

Screening Programmes

Abdominal Aortic Aneurysm

The North East of England Aortic Aneurysm Screening Programme

ANNUAL REPORT 2011/2012

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GATESHEAD HEALTH NHS FOUNDATION TRUST

THE NORTH EAST OF ENGLAND AAASP ANNUAL REPORT 2011/2012**Contents:**

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THE NORTH EAST OF ENGLAND ANNUAL REPORT 2011/12

Preface



Professor Gerry Stansby

Clinical Director of NEOEAAAP

It gives me enormous pleasure to write this preface for the first annual report of the North East of England Aneurysm Screening Programme. As a vascular surgeon I am only too aware of how terrible a thing a ruptured Abdominal Aortic Aneurysm is. Even in the very best centres only about half of the victims of ruptured aneurysm survive surgery – and even worse 2 out of 3 cases don't even make it to hospital and die at home or in an ambulance. What a tragedy - healthy men have their lives suddenly taken away from them by a treatable condition that they didn't even know they had. Contrast this with the situation of an aneurysm that has been found before it bursts, which can be repaired electively – with better than a 95% survival rate. This is what underpins the logic behind screening for aortic aneurysms in 65 year men on a national basis.

When the Government first announced the introduction of national aneurysm screening I for one was delighted. It marked the end of a long campaign by many of us to get this disease the recognition it so deserved. However, when it came to setting up the service for the North East it seemed a truly daunting task. To deliver a new service to over 2.5 million people, involving approximately 15000 scans in the first year at more than 20 sites across the North East was a real challenge. Especially as the staff and technicians had to be recruited and trained to National Standards from scratch. I am pleased to say that the staff at the Gateshead Health NHS Foundation Trust screening services have more than exceeded my expectation for the first screening year. Not only have all the necessary staff been recruited and trained and all the appointments and venues been efficiently organised, they have managed to get one of the highest attendance rates of any of the programmes in the country. A truly remarkable success that I wish to congratulate them all on and one which they can be very proud of.

During this first year we have already identified several large aneurysms requiring surgery and undoubtedly saved lives as a result. Many smaller aneurysms have also been identified that we can now keep under review and repair if they enlarge. Additionally much general health advice on issues such as smoking cessation and healthy living has been given to the participants which will also benefit them. Over the next 5-10 years as more and more men have been screened we expect the number of ruptured aneurysms to gradually decline in the North East as a result of the programme. All in all this has been a fantastic start to a very important public health initiative in the North East. Further challenges in delivering the programme will undoubtedly lie ahead – but I have every confidence that the team can rise to them over the next and subsequent years.

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Introduction

This is the first Annual Report of the North East of England Abdominal Aortic Aneurysm Screening Programme and includes the 2011 screening population cohort.

Abdominal aortic aneurysms develop most commonly in men and are associated with risk factors such as smoking and high blood pressure. They 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 and in fact ruptured abdominal aortic aneurysm deaths account for 2.1% of all deaths in men aged 65 and over in the UK. Detected early they can be repaired by elective surgery with low associated mortality. To detect aneurysms before rupture the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) commenced phased roll-out across England in Spring 2009. It is expected to reach full national roll out by March 2013. The aim of the Programme is to reduce deaths from abdominal aortic aneurysms through early detection.

In 2010 Gateshead Health NHS Foundation Trust was successful in being awarded the tender for the provision of the North East of England Abdominal Aortic Aneurysm (AAA) Screening Programme across the North East. The Clinical Director of the Screening Programme is Professor Gerard Stansby based at the Freeman Hospital, Newcastle.

Figure 1 Local AAA Screening Programmes

Local AAA Screening Programmes June 2012

- Black Country (BC)
- Bristol, Bath & Weston
- Cambridgeshire, Peterborough & West Suffolk
- Central Yorkshire
- Coventry and Warwickshire
- Derbyshire
- Five Rivers
- Gloucestershire
- Greater Manchester
- Hampshire
- Heart of England (H of E)
- Hereford and Worcester
- Kent and Medway
- Leicestershire
- Norfolk and Waveney
- North and East Yorkshire & North and North East Lincolnshire (NEYNL)
- North Central London (NCL)
- North West London (NWL)
- Northamptonshire
- Nottinghamshire
- Peninsula
- Shropshire
- Somerset and North Devon
- South Devon and Exeter
- South East London (SEL)
- South West London (SWL) & East Surrey
- Staffordshire and South Cheshire
- Sussex
- **The North East**
- West Surrey & North Hampshire
- West Yorkshire



