

# Primary Care Measures: indicator review

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① You are now reviewing the PCM indicator(s) for: **Uptake of AAA screening**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

## Strategic context

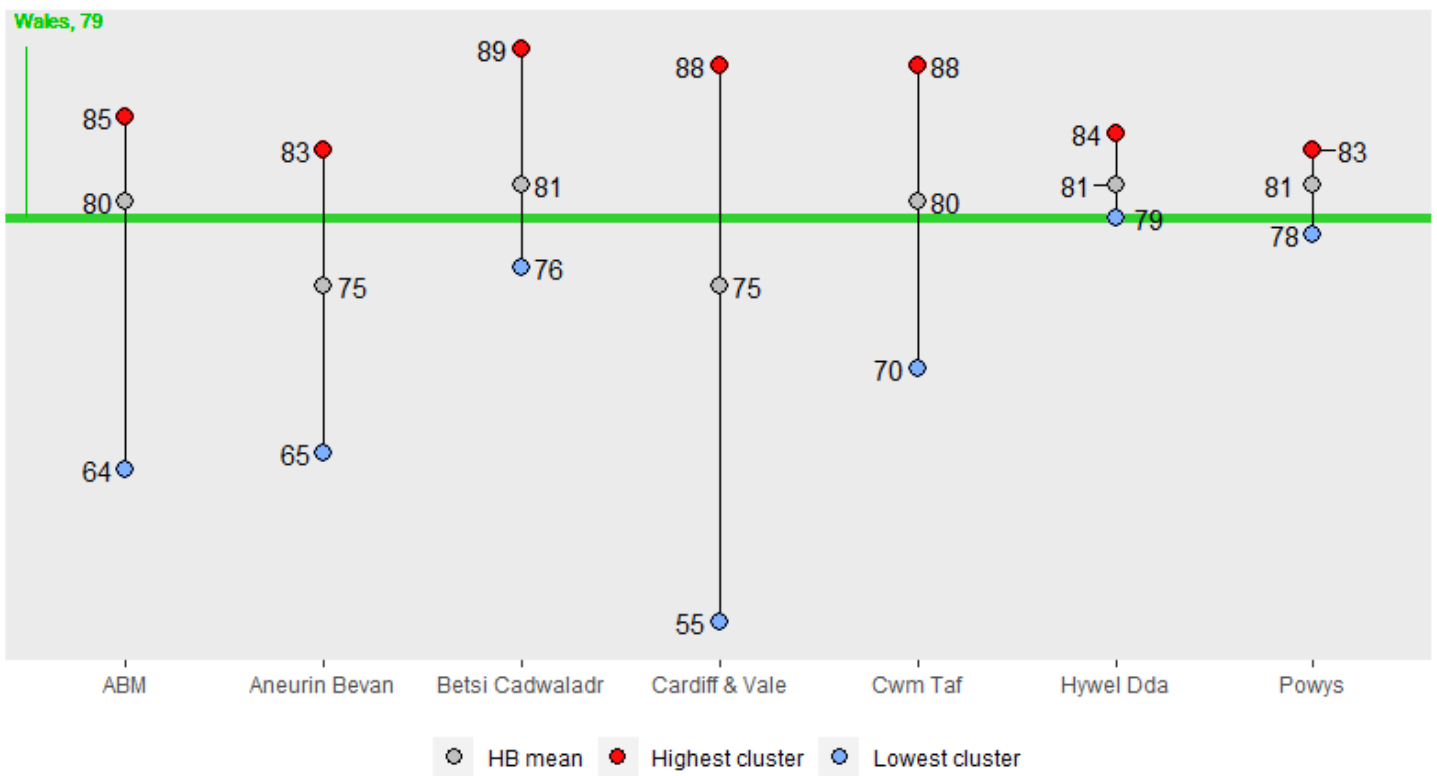
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Wales Abdominal Aortic Aneurysm Screening Programme ([link](#)) aim to halve AAA related mortality by 2025 in the eligible population through a systematic screening programme for 65 year old men resident in Wales (UK NSC 2017; [link](#)).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; [link](#)) highlights the need for a shift towards greater prevention and early intervention..
- During 2017–18 the national average uptake for AAA screening was 79.2%; lower in the most deprived areas (72.4%; least deprived 84.3%) revealing inequities (WAAASP Annual Statistical Report 2019; [link](#)).
- Indicators for this topic are reported via Primary Care Measures.

### ▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in uptake proportion for AAA screening, by cluster within each health board, 2017/18 (*Source: PCIP, Nov 2019*):



Variation in uptake proportion for AAA screening, by cluster within each health board, 2016/17 (Source: PCIP, Nov 2019):



▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g.

never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. hypertension reduction) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).

- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

*Building a healthier Wales* (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake

- A proportion, expressed as a percentage, where the numerator is a count of those receiving an intervention (e.g. vaccination, screening test), and the denominator is a count of those in the eligible population.



## Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about screening participation**

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being

—but the principles also apply to encouragement of screening uptake.

- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to participate alongside written materials produced by Wales AAA Screening Programme. Supporting materials are available upon request from the PHW Screening Engagement Team ([e-mail](#) | [e-bost](#)), which can provide a good engagement tool for starting conversations about AAA screening.
- GPs can encourage informed participation by ensuring patients are aware of the Wales AAA Screening Programme; asking men if they have taken part and encouraging them to participate. GPs can inform men about the benefits and the harms of screening, and encourage them to read the information pack carefully to help them make their decision and ensuring that any barriers to participation are minimised.

