

# Screening Programmes

Quality Assurance (London)



## 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



# National AAA Screening Programmes

## Local AAA Screening Programmes

Total	41	Cohort men 2014/15
London	5	34,633
North	8	85,205
South	11	79,688
Midlands and East	17	94,723

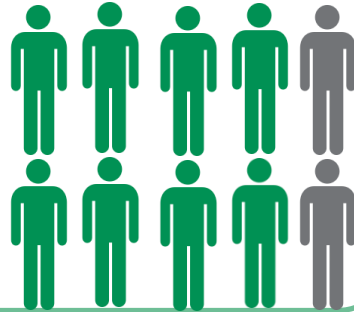
- Bedfordshire, Luton & Milton Keynes
- Black Country (BC)
- Bristol, Bath & Weston
- Cambridgeshire, Peterborough & West Suffolk
- Central England (Cen Eng)
- Central Yorkshire
- Cheshire & Merseyside
- Coventry & Warwickshire
- Cumbria & Lancashire
- Derbyshire
- Dorset and Wiltshire
- Essex
- Five 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



# AAA National and Regional- similarities

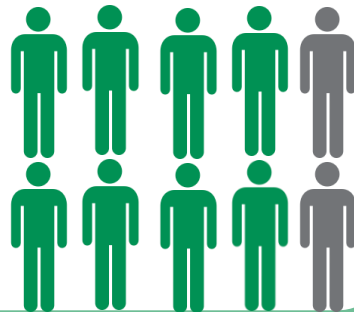
**Uptake**  
about  
**8 in 10**  
men who  
receive a  
letter attend



**Timely  
Referrals**  
**97%**

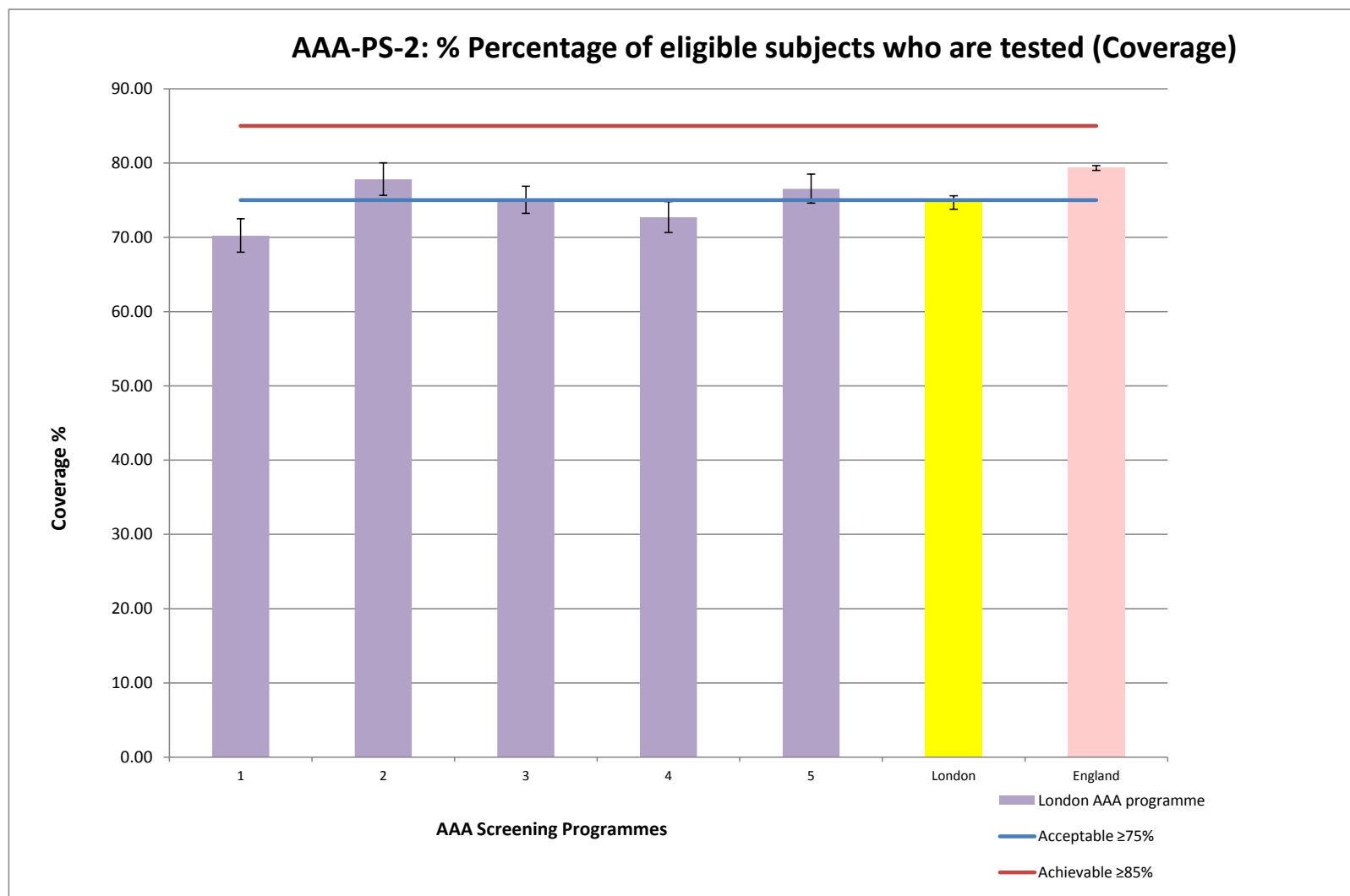
% of subjects  
with AAA  $\geq 5.5\text{cm}$   
referred within  
one working day