The programme is set up to screen men aged 65 years of age from a target population of 2,680,990 within the North East including PCT's in Northumberland, North of Tyne, Durham and Darlington, Hartlepool, Middlesbrough and North Tees, Redcar and Cleveland, Gateshead, Sunderland and South Tyneside as well as from selected GP's from Hambleton & Richmondshire

There is a service level agreement in place for the provision of the service between the UK National Screening Committee and North Tyneside PCT on behalf of the North East Specialist Commissioning Group and Associates which is a committee incorporating the following Primary Care Organisations:

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Northumberland Care Trust
North Tyneside PCT
Newcastle PCT
Gateshead PCT
South Tyneside PCT
Sunderland Teaching PCT
County Durham PCT
Darlington PCT
Hartlepool PCT
Stockton on South of Tyne Teaching PCT
South Tyneside PCT
Redcar & Cleveland PCT.

For the purpose of the agreement North Yorkshire and York PCT are considered to be an associate of the North East Specialised Commissioning Group with respect to selected GP Practices within Hambleton, Richmondshire, Whitby and Esk.

Programme Contacts:

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
Queen Elizabeth Hospital



Dr Colin Nice

Programme Manager:

Mrs Jeanette Bowes

Assistant Divisional Manager for AAA, Breast and Bowel Screening Services
Queen Elizabeth Hospital



Mrs Jeanette Bowes

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Screening Coordinator :
Mrs Tracy Gilchrist
Queen Elizabeth Hospital



Mrs Tracy Gilchrist

Screening Nurse Practitioners:
Alison Raistrick & Elaine Jackson
Queen Elizabeth Hospital



Mrs Alison Raistrick

Mrs Allison Wise
Office Manager:
AAA Bowel and
Breast Screening Services
Queen Elizabeth Hospital



Mrs Allison Wise

Lead Ultrasonographer
Mrs Linda Bulloch
Queen Elizabeth Hospital



Mrs Linda Bulloch



Mrs Elaine Jackson

Screening Programmes

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In addition to the management team shown above are a number of screening technicians and admin support who help to deliver the screening service in accordance with the Programme National Standards.

The Programme has 8 screening technicians in post who have completed the mandatory training with Salford University and can demonstrate the required competencies as required by the National Screening Programme.

A further 4 technicians are still within their training period.

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 attend the screening site with portable ultrasound equipment and perform the screening test after acquiring informed consent.

The sites currently used by the service include:

Northumberland

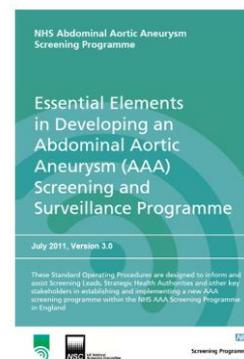
- Alnwick Infirmary
- Berwick Infirmary
- Hexham General Hospital
- Shiremoor Resource Centre
- Blyth Community Hospital and Health Centre
- Morpeth Cottage Hospital

Newcastle

- Molineux Centre

County Durham & Darlington

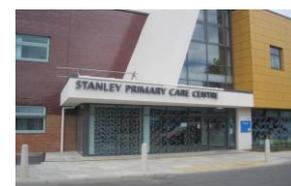
- Bishop Auckland General Hospital
- Darlington Walk in Centre
- Stanley Primary Care Centre
- Sedgefield Community Hospital



Blyth Community Hospital



Shiremoor resource Centre



Stanley Primary Care Centre

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South of Tyne

- Blaydon Primary Care Centre
- Cleadon Park Primary Care Centre
- Grindon Primary Care Centre
- Houghton le Spring Primary Care Centre
- Washington Primary Care Centre



Washington Primary Care Centre

Teeside

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



North Ormesby Resolution Centre

North Yorkshire

- Richmond Community Hospital
- Friarage Community Hospital
- Whitby Community Hospital



Whitby Community Hospital

Screening Test

Upon arrival at the clinic, the man sees a Screening technician who explains the screening process, possible outcomes of the test as well as the risks and benefits of the screening. The technician asks the man's consent for screening and for the Programme to retain his personal information for the purpose of programme evaluation, audit and research.

The test performed by the screening technician is an ultrasound scan of the abdomen.



Ultrasound Test

The image of the aorta is measured at its widest point and is recorded as the maximum aortic diameter in millimeters, by the technician



Ultrasound Image

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Screening Outcomes

Based on the results of an abdominal ultrasound scan the men are categorised as follows:

- **Normal - aorta less than 3cm**

A normal result means that the aorta is not enlarged (there is no aneurysm). Most men have a normal result. No treatment or monitoring is needed afterwards. The screening programme will not send any further invitations for screening.

