UK National Screening Committee

NHS Screening Programmes

Abdominal Aortic Aneurysm

NHS AAA Screening Programme National Update Nursing Day – September 2015

Lisa Summers
Programme Manager

NHS Abdominal Aortic Aneurysm Screening Programme

Part of Public Health England

Nurse Assessment Data

- First look at Nurse Assessment Data
  - Not validated data
  - Very rough reports created in a day
- Screening data reports
  - Performance reports
    - Quality Standards
  - Other reports
    - Geographic reporting
    - Prevalence
    - Uptake

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PHE Priorities

- Protecting the public's health from infectious diseases and other hazards to health
- **Improving the public's health and wellbeing and reducing health inequalities**
- Improving population health through sustainable health and care services
- Building the capability and capacity of the public health system

NHS

Screening Programmes

PHE - Securing our Future

Securing our future is the name of the change programme designed to implement the strategic review across the whole of PHE.

Young Person and Adults Screening Programmes (AAA and Diabetic Eye)

+

Breast, Bowel and Cervical Screening Programmes

=

NHS Screening Programmes

Local AAA Screening Programmes

- Bedfordshire, Luton & Milton Keynes
- Black Country (BC)
- Bristol, Bath & Weston
- Cambridgeshire, Peterborough & West Suffolk
- Central England (Cen Eng)
- Central Yorkshire
- Cheshire & Merseyside
- Coventry & Warwickshire
- Cumbria & Lancashire
- Derbyshire
- Dorset and Wiltshire
- Essex
- Five Rivers
- Gloucestershire & Swindon
- Greater Manchester
- Hampshire
- Hereford and Worcester
- Hertfordshire
- Kent and Medway
- Leicestershire
- Lincolnshire
- Norfolk and Waveney
- North and East Yorkshire & North and North East Lincolnshire
- North Central London (NCL)
- North East London (NEL)
- 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
- South Yorkshire & Bassetlaw
- Staffordshire and South Cheshire
- Sussex
- Thames Valley
- The North East
- West Surrey & North Hampshire
- West Yorkshire

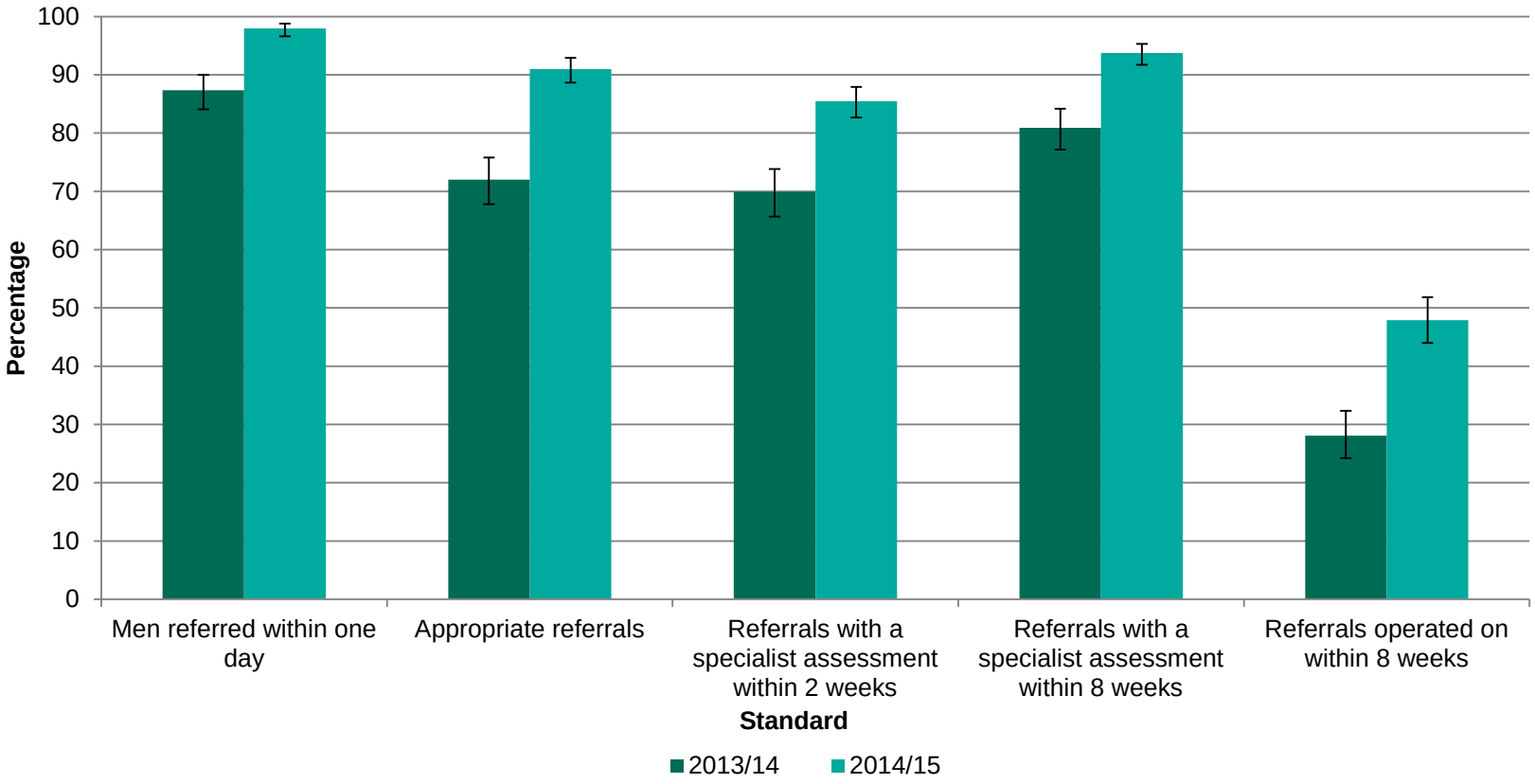
Every man in England is invited for AAA screening during the year they turn 65 (1 April – 31 March)

AAA screening in the UK: four countries group

NHS

Screening Programmes

Waiting Times



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Screening Programmes

NAAASP Annual Data 2014 - 2015

COHORT

- No. invited – 293,779
- No. screened – 233,429
- No. detected – 2,773 (1.19%)
- Coverage – 79.3%
- Uptake – 79.5%

SELF-REFERRAL

- No. self-referred – 28,598
- No. screened – 24,804
- No. detected – 674 (2.74%)
- Coverage – 86.7%
- Uptake – 86.7%

- Total no. in surveillance at end of year – 11,375
- Total no. referred for surgery - 687

Online information for the public

Website transition

- AAA screening information for the public now live on NHS Choices at www.nhs.uk/aaa
- Postcode search function for local programmes live on NHS Choices
- NAAASP website aaa.screening.nhs.uk will be closed down and archived following the completion of the transition of all NHS screening websites
- Automatic redirects from old urls to NHS Choices will be put in place

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Screening Programmes

Online information for the public

Patient decision aid

- Patient decision aid supports informed decision making for men invited for screening
- AAA screening patient decision aid http://sdm.rightcare.nhs.uk/pda/aaa-screening updated in January 2015 to reflect latest data and evidence around AAA prevalence and AAA treatment outcomes
- Repair decision aid, http://sdm.rightcare.nhs.uk/pda/aaa-repair/, exists for men with large AAAs referred from screening

Online information for professionals

Website transition

- AAA screening info for health professionals is moving to GOV.UK site
- New GOV.UK screening pages for professionals now live
- Automatic redirects from old urls to GOV.UK will be put in place
- All current aaa.screening.nhs.uk pages will be archived

Publicity and media inquiries

screeningpressoffice@phe.gov.uk

mike.harris@nhs.net

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Screening Programmes

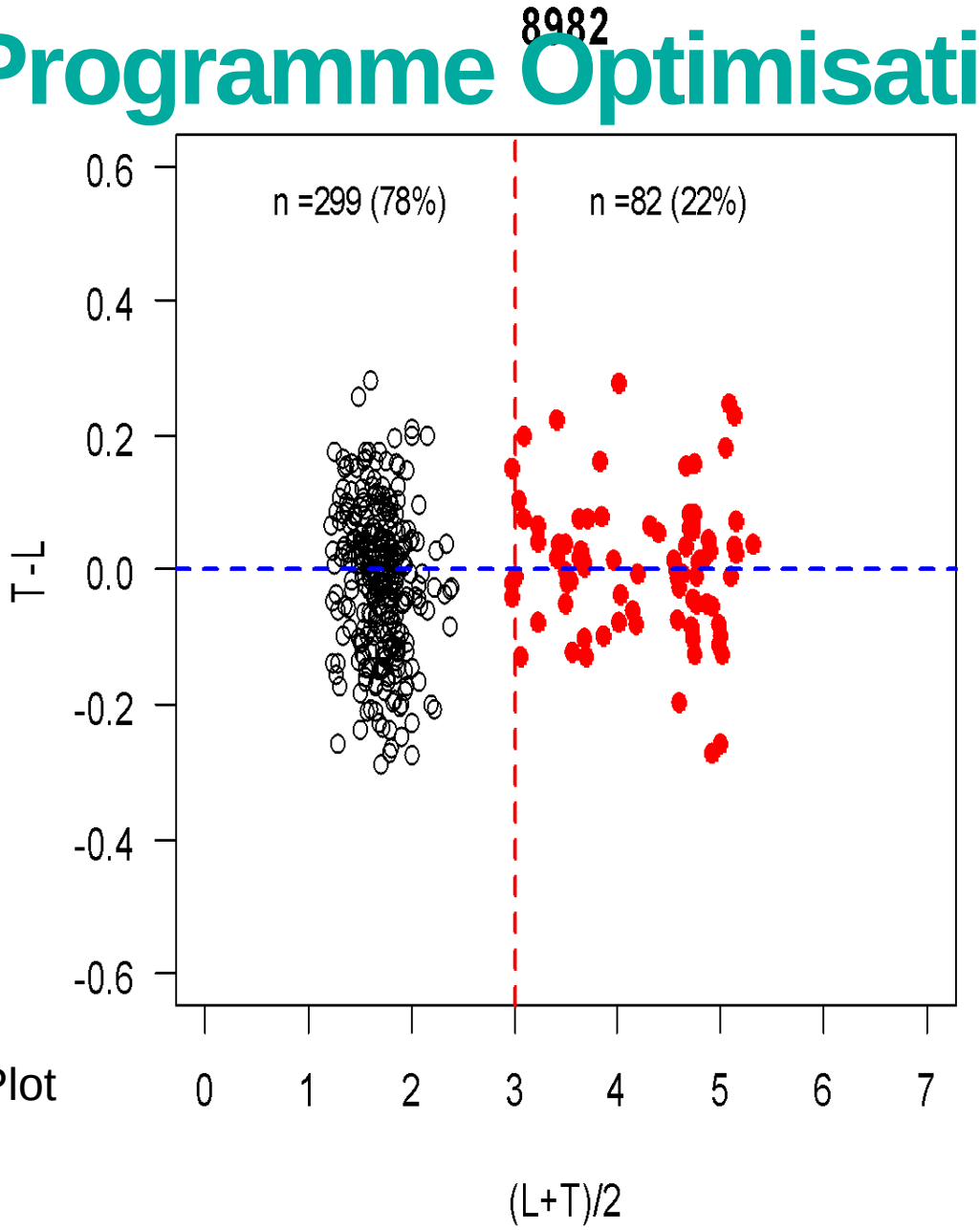
Development of Quality Assurance

- Prioritisation process
- Self-assessment
- Desk top review of self-assessment and evidence
- External quality assurance review

Helpdesk

- Transferred – 1 April 2015
- All external queries – effective from 1 April 2015:-
  - PHE.screeninghelpdesk.nhs.net
- Generic email address – solely for internal PHE use:-
  - Phe.ypascreening@nhs.net

