ultrasonographer: Mrs Linda Bulloch

Nurse Practitioners: Mrs Alison Raistrick & Mrs Elaine Jackson

Screening Technicians
Alan Selby, Alex Thompson, Claire Smith, Fran Gee, Heather Doran, Paula Ball, Paul Teasdale, Sue Monnelly

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

Admin Team Leader: Mrs Tracey Simm
Screening Pathway

The NE Programme operates in line with the Standard Operating Procedures issued by the National Programme. Men in their 65th year registered with a GP are identified and sent an appointment by the administration centre based at the Queen Elizabeth Hospital, Gateshead. They are asked to attend at a screening site local to their area of residence. A team of screening technicians and nurse practitioners attend the screening site with portable ultrasound equipment and perform the screening test after acquiring informed consent.

The 25 sites currently used by the service include:

**Northumberland**
- Alnwick – Bondgate Surgery
- Berwick Infirmary
- Blyth Community Hospital
- Hexham General Hospital
- Morpeth Primary Care Centre
- Shiremoor Resource Centre

**Newcastle**
- Molineux Primary Care Centre

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

**South of Tyne**
- Blaydon Primary Care Centre
- Cleadon Park Primary Care Centre
- Gateshead Health Centre
- Grindon Primary Care Centre
- Houghton le Spring Primary Care Centre
- Washington Primary Care Centre

**Teesside**
- Lawson Street Health Centre
- North Ormesby Village Resolution Centre
- One Life Primary Care Centre Hartlepool
- Redcar Primary Care Centre
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. 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.

**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. If the aneurysm grows to 5.5 cm or bigger, the man is referred to a Consultant Vascular Surgeon for further diagnostic tests and discussion of treatment options. These men are also offered an appointment with a Screening Nurse Practitioner.

**Large aneurysm found: If the aorta is 5.5cm wide or greater.**

Only about 1 in 100 men who are screened have a large aneurysm. Men with a large aneurysm are offered an appointment with a specialist vascular surgical team to have more scans and talk about possible treatment, usually an operation.
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 Developing an Abdominal Aortic Aneurysm (AAA) Screening and Surveillance Programme- July 2011, version 3.0” 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 ≥5.5cm a referral to an agreed vascular unit for surgical review is 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 should 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.

Incidental Findings

The screening test objective is to identify abdominal aortic enlargement 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 is referred for further tests/treatment as appropriate:

- Enlarged iliac artery
  Gentlemen with enlarged iliac measurements ≥ 2.5cm 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

Mrs Alison Raistrick
AAA Nurse Practitioner

Mrs Elaine Jackson
AAA Nurse Practitioner

The Standard Operating Procedures recommend that all men with small aneurysms are offered an appointment with a Nurse practitioner either before or at their first appointment. In the North East of England AAA Screening Programme the gentleman are initially provided with a telephone assessment with a Screening Nurse Practitioner (SNP) shortly after their initial screening test.

The SNP explains the significance of having a small aneurysm and explains future management of the gentleman within the screening programme. In addition they offer a range of life style advice to help reduce the man’s risk of developing a large aneurysm and other cardiovascular disorders. These men are then seen and further reviewed by the SNP at their next screening appointment.

The SNP also perform various audits to improve the clinical safety and efficiency of the screening programme including attended not screened, non-compliance, iliac enlargement, referral and surveillance.
Programme Performance

NHS England monitors screening programme performance through the Screening and Immunisation Area teams. The role of the ‘local’ Area Screening and Immunisation Team is to ensure screening programmes are safe, of high quality and meeting UK National Screening Committee (UK NSC) standards. NE AAASP works closely with the Area teams to ensure appropriate and effective engagement.

NE AAASP is required to provide the following to the screening coordinator of the Area Team of NHS England on a quarterly basis split by GP practice of the men, screening clinic and each respective locality, in order that NHS England can monitor activity at different clinics and make necessary adjustments to clinic choice/venue or public engagement.

% 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

NE AAASP provides this information via the quarterly Project Management Board Meeting. The meeting is attended by representatives of the Cumbria, Northumberland, Tyne and Wear Area Team, Durham, Darlington and Tees Area Team, North Yorkshire and Humber Area Team and the North East, North West, Yorkshire and the Humber Regional Quality Assurance Team.