- **Small aneurysm found 3 to 5.4 cm**

If we find a small aneurysm this means that the aorta is a little wider than normal. We invite men with a small aneurysm back for regular surveillance scans.

- **Large aneurysm found 5.5cm or above**

If we find a large aneurysm this means that the aorta is much wider than normal. Only a very small number of men have this result. We give men with a large aneurysm an appointment with a specialist team to have more scans and to talk about possible treatment, usually an operation.

- **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 referred for further tests/treatment as appropriate:

- **Enlarged iliac aneurysm**

Gentlemen with Iliac measurements $\geq 2.5\text{cm}$ will be referred for a vascular consultation to 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.

Surveillance Scans

If the initial scan shows there is a small aneurysm the man is invited back for regular surveillance scans to monitor any growth.

The frequency of surveillance scans depends on the size of the aneurysm:

- **Aortic diameter 3 to 4.4 cm**

Annual scans

- **Aortic diameter 4.5 to 5.4 cm**

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Three-monthly surveillance scans

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.

Screening 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 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, including smoking cessation, health diet and exercise.

These men are then seen and further reviewed by the SNP at their next screening appointment.

Referral

The service is required to refer men with aneurysms of 5.5 cm and above to approved vascular surgical units. 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.

Associated Vascular Units (2010/2011)

- Freeman Hospital, Newcastle
- James Cook University Hospital
- North Durham University Hospital
- Darlington Memorial
- Sunderland City Hospitals NHS Foundation Trust
- Gateshead Health NHS Foundation Trust

All referrals made to these vascular units are as per existing GP pathways and are in respect of patient choice.

These referral patterns were defined by an independent assessment coordinated by the local commissioning leads and SHA and are based on the existing GP referral pathways. The North East of England AAA Screening Programme does not influence this pathway but does acknowledge patient choice.

All men referred to a vascular unit must be seen by a vascular surgeon within two weeks of the referral being made.

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The vascular surgeon then takes over the management of that gentleman with further diagnostic tests and either surveillance or treatment, usually an operation.

If a further diagnostic test at the vascular unit shows the aneurysm to be less than 5.5cm in diameter, or the patient is unfit for surgery, continued follow up is arranged under the care of the vascular surgeon, not the screening program

Programme Performance

Uptake

In the first screening year there were 19,437 eligible men entitled to be offered a screening appointment. 14809 accepted the initial offer demonstrating an uptake of 77.30% (KPI 60%) plus 213 self referrals. 203 gentleman were found to have an aortic aneurysm.

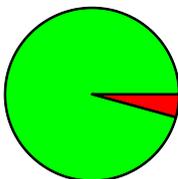
Table 1 NOE AAA Screening Cohort 2011-2012 (SMaRT) ²

NOE_North East AAA Screening Cohort

2011- 2012

Cohort

Initial Screen Status	Total Number of Eligible Patients	Subjects Declined	Ineligible Subjects - Initial	No Post Office Returns	Screen Offered - Initial Screen	Offer Accepted - Initial Screen	Number of Eligible Patients Tested	New appt within 3 months after DNA	Percentage of Offered Subjects Tested	No Patients with Aorta >= 3cm on intital screen	Non visualised Screens
Complete	18602	876 (4.71%)	0 (0.00%)	16 (0.09%)	18365 (98.73%)	14747 (80.30%)	14633 (78.66%)	3805 (78.83%)	14633 (79.68%)	202 (1.09%)	335 (2.22%)
Not Complete	835	0 (0.00%)	0 (0.00%)	1 (0.13%)	794 (95.09%)	62 (7.81%)	11 (1.32%)	168 (30.43%)	11 (1.39%)	1 (0.12%)	54 (80.60%)
Overall Total	19437	876 (4.51%)	0 (0.00%)	17 (0.09%)	19159 (98.57%)	14809 (77.30%)	14644 (75.34%)	3973 (73.86%)	14644 (76.43%)	203 (1.04%)	389 (2.57%)

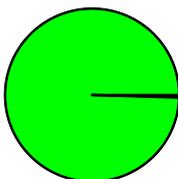


■ Not Complete
■ Complete

Initial Screen Status	First Appointment DNA (denominator for 3.4)	No screening tests (denominator for 5.1)
Complete	4827	15079
Not Complete	552	67
Overall Total	5379	15146

