

Abdominal Aortic Aneurysm (AAA) Screening Policy

V6.0

March 2023

Summary

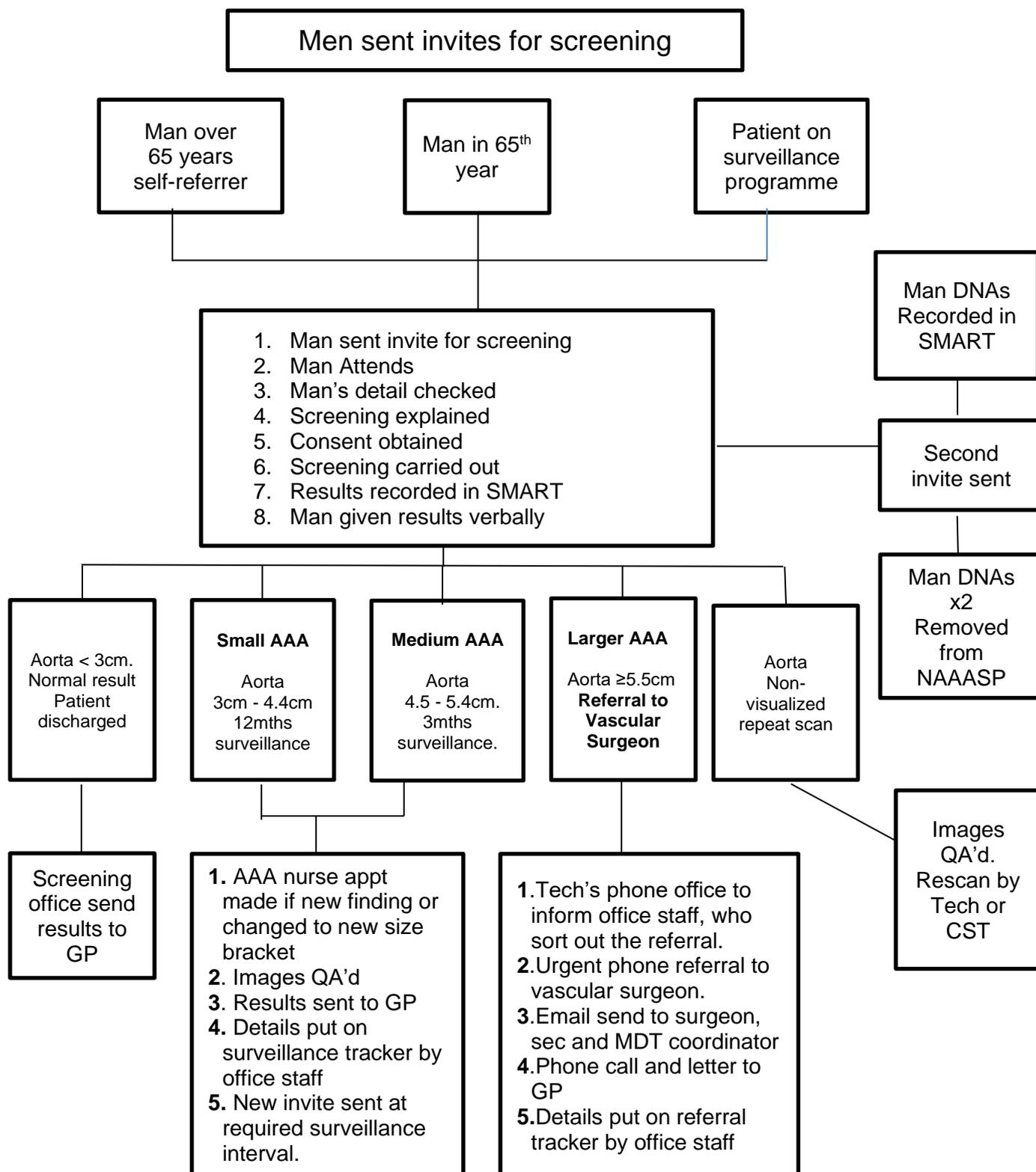


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1. Introduction

- 1.1. Ruptured Abdominal Aortic Aneurysm (AAA) deaths account for an estimated 2.1% of all deaths in men aged 65 and over. This includes any individual who was classified as male at birth, but now use an alternative gender classification. 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 Southwest Devon and is hosted by Royal Cornwall Hospitals Trust (RCHT) under the Cancer and General Surgery 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 SPINE via GP practice lists. Men who are older can self-refer by contacting the programme directly.
- 1.4. The programme will offer surveillance follow-up for those found to have an abdominal aorta ≥ 3 cm. A 3cm-4.4cm aneurysm (small) is surveyed every 12mths, a 4.5cm-5.4cm aneurysm (medium) every 3mths. Upon first detecting an aneurysm and when the aneurysm reaches a new size bracket an appt with the AAA Nurse is made for the men. Those found to have a large aneurysm over 5.5cm will be referred to a vascular surgeon within secondary care at RCHT or Derriford. Men whose aneurysm demonstrates rapid growth 1cm in 12mths or 0.5cm in 3mths will be referred to a vascular surgeon for assessment.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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.
- 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 (March 2017) which has been developed by the National Screening Programmes and can be found on the gov.uk website and are summarised in the Patient Pathway in Appendix 2.

