Abdominal Aortic Aneurysm Screening SQAS (London) Network Day

27 November 2015

Jan Yates
Regional Head of QA, SQAS (London)
Housekeeping

- Fire exits – no drills planned
- Mobile phones etc. silent
- Wifi: hesura
- Toilets
- Breaks at 11.30, 1pm
- Close 4pm
- Active, learning style
- Hopefully fun!
AAA Network Day

Aim

To improve quality through the achievement of national pathway standards across all London AAA Screening Programmes

Objectives

• To support London programmes in the delivery of safe and effective screening to their populations
• To provide a forum for disseminating knowledge and sharing good practice on relevant topics

Programme Highlights

• National and regional overview of AAA Screening – successes and challenges
• Define national training requirements for AAA personnel
• Focus on key roles and responsibilities within AAA screening teams
• Establish vigorous and standardised reporting for London AAA screening
Icebreaker

- Month of birth
- One hobby or pastime
- Your role in the AAA programme
NHS AAA Screening Programme

AAA screening is making a difference to the health of men in England and London

It is estimated that 4 out of 5 men with a ruptured AAA will die before getting to hospital or fail to survive emergency surgery.

NHS AAA Screening Programme should reduce ruptured AAA mortality by up to 50% through early detection, appropriate monitoring and treatment.

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1 Screening men for abdominal aortic aneurysm: 10 year mortality and cost effectiveness results from the randomised Multicentre Aneurysm Screening Study. BMJ, 2009, vol./is. 338/(b2307), 0959-535X;1468-5833
2 Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm. A report from The Vascular Society March 2012
### National AAA 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 Yorkshire and Humber
- 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

### Total Cohort 2014/15

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td><strong>41</strong></td>
</tr>
<tr>
<td>London</td>
<td>5</td>
<td>34,633</td>
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<tr>
<td>North</td>
<td>8</td>
<td>85,205</td>
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<tr>
<td>South</td>
<td>11</td>
<td>79,688</td>
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<tr>
<td>Midlands and East</td>
<td>17</td>
<td>94,723</td>
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</table>

AAA National and Regional- similarities

**Uptake**

About **8 in 10** men who receive a letter attend.

**Timely Referrals**

97% of subjects with AAA ≥5.5cm referred within one working day.

**Self Referrals**

1 in 10 screened men made 1st contact.

**Men screened with an outcome of an aneurysm ≥3cm detected**

1 in 100
AAA National and Regional-variations

AAA-PS-2: % Percentage of eligible subjects who are tested (Coverage)

London AAA programme
Acceptable ≥75%
Achievable ≥85%

Coverage %

AAA Screening Programmes

London AAA programme
Acceptable ≥75%
Achievable ≥85%
AAA National and Regional-variations

% of men eligible for abdominal aortic aneurysm screening who had an initial offer of screening in London by area (2013/14)

London achieved better proportions than England in inviting men for screening however, there are areas in London where more men did not benefit from a screening offer compared with the rest of the region.

Compared to England

Compared to London

Source: Screening Management and Referral Tracking (SMART) database

http://www.phoutcomes.info
http://www.fingertips.phe.org.uk/
AAA National and Regional-variations

AAA-PS-12: % of subjects with aorta ≥5.5cm seen by vascular specialist within 2 weeks.

Highlights data quality issues
AAA – The Journey So Far

2009
National implementation of abdominal aortic aneurysm (AAA) screening (6 areas)

2013-2015
Full service roll-out and established national policies and quality standards

On-going
Developments and improvements
- Utilise local, regional intelligence to review screening pathway standards
- Start of the process of developing new NICE guidelines on diagnosis and management of AAAs

Development of QA
Prioritisation process, Self-assessment, Desk top review of self-assessment and evidence, External quality assurance review. QA Visit pilots roll-out

2014-2015

London AAA Screening Programme Network Day 27 November 2015
Successes

- 1.3 million men invited
- Large aneurysms perioperative mortality rate <1.5%
- one millionth 65-year-old man screened
- detected more than 10,000 aneurysms requiring monitoring and treatment
- referred more than 2,500 men for treatment for large aneurysms
- preventing premature deaths in men aged 65 years and over

Challenges

- **Data reporting**
- **Timely treatment** of large aneurysms impacted by up to 4 months delay in elective non-screen detected aneurysms
- **Screening technician staff low retention** (London ONLY)
- **>20% of invited men decline or DNA and this is associated with social deprivation**
- **Establishing surveillance thresholds for rupture risk, mortality and other outcomes**

Accountability requires consistency in resource allocation for QA image review (CST) and clinical leadership.
Taking into account patient choice
- 20 programmes (49%) reached the acceptable threshold and of those, 5 programmes (12%) reached the achievable threshold

Taking into account both patient choice and patient comorbidity
- 34 programmes (83%) reached the acceptable threshold and of those 15 (37%) reached the achievable threshold