Self Referral

Initial Screen Status	Total Number of Eligible Patients	Subjects Declined	Ineligible Subjects - Initial	No Post Office Returns	Screen Offered - Initial Screen	Offer Accepted - Initial Screen	Number of Eligible Patients Tested	New appt within 3 months after DNA	Percentage of Offered Subjects Tested	No Patients with Aorta >= 3cm on intital screen	Non visualised Screens
Complete	212	0 (0.00%)	0 (0.00%)	0 (0.00%)	211 (99.53%)	211 (100.00%)	212 (100.00%)	7 (100.00%)	212 (100.47%)	3 (1.42%)	2 (0.93%)
Not Complete	1	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Overall Total	213	0 (0.00%)	0 (0.00%)	0 (0.00%)	212 (99.53%)	211 (99.53%)	212 (99.53%)	7 (100.00%)	212 (100.00%)	3 (1.41%)	2 (0.93%)



■ Not Complete
■ Complete

Initial Screen Status	First Appointment DNA (denominator for 3.4)	No screening tests (denominator for 5.1)
Complete	7	214
Not Complete	0	0
Overall Total	7	214

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Referral Outcomes between 1st April 2011 and 31st March 2012:

Table 2: Quality Standards and Service Objectives for Referral Outcomes¹

Theme	Objective	Criteria	No	Metric	Unsafe	Acceptable	Achievable
Treat/ intervene	To ensure high quality and timely intervention	Timely treatment/intervention by specialist, measured from first positive scan (accounting for holiday, sickness etc)	7.1a	% of subjects with AAA \geq 5.5cm seen by vascular specialist within two weeks	50%	75%	95%
			7.1b	% of subjects with AAA \geq 5.5cm seen by vascular specialist within eight weeks	90%	95%	100%
			7.1c	% of subjects with AAA \geq 5.5cm deemed fit for intervention operated on by vascular specialist within eight weeks		60%	80%
			7.1d	% of subjects deemed fit for intervention at first assessment post referral		80%	90%

There were 29 aneurysms \geq 5.5 cm referred to vascular units across the screening area. All referrals were made within 1 working day of being diagnosed:

Freeman Hospital	13
James Cook University Hospital	10
Queen Elizabeth	2
University Hospital of North Durham	2
Darlington Memorial Hospital	1
Sunderland Royal Hospital	1

Performance against National Standards:

7.1a % Subjects with AAA \geq 5.5 cm Vascular Specialist within 2 Weeks:

The acceptable standard is 75% current performance 86.2%

OPD within 2/52	Total
No	4
Yes	25
Total	29

7.1b % Subjects with AAA \geq 5.5 cm Seen by a Vascular Specialist within 8 Weeks

Acceptable standard 95%, current performance 100%

OPD within 8/52	Total
Yes	29
Total	29

7.1c % Deemed fit for intervention and Operated on within 8 weeks:

The acceptable standard is 60% current performance 59.26%

Operation within 8/52	Total
No	11
Yes	16
Grand Total	27

7.1d % Subjects deemed fit for intervention:

The acceptable standard is 80% current performance 93.1%

Outcome	Total
EVAR	6
Open Repair	21
Not suitable for surgery	2
Total	29

Overall the Programme is performing within acceptable quality standards for referrals except 7.1c. Current performance is 59.26%. On review of the cases where the gentlemen were not operated on within 8 weeks there were health care concerns which required intervention and stabilisation prior to surgical intervention.

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Customer Satisfaction

An audit on patient satisfaction was undertaken in the month of April 2011

Patient Feedback questionnaires with comments sections were available at all venues for clients to write down any comments.