**Self  
Referrals**  
**1 in 10**  
screened  
men made  
1<sup>st</sup> contact



Men screened  
with an outcome  
of an aneurysm  
 $\geq 3\text{cm}$   
detected

# AAA National and Regional-variations



# 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

2.21viii - Abdominal Aortic Aneurysm Screening 2013/14

Area	Count	Value	95% Lower CI	95% Upper CI
England	294,972	95.9	95.9	96.0
London region	33,081	99.6	99.5	99.7
City of London	39	100	91.0	100
Ealing	1,416	100	99.7	100
Harrow	1,138	100	99.7	100
Lewisham	901	100	99.6	100
Sutton	905	100	99.6	100
Croydon	1,734	99.9	99.7	100
Brent	1,223	99.9	99.5	100
Hillingdon	1,194	99.9	99.5	100
Bexley	1,174	99.9	99.5	100
Merton	928	99.9	99.4	100
Southwark	907	99.9	99.4	100
Westminster	898	99.9	99.4	100
Bromley	1,745	99.9	99.6	100
Wandsworth	978	99.8	99.3	99.9
Greenwich	968	99.8	99.3	99.9
Kingston upon Thames	782	99.7	99.1	99.9
Hounslow	1,075	99.7	99.2	99.9
Enfield	1,360	99.7	99.2	99.9
Hammersmith and Fulham	649	99.7	98.9	99.9
Redbridge	1,272	99.7	99.2	99.9
Richmond upon Thames	935	99.7	99.1	99.9
Barnet	1,624	99.5	99.0	99.8
Lambeth	975	99.5	98.8	99.8
Newham	898	99.4	98.7	99.8
Barking and Dagenham	643	99.4	98.4	99.8
Havering	1,384	99.2	98.6	99.6
Haringey	880	99.2	98.4	99.6
Kensington and Chelsea	724	99.0	98.0	99.5
Camden	827	99.0	98.1	99.5
Hackney	734	98.8	97.7	99.4
Tower Hamlets	560	98.8	97.5	99.4
Waltham Forest	914	98.5	97.5	99.1
Islington	697	97.8	96.4	98.6