Programme Optimisation



Bland-Altman Plot

NHS

Screening Programmes

Potential to invite women

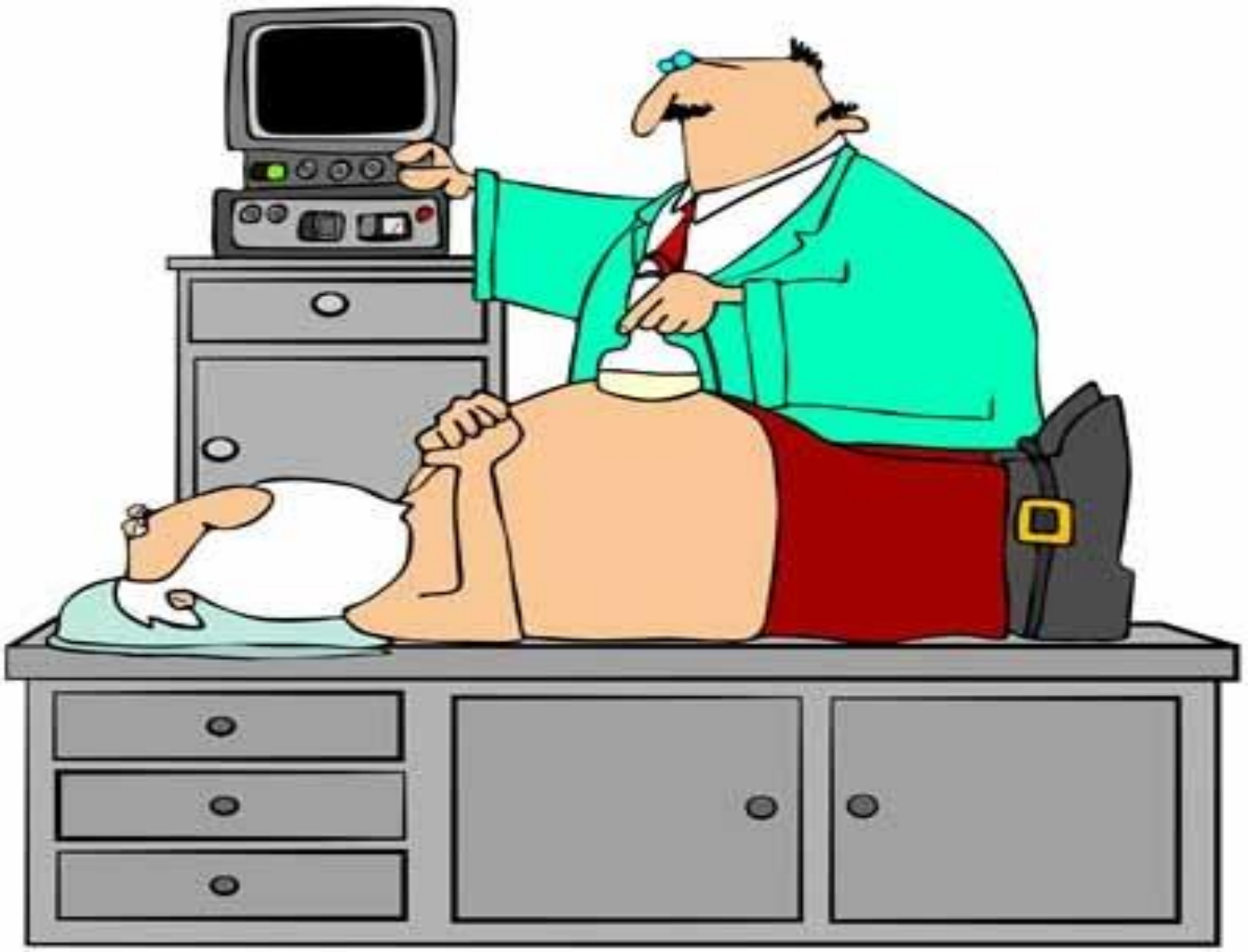
Reducing Health Inequalities

Reducing Health Inequalities

- Understanding your population and demographics
- Public Health Outcomes Framework:-
  - http://www.phoutcomes.info/search/screening
- Develop reports from data not previously collected
- Work with programmes to develop best practice with commissioners & local authorities
- Drive improvement for screening in prisoners – working with Local Authorities and commissioners

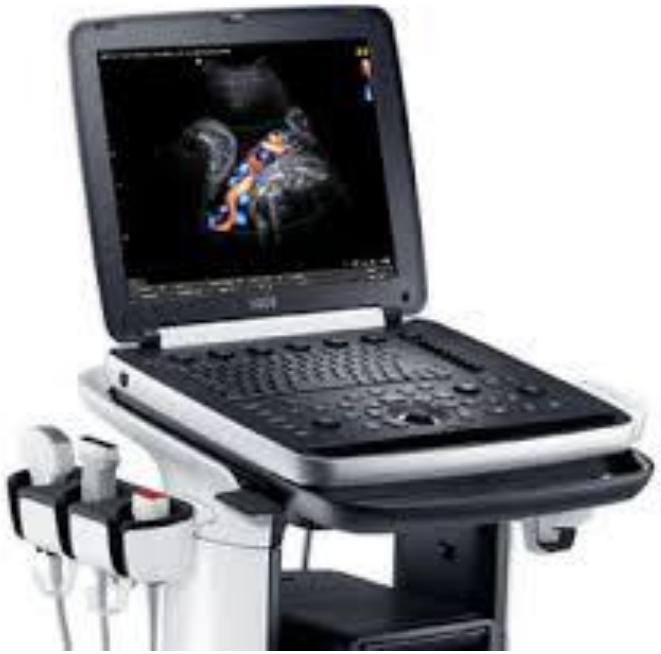
Millionth Man

Millionth Santa?



Esaote MyLab Alpha

Samsung/MIS UGEO



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Screening Programmes

Reporting

KPIs

- 2015/16 Reporting - AA1: Completeness of Offer
- KPI Proposals for 2016/17

Standards

- Pathway Standards & SOPs
- Quality Reports - Quarterly

Section 7a Service Specification

- 2015/16
- 2016/17

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Screening Programmes

NAASP Access Standards

Percentage of men with ≥5.5cm AAA seen by vascular specialist within 2 weeks of diagnosis

Achievable 95%

Acceptable 90%

Percentage of men with AAA ≥5.5cm deemed fit for intervention, operated upon within 8 weeks of diagnosis

Achievable 80%

Acceptable 60%

Patient waiting for more than 12 weeks reported to local programme board

Section 7a Service Specification

- New format for 2015/16
- Developed in conjunction with PHE and NHS England
- Developed to be used as basis for NHS Standard Contract
- Local programme requirements

The End…

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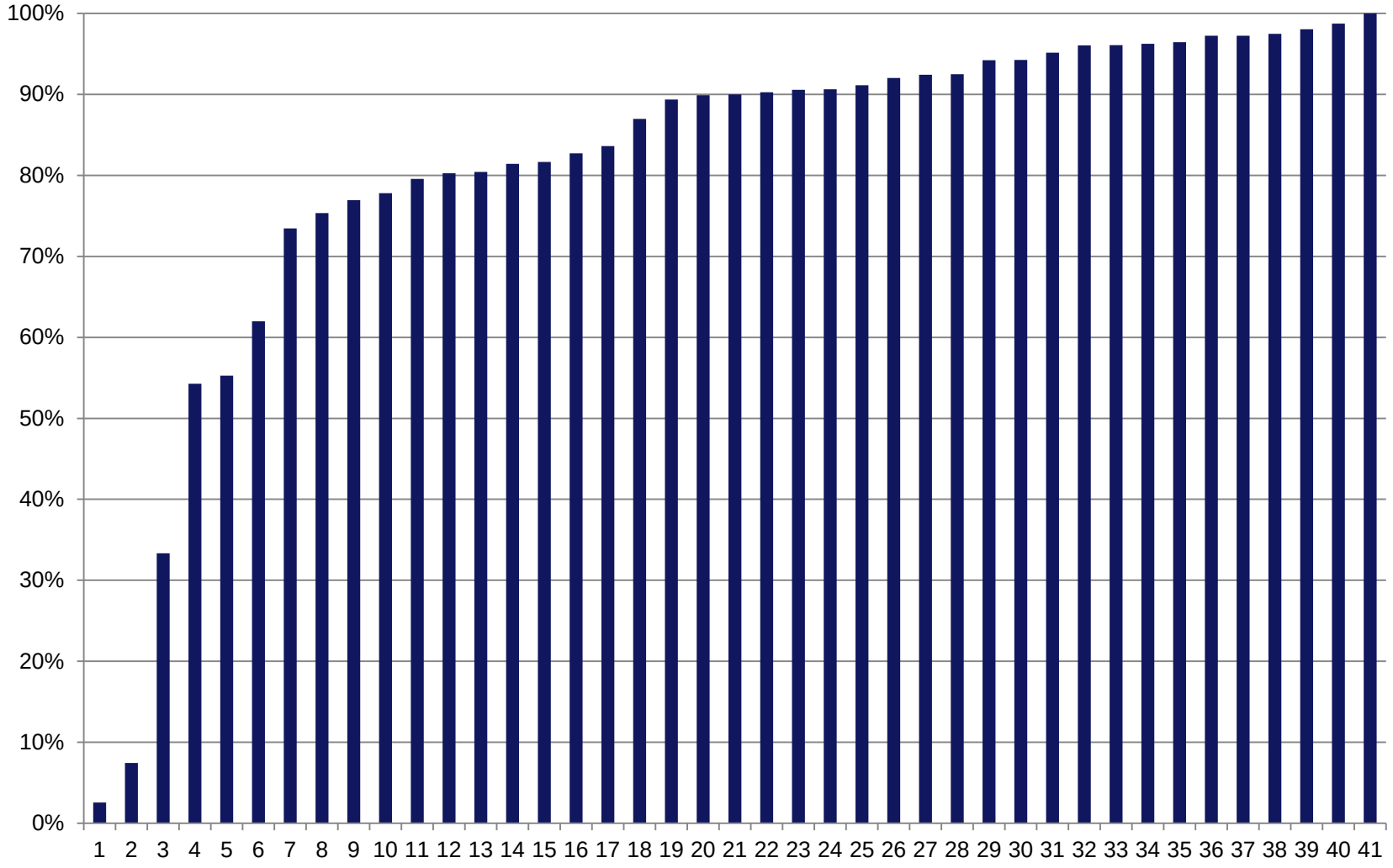
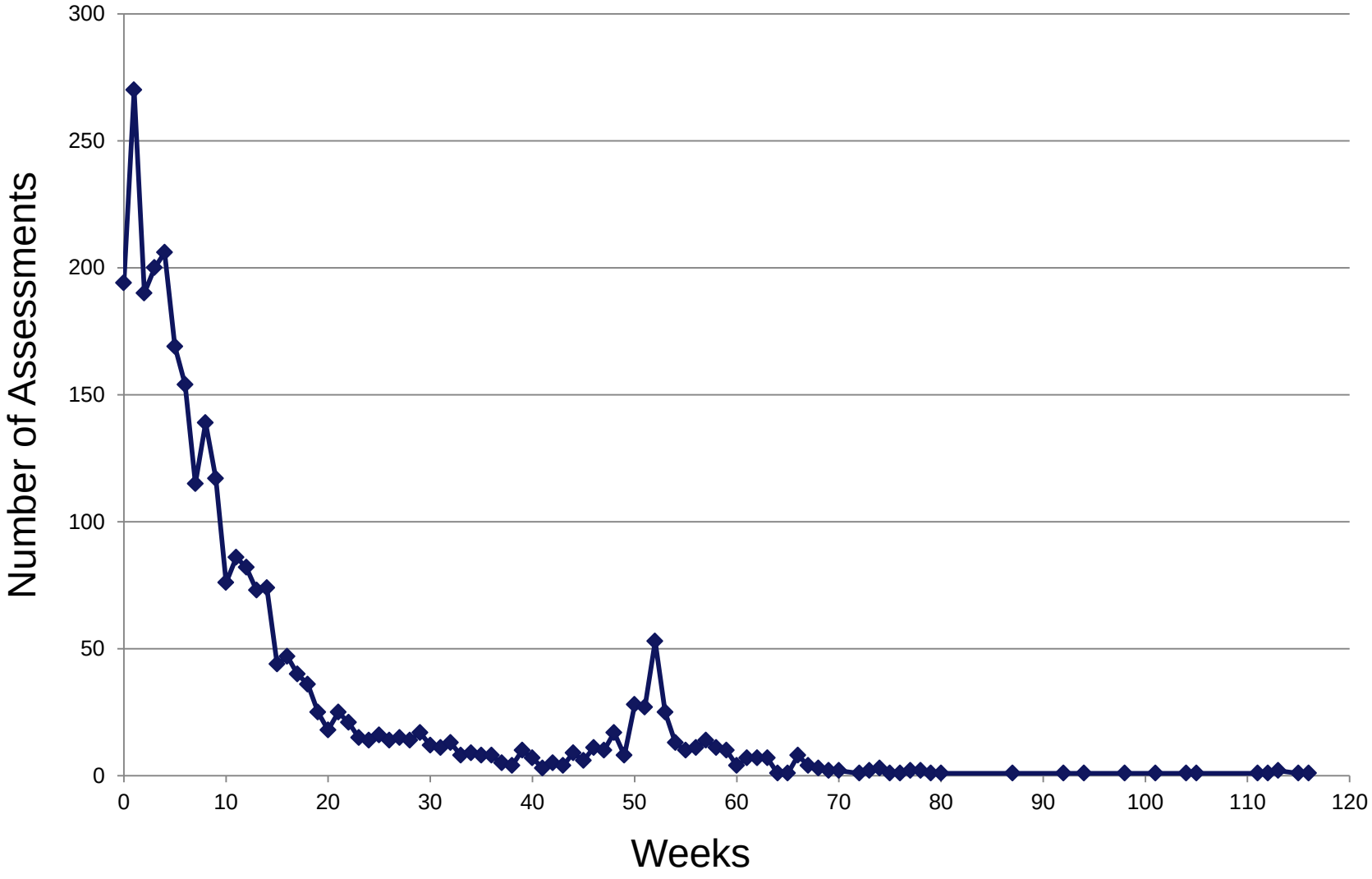
Nurse Assessments Undertaken



