Abdominal Aortic Aneurysm (AAA) Screening Policy

V1.0

1st July 2016
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1. **Introduction**

1.1. Ruptured Abdominal Aortic Aneurysm (AAA) deaths account for an estimated 2.1% of all deaths in men aged 65 and over. This compares with approximately 0.8% in women of the same age. Mortality from rupture is high, with nearly a third dying in the community before reaching hospital. Of those who undergo AAA emergency surgery, the post-operative mortality rate is around 50%, making the case fatality after rupture 82%. This compares with a post-operative mortality rate in high quality vascular services of 3-8% following planned surgery.

1.2. This document has been produced to support the National AAA Screening Standard Operating Procedures which can be found at https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures

1.3. The Peninsula AAA Screening programme covers, Cornwall, Plymouth and parts of South West Devon and is hosted by Royal Cornwall Hospitals Trust (RCHT) under the Surgical Division. The Peninsula programme will routinely invite all men in their 65th year for a AAA Screen via a SMART database hosted by the national screening programme. Subject details will be provided from the Open Exeter system via GP practice lists. Men who are older can self-refer by contacting the programme directly. The programme will offer surveillance follow-up for those found to have an aneurysm below 5.4cm. Those found to have a large aneurysm over 5.5cm will be referred to a vascular surgeon within secondary care at RCHT or Derriford.

2. **Purpose of this Policy/Procedure**

2.1. AAA Screening is a process of identifying apparently healthy men in their 65th year who may be at increased risk of AAA. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from a AAA. The purpose of this document is to ensure that all AAA Screening is compliant with National and local Quality Assurance Standards.

2.2. The purpose of this document is to ensure that all AAA Screening is compliant with National and local Quality Assurance Standards.

2.3. All procedures before, during and after AAA Screening are outlined in the Abdominal Aortic Aneurysm (AAA) Screening SOP (September 2015) which has been developed by the National Screening Programmes and can be found on the national AAA Screening website and are summarised in the Patient Pathway in Appendix 2.

3. **Scope**

3.1. This policy applies to all those involved in AAA screening procedures and Quality Assurance in the Organisation.
4. Definitions / Glossary

AAA    Abdominal Aortic Aneurysm
NAAASP  National Abdominal Aortic Aneurysm Screening Programme
NICE   National Institute for Health & Clinical Excellence
       NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NSC    National Screening Committee
       The UK National Screening Committee (UK NSC) is chaired by the Chief Medical Officer for Scotland, advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. The UK NSC also sets up practical mechanisms to oversee the introduction of new programmes in the English NHS and monitors effectiveness and quality of these programmes.

Screening Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition

SOP's   Standard Operating Procedures
       A clear, step-by-step instruction of how to carry out agreed actions that promote uniformity to help clarify and augment processes. SOPs document the way activities are to be performed to facilitate consistent conformance to requirements and to support data quality. SOPs provide individuals with the information needed to perform a job properly and consistently.

5. Ownership and Responsibilities

5.1. This section gives a detailed overview of the strategic and operational roles responsible for the development, management and implementation of the policy.

5.2. Duties within the organisation
       The duties of the directors, committees, clinicians, healthcare and administrative staff with responsibility for managing the processes surrounding screening procedures are outlined below:

       ▪ Chief Executive - The Chief Executive has ultimate responsibility for ensuring that suitable structures, resources and monitoring arrangements are in place to ensure that screening procedures are carried out in a safe and effective way.
• **Trust Boards** - The Trust Board must seek assurance that screening procedures are carried out in a safe and effective way.

• **Divisional Quality Group** - The Divisional Quality Group (DQG) will receive a quarterly summary of all adverse incident reports related to screening procedures and analyse the annual audit tool kit returns. This group is responsible for the overview of screening procedures within the Trust and adherence to organisational and local standards.

• **AAA Screening Lead** - The AAA Screening Lead will liaise with screening staff to produce the annual tool kit return, and with the Quality and Safety Team to produce quarterly adverse incident reports for submission to the Divisional Quality Group.