Source: Screening Management and Referral Tracking (SMART) database

Compared to England



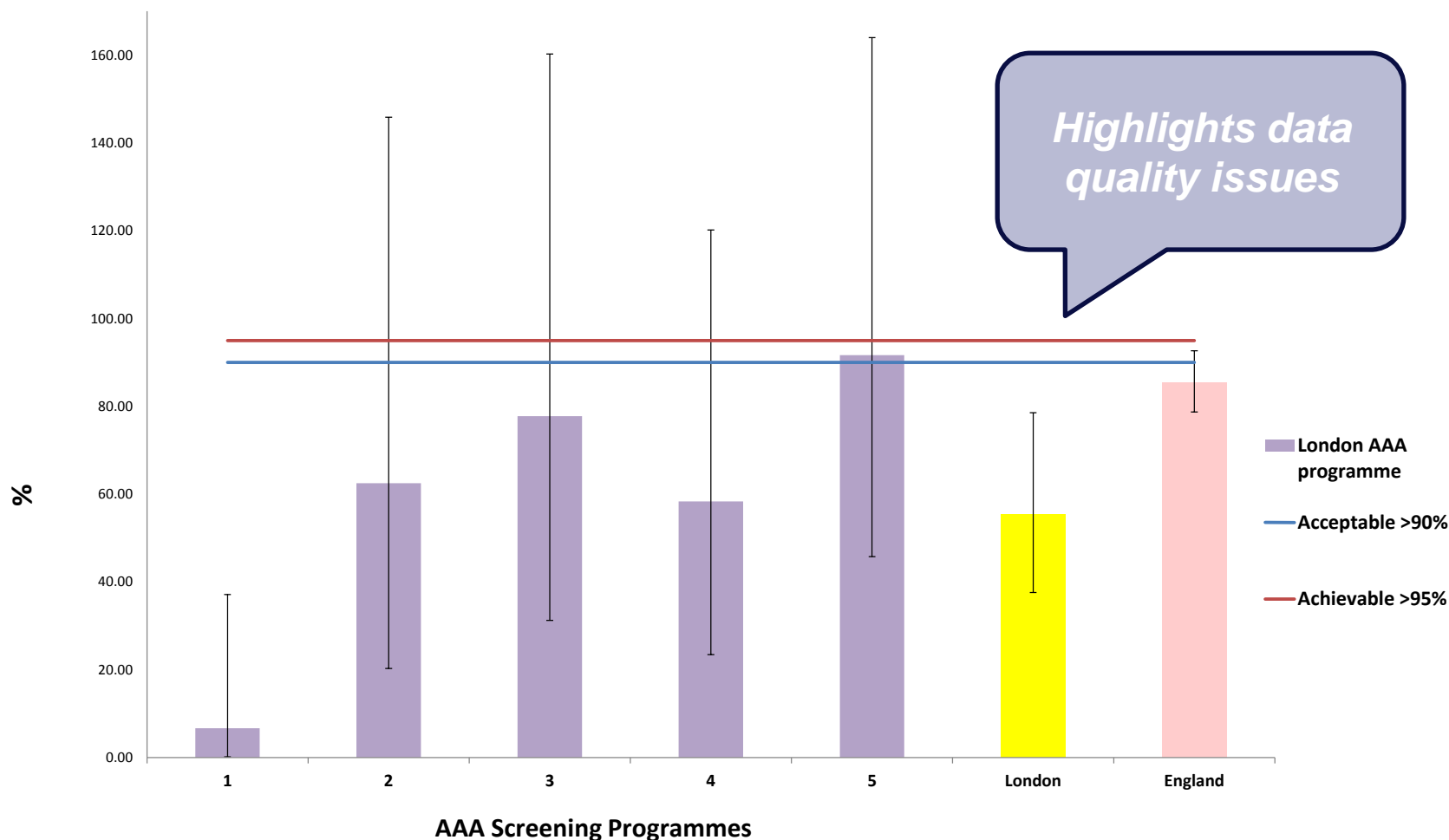
Compared to London



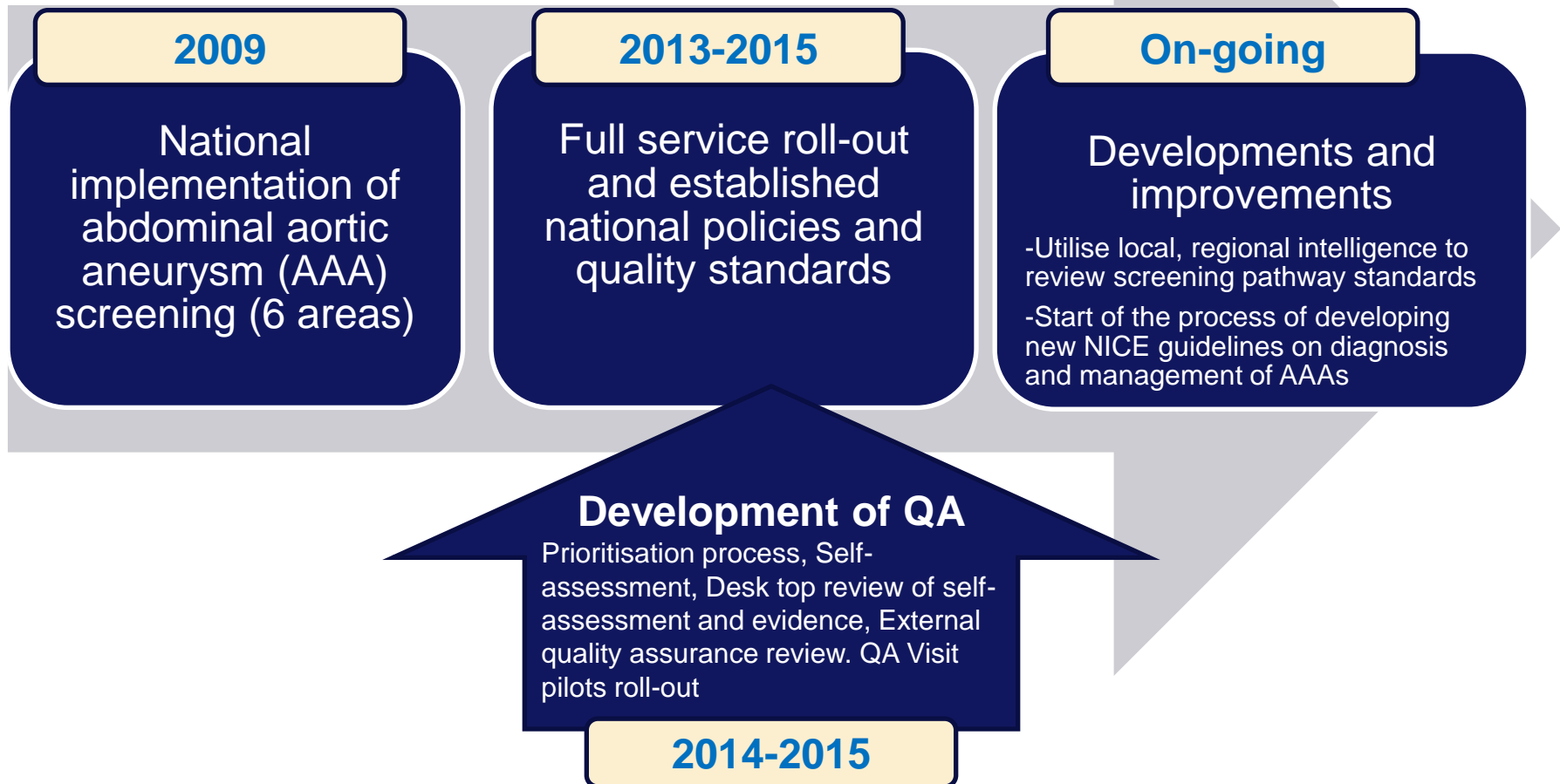
Better Similar Worse

# AAA National and Regional-variations

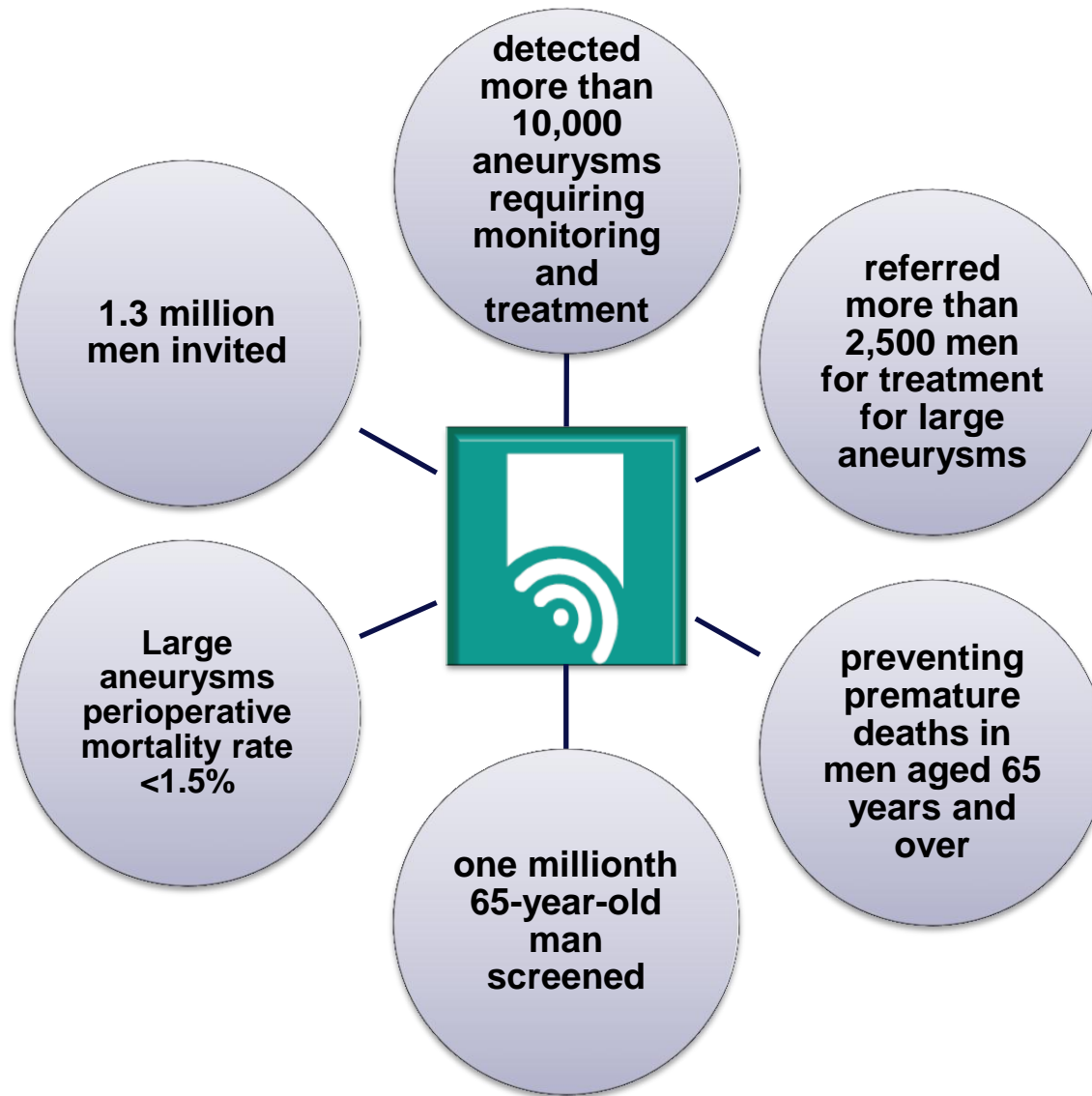
AAA-PS-12: % of subjects with aorta  $\geq 5.5\text{cm}$  seen by vascular specialist within 2 weeks.