Nurse Assessments Undertaken

- Used anonymous data as not validated and no permission to share at programme level
- Data shown is for initial screening tests which placed a man onto surveillance between 01/04/13 to 31/03/14.
  - » Allows plenty of time for all the men to have had a nurse assessment as last one should have been complete by 31/03/15.
- Average across all programmes is 81% of men have had a nurse assessment
- NB. It is relatively small numbers due to it only being surveillance men.
  - » Largest number of counted scans is 214 smallest is 35
  - » Total is 3641 scanned into surveillance with 2957 nurse assessments

Time between test and Nurse Asmnt.



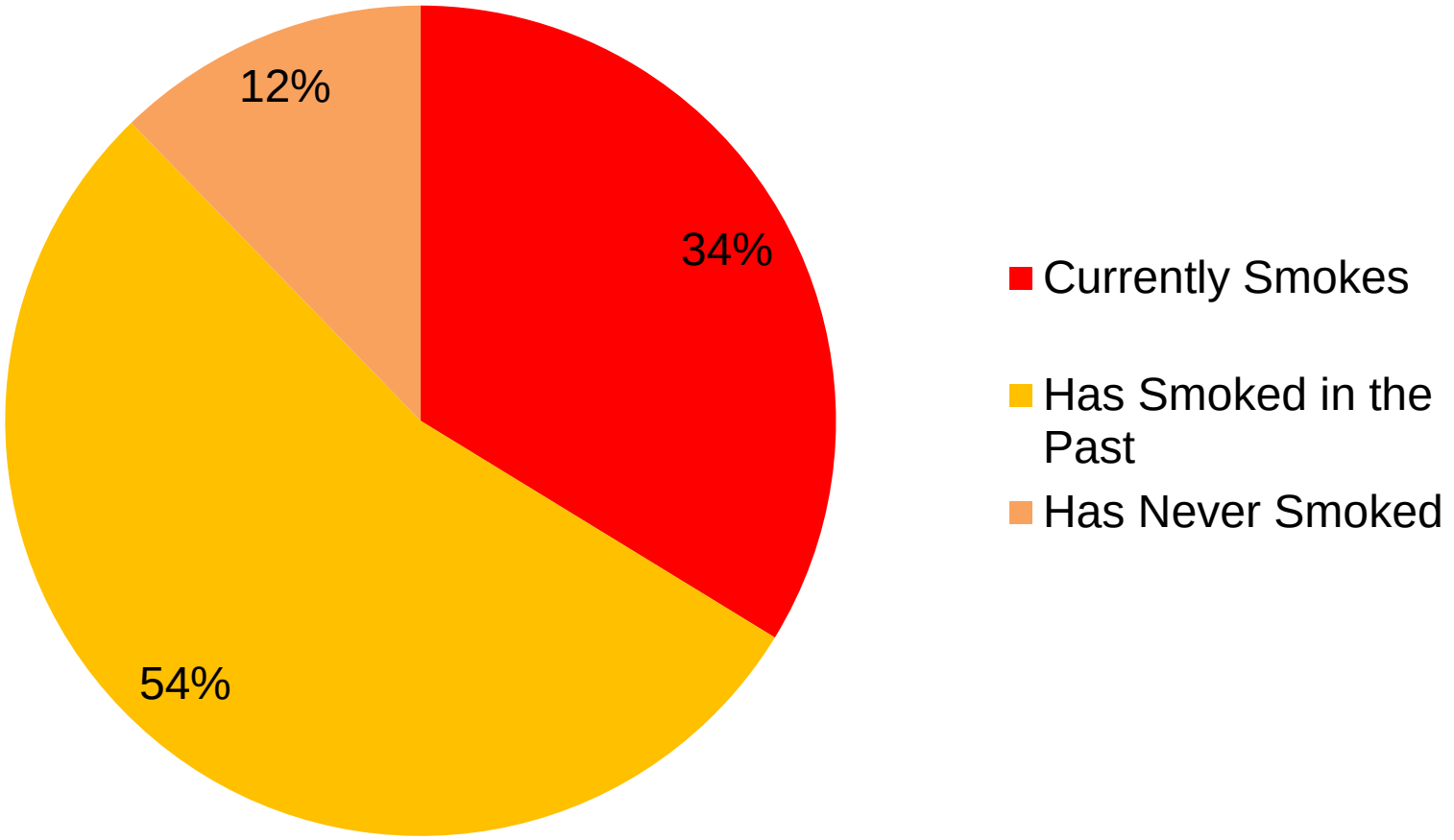
Weeks between test and assessment

- Most undertaken within a few weeks of the positive screening test
- Small “blip” at around 52 weeks
  - Those waiting until next scan for assessment
- Reasons?
  - Nurse screeners?
  - Telephone assessments?
  - Regular nurse clinics?

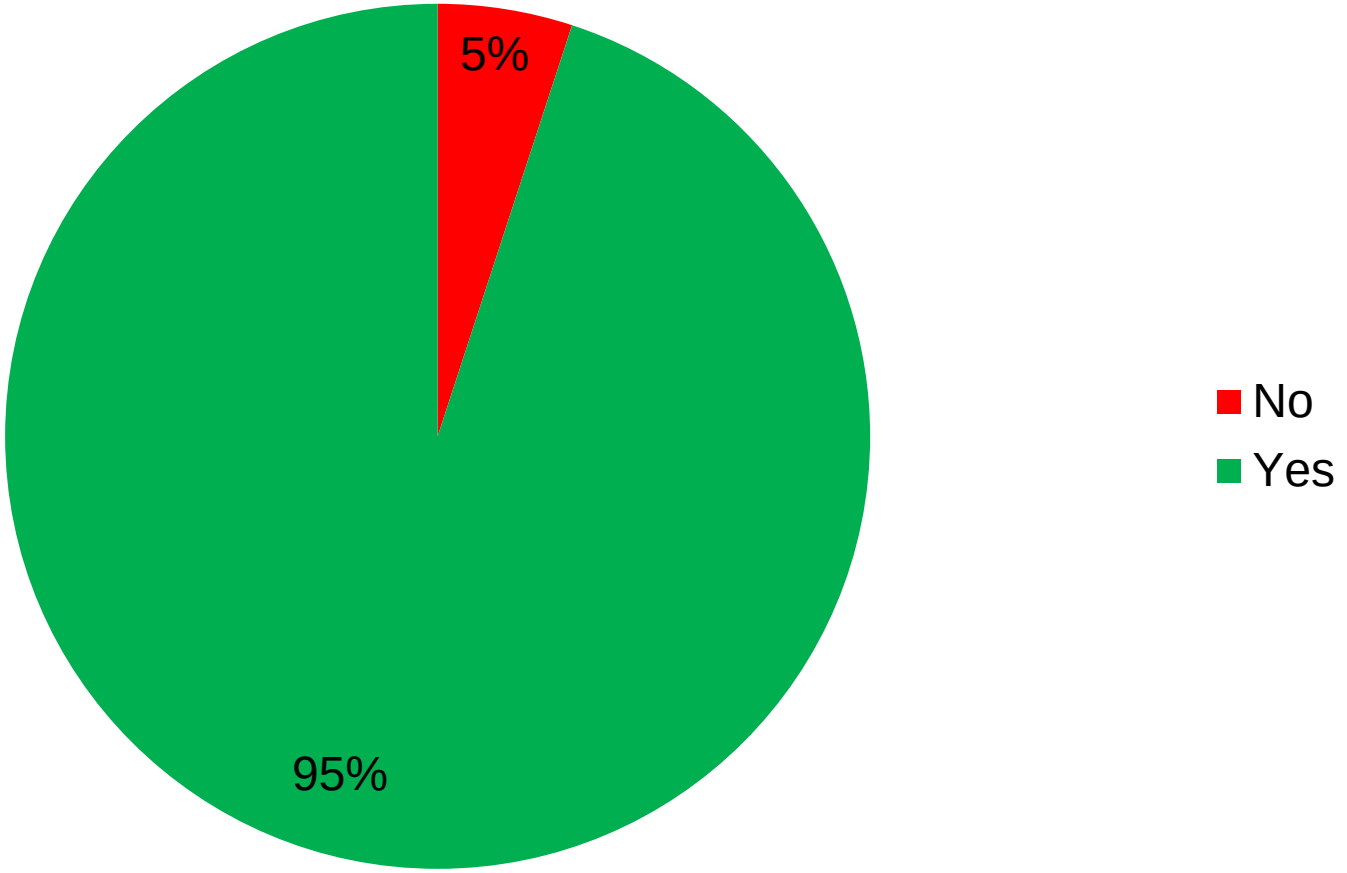
Analysis of Nurse Assessment Data

- 13647 nurse assessment outcomes in total recorded on SMaRT since the start of the programme in 2009
- Following are a few rough charts from this information

