

Cumbria and Lancashire Abdominal Aortic Aneurysm Screening Programme CLAAASP



ANNUAL REPORT

2013/2014

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Queen Elizabeth Hospital

**CUMBRIA AND LANCASHIRE AAA SCREENING PROGRAMME
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Foreword

Mr Simon Hardy: Clinical Director of CLAAASP



It is a pleasure to present the first annual report of the Cumbria and Lancashire Aortic Aneurysm Screening Programme. Ruptured aortic aneurysm causes many unnecessary deaths across the United Kingdom, yet this disease is easily detected by skilled, highly trained technicians.

The Cumbria and Lancashire aneurysm screening programme aims to detect and treat patients with abdominal aortic aneurysms quickly and well, whilst reassuring the vast majority of men that they do not have an aortic aneurysm. The mortality among patients identified by the screening programme and operated on across the county in 2013 was only three in a thousand. In the past many men have died because their aneurysms were not identified until they ruptured. Screening allows the earlier identification of a younger and fitter cohort of men better able to withstand aneurysm surgery. This is a striking affirmation of the value of the screening programme.

I would like to take the opportunity to highlight the dedication and hard work of all the people working to ensure that the first year of the Cumbria and Lancashire aortic aneurysm screening programme has been well received, well-organised and highly successful. I have no doubt that in its first year, this program has saved men's lives'. On their behalf, I thank all those who helped to run, organise, and deliver the first successful year of our screening programme.

Introduction

Mrs Susan Clinton: Programme Coordinator/CST

This is the first Annual Report of Cumbria and Lancashire Abdominal Aortic Aneurysm Screening Programme (CLAAASP) and includes the 2013 – 2014 screening population cohort.

The aim of the report is to demonstrate and highlight the programme's achievements in its first year of screening.

Abdominal aortic aneurysms (AAA), developing more commonly in men, are associated with risk factors such as smoking and high blood pressure.

AAAs are often asymptomatic until they rupture and then are often fatal. They are an important cause of male death in the over 65 age group.

If detected early an aneurysm can be repaired by elective surgery with low associated mortality.

The NHS Abdominal Aortic Screening Programme began roll out across England in 2009 and has now achieved full roll out. The aim of the programme is to reduce deaths from AAAs through early detection thus enabling timely treatments.

In 2012 Gateshead Health NHS Foundation Trust were successful in being awarded the tender for the provision of the Cumbria and Lancashire AAA Screening Programme.

Gateshead Health NHS Foundation Trust already had a very successful programme for the North East of England and so there was a wealth of expertise to tap into when setting up this programme.

Following the successful tender process senior staff from Gateshead Health NHS Foundation Trust set about choosing sites throughout Cumbria and Lancashire. This was extremely time consuming given the distance that needed to be travelled.

Site surveys were completed for all potential venues, ensuring suitability and accessibility.

N3 connections needed to be established and this involved working closely with IT teams outside of the Trust.

Sites and clinical rooms were chosen carefully as, given the often remote locations, particularly in the Cumbria region, it was very important to ensure travelling times for

the gentlemen were kept to a minimum and within Standard Operating Procedures guidelines.

Despite bad weather through the winter months, hampering the process, most venues had been secured by the start of 2013.

Working with the National Programme Centre the screening equipment was selected and 7 Sonosite machines were safety tested locally following delivery. With ergonomics in mind Ultrasound machine stands were also purchased and electrically tested.

Recruitment began early in 2013 and 8 trainee technicians were appointed.

Training of 8 technicians at one time was very labour intensive.

In order to ensure all the technicians were trained to required competencies and able to complete their portfolio within a tight timeframe supportive training of the technicians was also provided by the staff at Gateshead. This training opportunity has been valuable to both groups of technicians, ensuring shared learning and team building.

All 8 technicians were successful in achieving accreditation from the University of Salford and began the screening of the 2013 – 2014 cohort. An internal programme of continuous professional development for all screening staff ensures the service is delivered and maintained at a high standard.