NEAASP performance for 2013/14 is below:

<table>
<thead>
<tr>
<th>Service Spec Report</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects with insufficient contact details to make an offer</td>
<td>48</td>
<td>0.3%</td>
</tr>
<tr>
<td>Subjects offered screening who are tested</td>
<td>12917</td>
<td>74.5%</td>
</tr>
<tr>
<td>Measurement of &lt;3.0cm and discharged</td>
<td>12768</td>
<td>98.8%</td>
</tr>
</tbody>
</table>
Three UK NSC Key performance Indicators (KPIs) have been developed nationally for AAA and will be reported for 2014/15. They are:

- AA1: Completeness of Offer
- AA2: Timeliness of Offer - Annual Surveillance
- AA3: Timeliness of Offer – Quarterly Surveillance Group

Performance against the KPIs is provided by NAAASP on a quarterly basis. AA1 is now available to programme managers, AA2 and AA3 are under review and will be available for the 2014/15 screening cohort.

NE AAASP performance for AA1 is below:

<table>
<thead>
<tr>
<th>NAAASP Completeness of Offer KPI Report Q3</th>
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<tbody>
<tr>
<td>Total Subjects</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>17604</td>
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Referral Outcomes

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 a Vascular Surgeon. 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.

The audit was completed to ensure the North East AAA Screening Programme and the current approved vascular units were achieving the acceptable Quality Standards and Service Objectives set by NAAASP. Outcome records from the Northgate SMaRT system and local data capture
were used to ascertain current performance level. All data was validated with NAAASP to ensure accuracy.

The current Quality Standards and Service Objectives are listed below:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Criteria</th>
<th>No. 7.1</th>
<th>Metric</th>
<th>Unsafe</th>
<th>Acceptable</th>
<th>Achievable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Timely treatment/ intervention by specialist, measured from first positive scan (accounting for holiday, sickness etc.)</td>
<td>a</td>
<td>% of subjects with AAA 5.5cm seen by vascular specialist within two weeks</td>
<td>50%</td>
<td>75%</td>
<td>95%</td>
</tr>
<tr>
<td>B</td>
<td>% of subjects with AAA 5.5cm seen by vascular specialist within eight weeks</td>
<td>b</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>% of subjects with AAA 5.5cm deemed fit for intervention operated on by vascular specialist within eight weeks</td>
<td>c</td>
<td>60%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>% of subjects deemed fit for intervention at first assessment post referral</td>
<td>d</td>
<td>80%</td>
<td>90%</td>
<td></td>
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There were 25 referrals made to the nominated vascular units during 2013/14. 14 referrals were gentlemen who were previously monitored at surveillance appointments on a quarterly basis. All referrals were made within 1 working day to one of the 4 validated vascular units:

- Darlington Memorial Hospital/ Queen Elizabeth/ University Hospital of North Durham Hospital
- Freeman Hospital
- Sunderland Royal Hospital
- The James Cook University Hospital

Referrals to individual vascular units can be seen in the chart below:
7.1a % Subjects with AAA ≥5.5 cm seen by a Vascular Specialist within 2 Weeks

The acceptable standard is 75% and the achievable standard is 95%. NE AAASP 2013/14 performance is 96%.

The North East AAA programme has reached the achievable standard for screening cohort 2013/14.

The 1 referral which was not seen within the 2 week guidance was delayed due to hospital factors. The referral was seen within 26 days. A failsafe procedure has been established to ensure all referrals are seen by a vascular specialist within the 2 week time frame.

7.1b % Subjects with AAA ≥5.5 cm seen by a Vascular Specialist within 8 Weeks

The acceptable standard is 95% and the achievable standard is 100%. NE AAASP 2013/14 performance is 100%.

The North East AAA programme has reached the achievable standard for screening cohort 2013/14.

7.1c % Subjects deemed fit for intervention and Operated on within 8 weeks

The acceptable standard is 60% and the achievable standard is 80%. NE AAASP 2013/14 performance is 73%.
The North East AAA programme has reached the acceptable standard for screening cohort 2013/14.

11 gentlemen were deemed fit for intervention at the time of referral to the nominated vascular unit.

8 gentlemen proceeded to surgery within the 8 week time frame.

The 3 gentlemen who did not proceed to surgery within the 8 week timeframe were due to hospital delays. The delays included the following:

- No ICU bed available
- Specialist EVAR required
- Operating theatre not available

The reason for all delays to surgical procedure is illustrated below:

Information taken from NAAASP referral tracker 2013/14
Outcomes for the 25 gentlemen referred to the nominated vascular units are illustrated below.