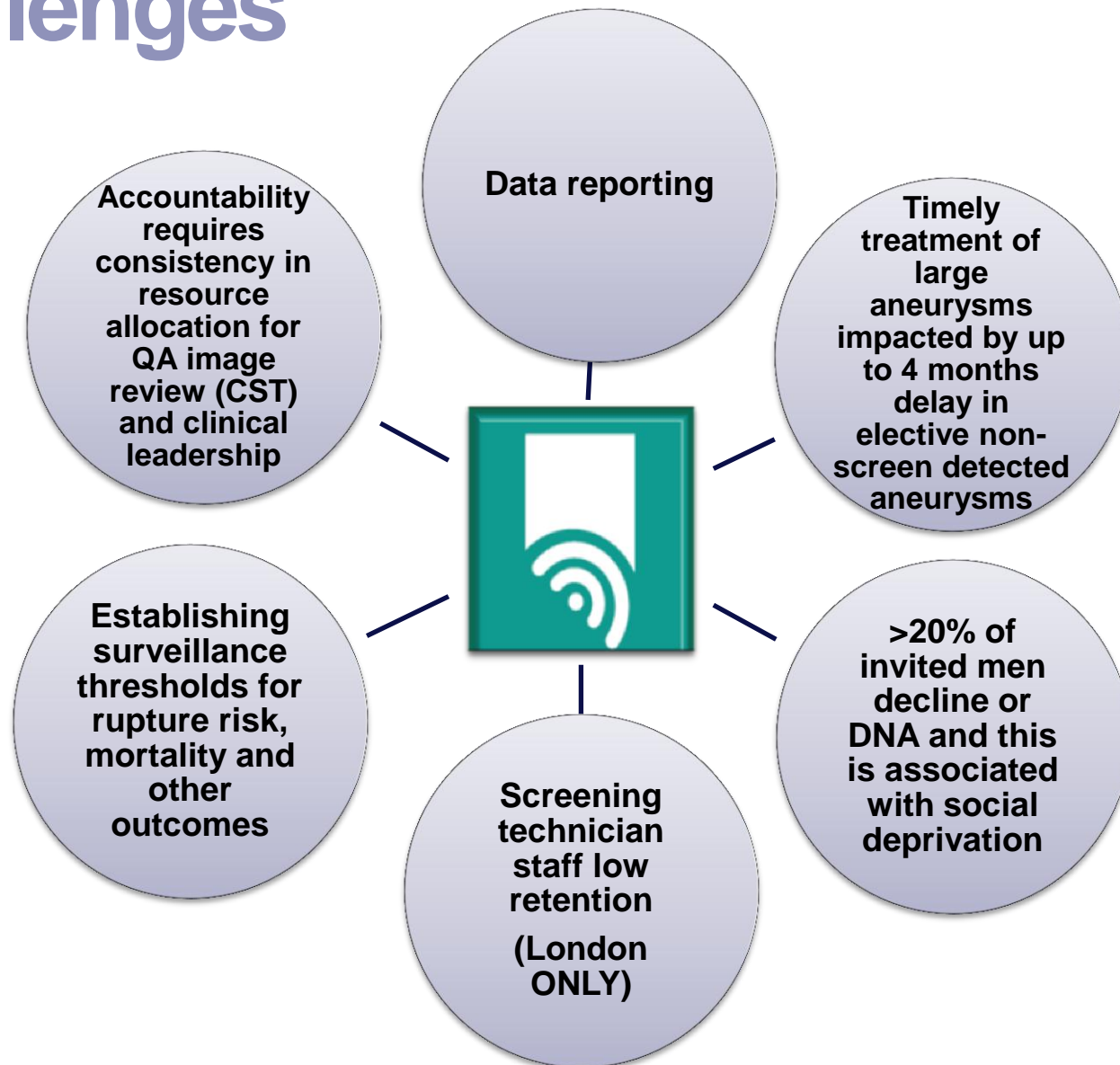
# AAA – The Journey So Far



# Successes



# Challenges



# Timely Treatment of Large Aneurysms

## Taking into account patient choice

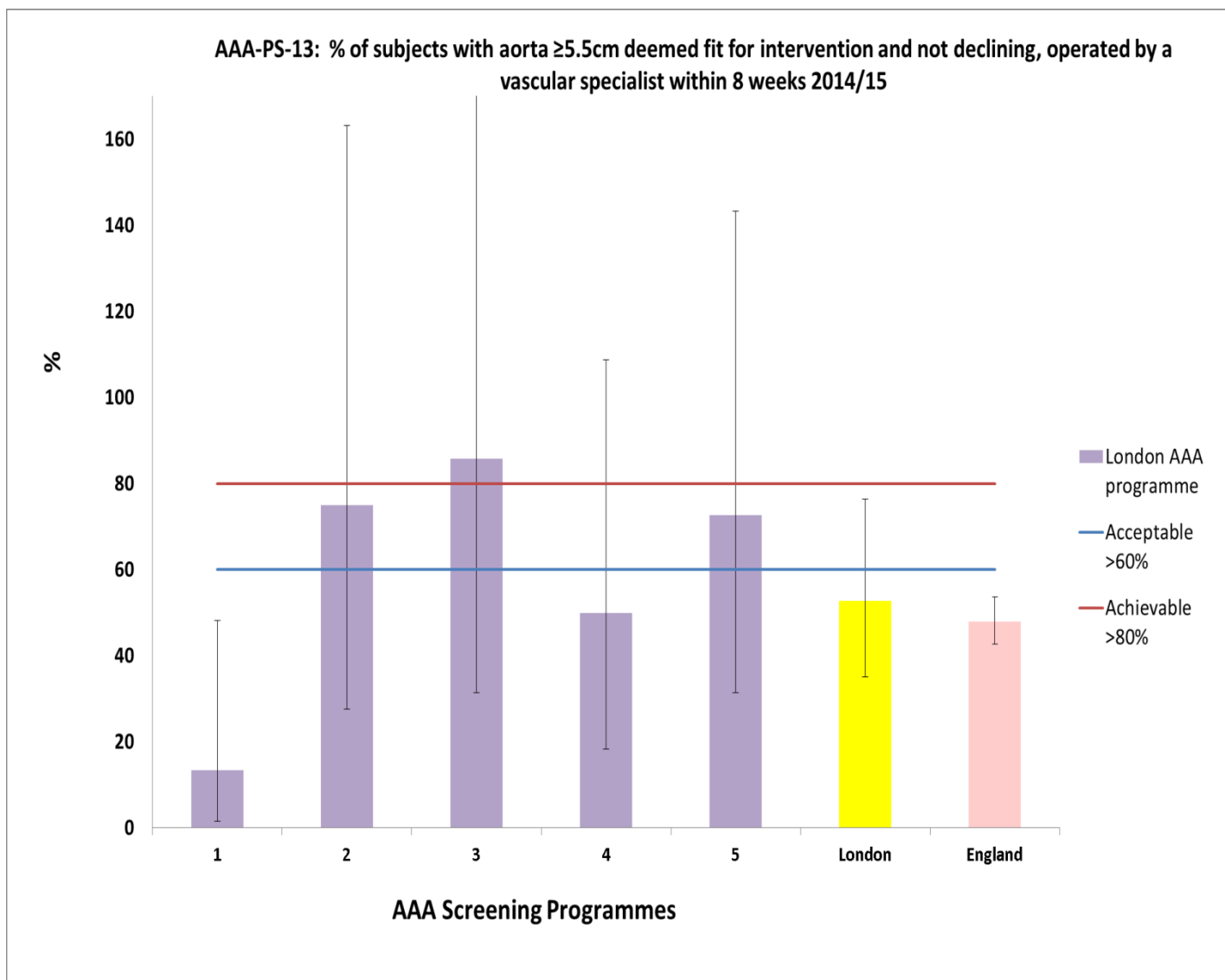
- 20 programmes (49%) reached the acceptable threshold and of those, 5 programmes (12%) reached the achievable threshold