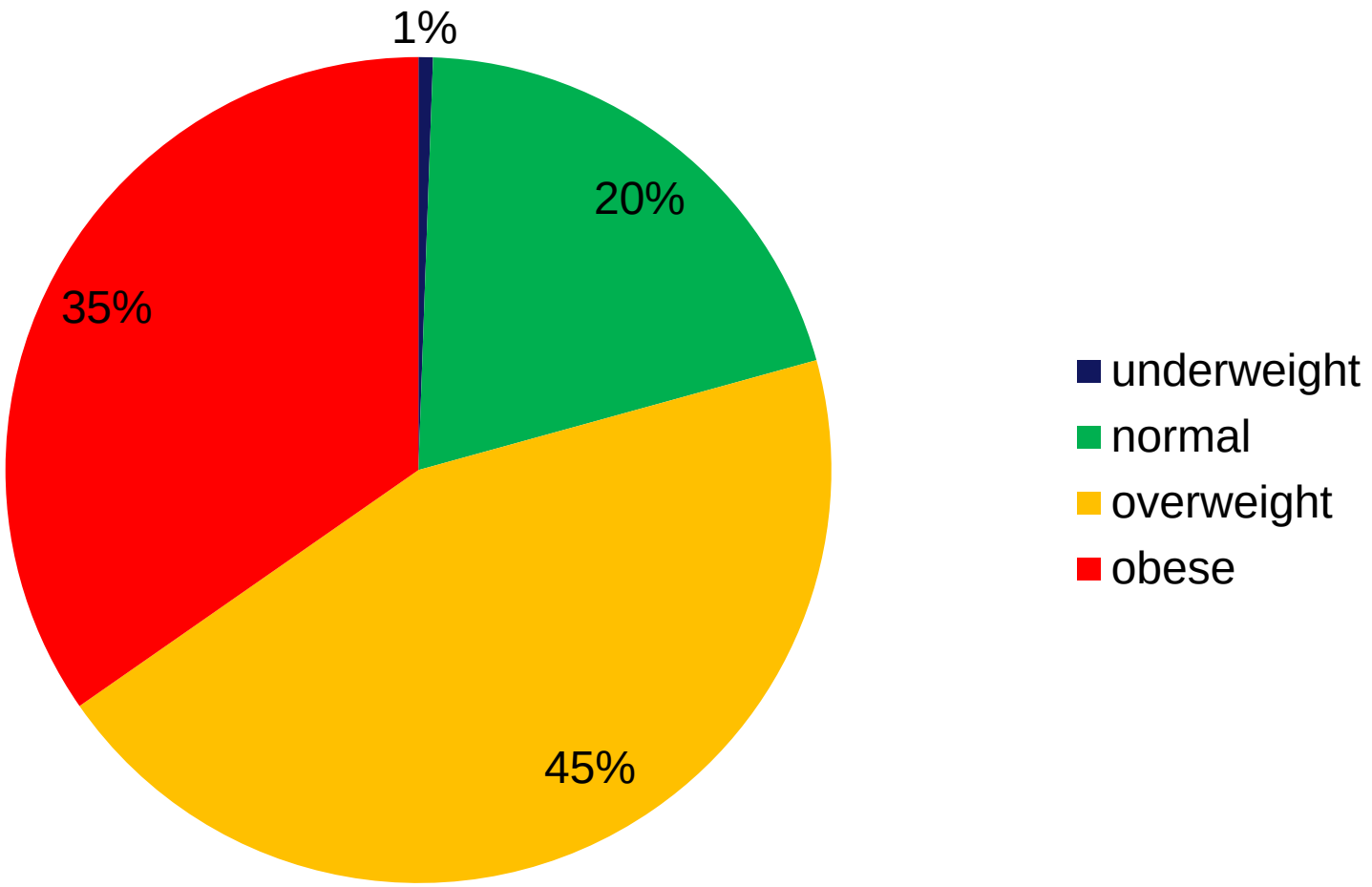
Smoking


12%
34%
54%
Currently Smokes
Has Smoked in the Past
Has Never Smoked

Smoking Cessation advice given?



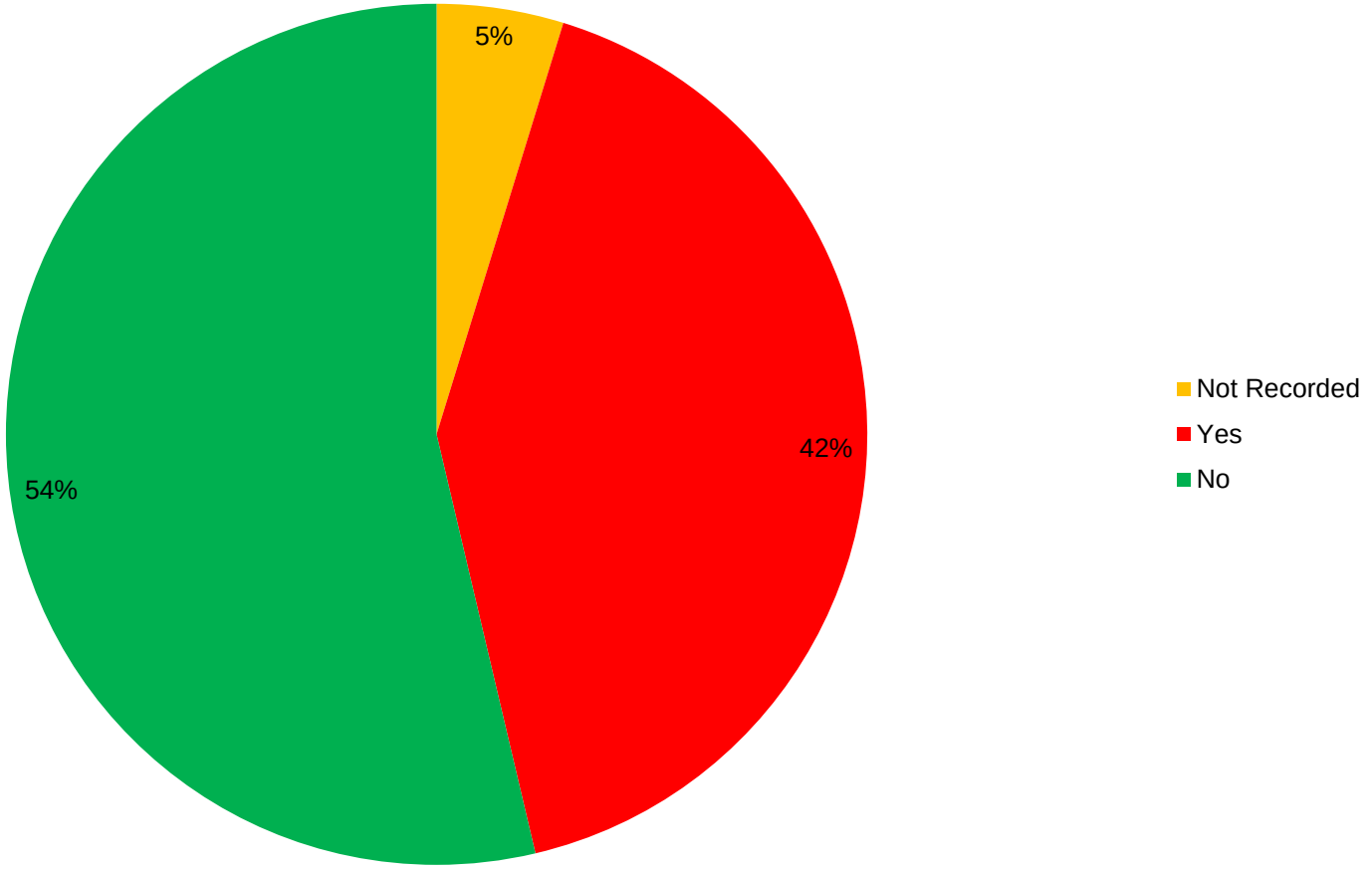
BMI



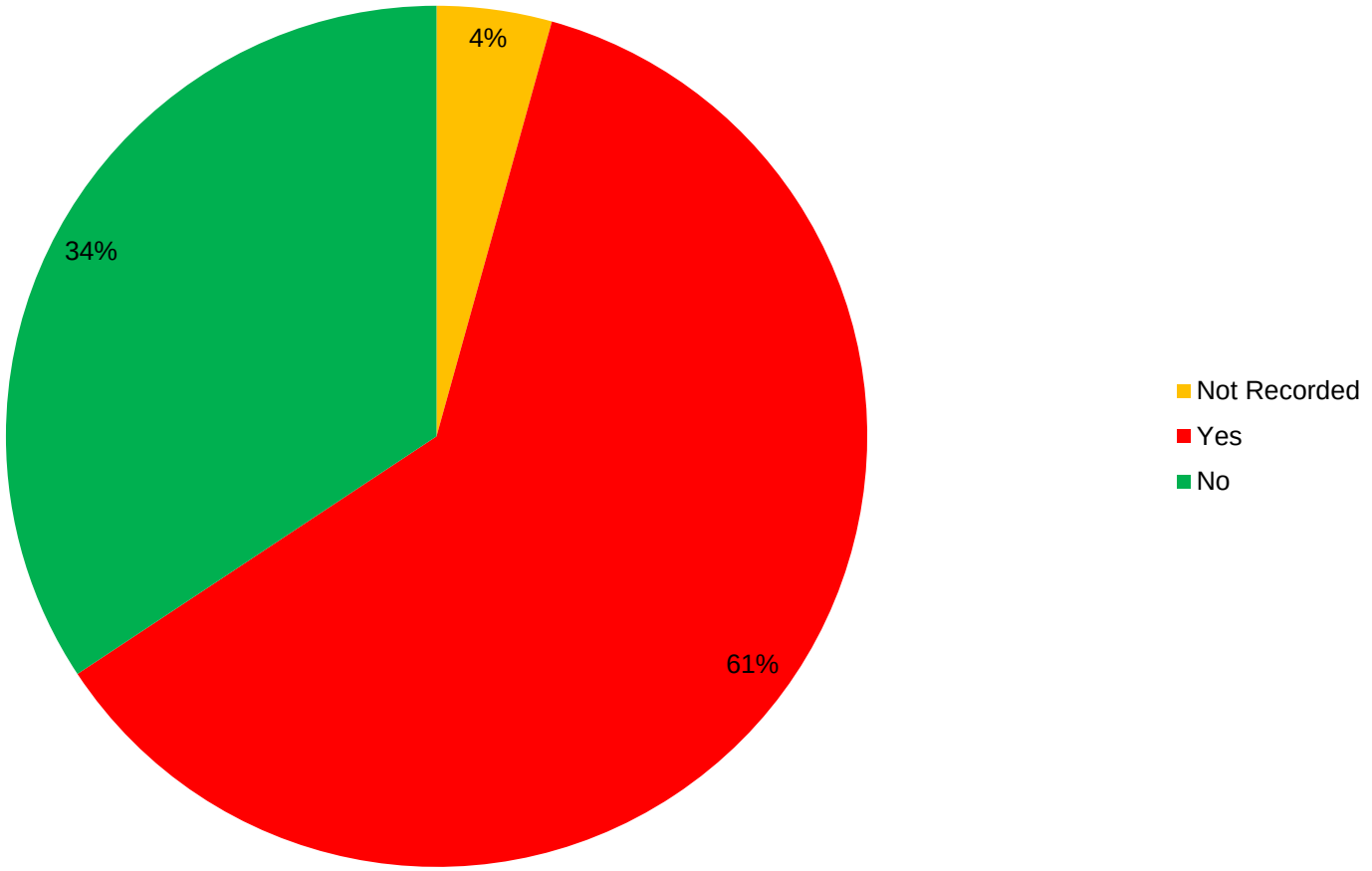
BMI

- Ranges used in the chart
  - Underweight < 18.5
  - Normal 18.5 to 24.9
  - Overweight 50 to 29.9
  - Obese 30 and above