Regular multi-disciplinary meetings are held with all members of the team. This encourages shared learning and allows for information dissemination..

CLAAASP covers a large demographic area and geographically sits alongside the North East of England Programme.

The geography of the Cumbria region in particular presents challenges for the coordination of clinics and it has been necessary to consider the weather, particularly in the winter months, to ensure the safety of our technicians whilst driving.

This report will show the success of the programme's first year and this is due to the dedication and enthusiasm of the entire team.

NHS England commissions and monitors all national screening programmes through the Screening and Immunisation Area Teams. CLAAASP works very closely with the Area Team to ensure appropriate and effective engagement. Quarterly reports are produced and presented to the Programme Board highlighting performance against NAAASP Quality Standards and KPIs.

The Clinical Commissioning Groups (CCGs) covered by the Cumbria and Lancashire Programme are:

NHS Cumbria CCG

NHS Blackburn with Darwen CCG

NHS Blackpool CCG

NHS Chorley and South Ribble CCG

NHS East Lancashire CCG

NHS Fylde and Wyre CCG

NHS Greater Preston CCG

NHS Lancashire North CCG

NHS West Lancashire CCG

The programme is managed locally in the Minerva Health Centre in Preston, with the administration team placed in the Queen Elizabeth Hospital, Gateshead.

Programme Contacts:

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Queen Elizabeth Hospital

Sheriff Hill

NE9 6SX

Clinical Director: Mr Simon Hardy

Consultant Vascular Surgeon at Royal Blackburn Hospital

Programme Manager: Mrs Jeanette Bowes

Service Line Manager for AAA, Breast and Bowel Screening Services,
Queen Elizabeth Hospital

Programme Coordinator / CST: Mrs Susan Clinton

Minerva Health Centre, Preston

Screening Nurse Practitioner: Mrs Carole Williams

Minerva Health Centre, Preston

Screening Technicians:

Stuart Eaton, Julie Kellett, Rachel Johnson, Alison Wilks, Anisa Neki, Diane McKay,
Janet Wignall, Carl Nightingale.

Office Manager: Mrs Allison Wise

AAA , Breast and Bowel Screening Services
Queen Elizabeth Hospital

Admin Team Leader: Miss Amy Walker

Queen Elizabeth Hospital

Screening Pathway

CLAAASP follow the Standard Operating Procedures (SOPs) which are issued by the National Programme.

Men registered with a GP are identified when in the year of their 65th birthday.

CLAAASP also has a fairly high number of self-referrals which are accommodated within the programme as per SOPs.

An appointment to attend for screening at the nearest venue, based on GP location, is issued by the administration centre based in Gateshead.

The screening team attend the screening site and, once informed consent has been obtained, perform the screening test using portable ultrasound equipment.

The sites attended by the service during 2013-14 were:

Cumbria



London Road Carlisle



Dalton Health Centre



Workington Community Hospital



Penrith Community Hospital



Kendal Gillinggate Centre

Lancashire



Accrington Primary
Care Centre



Barbara Castle Way



Eccleston Health
Centre



Heysham Primary
Care Centre



Minerva Health
Centre



Padiham Health
Centre



Rossendale Primary
Care Centre



Sandy Lane Health
Centre



South Shore
Primary Care Centre



St Peter's Burnley



Yarnspillers
Primary Health Care
Centre

Screening Test

- ID is checked
- The screening process and possible outcomes are outlined by the screening technician and informed consent obtained before proceeding
- An ultrasound scan of the abdomen is performed
- The aorta is measured according to set criteria and the measurement of the widest point is recorded
- The gentleman is informed of his result

Screening Outcomes

Normal – aorta is < 3cm

Most men have a normal result and will not be invited for AAA screening again - discharged

Small aneurysm – aorta is between 3cm and 4.4cm

Men found to have a small aneurysm will be invited back for scans every 12 months - surveillance.