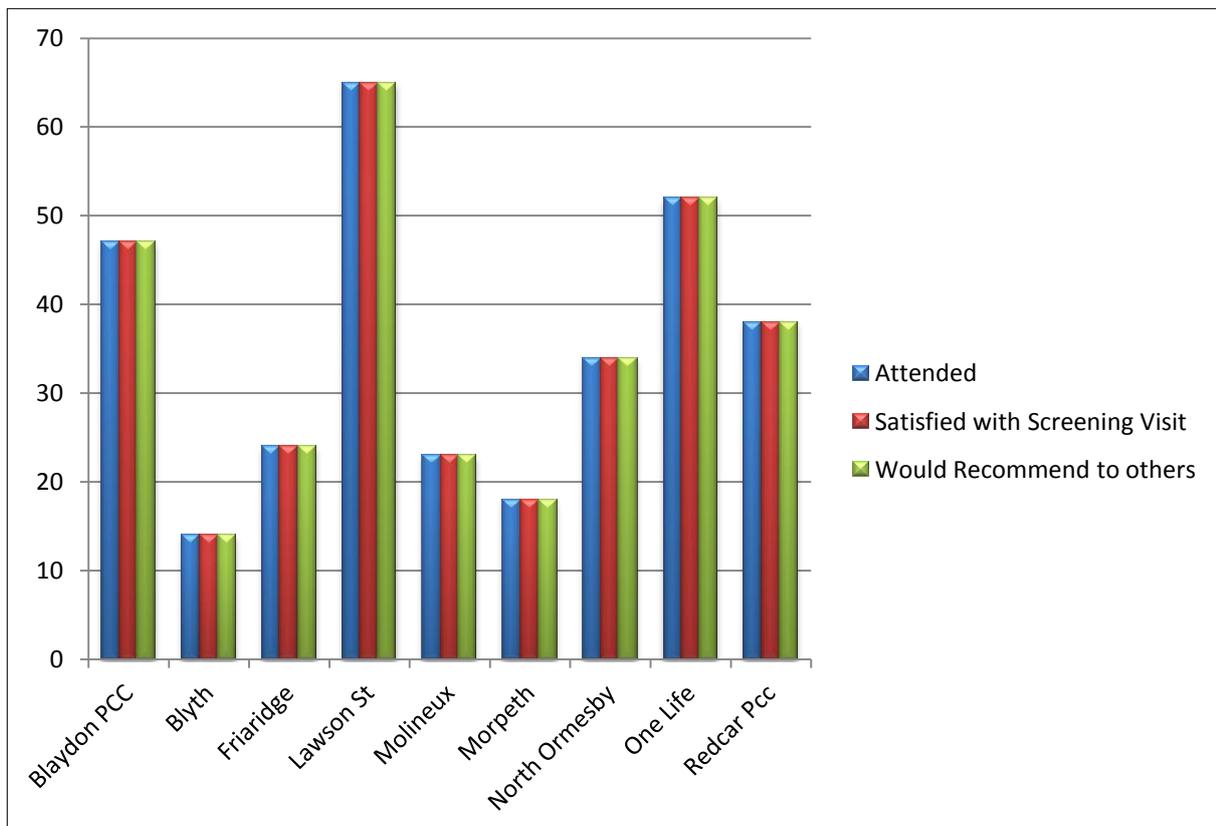
Completed Patient Feedback Survey Forms are kept in the Screening Coordinators office and a results report is sent to the Divisional Manger. Where possible this allows for timely action to be taken.

Patient Satisfaction Results:

315 Patient Feedback questionnaires were completed during the month of April 2011at selected sites.

The results from the survey showed 100% satisfaction with the screening visit and all questionnaires completed stated they would recommend the service to others

Figure 2: Chart to Demonstrate Survey Reuslts



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Positive comments

Positive comments complimented both staff and service

Clinic	Comments
Blaydon PCC	All excellent Everything went smoothly and on time. Everything went very well. Excellent concept Good I found the staff very helpful and informative nice polite staff thank you Very professional and courteous service vg
Blyth Community Hospital	Excellent response from everyone in connection with my scan. Lovely professional staff and very friendly. Staff very helpful and polite. Very good for all.
Friarage Hospital	Everything from appointment one to appointment two the screening was excellent. I wish all hospitals were like this! No problems No problems whatsoever Very good system Very satisfied with the scan and staff.
Lawson Street Health Centre	10 out of 10 Excellent service Parking wasn't too difficult today but can be difficult normally Very Good Very kind staff, Most helpful The staff very helpful and informative
Molineux PCC	Being seen to at AAA is quick and efficient but finding the correct place is not easy. Clearer information would help, Excellent service. Experience was calm, helpful, informative and friendly. Certainly put me at ease and allayed any fears I may have had prior to the appointment. Excellent, Thank you! Staff very friendly and efficient. Very pleasant staff, most helpful Very Smooth