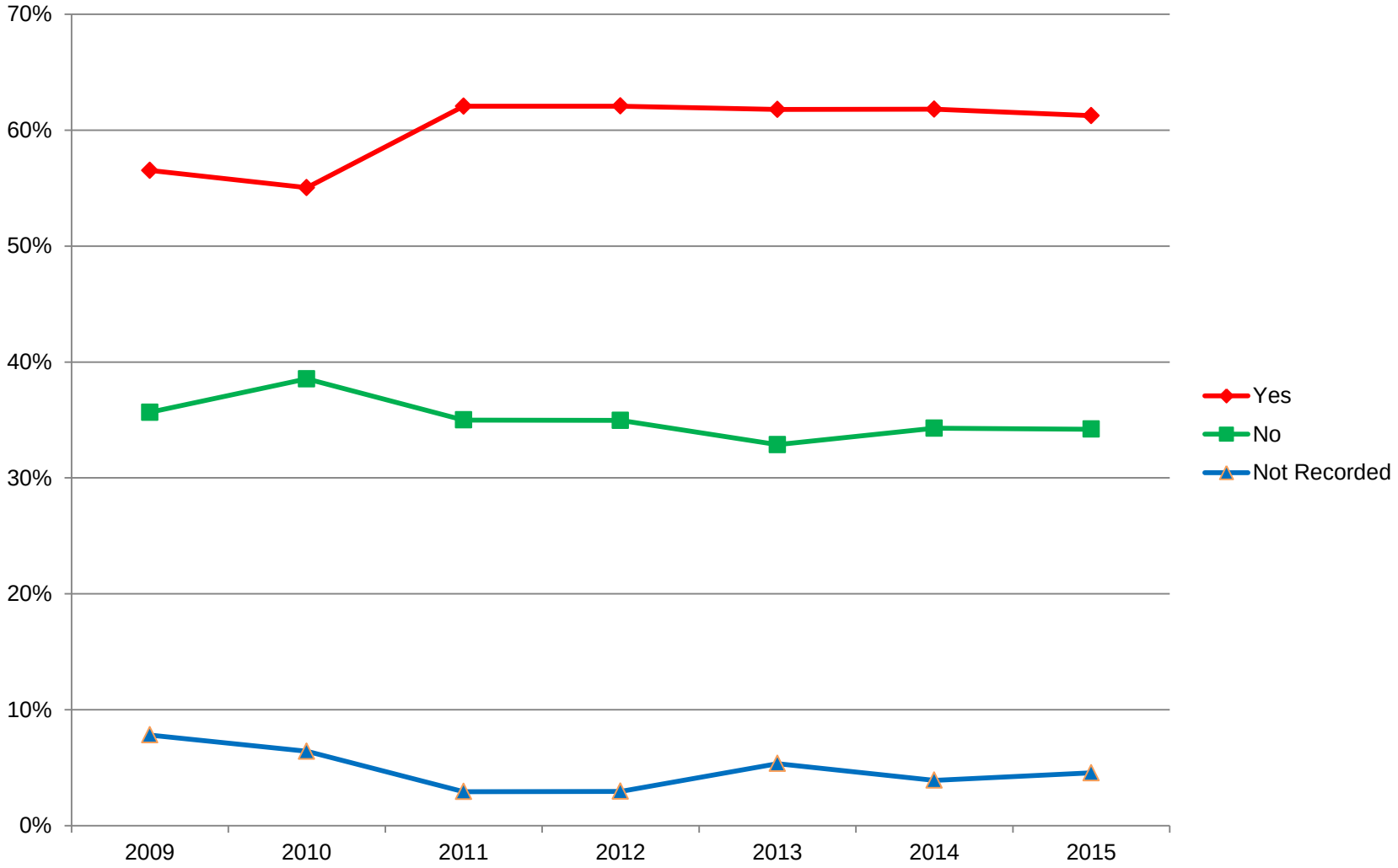
Taking Aspirin



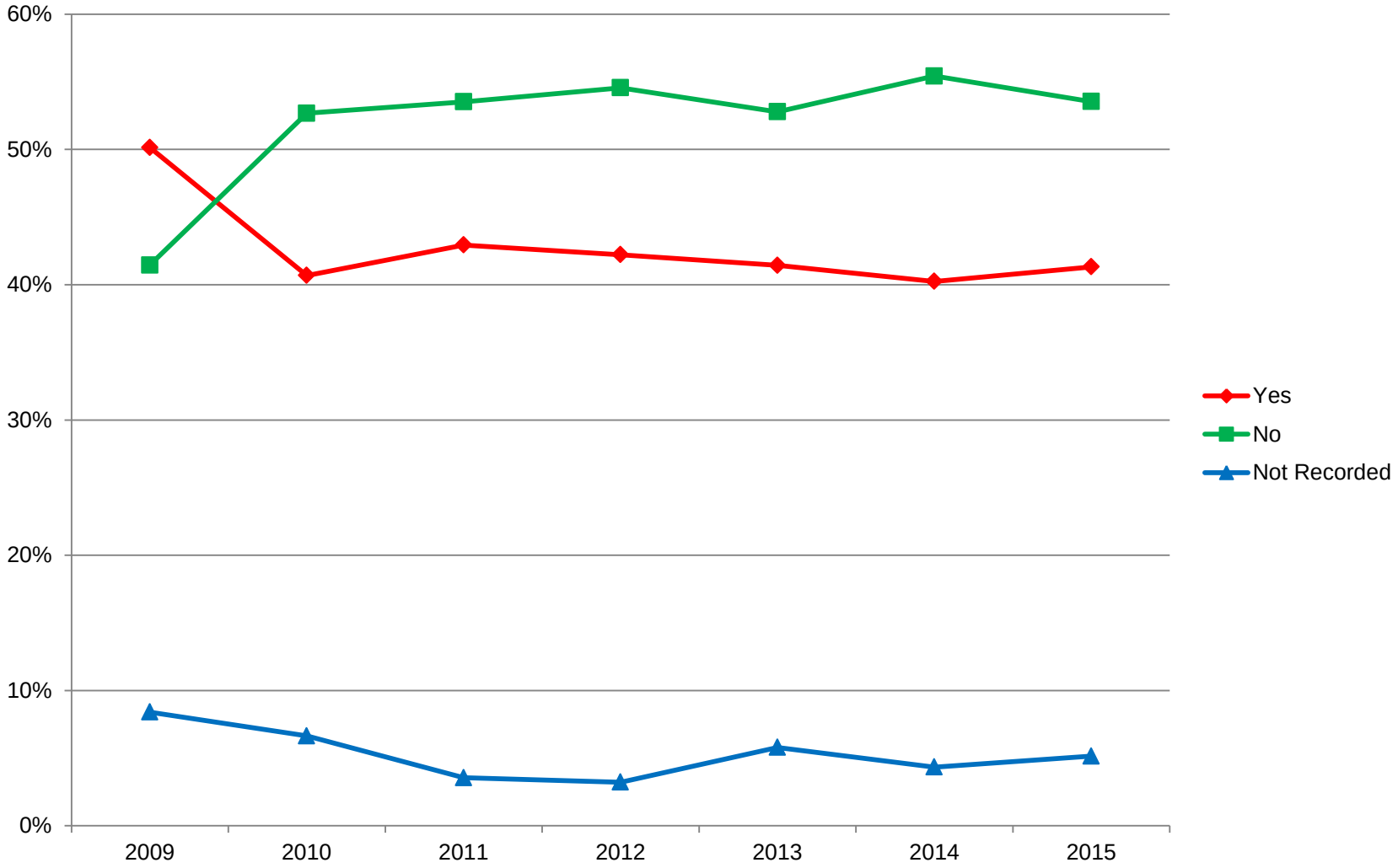
Taking Statin



Statins over time



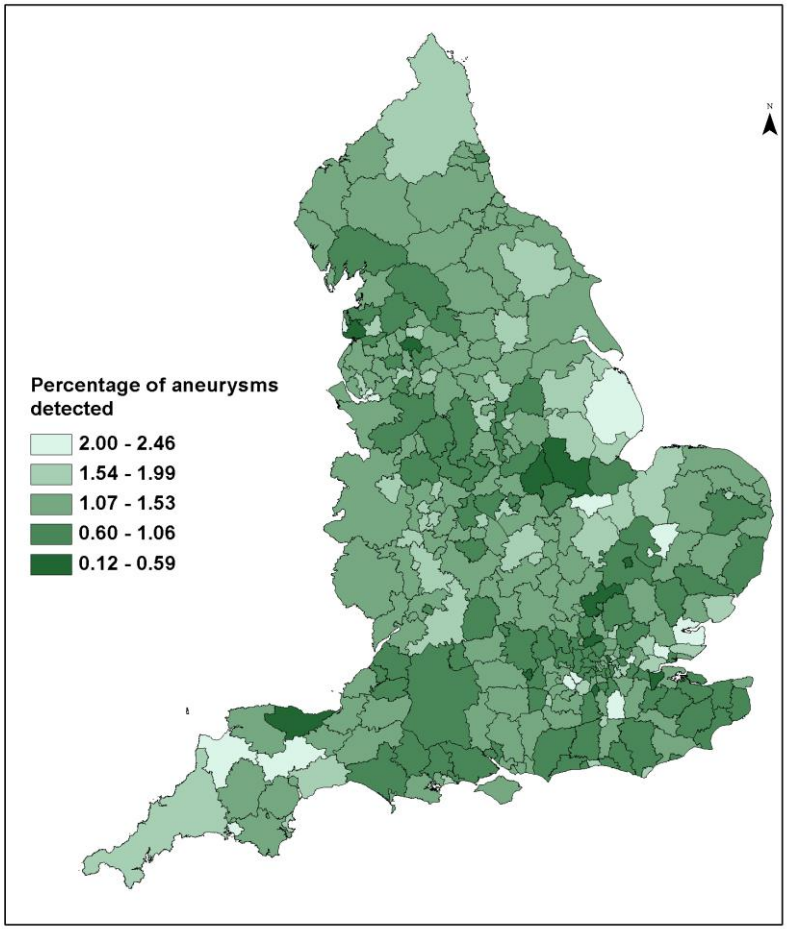
Aspirin Over Time



SMaRT Quality Standards

SMaRT – Other Reports

Percentage of aneurysms detected in screened cohort men, Lower tier Local Authority



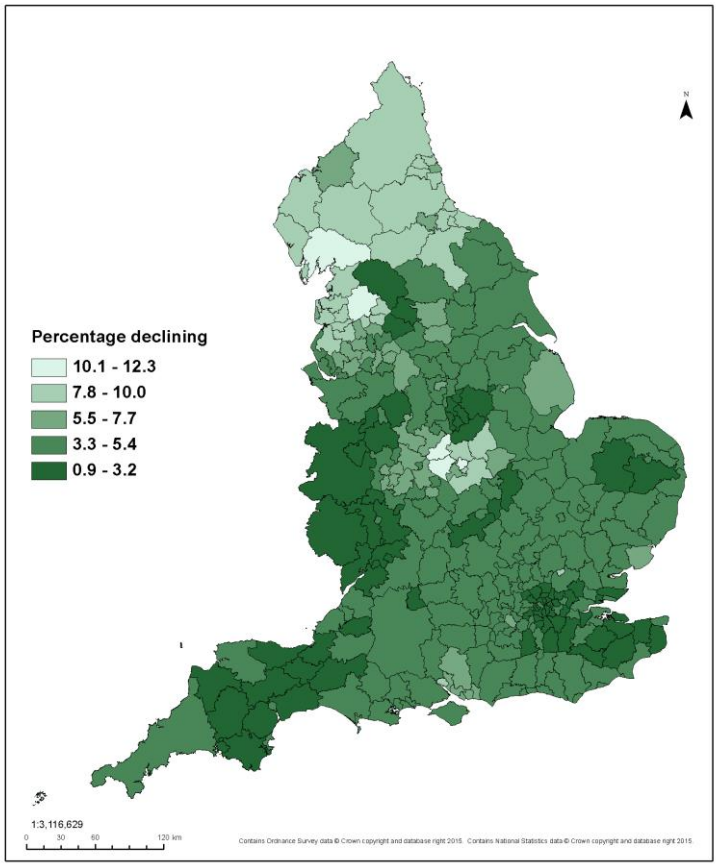
1:3,116,629

0 30 60 120 km

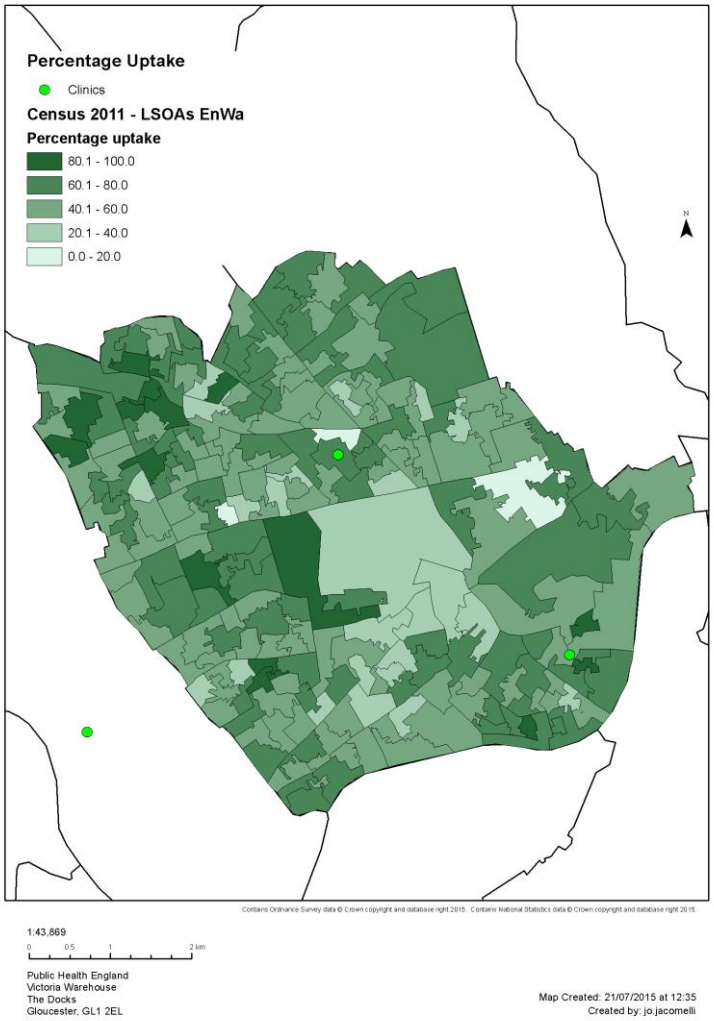
Public Health England
Victoria Warehouse
The Docks
Gloucester, GL1 2EL