## 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

## Data reporting

- ❑ KPIs
  - **2015/16** - AA1: Completeness of Offer
  - **2016/17**-3 new KPIs
- ❑ Guidance on reporting death
- ❑ Regional work on identifying and improving on data quality

## Communication

- ❑ Regional familiarisation visits
- ❑ National Helpdesk

All external queries – effective from 1 April 2015;  
[PHE.screeninghelpdesk@nhs.net](mailto:PHE.screeninghelpdesk@nhs.net)

  - Regional feedback on enquiries
- ❑ Executive summaries of QA visit reports will be published on the GOV.UK website

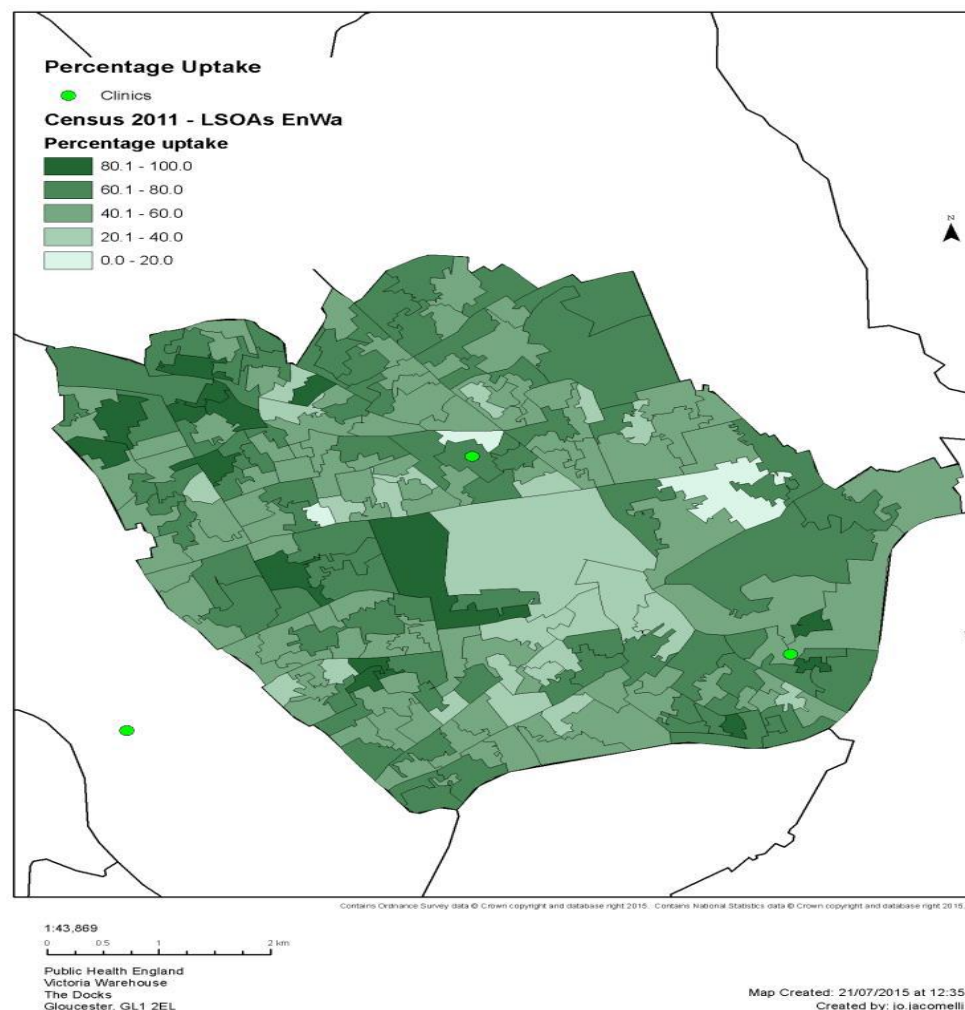
## Quality Improvements

- Standard letters
- Improving Nurse specialist role
- Reducing treatment delays
- National study to ascertain whether our threshold for referring men for surgery is at the right level
- Incident reporting
- QA visits Phase One and PACA training
- Screener training and retention
- CST role
- Reducing inequalities