• **Lead Clinician/Director** - The Trust’s Medical Director plays a lead role in the development of organisation-wide and local procedural documents to manage the risks associated with screening procedures. This includes ensuring that all tests and procedures are undertaken by authorised staff following training where necessary; developing standing operating procedures or equivalent protocols to an agreed organisational or national standard.

• **Screening Staff** - The screening pathway begins when an individual is identified as meeting the criteria to be offered the opportunity of screening for AAA. Should the offer of screening be taken up, the relevant protocol will be followed. Accurate records will be kept in the event that screening is declined. Various healthcare staff may be involved in this pathway including Doctors, Nurses, Healthcare Assistants/Support workers and Professions Allied to Medicine (Stenographers). Responsibilities include adherence to standard operating procedures or equivalent protocols; undertaking training as required and agreed.

• **Administrative Staff** - Administrative staff have an important role in ensuring that, for paper based and electronic systems, all records are kept up to date and that administrative protocols are followed.

5.3. **Duties external to the Organisation**

External bodies have a role in providing external quality assurance and protocol guidance and where relevant programme management of the screening service provided. Such bodies include:

• National Screening Committee/NHS Screening Programme Committees
• External Quality Assessment/Assurance schemes (Regional or National)

6. **Standards and Practice**

6.1. The local AAA Programme will adhere to standard operating procedures set out in NHS Abdominal Aortic Aneurysm Screening Programme SOP, September 2015. A summary of the patient pathway can be found in Appendix 2 of this policy.

Standards for AAA Screening comply with the NAAASP SOP and are as follows:-
• all screening procedures are undertaken by authorised healthcare staff who have been trained and accredited by the NAAASP

• the undertaking and outcome of AAA Screening will be documented on the dedicated SMART system overseen by the NAAASP;

• the result, the interpretation and the subsequent surveillance plan will be managed by the SMART system

• results are communicated to the patient verbally following the ultrasound scan and in writing to the patient and GP within one week of the clinic.

• the continuous performance management and monitoring of the screening procedures are provided via the NAAASP QA and performance monitoring reports available at https://www.gov.uk/government/collections/aaa-screening-supporting-documents and by biannual performance report to the local AAA Screening Programme Board.

6.2. Duties

6.3. The duties of the individuals/committees will adhere to the NHS Abdominal Aortic Aneurysm Screening Programme SOP.

• Line managers are responsible for ensuring that staff follow those processes and procedures described in the Standards and Practice section relevant to the part they play in the screening procedure;

• The Trust Screening Lead is responsible for the development, approval, communication of this policy and monitoring compliance with it by use of the Annual Audit Tool.

• All staff members are responsible for being aware of the policy and any documents referred to within it pertaining to their part in the screening pathway; adhering to any requirements described within the policy and documents described in the standards and practice section pertaining to their role in the diagnostic pathway.

• Clinical Directors and the AAA Programme Board are responsible for completion of the annual audit tool and for screening governance which includes the reporting of any deviation or errors arising from the screening procedures using the RCHT Trust reporting system and governance processes.

6.4. Process for Requesting Screening Procedures

6.5. The target population is set out by the NHS AAA Screening Programme SOP and men should be offered screening during the year – 1st April to 31st March – in which they turn 65. A facility for men aged over 65 to request screening is available.

6.6. Valid consent must be given prior to a screening test being undertaken, in line with RCHT Consent Policy or, if the patient does not have the mental capacity to decide whether to have the test, a best interest’s decision should be made on their behalf, as described in The Mental Capacity Act 2005
6.7. Process for the Receipt of the Results of a Screening Test
The process for the recording and dissemination of the results will adhere to the NHS Abdominal Aortic Aneurysm Screening Programme SOP and includes the following:

- the process for recording of the result;
- the interpretation of the result;
- that the management plan is recorded in the designated media;
- ‘fail safe’ measures to ensure that results are not inadvertently missed.