3. Scope

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 and 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

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

5.1. 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.

5.2. Role of the 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.

5.3. Role of the Trust Boards

The Trust Board must seek assurance that screening procedures are carried out in a safe and effective way.

5.4. Role of the 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.

5.5. Role of the 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.

5.6. Role of the 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.

5.7. Role of the 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 (Sonographers). Responsibilities include adherence to standard operating procedures or equivalent protocols; undertaking training as required and agreed.

5.8. Role of 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.

5.9. 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

The local AAA Programme will adhere to standard operating procedures set out in NHS Abdominal Aortic Aneurysm Screening Programme SOP, March 2017. 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. Screening Technicians employed after 2017 are required to undertake a Diploma in Health Care Screening.
- 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 patients 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 bi annual performance report to the local AAA Screening Programme Board.

6.1. Duties

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.

6.2. Process for Requesting Screening Procedures

- 6.2.1 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.
- 6.2.2 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.

6.3 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.

6.4 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, 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.

6.5 Process for Documentation of Screening Results

The Screening Technician are responsible for recording the results, securing the results into SMART and verbally informing the man of the results.

The office staff document any subsequent actions taken to implement any clinical actions identified as a requirement of the result.

6.6 Process for the Communication of Screening Results

- Screening results will be communicated to the patient verbally following the ultrasound test and in writing when no AAA is found.
- Results will then be confirmed in writing to the patient's GP and to the patient's home address if AAA is identified.

7. Dissemination and Implementation

- 7.1. The document will be placed on the Cornwall and 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 Operations will be notified of the need to produce local documentation.
- 7.3. All staff are required to be trained under and obtain NAAASP accreditation/Health Screening Diploma together with undertaking local Trust Mandatory training.

8. Monitoring compliance and effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|--------------------------------|--|
| Element to be monitored | <p>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:</p> <ul style="list-style-type: none"> • The AAA Screening programme population is correctly identified <ul style="list-style-type: none"> – men who turn 65 in that year (born between 01/04 and 31/03) – Monitored Annual • Attendance Rate to be monitored (tolerance of 80% attendance) – Monitored quarterly • Prevalence of Aneurysms found to be monitored – Monitored quarterly • Completeness of initial screening offer – Monitored quarterly • Provision of information (leaflet) for informed consent – Annual • Reappointment of DNAs – Monitored quarterly • Compliance with equipment maintenance – Quarterly / Annual • Communication of results to GPs (within one week of clinic) – Monitored quarterly • Referral to secondary care for >5.4cm aneurysm within 1 working day – Monitored quarterly • Compliance with CPD / Mandatory training requirements - annually • Completeness of surveillance offer – Monitored quarterly • Attendance / DNA rate of surveillance patients – Monitored quarterly • Number of men receiving a vascular nurse specialist appointment before their first surveillance scan – Monitored quarterly • Number of men requiring a telephone consultation prior to clinic appointment – Monitored quarterly • Quality assurance of Screening Technicians – Monitored Quarterly. • Financial monitoring – Monitored quarterly see Sections 2 and 6 of this policy. |
| Lead | AAA Clinical Directors / AAA Screening Coordinator |
| Tool | Audit / Performance Monitoring Document |

| Information Category | Detail of process and methodology for monitoring compliance |
|---|---|
| Frequency | Annually / Quarterly |
| Reporting arrangements | <p>The Trust Screening Lead will circulate and collect the Annual Audit Tool for submission to the Divisional Quality Group for analysis.</p> <p>Quarterly Performance Monitoring will be prepared and presented to the AAA Programme Board by the AAA Screening Manager including reporting of QA conducting on 10% of all images of accredited technicians by the CST</p> |
| Acting on recommendations and Lead(s) | The Division which encompasses the service provided will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. |
| Change in practice and lessons to be shared | <p>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.</p> <p>Lessons will be shared with all relevant stakeholders.</p> |

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 and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 1.