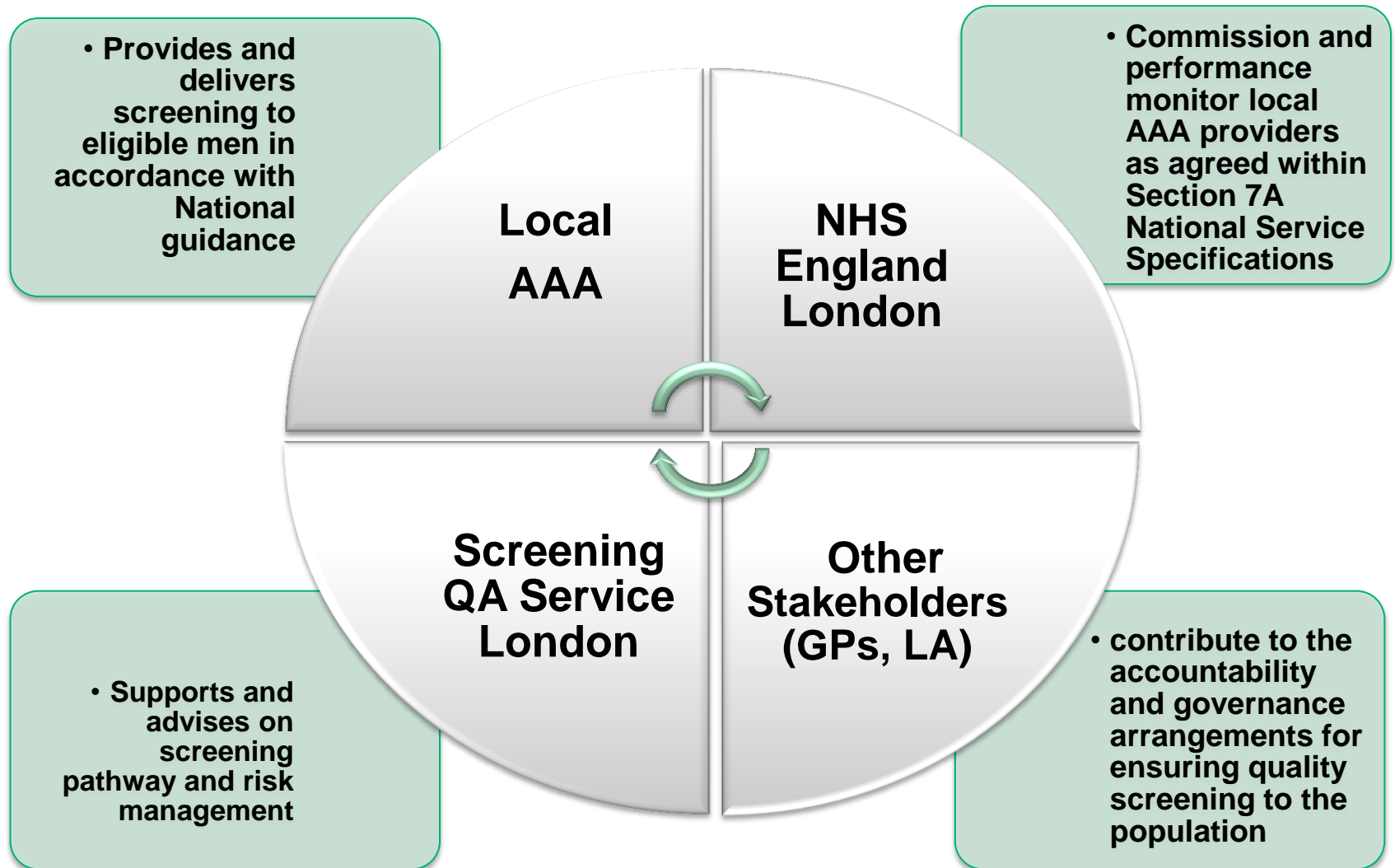
# Improving Access and Reducing Inequalities - Uptake in Kensington, Chelsea & Westminster

Variations in uptake of AAA screening in the KCW region

(3 clinic locations indicated)



# AAA Regional Matrix Working



# 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

**AAA**

**SQAS(London)**

**Jan Yates**

Regional Head of QA

**Modupe Omonijo**

Senior QA Advisor

**Paola Beresh**

QA Advisor

**Gauri Raje**

QA Facilitator

**Tom Duggan**

QA Officer

# 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***

A Bowling (2002) Research Methods in Health: Investigating Health and Health Services

# 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

# Screening Quality Assurance Service





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

Costa, A. and Kallick, B.(1993) "Through the Lens of a Critical Friend".  
*Educational Leadership* 51(2) 49-51

# 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)

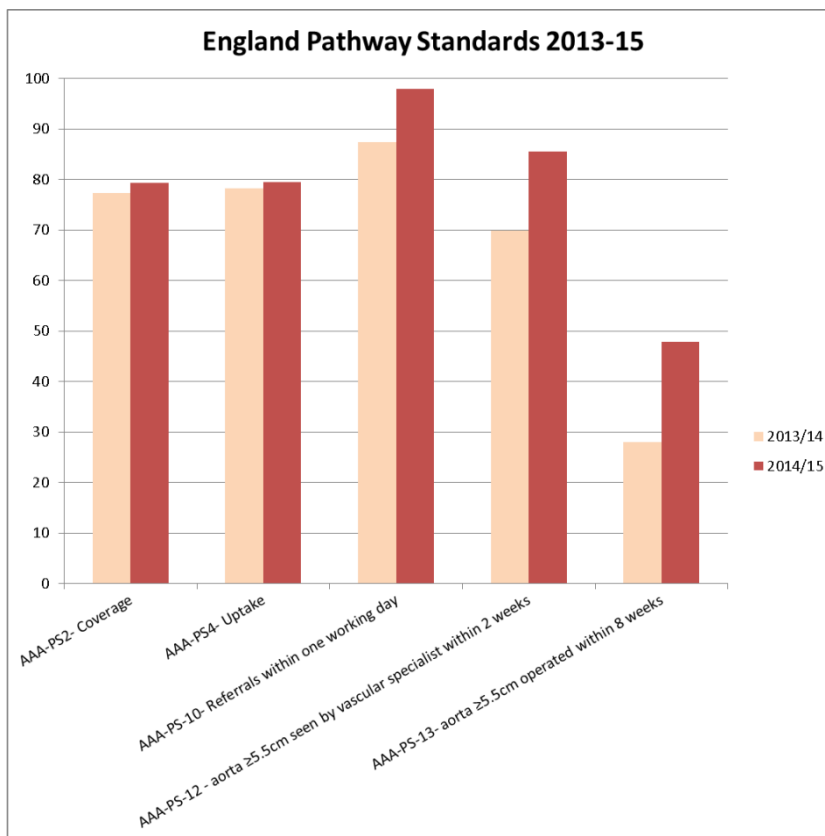
## 20 Pathway Standards (PS) and SOPs for validation

- 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

- **Annual data tables** <https://www.gov.uk/government/collections/aaa-screening-supporting-documents#data-and-research>
- **Key performance indicators:** <https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting>

# London Pathways Standards 2014/15

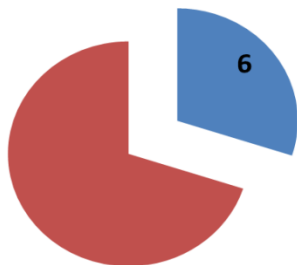
Standards by Theme						
Coverage/Uptake	Test	Minimising harm	Diagnosis	Intervention/treatment	Commissioning and governance	Outcome
AAA-PS-1	AAA-PS-5	AAA-PS-9	AAA-PS-11	AAA-PS-12	AAA-PS-14	AAA-PS-15
AAA-PS-2	AAA-PS-6	AAA-PS-10		AAA-PS-13		AAA-PS-19
AAA-PS-3	AAA-PS-7			AAA-PS-17		AAA-PS-20
AAA-PS-4	AAA-PS-8			AAA-PS-18		
	AAA-PS-16					