#### ▼ Raise staff awareness of the Wales AAA Screening Programme

- General information resources that may aid staff familiarity with the programme are available from Wales AAA Screening Programme website [here](#).
- A health professional information sheet has been developed specifically for primary care; download it [here](#) [intranet].
- The PHW Screening Engagement Team are working in communities where uptake of screening is low. To find out how they can support your practice/ cluster, contact the Team ([e-mail](#) | [e-bost](#)).

#### ▼ Raise awareness of AAA screening among patients visiting GP practices

- Messages should highlight the benefits of screening, and that the risk of developing AAA increases with age, smoking, hypertension, high cholesterol and a family history of AAA. If an AAA is identified through screening, treatment can be more successful and longer-term survival improved. A ruptured AAA can lead to serious blood loss that will need immediate emergency treatment. Not every AAA will rupture, but if it does the chances of getting to hospital and surviving surgery are very poor.
- AAA screening public information is available from Wales AAA Screening Programme website [here](#), which includes links to information in accessible formats.

#### ▼ Review/ manage behavioural and clinical risk factors for AAA

- Men offered annual surveillance scans for small/ medium AAA will be advised by the Programme to make an appointment with their GP practice for review of risk factors and secondary prevention of cardiovascular disease.

- Behavioural risk factors for review and management include smoking ([BRF-001](#)), unhealthy diet ([BRF-002](#)) and physical inactivity ([BRF-003](#)).
- Clinical risk factors for review and management include hypertension ([CRF-001](#)) and high BMI/obesity in adults ([CRF-003](#)).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 [Sep 6](#)).
- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:[189–198](#)).
- Commence therapy for secondary prevention of cardiovascular disease as appropriate, as per current national guidelines (including NICE [CG181](#) and [NG136](#); see below).

### ▼ Review screening uptake data

- Review uptake in the GP practice/ across practices [i.e. cluster] in order to determine a population group focus for uptake improvement action.
- Consider preferred Read codes to improve coding for AAA screening and for men with small or medium AAA.
- Carry out a review of the health status/ risk factors of men with small or medium AAA, as identified by the Wales AAA Screening Programme.
- The PHW Screening Engagement Team ([e-mail](#)) will provide GP practice level data and offer support in low uptake areas upon request.
- Analysis of local screening uptake may suggest a need to focus on how to encourage greater uptake in the event of inequity by those who may be experiencing social disadvantage (as measured by deprivation status).
- Identify people who may find it difficult to understand the offer of AAA screening. Vulnerable groups include people with learning disabilities; physical disabilities; sensory impairment and those who do not read or write English. Wales AAA Screening Programme offer information in additional languages, accessible formats and for carers [here](#).

### ▼ Ensure awareness and implementation of NICE guidance

- *Cardiovascular disease: risk assessment and reduction, including lipid modification*. Clinical guideline [[CG181](#)] (Published date: July 2014; Last updated: September 2016) includes recommendations suitable for adoption by healthcare professionals. This guideline covers the assessment and care of adults who are at risk of or who have cardiovascular disease (CVD), such as heart disease and stroke. It aims to help healthcare professionals identify people who are at risk of cardiovascular problems including people with type 1 or type 2 diabetes, or chronic kidney disease. It describes the lifestyle changes people can make and how statins can be used to reduce their risk.
- *Hypertension in adults: diagnosis and management*. Clinical guideline [[CG136](#)] (Published date:

August 2019) includes recommendations suitable for adoption by healthcare professionals. This guideline covers identifying and treating primary hypertension (high blood pressure) in people aged 18 and over, including people with type 2 diabetes. It aims to reduce the risk of cardiovascular problems such as heart attacks and strokes by helping healthcare professionals to diagnose hypertension accurately and treat it effectively.



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

### ▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being –but the principles also apply to encouragement of screening uptake.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being.

### ▼ Raise staff awareness of the Wales AAA Screening Programme

- General information resources that may aid staff familiarity with the programme are available from Wales AAA Screening Programme website [here](#).
- A health professional information sheet has been developed specifically for primary care; download it [here](#) [intranet].

### ▼ Raise public awareness of the Wales AAA Screening Programme

- Messages should highlight the benefits of screening, and that the risk of developing AAA increases with age, smoking, hypertension, high cholesterol and a family history of AAA. If an AAA is identified through screening, treatment can be more successful and longer-term survival improved. A ruptured AAA can lead to serious blood loss that will need immediate emergency treatment. Not every AAA will rupture, but if it does the chances of getting to hospital and surviving surgery are

very poor.

- AAA screening packs, includes links to download posters, key messages and public information video are available on the Wales AAA Screening Programme website [here](#) or hard copies may be requested by [e-mail](#).
- Promote national media campaigns to improve awareness of AAA screening.
- In areas where the uptake of screening is low, the PHW Screening Engagement Team are working with communities and professionals to increase knowledge and raise awareness of screening by delivering local training. To find out more, contact the Team ([e-mail](#) | [e-bost](#)).

#### ▼ Ensure awareness and implementation of NICE guidance

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.



## What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

#### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

## What is your provisional decision?

① Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now  this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.