At the time of this report, 19 gentlemen have proceeded to surgery. 3 gentlemen are still awaiting surgery and 3 gentlemen are unfit for surgery.

7.1d % Subjects deemed fit for intervention at first assessment post referral

The acceptable standard is 80% and the achievable standard is 90%. NE AAASP 2013/14 performance is 44%.

The North East AAA programme has **not reached the acceptable** standard for screening cohort 2013/14.

NE AAA Screening is performing within acceptable quality standards for referrals except 7.1d.

On review of the cases where surgical intervention did not occur within 8 weeks there acceptable delays due to health care concerns which required further investigation and intervention prior to surgical procedure.
Quality Assurance

In the past screening year 1522 examination image sets were reviewed for quality assurance purposes and appropriateness of further management. This group includes;

- All men with aortas above 3cm requiring surveillance or referred to surgical units as required by national standards
- Random samples of each screeners examinations, on a rolling basis
- All possible incidental findings
- Any examination where the screener requests another opinion

These images are reviewed promptly permitting appropriate information for the men and ensuring rapid onward referral when needed.

Performance was high in all these areas. In addition the team were able to demonstrate an exemplary low level of examinations where the aorta could not be visualised (as a result of additional focussed measures to minimise this).

Quality assurance extends beyond the ultrasound examination and all screeners undergo regular mandatory in-clinic review where other areas such as imparting information, informed consent, privacy and dignity and clinic management are assessed. The strong performance witnessed here is endorsed by the excellent feedback from the men we screen.

There will be changes to the quality assurance processes over the next year with a greater focus on other aspects of the screening pathway and the commencement of peer review visits. The North East team have contributed to the development of this process and will be involved in reviewing other programmes.

Clinical Governance
The programme is committed to embedding Clinical Governance throughout its processes. 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.

The senior management team regularly meets with the Programme Board, which represents the Commissioning members to discuss programme performance using National performance criteria as a benchmarking tool.

**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 safe care (clinical governance) culture of the programme and of Gateshead Health NHS Foundation Trust. They offer an exceptional opportunity for all of the team to meet to disseminate information and share good practice.

**Complaints 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 database DATIX system and then investigated by the senior management team.

All DATIX incidents and lessons learned are discussed at the local MDT and staff meetings, shared within the Trust via the Trust Risk Management strategy and notification is made to Commissioners, Public Health England and other appropriate stakeholders in the event of a Serious Incident

**Complaints**

Review of a complaint has resulted in the agreement that all complex cases will be reviewed by the Clinical Director and Consultant Radiologist Lead and would be discussed within MDT group.

6 no harm incidents were reported via Datix during the 2013/14 screening year. 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.

Training

As in previous years, the training commitment for screening staff remains continuous. In 2013/14, the North of England AAA Screening Programme has successfully trained and ensured the appropriate Qualification for one more AAA Technician, who qualified in July 2013.

Two experienced technicians have unfortunately left the programme to pursue careers in nursing and the police services and a further previous member of staff has now completed his vascular ultrasound module and is participating in his General medicine module. We are confident that he will qualify in medical ultrasound at the Queen Elizabeth Hospital towards the end of 2014.

Three Technicians have successfully completed reaccreditation this year, two at Gateshead Sage in December 2013 and one at Salford University in February 2013. The Gateshead Sage reaccreditation ran in conjunction with the British Medical Ultrasound 2013 event, at the prestigious Sage Theatre and conference Centre. This venue gave technicians the unusual opportunity of viewing the latest ultrasound equipment exhibited on the concourse.

The event was organised by the NE AAASP coordinator in conjunction with the University of Salford. It was my pleasure to deliver a presentation on incidental findings at this event and the NE AAASP coordinator supplied a presentation highlighting NAAASP’s Education and Training achievements which was delivered by a member of Salford University. The NE AAASP Clinical Director and the Consultant Radiology Lead, both delivered presentations at the BMUs conference. We were joined by our colleague from the Cumbria and Lancashire Programme for the BMUs event, which provided invaluable technical, clinical and managerial information for their continued professional development.