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

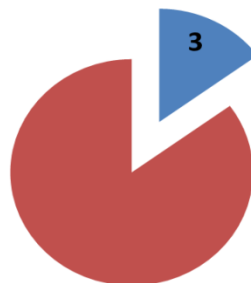
# London Pathways Standards 2014/15

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

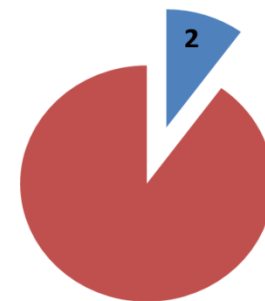
London programme 1



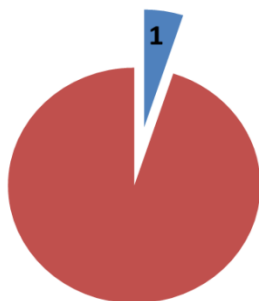
London programme 3



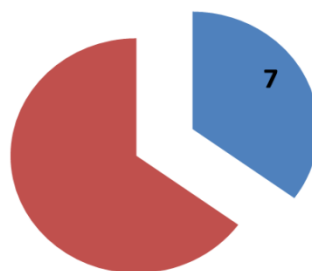
London programme 5



London programme 2



London programme 4



6 out of the 20 pathway standards cannot be measured on SMART

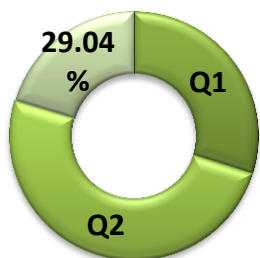
# London Pathways Standards 2013-15 and Quarter Data 2015-16

Quarterly progress  
monitoring to  
support adequate  
capacity and  
contingency  
planning

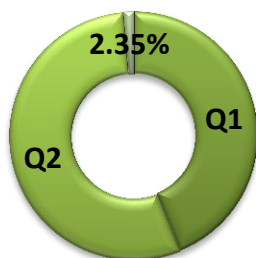
PS1- Offer	Acceptable ≥ 90.00%				
	Achievable ≥ 99.00%		Cumulative		
London AAA programme	2013/14	2014/15	Q1	Q2	Expected to complete year
London programme 1	99.70	↓ 99.56	42.60%	70.96%	29.04%
London programme 2	99.77	↓ 99.74	78.12%	97.65%	2.35%
London programme 3	100.00	↓ 99.99	55.19%	78.60%	21.40%
London programme 4	99.97	↓ 99.94	26.54%	46.91%	53.09%
London programme 5	99.99	↑ 100.00	49.99%	62.83%	37.17%
London	99.89	↓ 99.85	50.85%	71.36%	28.64%
England	98.83	↑ 99.84	43.55%	68.63%	31.37%