Medium aneurysm – aorta is between 4.5cm and 5.cm

Men found to have a medium aneurysm will be invited back for scans every 3 months - surveillance

Large aneurysm – aorta is 5.5cm or above

Men found to have a large aneurysm are referred to a specialist vascular team, at one of the three approved vascular centres in the programme area, to discuss possible intervention - referral

Surveillance

The men identified with an aneurysm at their initial screening test will be given the opportunity to speak to the Screening Nurse Practitioner (SNP) at a time convenient for them.

The significance of the result and future management within the programme will be discussed with the gentleman and the nurse will also offer advice aimed at trying to slow down the growth of the aneurysm. This includes life style advice such as smoking cessation, healthy diet and exercise regimes.

These men will also be seen by the SNP at the next screening appointment.

Referral

If an aorta measures 5.5cm or above a referral is made within 1 working day to one of three approved vascular centres.

The vascular centres 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.

All referrals should be seen within two weeks of the referral being made by the Coordinator and if surgery is indicated following assessment this should be completed within eight weeks of the date of the referral.

If the AAA measures 7cm or over, every attempt is made to see the man at the next available Outpatient clinic.

The performance of the vascular centres is measured against Quality Standards and reported back to the National Office, Regional QA team and Programme Board.

Vascular Centres:

- East Lancashire Hospital NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- North Cumbria University Hospitals

Programme Performance (AAA QS report June)

In the first screening year of the Cumbria and Lancashire AAA screening programme

13116 men were eligible to be offered a screening appointment.

9842 accepted the initial offer indicating an uptake of **75.01%** (KPI 60%)

389 self-referrals were made to the programme

125 men in cohort were found to have an aortic aneurysm ≥ 3 cm on initial screen (0.95%)

5 self-referred men were found to have an aortic aneurysm ≥ 3 cm on initial screen (1.29%)

26 referrals were made to a vascular centre – **20** were from the initial screening and **6** were referred following surveillance

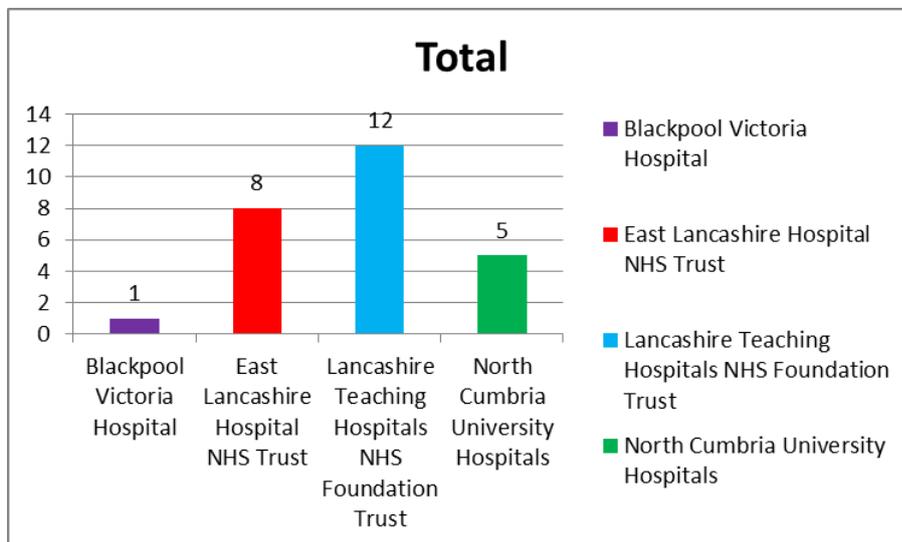
Abdominal Aortic Aneurysm Screening – Completeness of offer Q4 (Whole year)