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Clinic	Comments
Morpeth Cottage Hospital	It was a very good and helpful consultation No waiting. Friendly Staff. Excellent! Very courteous and Professional very efficient Very good
North Ormesby Resolution Centre	All went very well. An excellent idea. I would definitely recommend it. Staff were very good Excellent in all respects, Knowledge, polite staff. V Good only 15 minutes late with appointment but quite happy with that
One Life PCC	A very simple and worthwhile test - and free! What's not to like? All went fine. Appreciate!! Excellent service. Thank you Excellent staff in every way!! Fine nice environment - GOOD STAFF!! I appreciated the opportunity to be screened. Quick and efficient Smooth process. No problems Thank You Thanks everyone. You were very helpful. Very convenient venue. very efficient a must for early diagnosis of problems
Redcar PCC	Everyone was most helpful and very polite, an excellent service! Friendly and polite staff, enjoyable experience Programme is well worthwhile. It put my mind at rest. Thank You
Molineux PCC	Being seen to at AAA is quick and efficient but finding the correct place is not easy. Clearer information would help Excellent service. Experience was calm, helpful, informative and friendly. Certainly put me at ease and allayed any fears I may have had prior to the appointment. Excellent, Thank you! Staff very friendly and efficient. Very pleasant staff, most helpful Very Smooth
Morpeth Cottage Hospital	It was a very good and helpful consultation No waiting. Friendly Staff. Excellent! Very courteous and Professional very efficient Very good
North Ormesby Resolution Centre	All went very well. An excellent idea. I would definitely recommend it. Staff were very good Excellent in all respects, Knowledge, polite staff. V Good only 15 minutes late with appointment but quite happy with that

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Negative Comments

Negative comments mainly focused on parking and clinic facilities.

Invitation letters for Morpeth Cottage Hospital now advise to report to outpatients department.

Directions to North Ormesby Resolution Centre are available on request.

Lawson Street	Car parking at the clinic was chaotic and disgraceful given the amount of spare ground available. I'm surprised the fire brigade have not complained about access Trouble parking Disliked the background music Long delay on admin side of venue Music in waiting room! Pity about delay due to system failure
Morpeth Cottage Hospital	Felt painful when probe was moved down to lower abdomen Went to hospital main entrance, should say on letter to report to outpatients reception
North Ormesby Resolution Centre	A map of the venue would have been helpful. Need a map for directions.

Equality & Equity

The North East of England AAA Screening programme is committed to ensuring screening is equally available to all eligible men.

Screening is available to all men aged 65 who are registered with a GP, provided they have not been diagnosed with an AAA Aneurysm. All men over 65 who have not previously been screened can self refer directly to the Programme.

All gentleman are provided with information leaflets at each stage of the screening pathway.

All sites have been assessed as suitable for wheelchair access. Gentleman are asked to contact the screening office in their appointment letter if they have any special requirements or require assistance at their appointment so that appropriate advice and support is provided.

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Adverse Incidents

All adverse incidents are reported using the electronic data base DATIX system and then investigated. The service is keen to look at lessons learned and to make changes to improve practice.

Table 3: Summary of DATIX Recorded 2011

Type	Stage of care	Total
Incidents affecting patients	Access, Appointment, Admission, Transfer, Discharge	3
	Clinical assessment (investigations, images and lab tests)	1
	Consent, Confidentiality or Communication	2
	Diagnosis, failed or delayed	3
	Patient Information (records, documents, test results, scans)	2
Incidents affecting patients	Total	11
Incidents affecting staff	Abusive, violent, disruptive or self-harming behaviour	1
	Infrastructure or resources (staff, IT/supply facilities)	1
	Staff/Contractor accident	1
Incidents affecting staff	Total	3
Grand Total		14

Clinical Governance

The programme is committed to embedding Clinical Governance throughout its processes. A “Right Results” policy has been developed 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 team frequently meets as a multi disciplinary event, using the occasion as a learning opportunity, to discuss operational changes and to review screening performance.

In addition, 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.

Future Developments

The North East of England AAA Screening Programme is still at an early development stage. In the following year the programmes objectives include:

- Continue to work with all stakeholders to support initiatives to improve screening compliance.
- Ensure the competencies of the screening staff are in accordance with National standards through a programme of continuing professional development

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- Develop quality assurance processes in line with standard operating procedures.
- Undertake audit to review Programme performance against standard operating procedures

Acknowledgements

A special thank you must be made to all of those who have worked so hard to set up the Programme and ensure that the objective of screening its first cohort of population was achieved. In particular to the screening technicians who have successfully implemented the screening programme in the community.

In addition acknowledgement to Mrs T Gilchrist and Prof Stansby and Mr M Harris from National Screening Programme for their contribution to the development of this report.

References

- 1 Essential Elements in Developing Abdominal Aortic Aneurysm (AAA) Screening and Surveillance Programme version 3
- 2 Northgate Solutions SMaRT System