Appendix 1. Governance Information

| Information Category | Detailed Information |
|--|---|
| Document Title: | Abdominal Aortic Aneurysm (AAA) Screening Policy V6.0 |
| This document replaces (exact title of previous version): | Abdominal Aortic Aneurysm (AAA) Screening Policy V5.0 |
| Date Issued/Approved: | January 2023 |
| Date Valid From: | March 2023 |
| Date Valid To: | March 2026 |
| Directorate / Department responsible (author/owner): | Andrea Richards, AAA Screening Programme Manager |
| Contact details: | 01752 764859 |
| Brief summary of contents: | 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. |
| Suggested Keywords: | Screening, Abdominal Aortic Aneurysm, AAA |
| Target Audience: | RCHT: Yes CFT: No CIOS ICB: No |
| Executive Director responsible for Policy: | Chief Medical Officer |
| Approval route for consultation and ratification: | Speciality Governance Meeting |
| General Manager confirming approval processes: | Ian McGowan |

| Information Category | Detailed Information |
|---|---|
| Name of Governance Lead confirming approval by specialty and care group management meetings: | Suzanne Atkinson |
| Links to key external standards: | NHSLA Standards National AAA Screening Programme Standards |
| Related Documents: | <ul style="list-style-type: none"> • The 2011 NHSLA Risk Management Standards Handbook • NHSLA Standards 2011-2012 <p>NHS Abdominal Aortic Aneurysm Screening Programme, Standard Operating Procedure, March 2017</p> |
| Training Need Identified? | Yes – Health Screening Diploma |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet and Intranet |
| Document Library Folder/Sub Folder: | Clinical / Vascular |

Version Control Table

| Date | Version Number | Summary of Changes | Changes Made by |
|-------------|-----------------------|----------------------------------|--|
| Dec 11 | V1.0 | Document approved | Gwyn Williams, AAA Screening Coordinator |
| Feb 12 | V2.0 | Introduction amended and updated | Gwyn Williams, AAA Screening Coordinator |
| Feb 12 | V3.0 | Section 6 and 8 updated | Gwyn Williams, AAA Screening Coordinator |
| July 16 | V4.0 | | Tracey Ellis, AAA Screening Manager |

| | | | |
|--------|------|--|--|
| Oct 19 | V5.0 | Section 2 and 6 updated | Tracey Ellis, AAA Screening Manager |
| Feb 23 | V6.0 | The Summary, sections 1.4 and 6.5 updated. | Andrea Richards, AAA Screening Programme Manager |

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 for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). 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

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

| Information Category | Detailed Information |
|---|---|
| Name of the strategy / policy / proposal / service function to be assessed: | Abdominal Aortic Aneurysm (AAA) Screening Policy V6.0 |
| Directorate and service area: | General Surgery and Cancer Services |
| Is this a new or existing Policy? | Existing |
| Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy): | Andrea Richards, AAA Screening Programme Manager |
| Contact details: | 01752 764859 |

| Information Category | Detailed Information |
|--|---|
| Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | 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. |
| 1. Policy Objectives | The risks associated with AAA screening procedures are minimised; compliance with NHSLA Standard 4 – Criterion 3: Screening Procedures is achieved. |
| 2. 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. |
| 3. How will you measure each outcome? | As described in section 8 |
| 4. Who is intended to benefit from the policy? | All individuals being screened |

| Information Category | Detailed Information |
|--|---|
| 6a. Who did you consult with? (Please select Yes or No for each category) | <ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: Yes • Other: No |
| 6b. Please list the individuals/groups who have been consulted about this policy. | Please record specific names of individuals/ groups: Specialty meetings for service provision Encompass external guidance |
| 6c. What was the outcome of the consultation? | Agreed - Service provision |
| 6d. Have you used any of the following to assist your assessment? | National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No |

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|--|-------------|--|
| Age | No | 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. |
| Sex (male or female) | No | 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 |
| Gender reassignment (Transgender, non-binary, gender fluid etc.) | No | AAA screening is targeted at all individuals who were classified as male at birth, whatever their present gender. Reassignment of gender does not alter the risk of these individuals having a AAA. |
| Race | No | AAA Screening is aimed at a target population and condition. |

| Protected Characteristic | (Yes or No) | Rationale |
|---|-------------|--|
| Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No | AAA Screening is aimed at a target population and condition. |
| Religion or belief | No | AAA Screening is aimed at a target population and condition. |
| Marriage and civil partnership | No | AAA Screening is aimed at a target population and condition. |
| Pregnancy and maternity | No | AAA Screening is aimed at a target population and condition. |
| Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.) | No | AAA Screening is aimed at a target population and condition. |

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Andrea Richards, AAA Screening Programme Manager

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)