Taking into account patient choice and comorbidities
- 7 programmes (17%) have yet to meet the acceptable threshold - 2 of these are in London
## AAA Current and Future work

<table>
<thead>
<tr>
<th>Data reporting</th>
<th>Communication</th>
<th>Quality Improvements</th>
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</thead>
<tbody>
<tr>
<td>- KPIs</td>
<td>- Regional familiarisation visits</td>
<td>- Standard letters</td>
</tr>
<tr>
<td>- 2015/16 - AA1: Completeness of Offer</td>
<td>- National Helpdesk</td>
<td>- Improving Nurse specialist role</td>
</tr>
<tr>
<td>- 2016/17-3 new KPIs</td>
<td>- All external queries – effective from 1 April 2015; [<a href="mailto:PHE.screeninghelpdesk@nhs.net">PHE.screeninghelpdesk@nhs.net</a>]</td>
<td>- Reducing treatment delays</td>
</tr>
<tr>
<td>- Guidance on reporting death</td>
<td>- Regional feedback on enquiries</td>
<td>- National study to ascertain whether our threshold for referring men for surgery is at the right level</td>
</tr>
<tr>
<td>- Regional work on identifying and improving on data quality</td>
<td>- Executive summaries of QA visit reports will be published on the GOV.UK website</td>
<td>- Incident reporting</td>
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<tr>
<td></td>
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<td>- QA visits Phase One and PACA training</td>
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<td></td>
<td></td>
<td>- Screener training and retention</td>
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<tr>
<td></td>
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<td>- CST role</td>
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<td></td>
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<td>- Reducing inequalities</td>
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</tbody>
</table>
Improving Access and Reducing Inequalities - Uptake in Kensington, Chelsea & Westminster

Variations in uptake of AAA screening in the KCW region

(3 clinic locations indicated)
AAA Regional Matrix Working

- Provides and delivers screening to eligible men in accordance with National guidance
- Supports and advises on screening pathway and risk management
- Commission and performance monitor local AAA providers as agreed within Section 7A National Service Specifications
- Contribute to the accountability and governance arrangements for ensuring quality screening to the population

Local AAA

NHS England London

Screening QA Service London

Other Stakeholders (GPs, LA)
Screening QA Service (London)

Screening Quality Assurance Service provides a SUPPORT and an ADVISORY function to local screening providers and commissioners of AAA, DESP, ANNB, Cervical, Bowel and Breast screening programmes.
Purpose of Quality Assurance

To help ensure that local screening services are safe and effective

Quality Assurance (QA):

» Checks that national programme standards are met
» Encourages continuous improvement
» Delivered through a programme of QA activities

A systematic programme of activities to monitor performance against pre-set quality standards and support improvement

Screening QA Service Operating Model

Quality monitoring

• Triangulation of information – data analysis including data quality, soft intelligence through programme boards and incidents

Supporting providers and commissioners by

• Systematic risk assessment to prioritise and tailor support to meet individual service needs
• Network meetings and quality improvement projects to facilitate improvements across regions

Expert advice

• Quality criteria for re-commissioning screening services or for new programmes
• Assessment and management of screening incidents
• Monitoring trends, sharing lessons identified, guidance development and implementation (national and regional role)

External quality review

• QA visits and securing peer advice
• Organising training for clinical and professional advisors
A **critical friend** can be defined as a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person’s work as a friend. A critical friend takes the time to fully understand the context of the work presented and the outcomes that the person or group is working toward. The friend is an advocate for the success of that work.

Monitoring Quality Screening Programmes

Internal:
» Monitoring of programme specific: KPIs and national quality standards
» Demonstrating compliance against national standards (or action plans to meet them)
» To implement continuous improvement strategies
» Reporting and responding to incidents and ensuring lessons learned
» Programme specific failsafe points along pathway
» Service specifications

External:
» Formal QA visit – review of pathway standard achievement
KPIs and Pathway Standards

KPIs introduced 2010/2011 to

- Drive up quality of services – acceptable and achievable standards of performance
- Highlight some measurable national standards for particular focus
- Raise the profile of screening programmes
- KPIs give a high level overview of the quality of screening programmes at key points on the screening pathway

KPIs contribute to the quality assurance of screening programmes but are not, in themselves, sufficient to quality assure or performance manage screening services
Monitoring AAA Programme Specific: KPIs and national quality standards (pathway standards)

20 Pathway Standards (PS) and SOPs for validation

- Period – Quarterly and Annually
- Comparisons – Trends
- Standard definitions

Challenges

- Data quality
- Standards evolving and makes familiarisation difficult
- Cross-referencing of standards to validation guidance
- Cumulative data collection results in an inability to undertake periodic trend analysis
- Time required for validation processes and improving input from QA and commissioners
- Terminology used in standards- consistency and clarity
- Consistency in reporting filters used in SMART and backend processes for data extraction
London Pathway Standards 2013-2015

Nationally published data used in external reports, press releases and available in public domain