Initial Screening Year - 2013

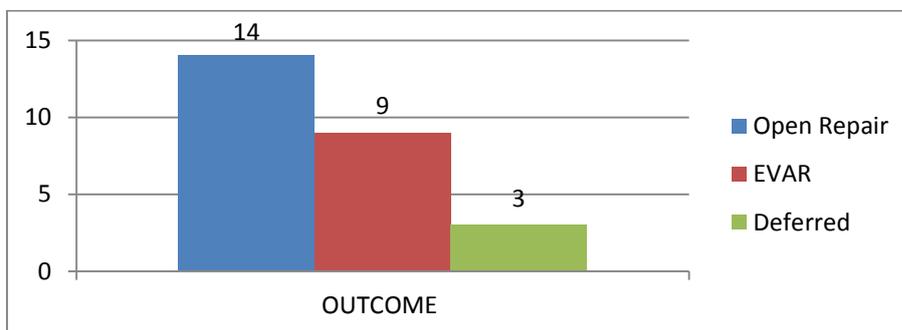
Current Provider	Total Subjects	Eligible Subjects	Eligible Subjects Offered Appt with date <= end Q4	% Eligible Subjects Offered Appt with date <= end of Q4
Cumbria & Lancashire AAA Screening Cohort	13317	13116	13069	99.64%

Referrals to Vascular Units and Outcomes

Referrals



Outcomes



Of the three deferred two have co-morbidities and one has declined any intervention

Performance against National Standards

7.1a % subjects with AAA \geq 5.5cm seen by a Vascular Specialist within 2 weeks

Acceptable standard is 75%

Current performance 100%

7.1b % subjects with AAA \geq 5.5cm seen by Vascular Specialist within 8 weeks

Acceptable standard 95%

Current performance 100%

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

Acceptable standard 60%

Current performance 84%

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

Acceptable standard 80%

Current performance 92.3%

Customer Satisfaction

CLAAASP encourages people who use the service to influence how the service is run and developed by providing both verbal and written feedback.

Comment cards are available at all screening venues and in addition an annual patient satisfaction survey is conducted.

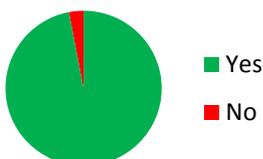
The satisfaction survey was carried out during Q3 and a summary of the results are reported below

Results

The place where the clinic was held:

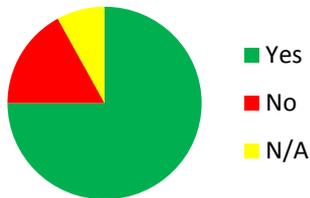
Was it easy to find?

97% answered that the clinic was easy to find and 2% answered no.



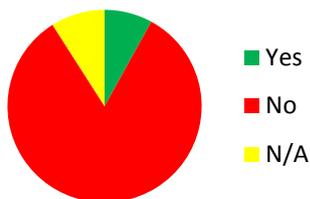
Was the clinic close to where you live?

75% answered yes, 17% answered no, and 8% marked 'not applicable'.



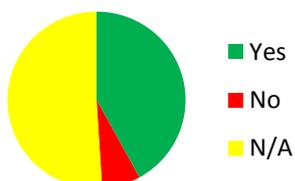
Was it difficult to find somewhere to park?

8% answered yes, 83% answered no and 9% marked 'not applicable'.



Was it convenient to reach by public transport?

42% answered yes, 7% no and 51% marked 'not applicable'.



The rooms where the scan was carried out:

Was the access difficult

100% of the gentlemen answered no.

Was the seating area cramped?

100% of the gentlemen answered no.

Was there enough seating available?

98% of the gentlemen answered yes and the other 2% answered no.

Did you feel you had enough privacy when being screened?

100% of the gentlemen answered yes.

Your appointment:

Were you given enough information about the scan?

100% of the gentlemen answered yes.

Were the staff able to answer your questions?

99% of the gentlemen answered yes and 1% 'not applicable'.