6.8. Process for Taking Action on Screening Results

- that identified actions are documented;
- that the method of communication is recorded, i.e. face to face contact, phone call, letter, email, fax, etc.
- missed or incorrect diagnosis must be reported using the Trust incident reporting system.
- monitoring actions taken following screening results, including timescales.
- Images are subject to the correct Quality Assurance processes as per the National SOP.

6.9. Process for Documentation of Screening Results
The Screening Technician will normally be responsible for recording the results, securing the results into the patient healthcare or electronic record and documenting the subsequent actions taken to implement any clinical actions identified as a requirement of the result. When there is a facilitator assisting the Technician eg during holiday period the results will be recorded by the facilitator.

6.10. Process for the Communication of Screening Results

- Screening results will be communicated to the patient verbally following the ultrasound test
- Results will then be confirmed in writing to the patient’s home address and GP

7. Dissemination and Implementation

7.1. The document will be placed on the Cornwall & Isles of Scilly Health Community Documents Library. It will also appear on Screening Testing A-Z of Services Intranet pages as well as a link on the individual screening programme intranet pages. A global email will be sent to all Service Users.

7.2. The Director of Surgery, Trauma and Orthopaedics will be notified of the need to produce local documentation

7.3. All staff are required to be trained under and obtain NAAASP accreditation together with undertaking local Trust Mandatory training.
## 8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>That local evidence is available which includes performance thresholds in compliance with the NAAASP on a quarterly or annual basis via the local AAA Screening programme Board performance monitoring documentation or the Annual Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The AAA Screening programme population is correctly identified – men who turn 65 in that year (born between 01/04 and 31/03) – MonitoredAnnual</td>
</tr>
<tr>
<td></td>
<td>• Attendance Rate to be monitored (tolerance of 80% attendance) – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Prevalence of Aneurysms found to be monitored – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Completeness of initial screening offer – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Provision of information (leaflet) for informed consent – annual</td>
</tr>
<tr>
<td></td>
<td>• Reappointment of DNAs – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Compliance with equipment maintenance – quarterly / annual</td>
</tr>
<tr>
<td></td>
<td>• Communication of results to GPs (within one week of clinic) – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Referral to secondary care for &gt;5.4cm aneurysm within 1 working day – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Compliance with CPD / Mandatory training requirements - annually</td>
</tr>
<tr>
<td></td>
<td>• Completeness of surveillance offer – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Attendance / DNA rate of surveillance patients – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Number of men receiving a vascular nurse specialist appointment before their first surveillance scan – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Number of men requiring a telephone consultation prior to clinic appointment – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Quality assurance of Screening Technicians – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>• Financial monitoring – Monitored quarterly</td>
</tr>
<tr>
<td></td>
<td>see Sections 2 and 6 of this policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead</th>
<th>AAA Clinical Directors / AAA Screening Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool</td>
<td>Audit / Performance Monitoring Document –</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annually / Quarterly</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within three months (where reasonable). A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all relevant stakeholders.</td>
</tr>
</tbody>
</table>

9. **Updating and Review**

9.1. This policy will be reviewed every two years or sooner if circumstances suggest this may be necessary.

9.2. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organizational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any Revision activity will be recorded in the Version Control Table as part of the document control process.

10. **Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘[Equality, Diversity & Human Rights Policy](#)’ or the [Equality and Diversity website](#).