Map Created: 13/05/2015 at 16:57
Created by: Jo.Jacomelli

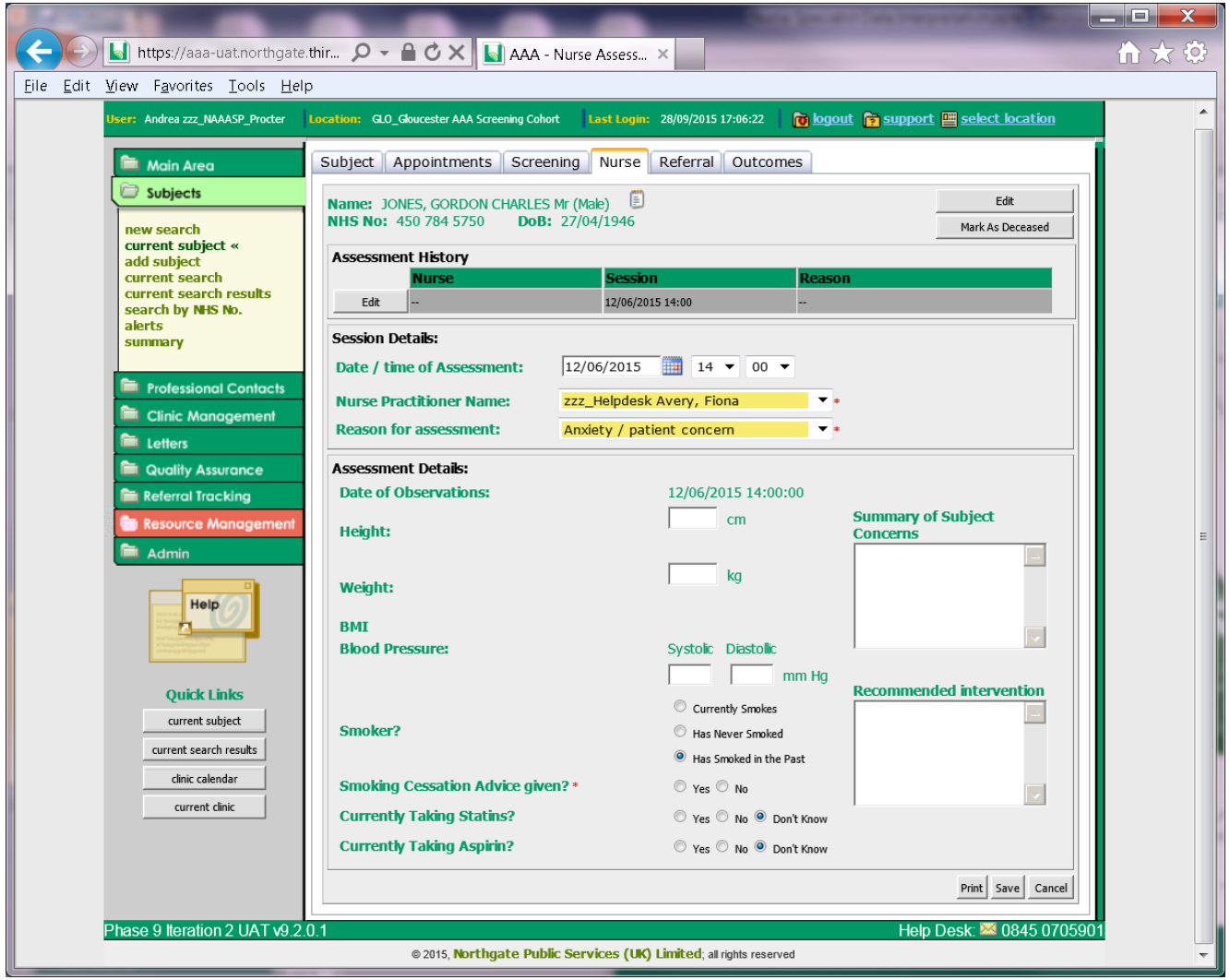
Declined by Local Authority



Uptake in Westminster, Kensington & Chelsea

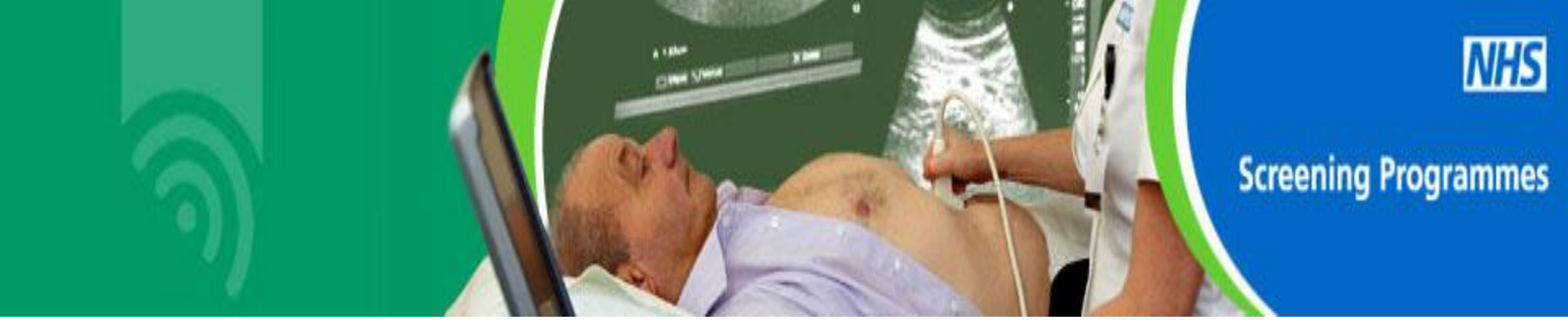


SMaRT Nurse Assessment Screen



Discussion Points

- What reports would be useful for Nurses
  - Clinical
  - Performance
  - Other
- What SMaRT functionality would be useful for Nurses?
  - Must be in line with current SOPs



Importance of the Nurse Specialist role within NAAASP & it's future?

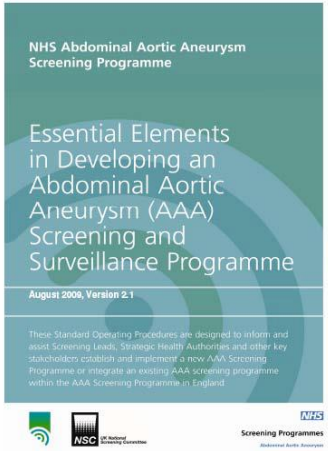
Shelagh Murray

Vascular Nurse Consultant

South West London & East Surrey

St George's University Hospitals NHS
NHS Foundation Trust

St George's
VASCULAR INSTITUTE



NAAASP Standard Operating Procedure...*"Men with AAAs offered appointment to see a Nurse practitioner / Vascular Nurse"*

- Basic information given by technicians
- Opportunity to assess /support/help optimise health
- Key clinical support for screening team
- Pathway not only 'referral' times
- Most men may never see a surgeon

…"NP is involved in assessing & counselling men at specific points in the screening process and giving advice on changes in lifestyle as appropriate"

- **'One off '** appointment / **repeated** if size increase requiring 3 monthly surveillance /or at man's request
- Optimal appointment - **< 4-6 wks of initial screen**
- **Face to face** nurse assessment for 'technician led' service **(0.1 WTE clinic)**

Clinic Models

1. **Completed at initial screen by 'nurse screener'**
   - 'One stop'
   - Rushed
   - No time to read information leaflet/ bring relative
   - Unpredictable/ delays clinic
   - Accurate BP measurement
   - ? medications
2. **'Telephone' assessment**
   - How? BP / BMI /general fitness/anxiety?
   - Selective pt's only
3. **Face to face assessment**
   - **Recommended**

Evidence of nurse consultations?

Mishler (1984) Dialects of medical interviews

Royal College of Nursing: Nurse practitioners in primary health care—role definition. London: RCN, 1989

Johnson (1993), Seale et al (2005)

Comparison of GP & nurse practitioner consultations. Br J Gen Practice

Barrett (2005)
Comparison studies of primary care Nurse practitioner's-v- GP consultations

American Nurses Association. The value of nursing care coordination. A white paper of the American Nurses Association. Silver Spring, MD: American Nurses Association, 2012. www.nursingworld.org/carecoordinationwhitepaper (accessed 20th August 15)

Royal College of General Practitioners 2022 GP report (2013) – reviewing primary care delivery/consultations

Benefits in “chronic disease management”?

- **increased dialogue/different communication patterns**
- **increased patient confidence in self-managing care**
- **improved quality of care**
- **involving pt’s in decisions about their health**
- **improved pt satisfaction/ ‘adherence’ overall**
- **emphasis on social /emotional aspects**
- **improved clinical outcomes / reduced costs**

Survey: Nurse consultation n=40

Murray (2013)

- **28%** of men had ***'further concerns'*** after technicians advice at screening site
- 74% rated Nurse consultation as excellent & 24% very good
- Negative scores related to travelling distance/parking
- **8%** reported ***'on-going anxiety'*** about condition after seeing nurse

Characteristics of 290 men with AAA

(Murray, 2013)

Risk Factors	Number of men	Percentages
Family history of AAA	31	11%
Smoking history (current & ex smoker)	**257**	**90%**
Hypertension- known treated	144	51%
Ischaemic heart disease	59	21%
Stroke/ Transient ischaemic attack	12	5%
Diabetes	43	15%
Treated Dyslipidaemia	96	34%