In June 2013, I organised the first Abdominal Aortic Aneurysm National Conference, at the Queen Elizabeth Hospital Gateshead. This event was attended by 80 delegates and presenters from across the country including
Northern Ireland. CPD accreditation was awarded by the Society of Radiographers, who hosted a stand at the event. Alongside the SoCR were Sonosite General Electrics and Cook Medical who between them generously funded the event. The NE AAASP coordinator, Clinical Director and Consultant Radiologist Lead all gave presentations, alongside the Director of the National Screening Programme, Screening and Immunisation Manager for NHS England and many other experienced presenters whose participation was greatly appreciated by all who attended. The smart, helpful, professional and informed approach of the Northeast AAA Technicians ensured this was an extremely successful event and the team was commended on multiple occasions by delegates during and after the conference. Tyne tees television covered this event for northern viewers, helping to promote screening in the area and encourage gentlemen to understand the importance of attending their local clinic when they receive an appointment.

This year, the North East cohort was one of the first programmes to pilot the Image storage software, enabling quicker, more accessible AAA image availability and storage directly on the Northgate database. The NE AAASP team contributed a great deal of time and effort to ensure the software was fit for purpose before the system was introduced nationally.

The NE AAASP coordinator has acted in the role of Education and Training Expert for NAAASP since March 2013. She was extensively involved in the development of on line learning for student AAA Technicians which replaced the initial training with a more efficient, cost effective and standardised package. The team’s positive attitude to learning and advancement and all those involved should be congratulated for helping to move these national improvements forward.

Continued Professional Development remains an integral part of staff development and as such we expect at least one piece of reflection every two months on evidence based articles or personal experience related to AAA. Most technicians are now improving and developing their ability to produce interesting and thoughtful articles and those less enthusiastic will be encouraged to improve and recognise that in the near future this is likely to become a national requirement. CPD is examined at four monthly assessments, nurse practitioner appraisals twice yearly and at two monthly contact meetings.

Mandatory training and in house development courses are regularly attended by screening staff and 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 CST for examination, consent, ergonomics, equipment safety and knowledge and general quality of practice. Twenty five random images are also examined for quality every four months for each individual by the clinical lead or ultrasound lead. The CST and coordinator are always available for advice on best practice.

Individuals increase their knowledge base by taking responsibility for other duties such as safe care, stock procurement, in house equipment QA, work instructions, risk register, improving working lives, infection control and administration. Further involvement is always being investigated for KSF and Band 1 to 4 staff development, as a recommendation by Gateshead Trust. Once again good communication, openness, and a no blame environment continue to be as essential as sustained quality training and robust protocols in the provision of a quality service.

Research and Audit

UK Aneurysm Growth Study (UKAGS)

This research project aims to assess the genetic and protein markers associated with the development and enlargement of aortic aneurysms. It is a large scale project over many years.

By the end of March 2014 the North East AAA screening programme has successfully recruited 615 men out of a National total of 7305. In addition to addressing an important clinical problem this is generating additional research income for the trust and raising its research profile.

There is minimal impact upon the running of the core screening activities and feedback from both the men and our team is that most men really value the opportunity to contribute to this important research.

As a result of this positive local experience our sister programme in Cumbria and Lancashire is about to start recruitment to UKAGS.

If you have any questions or wish further details please contact Dr Colin Nice colin.nice@ghnt.nhs.uk

Cross Borders Patients

It is sometimes more convenient for residents of England to register with GPs across the Scotland/England border. This causes uncertainty regarding which
screening programme is responsible for the provision of screening and funding of the individual’s subsequent healthcare requirements.

The safety and wellbeing of patients is paramount and the foremost principle of both NHS England and NHS Scotland AAA screening programmes (SAAASP) is that an individual’s healthcare provision or treatment should not be delayed irrespective of which body is responsible for funding.

The NE AAASP screening coordinator performed a review to provide NE AAASP, the Cumbria and Lancashire AAA Screening Programme (CLAAASP) and the Cumbria, Northumberland, Tyne and Wear Local Area Team with sufficient information to establish a cross border protocol. A subsequent protocol was developed by the NE Screening Coordinator to ensure treatment is not refused or delayed due to uncertainty or ambiguity as to which body is responsible for the provision of AAA Screening to men in their 65th year.

**Inequalities in Adult Screening Uptake**

The NE AAASP screening coordinator was a member of the task group established by the Cumbria, Northumberland, Tyne and Wear Area Team to explore and understand the reason for local variations in screening uptake across adult screening services.

The group collected data for cancer and non-cancer adult screening services with respect to socio economic status, gender, ethnicity, learning disability and age.

The findings of the review were presented at a regional meeting with the aim to share best practice amongst screening services and develop joint strategies across the region to minimise barriers to screening.