Did you find any part of the procedure uncomfortable or painful?

93% answered no 7% answered yes

Were you satisfied with how your appointment went?

100% of the gentlemen answered yes.

Conclusion

Overall, the data reveals that the gentlemen surveyed had a positive attitude towards their screening experience. This is highlighted further in their added comments:

"First class, no waiting."

"Well organised, prompt and very helpful staff."

"Staff were cheerful and helpful and there was no waiting"

"The screening programme is fantastic - very satisfied."

Response : additional venues have been explored to address the issues raised by the question: “Was the clinic close to where you live? as 17% felt it was not.

Site visits were conducted at several prospective venues, in particular in the Cumbria region. As a result of these visits the Kendal site was identified and many practices were able to be remapped to this closer venue.

Positive Comments

Date if known	Clinic	Compliment/comments	Documentation
Q2 13-14		Speedy, efficient and professional service, thank you	comment card
Q2 13-14		Great service. Friendly professional staff. On time - very efficient	comment card
Q2 13-14		Many thanks for repeat letter!! What a service! Excellent reception and treatment	comment card
Q2 13-14		Excellent service, on time, courteous and professional. Thank you	comment card
Q2 13-14		Welcomed chance to have screening. Procedure well explained and I very much appreciated instant feedback	comment card
Q2 13-14		Would recommend to anyone to go to be examined	comment card
Q2 13-14		This is an excellent service. Well done the NHS	comment card
Q2 13-14	BCW	I was seen on my appointment time and the procedure was fully explained. The test was quite simple and pain free. All in all a good experience. Also car parking was good and not too expensive	comment card
Q2 13-14		Many thanks for the service, it was most efficient. The NHS does a superb job and its most appreciated by me	comment card
Q2 13-14		NHS absolutely brilliant. Never had a problem with all your services	comment card
Q2 13-14		Nurses very informative and courteous throughout procedure	comment card
Q2 13-14		The process is very quick with everything expertly explained beforehand. I found it a bit scary when the process was explained but after asking questions my mind was put at ease. All in all a fast and effective process	comment card
Q4 13/14	Accrington	It would be helpful if you put a specific contact point at the venue. This will prevent people wandering about in a large venue trying to find where they should be	comment card
Q4 13/14		Very Efficient smooth procedure. Thank you	comment card
Q4 13/14		Grand service	comment card

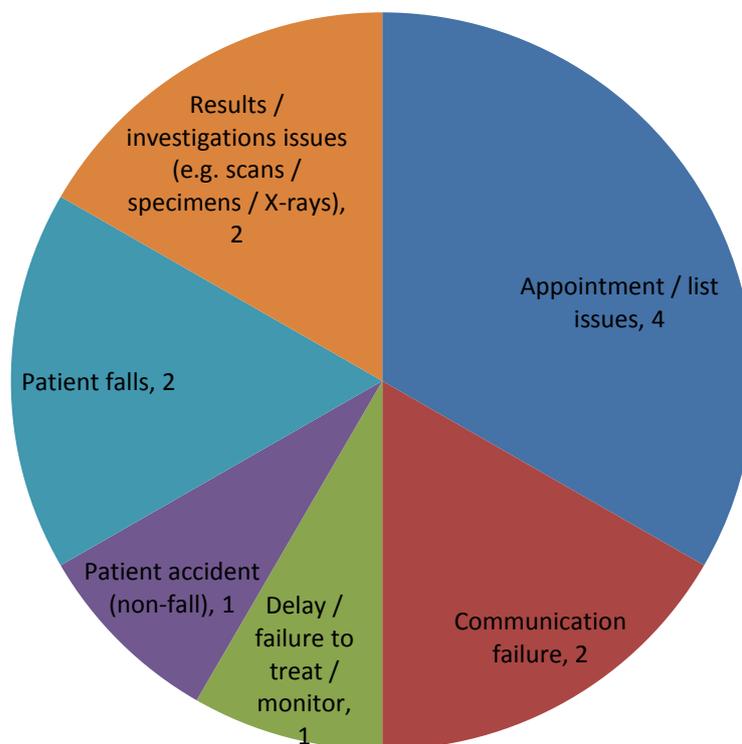
Adverse Incidents

All adverse incidents are reported using DATIX system and investigated.