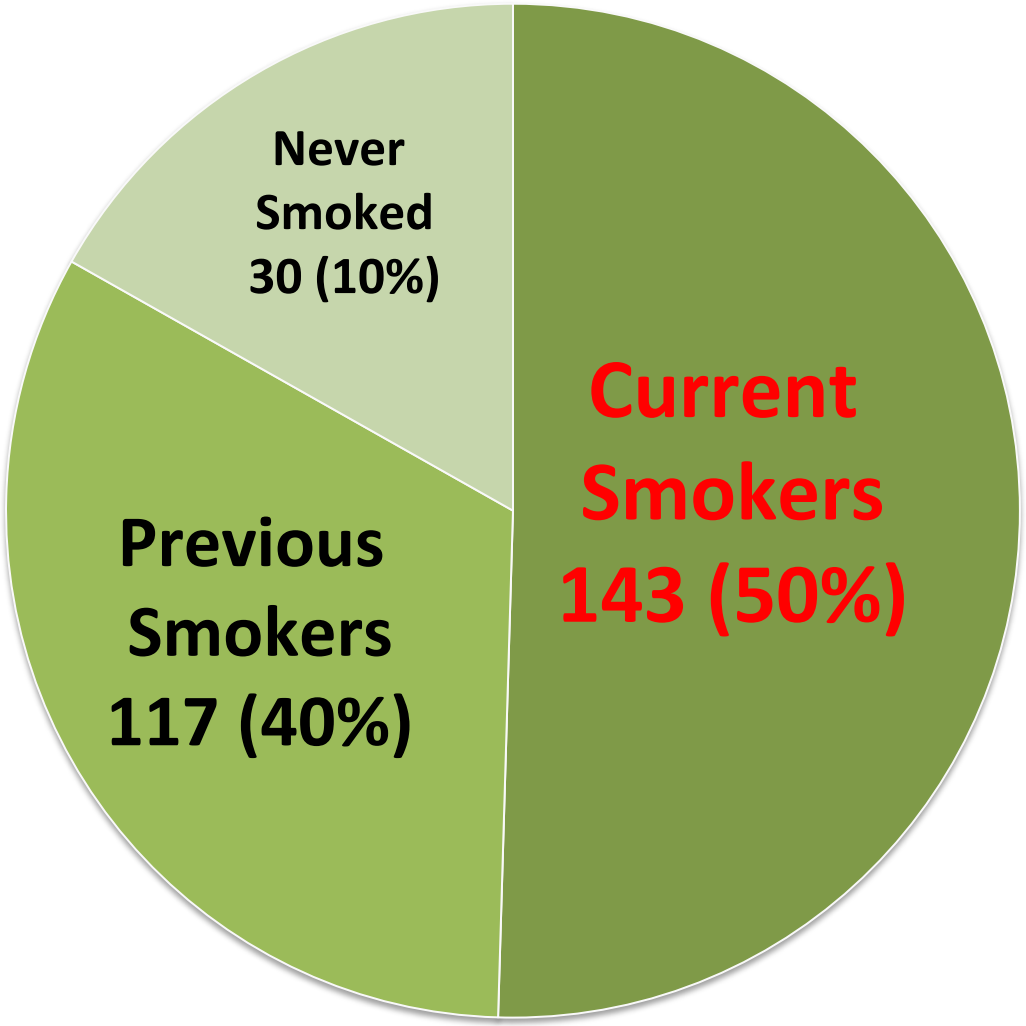
Only 46% normotensive

Good BP control --> reduce rupture rates

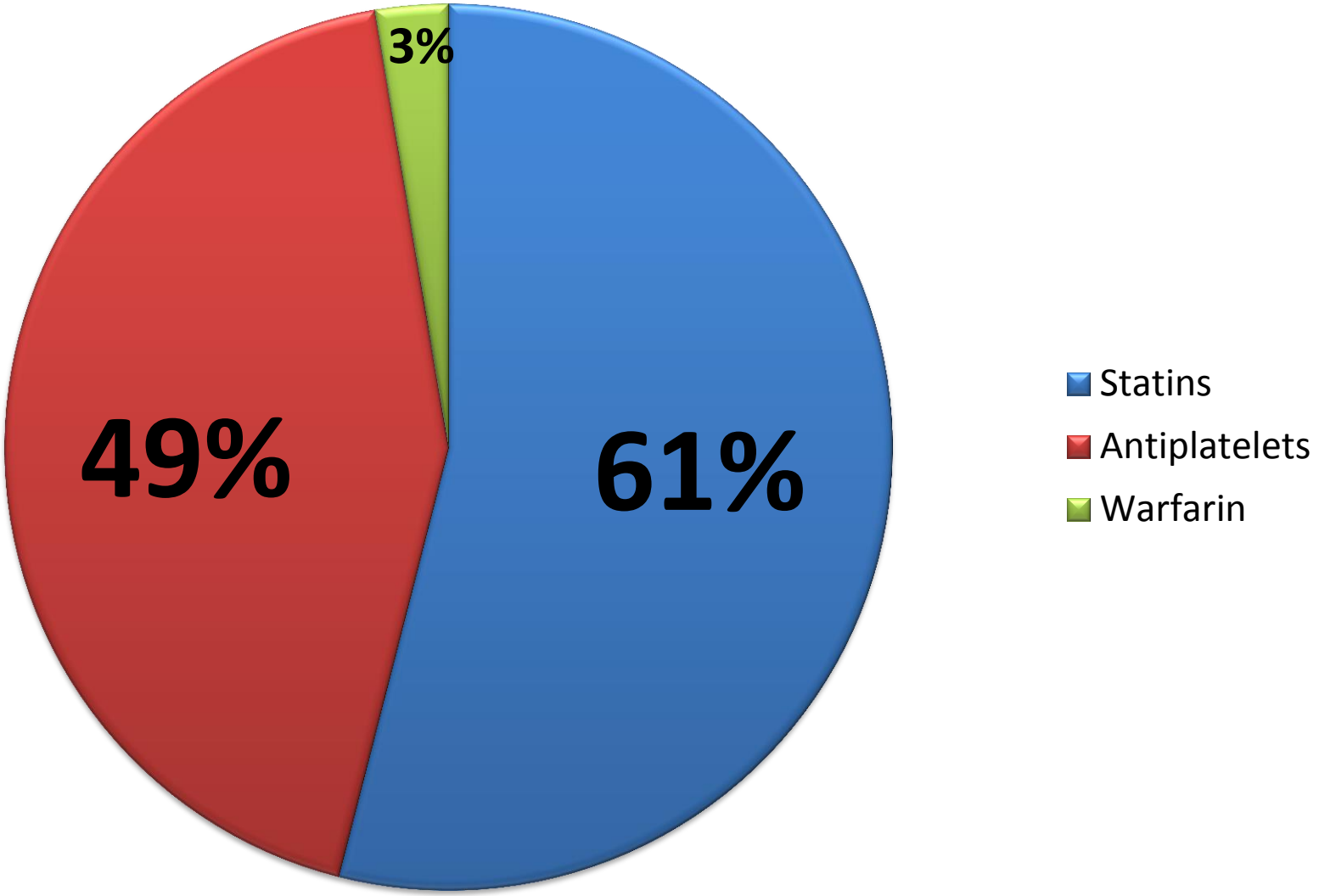
Men with no risk factors

Nil risk factors	Number of men	Percentage
• No family history • Never smoked • No 'known treated' HTN • **Two men had untreated resting HTN: 166/102 & 162/106 mmHg**	7	2.4%

Smoking history of 290 men with AAA



Prescription status of 290 men with AAA



Audit:4 week follow up call **(N=32)**

Outstanding issue	N= men	%	Reasons
Blood pressure review	**5**	**100%**	**-**
Commence statin	**16**	**97 %**	**One patient refusal**
Commence antiplatelet	**24**	**100%**	**-**
Contact with smoker support team	**7**	**100%**	**-**

Smoker referral outcomes

28 referrals -> Trust Smokers Support Team (2015)	No	%
Quits	10	36%
Lost to follow up	8	28%
Still require 6 month follow up within 6 CCGs	10	36%

Vascular Nurse Specialist roles

- **1995 – Independent nurse-led claudication clinics (Binnie; Murray)**

SVN survey (Allen L, Imperial College):

- 40-49 yrs old females
- 10-14 years vascular nursing experience
- Graduate + additional training
- Varied roles/ levels of responsibility nationally
- Independent nurse–led clinics : PAD / complex ulcer/ amputees
- Independent prescribers
- Audit

2010- Dept. of Health's: Position statement on advanced nursing roles

How VNS roles develop

Competencies…….

- Standardise roles nationally
- Educational standards
- Specific responsibilities & autonomy
- Accountable for practice: meet legal & professional standards
- Quality care

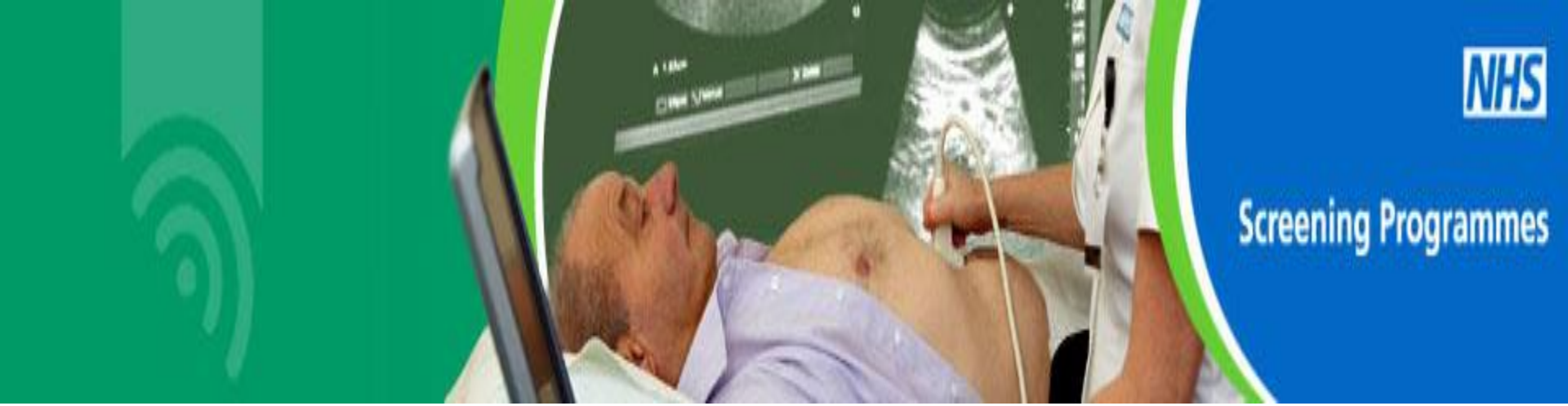
- **SVN's- 'Provision of vascular nursing service – hub/spoke roles'**
- **RCN advanced nurse roles**
- **Agenda for Change (AfC) skills/knowledge framework**
- NAAASP **'Nurse Assessment'** should meet competencies

Skills for AAA VNS?

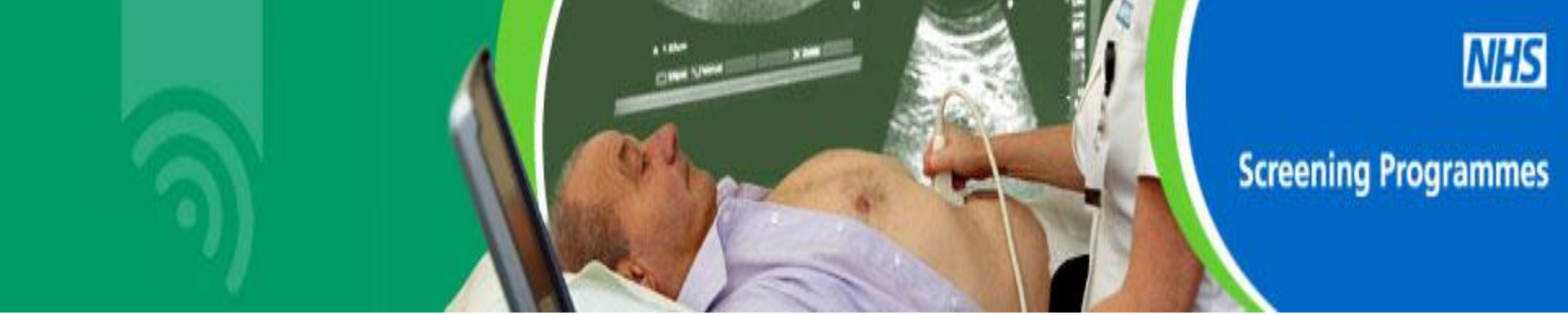
- Key support for screening team
- Assessment/ history taking skills
- Communication/ teaching skills – exchanging relevant information
- Knowledge of NAAASP SOP/ surveillance programme / aneurysmal / CV disease/ types of surgery
- Prescribing role?

Future?

- Experienced VNS vital for screening pathway
- Assist pt's prepare mentally/ physically for surgery
- **Specific VNS (AAA) role** - **all** AAA patients- surveillance /non NAAASP?
- Link role to 'pre-optimisation' assessment?
- **Combined VNS role**: limb & AAA patients?
- Assist deliver 'prehabilitation' advice/ exercise- **5cm**?



Thank you Glenda….the ‘arm’ of screening



Nurse Assessment: Best Practice

Glenda Turton

Vascular Nurse Practitioner

AAA Screening Programme Manager

Gloucestershire Hospitals NHS
NHS Foundation Trust

Nurse Assessment

FACE :)2(FACE

V

Clinic Locations

Gloucestershire Royal Hospital

Tewkesbury Hospital

Cheltenham General Hospital

Four Shires Medical Practice

Dilke Hospital

Great Western Hospital

Stroud Hospital

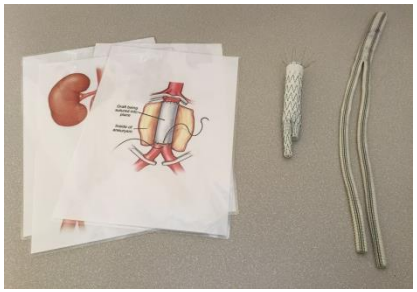
Moredon Medical Centre

Frequency of nurse assessments

- 2 days a month
- Rolling Clinic held in my 3 main sites
- Plus ad-hoc clinics held around Gloucestershire and Swindon
- 30 mins per slot

Face 2 Face

- Build rapport with patient
- Use a variety of communication skills to accommodate all levels of understanding
- Check understanding
- BP
- Weight
- BMI
- Bring their medication
- Bring someone to support them (I encourage this)
- Visually see the fitness of the person



or

Telephone

- Quicker turn around
- May be more convenient for both the patient and the nurse
- No travelling
- No parking hassle or cost
- Potentially cheaper than a face 2 face visit
- Cannot complete all tests required by NAAASP e.g BP ,height and weight

Nurse Assessment: Best Practice

NAAASP Proforma

- BMI
- Resting BP **(BHS/NICE guidance)**
- Smoking status?
- Cessation advice given?
- Current medication :
  - on statins?
  - on antiplatelets?