# AAA- PS1- Progress on Invitations Q1-Q2 15/16

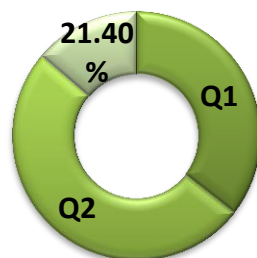
**London  
programme 1**



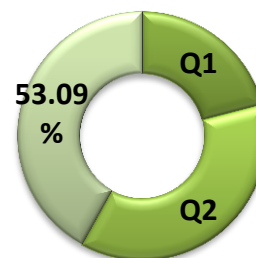
**London  
programme 2**



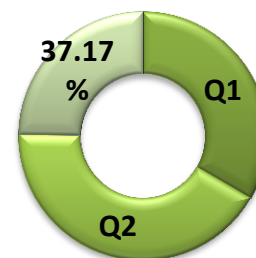
**London  
programme 3**



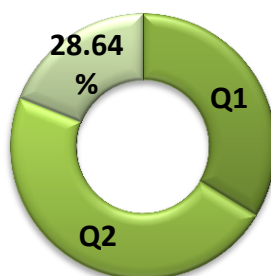
**London  
programme 4**



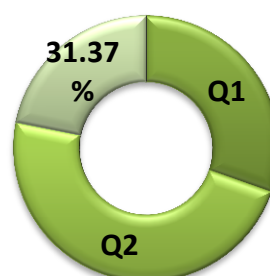
**London  
programme 5**



**London**



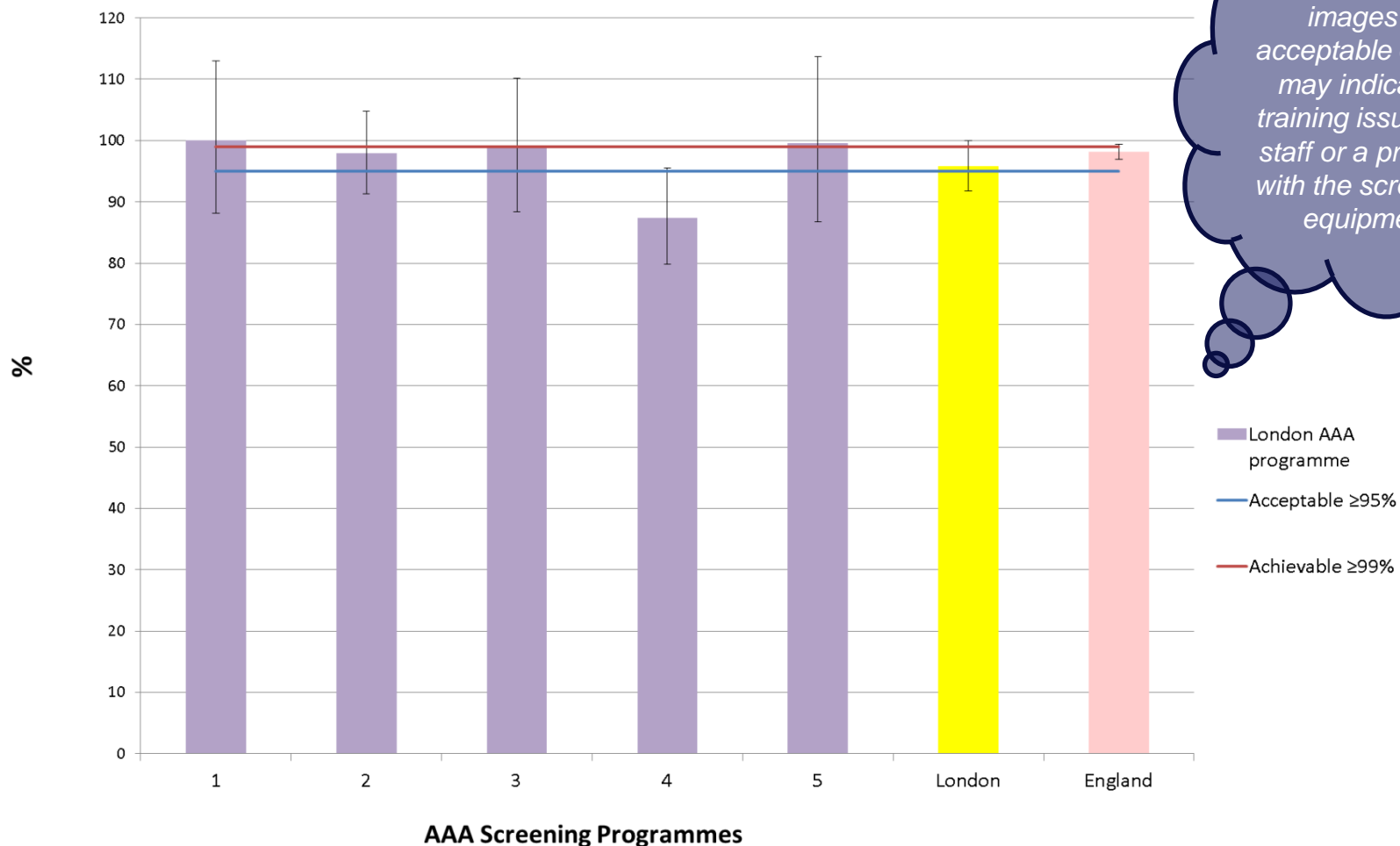
**England**



Cumulative		Expected to complete year
Q1	Q2	

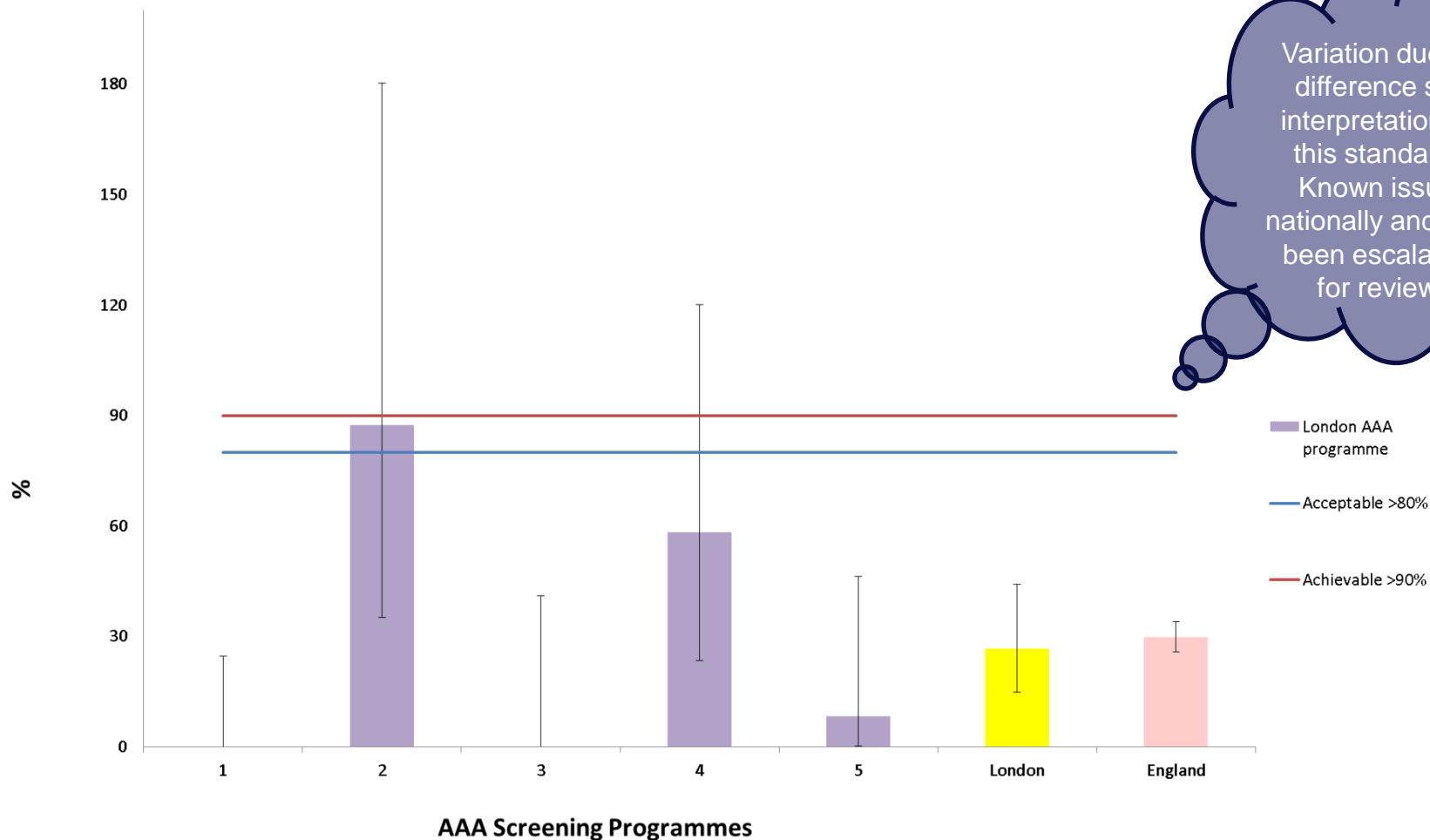
# London Pathways Standards 2014/15

AAA-PS-5: % of assessed images of acceptable quality 2014/15 (image QA)



# London Pathways Standards 2014/15

AAA-PS-17: % subjects deemed fit for intervention at first assessment post referral



# Guidance on Reporting

**Pathway standards:** <https://www.gov.uk/government/publications/aaa-screening-quality-standards-and-service-objectives>

**Reporting process:** <https://www.gov.uk/government/publications/young-person-and-adult-screening-submit-key-performance-indicator-data>

**Validating quarterly and annual reports:** <https://www.gov.uk/government/publications/aaa-screening-validate-annual-pathway-standards>

## 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** (14<sup>th</sup> of each month)
- **Screeener tests** (annual & monthly; 14<sup>th</sup> 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

AAA-PS-19	30 day mortality following elective AAA surgery
AAA-PS-20	1 year mortality following elective AAA surgery

- **Currently under-reported in London**
- **Guidance:** <https://www.gov.uk/government/publications/aaa-screening-protocol-for-reporting-deaths> (*follow algorithm*)
- **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)