Incidents and lessons learned are shared at the MDT meetings

Incidents recorded

Incidents by Category for Cumbria and Lancashire AAA Screening 2013-14



Clinical Governance

As a programme we are committed to ensuring Clinical Governance is embedded in its processes.

A Right Results policy ensures there are standard operating procedures at all stages of the screening programme.

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 bench marking tool.

Regular MDT meetings provide an opportunity for team learning and experience sharing, plus an opportunity to discuss operational changes and review screening performance.

Equality and Equity

The Cumbria and Lancashire AAA screening programme is committed to ensuring the service is available to all eligible men.

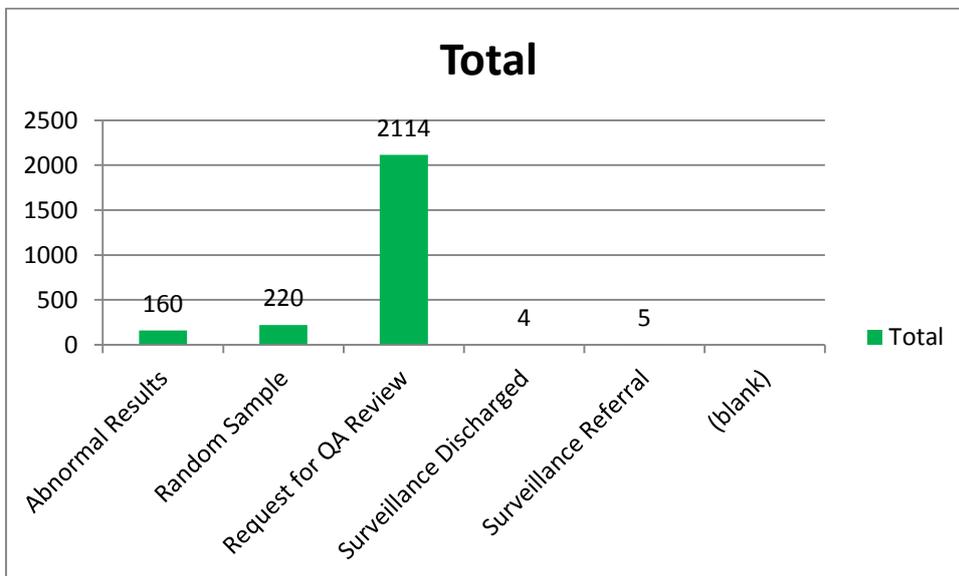
All sites have been assessed for wheelchair access and gentlemen are asked to contact the screening office if they have any special requirements or require assistance at their appointment.

Promotion and Development

Promotion of the Cumbria and Lancashire AAA screening programme has been limited in its first year to allow for the training of the technicians and to ensure the competencies of the screening staff in accordance with National Standards.

Future developments include working together with the local Vascular Communication Group to further publicise the programme to improve uptake and self-referrals.

Quality Assurance



A total of 2503 examination images have been reviewed for quality assurance.

This includes all abnormal results, random samples, incidental findings and the screeners initial 100 scans following training.

The annual non visualised rate for the programme is **0.87%** which is really pleasing in our first year.

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 and Mr Simon Hardy represented CLAAASP at the event.



Acknowledgements

A huge thank you is made to all staff who have worked hard to set up the programme and have been instrumental in its success.

A special thank you is made to the North East Team who have helped support the programme throughout its first year.

References

NAAASP - AAA QS report June

NAAASP Key Performance Indicators (KPIs)

Northgate Solutions SMaRT System