NHS Abdominal Aortic Aneurysm Screening Programme	Screening Programme:	«FacilityName»

Patient Information

Last Name:	«PatientLastName»	First Name(inc initials) :	«PatientFirstName»
ID No:	«PatientNHSNo»	Local No:	«PatientLocalNo»
Date of Birth:	«PatientDOB»		
Date of Clinic	«NurseAssApptDate»	Appointment Time:	«NurseAssApptTime»

Attendance Status (Screening)	Attended on time	DNA	Arrived late - not seen	Arrived late – seen	Cancelled – patient	Cancelled - Health Care Provider

Contact Details

Address 1:	«ContactAddress1»	Phone:	«ContactPhone»	Ext:	«ContactP
Address 2:	«ContactAddress2»	Mobile:			
Address 3:	«ContactAddress3»	Language:	«ContactLanguage»		
Address 4:	«ContactAddress4»	Ethnic Category	«Race»		
Address 5:	«ContactAddress5»	Interpreter Required	«ContactTranslator»		
Post Code:	«Unmodified ContactPost				

GP Details

GP CODE :		GP Practice Code :	«OrgCode»	Responsible PCT:	«PCT»

Consent

Name of Person Recording Consent :		Date of Consent:	Time of Consent:
Consent for Data Retention:			
Consent for Research:			

Clinic Staff

Nurse Name:		Role:	Nurse Specialist	Other

Assessment Details

Reason for Appointment:	3 month Surveillance	12 month Surveillance	Requested by Patient

Height (cm):		Weight (kg):		B.P. Systolic:	
BMI:				B.P. Diastolic:	

Smoker?	Current	Previous	Never	Smoking Cessation Advice Given?	Yes	No
Taking Prescribed Statins?	Yes	No		Taking Prescribed Aspirin?	Yes	No

Summary of Subject Concerns

Recommended Intervention

Nurse Assessment: Best Practice

Additional assessment/advice

- Explanation of condition/future surveillance
- Medical history
- Smoking history
- Alcohol consumption
- Diet /Exercise
- Any siblings?
- Lifestyle/BP/ medication advice
- **Medium AAA-** new symptoms severe abdo/ lower back pain
- **Driving /working/hobbies/travelling**

Follow up communications/referral

- SMaRT generated GP letter + copy to patient
- Referrals : local Smoker support teams
- Consult GP: BP optimisation; secondary prevention (statins/antiplatelets)

Any questions?

NHS

Screening Programmes

Abdominal Aortic Aneurysm

Quality Assurance: NAAASP overview

Patrick Rankin
National Education and Training Manager

Public Health England is responsible for the NHS Screening Programmes

- What is quality assurance?
- Pathway standards in screening
- How is quality assurance maintained in NAAASP
- Internal quality assurance
- External quality assurance
- Screening incidents
- Nurse Specialist role in quality assurance

What is Quality Assurance?

‘Doing the right things right’

What is Quality Assurance?

- The process of determining how programmes are performing to the pathway standards
- Pathway standards exist for all screening programmes
- Cover all aspects of screening pathway, DNA, uptake, coverage, treatment, training etc.
- Continual improvement in standards and quality is encouraged
- Promoting good practice
- Screening has an inherent risk to do harm
  - False positive
  - False negative
  - Surgical risks
- QA and standards exist to reduced the potential harm of screening by maintaining quality
- Same level of screening and surgical outcome if you live in Norwich or Newcastle

Pathway Standards

- Standards that assess the screening process and allow for continuous improvement.
- Measurable and reportable
- Enables providers and commissioners to identify areas of good practice and where improvements are needed across the screening pathway
- Based on eight themes that encompass the screening pathway

    1. Identify Population
    2. Coverage/Uptake
    3. Test
    4. Diagnose
    5. Intervention/Treatment
    6. Outcome
    7. Minimising Harm
    8. Commissioning/Governance

- 20 standards currently

Pathway Standards

- No standards currently relate directly to the role of the Nurse specialist
- Hopefully introduce standards in the future
  - Timeliness of nurse appointment
  - Uptake of nurse appointment
- Important to understand the role of pathway standards
- Monthly/quarterly reports available to programme
- Attend programme board meetings if appropriate

How is QA achieved?

- Internal Quality Assurance
  - Internal framework which is the responsibility of the screening programme to ensure it is completed
  - CST/QA lead review a number of images and feedback to screening technicians
  - All abnormal scans assessed within 7 days
  - Minimum of 6 scans every month should be QA'd
  - Assesses;
    - Gain
    - Focus
    - Calliper
    - Depth
    - General comments
  - Requires timely feedback
  - 4 monthly clinical visits to screening techs
    - Minimum of 4 patients to be observed
    - Assesses the competence for whole patient screening pathway
    - Feedback essential

- Reaccreditation of technicians
  - Every 2 years
  - Not acceptable not to attend
  - Unable to scan if not reaccredited
  - Screening techs have to undertake OSCE
  - Expected to demonstrate competency to identify aorta
  - Image optimisation
  - Correct measurement
  - Inform patient of correct pathway
  - Techs are expected to pass

  Recent failure of the reaccreditation process
  - Any other CPD activity can be classed as QA
  - New framework to replace existing model in 2016
  - Nurse practitioners can have in integral part in the CPD of technicians

- External Quality Assurance
  - Oversight from the Screening Quality Assurance Service
  - What is SQAS?
  - Provide oversight and expertise to the local AAA programmes particularly in response to incidents
  - Attend programme board meetings
  - Monitoring of programme standards and timeliness trackers
  - Quality Assurance visits by peer reviewers
  - Monitoring recommendations from QA report

External Quality Assurance visits

- Pilot process completed
- SQAS led process with Peer Review support
- Examines the quality of care and service provided by a local screening programme
- Determine and verify the achievement of local standards
- Help to identify and disseminate best and good practice undertaken locally
- Contribute to the national development of QA and the screening programme
- Must be beneficial to the local programme
- It is not;
  - Inspection
  - Pass/fail
  - Criticisms
  - Individual opinions

- Programme complete pre visit questionnaire
- 6 month lead in time
- Requires significant amount of management and administration from SQAS and local programme
- One day of interviews of key members of the screening programme

Themes for EQA visit

- Identification of cohort
- Inform / invite
- Uptake
- The screening test
- Minimising harm
- Diagnose
- Intervention / treatment
- Outcome
- Workforce
- Commissioning & Governance

EQA report

- SQAS produce an in depth report in conjunction with peer reviewers
  - Immediate – within 7 days. This is if there is immediate patient concern and if unaddressed could lead to significant patient harm.
  - High – within 3months, i.e. absence of data to evidence quality
  - Medium – within 6months, i.e. when a process does not meet the expected standard
  - Low – within 12months, i.e. carries no risk to patients using the service but could enhance it (patient user survey)
- Programme expected to produce action plan within 14 weeks
  - Monitored by the programme board and commissioners
  - Report is published on PHE website
- 4 yearly EQA visit cycle

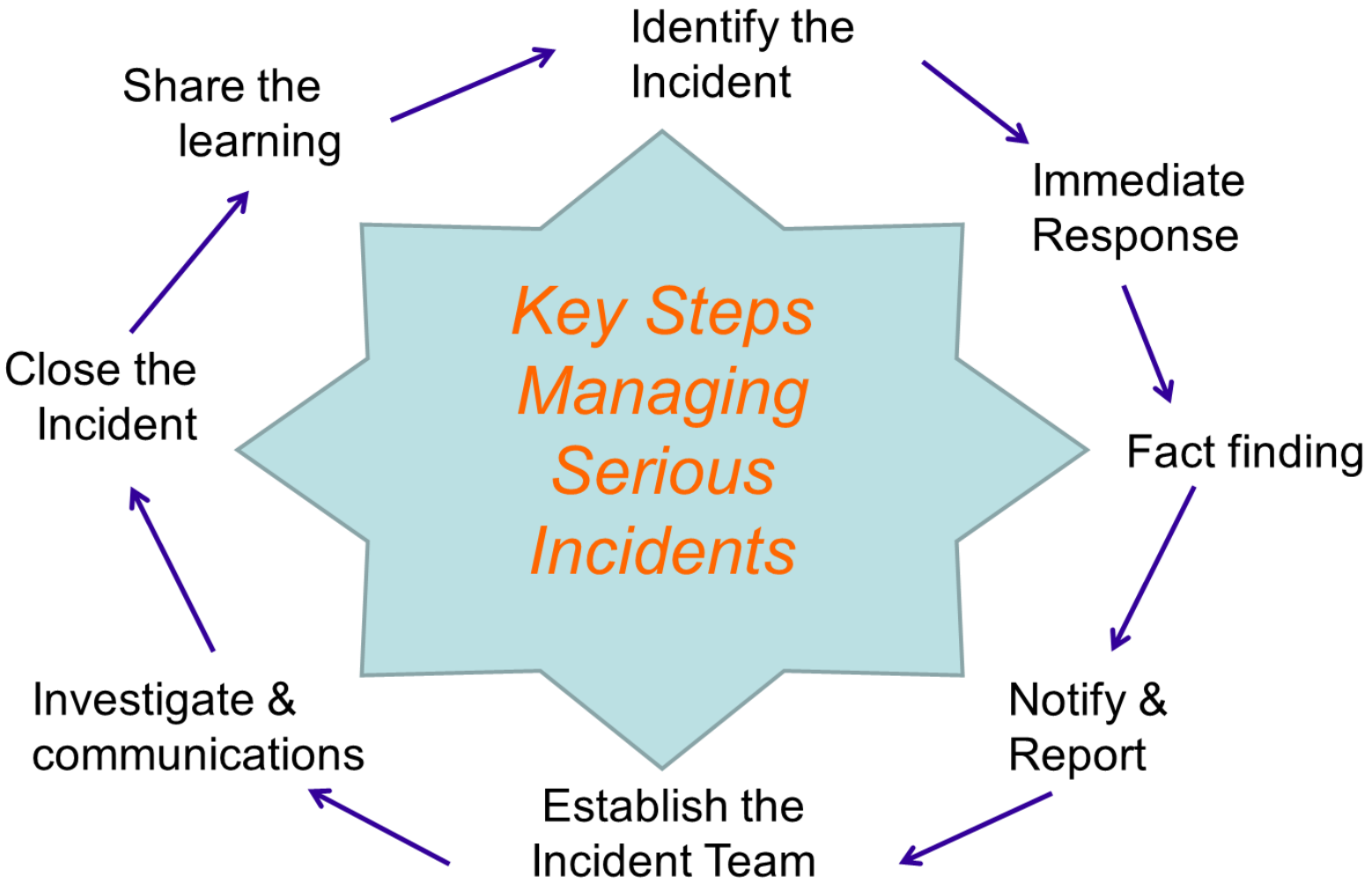
Screening safety incidents

- What is a screening safety incident?
  - Any unintended or unexpected incident(s) that could have or did lead to harm to one or more persons who are eligible for NHS screening; or to staff working in the screening programme
- What is a serious screening safety incident?
- In distinguishing between a screening incident and a serious screening incident, consideration should be given to whether individuals, the public or staff would suffer **avoidable severe (i.e. permanent) harm or death if the problem is unresolved**

Recognising an incident

- Screening programmes are run as pathways of interlinked responsibilities and functions.
- An incident can occur at any point along the pathway
- National programmes have operating guidance and standards
- It is possible that risks or incidents identified in one programme may exist elsewhere
- It is vital that lessons learned are shared
- Examples of screening incidents……..

Management of Screening Incident



Nurse specialist role in QA

- It is everyone's responsibility to provide a high quality service striving to improve the standards within the programme
- Actively partake in the EQA process
- Become involved in the CPD of staff
- Understand quality standards for the programme and the reports that are available
- Communicate regularly with the co-ordinator
- Become involved in the training of staff
- Attend the programme board meetings
- Meet the QA teams where possible