**Customer Satisfaction**

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.

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

- Your appointment
- The facilities
- Your experience
- Staff performance
- What influenced your decision to attend

Men were also invited to provide comments and suggestions to improve service provision at the end of category on the questionnaire.

326 Patient Feedback questionnaires were completed however 19 feedback forms were not fully completed (the questions on page 2 were not answered and there were no additional comments) therefore the survey results concentrate on the 307 complete forms.

The results from the survey showed 100% overall satisfaction with the screening visit.

292 men- 95% respondents rated the service as excellent
11 men- 4% respondents rated the service as good
4 men- 1% respondents rated the service as satisfactory

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

Appointment time
All respondents received their appointment within a suitable length of notice for attendance at clinic.

**Waiting Times**

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.

- 303 men were seen within 20 minutes  
  99% of respondents
- 4 were not seen within 20 minutes  
  1% of respondents

All 4 men were seen within 30 minutes of their appointment time and had been advised by clinic staff the appointments were running behind time.

**Out of Hours Clinic Provision**

Clinic appointment times are dictated by the venue opening times and distance travelled to each venue. The current clinic times are below:

<table>
<thead>
<tr>
<th>9am-3pm</th>
<th>9/10am-5pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blaydon Primary Care Centre</td>
<td>Berwick Infirmary</td>
</tr>
<tr>
<td>Blyth Community Hospital</td>
<td>Bishop Auckland Hospital</td>
</tr>
<tr>
<td>Cleadon Primary Care Centre</td>
<td>Dr Piper House</td>
</tr>
<tr>
<td>Molineux Primary Care Centre</td>
<td>North Ormesby Health Centre</td>
</tr>
<tr>
<td>Shiremoor Resource Centre</td>
<td>Peterlee Health Centre</td>
</tr>
<tr>
<td>Stanley Primary Care Centre</td>
<td>Redcar Primary Care Centre</td>
</tr>
<tr>
<td>Washington 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*
15 men (5% of respondents) indicated they would have preferred an evening clinic at the Bishop Auckland Hospital, Molineux Primary Care Centre and Shiremoor Resource Centre. 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**

17 men (6% of respondents) indicated they would have preferred a Saturday clinic at Bishop Auckland Hospital, Blaydon Primary Care Centre, Molineux Primary Care Centre, Peterlee Health Centre and Shiremoor Resource Centre.

Saturday appointments were trialled at Blaydon Primary Care Centre during 2013 however the DNA rate was similar to clinics throughout the week therefore it was decided to withdraw weekend clinics due to the minimal impact to attendance rates. There is no scope to offer Saturday clinics at the other requested venues.

**Positive comments received**

- all fine
- all satisfactory
- appointment at good time 4.45pm
- arrived early out before appt due - excellent
- completed very quickly and politely
- could not be bettered
- could not have asked for more help
- everything fine thanks
- everything went very smoothly and efficiently
- excellent
- excellent service
- excellent service provided by all staff
- fine
- first class service
- friendly, professional attention - thank you
- good service
- great personable attention
- I did not receive the initial appointment
- I have changed appointment times in the past very easily
- I was seen bang on time - excellent
- no waiting
- ok
- on time
- quick and efficient
- satisfactory
- seen before appointment time
- staff excellent
- staff very friendly and helpful
- straight forward well organised process
- very good
- very good & pleased with service
- very slick service
- well run organised

**Areas for improvement**

- I did not receive the initial appointment
- would of preferred somewhere nearer Bishop Auckland
Actions following comments

Failsafe procedures have been reviewed to ensure all men continue to be sent an initial screening invite.

All screening venues have been reviewed to ensure men are invited to the nearest clinic to their home address.

Venue Facilities

The men were asked to rate the screening venue for location, parking facilities, disabled access, waiting room and toilet facilities.

The overall rating for screening venues is illustrated below:

- 216 men rated the screening venues as excellent (70% of respondents)
- 72 men rated the screening venues as good (23% of respondents)
- 12 men rated the screening venues as satisfactory (4% of respondents)
- 7 men rated the screening venues as poor (2% of respondents)

On review of the responses the majority of screening venues were rated as excellent or good. 7 ‘poor’ responses were received highlighting 3 screening venues. The facilities were related as poor due to poor external signage, parking facilities and distance travelled to the clinic venue.