10.2. *All Human Resources policies must include, or refer to, the following employment statement:*

Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.3. **Equality Impact Assessment**

1.1. The Initial Equality Impact Assessment Screening Form is at Appendix 1.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th><strong>Document Title</strong></th>
<th>Abdominal Aortic Aneurysm (AAA) Screening Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>01 Sept 2016</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>01 Sept 2016</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>01 Sept 2019</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Tracey Ellis, AAA Screening Coordinator</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Brief summary of contents</strong></td>
<td>This organisation-wide policy for the Management of Abdominal Aortic Aneurysm (AAA) Screening Procedures outlines the documented process for managing the risks associated with screening procedures and that those risks are managed through locally approved policies that are implemented and monitored.</td>
</tr>
<tr>
<td><strong>Suggested Keywords:</strong></td>
<td>Screening, Abdominal Aortic Aneurysm, AAA</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>RCHT</td>
</tr>
<tr>
<td></td>
<td>✔</td>
</tr>
<tr>
<td><strong>Executive Director responsible for Policy:</strong></td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td><strong>Date revised:</strong></td>
<td>July 2016</td>
</tr>
<tr>
<td><strong>This document replaces (exact title of previous version):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Approval route (names of committees)/consultation:</strong></td>
<td>Divisional Quality Group</td>
</tr>
</tbody>
</table>
| **Divisional Manager confirming approval processes** | Duncan Bliss  
Divisional Manager, Surgery, Trauma & Orthopaedics |
| **Name and Post Title of additional signatories** | Not Required |
| **Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings** | {Original Copy Signed}  
Name: |
| **Signature of Executive Director giving approval** | {Original Copy Signed} |
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet & Intranet  
✔ Intranet Only |
| **Document Library Folder/Sub Folder** | Clinical/Quality and Safety |
| Links to key external standards | NHSLA Standards  
National AAA Screening Programme Standards |
|-----------------------------------|-----------------------------------------------------------------------------------|
▪ NHSLA Standards 2011-2012 |
|                                   | NHS Abdominal Aortic Aneurysm Screening Programme, Standard Operating Procedure, September 2015 |
| Training Need Identified?        | Yes – Obtaining NAAASP accreditation |

**Version Control Table**

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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</thead>
<tbody>
<tr>
<td>Dec 11</td>
<td>V1.0</td>
<td>Document approved.</td>
<td>Gwyn Williams, AAA Screening Coordinator</td>
</tr>
<tr>
<td>Feb 12</td>
<td>V2.0</td>
<td>Introduction amended and updated</td>
<td>Gwyn Williams, AAA Screening Coordinator</td>
</tr>
<tr>
<td>Feb 12</td>
<td>V3.0</td>
<td>Section 6 and 8 updated</td>
<td>Gwyn Williams, AAA Screening Coordinator</td>
</tr>
<tr>
<td>July 16</td>
<td>V4.0</td>
<td></td>
<td>Tracey Ellis, AAA Screening Manager</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

| Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as *policy*)  (Provide brief description): | AAA Screening Procedure Policy          |
| Directorate and service area: | Human Resources |
| Is this a new or existing Policy? | New |
| Name of individual completing assessment: | Tracey Ellis, AAA Screening Coordinator |
| Telephone: | 01752 764895 |

### 1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?

Sets out an approved documented process whereby the risks associated with AAA screening procedures are managed through the provision of local policies which are implemented and monitored.

### 2. Policy Objectives*

The risks associated with AAA screening procedures are minimised; compliance with NHSLA Standard 4 – Criterion 3: Screening Procedures is achieved.

### 3. Policy – intended Outcomes*

To ensure that the AAA screening procedures provided by the organisation have developed, documented local processes and that screening is offered as appropriate, records are accurate and risks are minimised.

### 4. *How will you measure the outcome?*

As described in section 8

### 5. Who is intended to benefit from the policy?

All individuals being screened

### 6a)  Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?

No
### 7. The Impact

Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>AAA Screening is targeted at men in their 65th year as research shows that men are 6 times more likely to experience AAA than women and the optimum time to detect this is 65.</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td></td>
<td>AAA Screening is targeted at men in their 65th year as research shows that men are 6 times more likely to experience AAA than women</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td></td>
<td>AAA Screening is aimed at a target population and condition.</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No |

9. If you are not recommending a Full Impact assessment please explain why.

---

Signature of policy developer / lead manager / director | Date of completion and submission

Names and signatures of members carrying out the Screening Assessment | 1. | 2.

---

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ________________

Date ________________