## London Pathways Standards 2014/15

### Standards by Theme

<table>
<thead>
<tr>
<th>Coverage/Uptake</th>
<th>Test</th>
<th>Minimising harm</th>
<th>Diagnosis</th>
<th>Intervention/treatment</th>
<th>Commissioning and governance</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>AAA-PS-1</td>
<td>AAA-PS-5</td>
<td>AAA-PS-9</td>
<td>AAA-PS-11</td>
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<td>AAA-PS-16</td>
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### Pathways standards

- **Pathways standards meet acceptable or achievable thresholds for ≥3 London programmes**: 1, 2, 3, 4, 9, 10, 15
- **Pathways standards do not meet acceptable thresholds and are below the regional average for ≥2 SPs**: 2, 4, 11, 12, 13, 17
- **Standards cannot be measured on SMaRT**: 7, 8, 14, 18, 19, 20

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Number of Pathway Standards (PS) where a London programme did not meet either the acceptable threshold or regional average

6 out of the 20 pathway standards cannot be measured on SMART
## London Pathways Standards 2013-15 and Quarter Data 2015-16

<table>
<thead>
<tr>
<th>PS1- Offer</th>
<th>Acceptable ≥ 90.00%</th>
<th>Achievable ≥ 99.00%</th>
<th>Cumulative</th>
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<tr>
<td>London AAA programme</td>
<td>2013/14</td>
<td>2014/15</td>
<td>Q1</td>
<td>Q2</td>
<td>Expected to complete year</td>
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<tr>
<td>London programme 1</td>
<td>99.70</td>
<td>99.56</td>
<td>42.60%</td>
<td>70.96%</td>
<td>29.04%</td>
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<td>78.12%</td>
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<td>London programme 3</td>
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<td>London programme 4</td>
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<td>London programme 5</td>
<td>99.99</td>
<td>100.00</td>
<td>49.99%</td>
<td>62.83%</td>
<td>37.17%</td>
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<tr>
<td>London</td>
<td>99.89</td>
<td>99.85</td>
<td>50.85%</td>
<td>71.36%</td>
<td>28.64%</td>
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<tr>
<td>England</td>
<td>98.83</td>
<td>99.84</td>
<td>43.55%</td>
<td>68.63%</td>
<td>31.37%</td>
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Quarterly progress monitoring to support adequate capacity and contingency planning.
AAA- PS1- Progress on Invitations Q1-Q2 15/16

<table>
<thead>
<tr>
<th>London programme 1</th>
<th>London programme 2</th>
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<th>London programme 4</th>
<th>London programme 5</th>
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<td>29.04%</td>
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<td>21.40%</td>
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<td>37.17%</td>
</tr>
<tr>
<td>Q1</td>
<td>Q1</td>
<td>Q1</td>
<td>Q1</td>
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<tr>
<td>Q2</td>
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<table>
<thead>
<tr>
<th>London</th>
<th>England</th>
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<tbody>
<tr>
<td>28.64%</td>
<td>31.37%</td>
</tr>
<tr>
<td>Q1</td>
<td>Q1</td>
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<td>Q2</td>
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<table>
<thead>
<tr>
<th>Cumulative</th>
<th>Q1</th>
<th>Q2</th>
<th>Expected to complete year</th>
</tr>
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<tbody>
<tr>
<td>Q1</td>
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</tbody>
</table>
AAA-PS-5: % of assessed images of acceptable quality 2014/15 (image QA)

low percentage of images of acceptable quality may indicate a training issue with staff or a problem with the screening equipment.
AAA-PS-17: % subjects deemed fit for intervention at first assessment post referral

Variation due to difference in interpretation of this standard. Known issue nationally and has been escalated for review.
Guidance on Reporting


Available in the report section of SMaRT

• Quarterly pathway standards report (second Tuesday after end of quarter)
• Annual pathway standards report (July for preceding screening year)
• Clinic and appointments report (14th of each month)
• Screener tests (annual & monthly; 14th of each month)
• Tracker (quarterly, 6 weeks in arrears)

*NHS England has introduced standardised reporting at programme board and the next session will focus on reviewing the template and discussing consistency in utilisation*
In addition….Reporting Mortality

<table>
<thead>
<tr>
<th>AAA-PS-19</th>
<th>30 day mortality following elective AAA surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA-PS-20</td>
<td>1 year mortality following elective AAA surgery</td>
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</tbody>
</table>

- **Currently under-reported in London**


- **Categories**
  - Deaths during screening (men on surveillance)
  - Deaths following referral
  - Deaths following treatment
  - Deaths following a decision not to operate
  - Deaths in patients screened negative
London AAA SP Quality Management Strategy (QMS)

• **Purpose**: to drive up quality through ensuring a systematic way of achieving desired goals and to ensure that programmes consistently deliver exactly what is expected

• **Next steps**: SQAS to collate feedback from today and co-productively agree a London Quality Management Systems for AAA screening programmes