Positive comments received

- all good
- all very good
- all very good - excellent
- come back again if needed
- did not use car park but have done so before. I followed wheelchair user into building and she had no problems
- did not use toilet. Excellent friendly staff.
- everything fine again
- everything OK
- excellent
- good over all
- good provision - handy
- hard to fault
- I used public transport and the location is very easy to access.
- I was attended to immediately on arrival and treatment with utmost courtesy
- quick and easy - nice helpful staff
- very easy to find
- very easy to find, toilets very clean
- very good
Areas for improvement

☐ car parking facilities at the hospital (generally) are particularly poor & also in the surrounding area
☐ distance travelled too far. Must be facilities closer to address?
☐ hard to find facility. Instructions not clear
☐ having to pay car parking charges for appointment is wrong
☐ I had not been here before and a plan of where to go would have helped for driving from Stokesley
☐ more signs needed for toilets
☐ more than 20 miles from where I live.
☐ must increase parking facilities.

☐ parked a distance away as I did not know the location
☐ parking very poor
☐ very busy
☐ very confusing building. No signs as to which way to go/ directional
☐ very poor signage to find this health centre! Considering the size of the facility - poor!

Actions following comments

Comments regarding parking and signage have been fed back to the appropriate screening venues.

All screening venues have been reviewed to ensure men are invited to the nearest clinic to their home address.

Experience

The men were asked to rate their scan experience. The question asked the gentlemen to rate the level of discomfort they experienced during the procedure. The question was separated into two parts to explore the initial screening and surveillance repeat screening experience.

Initial screening appointment
264 men attended for an initial screening appointment

- 121 men (46%) rated the discomfort about the same as expected
- 118 men (45%) rated the discomfort as less than expected
- 25 men (9%) rated the discomfort as more than expected

The following comments were received:

- A very friendly, informative & relaxing experience thanks to staff involved.
- Excellent staff and service
- Quickly put any fears to rest. Could not be more helpful
- All OK
- All satisfactory
- All went very good
- No problems- procedure explained and staff very friendly
- Professionally carried out
- Quick easy and excellent staff
- Quick, professional procedure, well executed
- Service very good and clear
- Staff very good
- Thanks for very good service
- The nurses were very considerate thank you
- Everything was clearly explained. Staff were very nice, very professional
- Everything was fine
- Excellent friendly staff and service
- Excellent staff. Caring, informative and reassuring
- Good over all
- Happy with the whole procedure
- I had no qualms it was done very professionally and with no discomfort
- Lovely staff
- Made to feel at ease, quick and efficient
- Made very welcome, with lots of info
- Nice people, all very good involved i.e. nurses etc.
- The scan was brief and comfortable
- This was my first scan and everything was fine
- This was my first AAA scan - have had scans before, no discomfort
- Very amicable staff, informative
- Very easy and comfortable
- Very good and trouble free
- Very good experience
- Very good no problems staff friendly
- Very good service and friendly staff
- Very well looked after
- Very well organised
- Worthwhile experience

There were no areas for improvement suggested by men attending for their first scan.
Surveillance screening appointment

43 men attended for a repeat surveillance appointment

30 men (70%) rated the discomfort about the same as last time
9 men (21%) rated the discomfort as less than last time
4 men (9%) rated the discomfort as more than last time

The following comments were received:

☑ scan OK
☑ comfortable
☑ everything OK
☑ good hospital, very good service. Should never close down

☑ no problems
☑ OK
☑ staff extremely pleasant and efficient
☑ very good no problems staff friendly

There were no areas for improvement suggested by men attending for their repeat surveillance scan.

Staff Performance

CQC outcome 1 states

People should be at the centre of their care and supported by enabling them to make decisions. Staff should provide information that supports people or others acting on their behalf to understand their care and make decisions about their treatment.

The patient satisfaction survey asked men to rate the person explaining the procedure and possible outcomes of the screening test.
Information given

287 men (93%) rated the information given as excellent
19 men (6%) rated the information given as good
1 man (1%) rated the information given as satisfactory

The following comments were received regarding the consent procedure:

- a certain amount of trepidation in coming but staff were excellent at explaining things & putting me at ease
- interview very good
- pleasant, explained every step

Results and recommendations given

290 men (95%) rated the information given as excellent
14 men (5%) rated the information given as good
2 men (1%) rated the information given as satisfactory

The following comments were received regarding the scan and results procedure:
The following general comments were received regarding the NE AAA Screening service and staff:

- 10 out of 10
- 1st class service
- 5 star service
- all very good - excellent
- as the ticks say, excellent
- couldn’t have been better
- everything was excellent
- excellent all round service
- excellent throughout
- excellent treatment / service
- felt comfortable
- fine, great service
- first class service and staff, really appreciate preventative scan
- good service all round
- it should be made an essential service
- Keep it up! Hope you get a massive pay rise, very relaxed and easy
- made to feel at ease
- made very welcome, with lots of info
- no problems at all - courtesy at all times from staff
- no problems polite and caring
- staff very friendly and informative making it a stress free procedure
- super - thank you
- very friendly and efficient, enjoyable experience
- very good 10 out of 10
- very good and helpful staff

What influenced you to Attend Today?

Men were asked to indicate what (if anything) had influenced their reason for attending the appointment. They were given a selection of reasons and asked to tick which applied. A comments section was included so men could indicate if there was a reason which was not included on the list.

The results suggest the men who attend AAA Screening aim to have a healthy lifestyle and attend all appointments offered to them from screening services. A significant proportion of the men screened during the 2 week period were also influenced to attend their appointment by the NAAASP information leaflet and Patient Decision Aid software.

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 were satisfied with their screening session.
All feedback regarding screening staff and the service provided was positive. Comments and suggestions regarding areas for improvement focused on the provision of parking and signage at screening venues rather than the level of service provided by the NE AAA Screening Programme. Comments have been fed back to the appropriate screening venues.

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. 93% said the information provided was of an excellent standard. The NE AAA Screening Programme aims to increase this to 98% for the 2014/15 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.

96% 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 increase this to 98% for the 2014/15 patient survey. 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.

Service Promotion

NE Study day 20th June:
Technicians, programme managers, commissioners and vascular surgeons were among 100 healthcare professionals who attended a highly successful AAA screening study day at Gateshead Health NHS Foundation Trust on 20 June.

The event included presentations on open and endovascular repair surgery, public health screening issues, quality assurance structures and commissioning arrangements.

Speakers included national programme director Jonothan Earnshaw and Professor Gerry Stansby, director of the North East AAA Screening Programme, who was interviewed about the study day by the local ITV news team. There were also equipment demonstrations by suppliers.

The event was also featured on BBC local news in the Cumbria region.

Parliamentary Reception 17th June:
Around 100 guests attended a Westminster reception to celebrate the completion of the national implementation of the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP).

The reception in the Houses of Parliament was hosted by Sir Peter Bottomley MP, vice-chairman of the All Party Parliamentary Group on Vascular Disease, while former Secretary of State for Health Andrew Lansley was among several other MPs who attended. Jeanette Bowes represented NE AAASP at the event.

NHS 65th Birthday 5th July:

Ian Mearns MP for Gateshead, along with Deputy Leader of Gateshead Council Martin Gannon visited NE AAASP, as part of Gateshead Trust’s celebrations for the 65th birthday of the NHS.

Ian said: “I didn’t really know a lot about AAA before coming to the QE today, I didn’t realise the extent of the problem, and was very surprised by the high mortality rate as well as it being the third biggest killer of men over 65 in the region.

The vast majority of those that are screened, are simply reassured that they are healthy, but for those that are found to have an aneurysm it really could be a lifesaver. I don’t know why anyone who receives their letter would turn down the opportunity to be screened”.
NE AAASP and the event also featured on BBC local news in the Cumbria region.

South of Tyne Older People’s Forum 1st October

The NE AAASP team attended the South of Tyne Older People’s Forum at Temple Park Leisure Centre to promote the service to men over the age of 65 years.

The publicity stall was manned at event by the screening coordinator, nurse practitioner and screening technician. The team answered queries from men regarding the screening pathway and how to self-refer.

The team have also attended various Age UK meetings throughout the region to publicise the service.

Future Developments

The NE AAA Screening Programme is working closely with GP practices, local support groups and stakeholders to improve attendance in areas where screening uptake is poor.

We are looking forward to improving our communications strategy to involve other primary care services including pharmacies and in the local community by using support groups, libraries and leisure facilities.

Acknowledgements

A special thank you must be made to all of those who continue to work so hard to ensure that National Standards are maintained in the provision of AAA screening in the North East, including the admin support, the screening technicians and the nurse practitioners.
In addition I would like to extend a special acknowledgement to Professor Stansby, Mrs Linda Bulloch and Dr Colin Nice for their contribution to the development of this report.

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