NHS Rotherham

RMBC – Cabinet Member for Adult Independence Health and Wellbeing

Date – 27th September 2010

Update - The Abdominal Aortic Aneurysm (AAA) Screening Programme

Contact Details:			
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Title: **Director of Public Health**	**Insert job title** **John Radford**	**Title:** **Bel O'Leary**	**Insert job title** **Screening Coordinator**

Purpose:
To update the RMBC on the work around implementation of the AAA Screening Programme

Recommendations:
RMBC is asked to note the report.

Background:
Ruptured AAA deaths account for 2.1% of all deaths in men aged 65 and over. The mortality from rupture is high, with nearly a third dying in the community before reaching hospital. Overall, a ruptured AAA carries a risk of mortality of between 65-85% compared to a mortality risk of between 5-7% for elective surgery. In 2005 there were almost 5,000 deaths in England and Wales due to AAA, over 95% of which occurred in people aged 65 and over. The AAA Screening Programme aims to reduce AAA related mortality by providing a systematic population-based screening service for men during their 65th year and, on request, for men over 65. The AAA Screening Programme must cover a population of at least 800, 000. In this area this would be to a screening programme covering South Yorkshire and Bassetlaw (SY&B) area, this will include NHS Rotherham, NHS Doncaster, NHS Sheffield, NHS Barnsley and NHS Bassetlaw.

Analysis of Risks:
1. This is a must do. We have been advised by the Screening National Office that we must have a start date of either October 2011 or October 2012. The PCT therefore has a choice re the screening programme roll out either from October 2011 ready to screen from April 2012, or from October 2012 ready to screen from Aril 2013. A delay in implementation of the programme may result in reduced or no funding. 2. Prior to implementation of a screening programme the national programme will need a supporting business case. This will need to outline how the screening programme will deliver the service, together with information on eligible

population and the links with the agreed vascular unit. As informed of the position locally with the Vascular Review it has been advised that the business case could still be signed off in principle for the "screening" element only. National Office also suggests that we could start the procurement process before the business case is submitted.

3. Emergency surgery for AAA has a high post operative mortality rate, compared to that following planned surgery.
4. The screening programme will pick up a number of patients who require referral. However this will outweigh the number of emergency surgical interventions which has a lower mortality rate.
5. The timeline for a procurement is about 6 to 9 months from start to awarding the contract, therefore to have a start date from Oct 2011 to start screening from April 2012 we need to start the procurement process no later than January 2011.
6. A Clinical Lead for the programme must be appointed and in place 6 to 8 months prior to start of screening programme (in order to play a key role in the rollout of the AAA National Screening Programme). Therefore for a programme to commence from October 2011 a lead must be post by March May 2011, taking into account any notice which may need to be given from a previous post.

Funding and resources:

1. Funding is available for eighteen months for roll out of the programme, and this is to be given out as 6 months funding in the first year (Oct- Mar) followed by 12 months funding for the next year (April-April).
2. Equipment will be provided initially, but responsibility of this will then go to the provider of the screening programme. Training for screeners is also to be provided.
3. There will be IT to support call and recall including interface to Exeter and the National Vascular Database.
4. Promotional/information material will also be provided.
5. The funding does not include a specific allocation for screening venues though an element for this has been included in the national tariff.

Analysis of Key Issues:

There are 2 elements to the programme, screening and a treatment centre. It has been indicated that there would be 1 model with 2 hubs (Sheffield and Doncaster for treatment) and screening would be delivered in each locality in the community. The contractual arrangement of the treatment centres is still to be agreed.

NORCOM Chief Execs had previously agreed to begin the procurement in July 2010 for the screening element of the programme. This was prior to completion of the Vascular Service Review and publication of the White Paper "Liberating the NHS".

The start date of the screening service would not be included in the procurement process but would be agreed later and be flexible to fit in with PCTs strategic planning priorities and any agreement with stakeholders, including SHA and National Screening Committee.

The Vascular Service Review's recommendations are going to the CEOs on the 30th September and will be signed off by SCG on the 27th October. In has also been agreed by the Commissioning Leads group that a paper would be taken back to NORCOM Chief Execs on the 10th September to secure a definitive view on the way forward.

Selection and cost of venues will be highlighted in the business plan to the National Programme, as finding and funding venues has proved to be difficult in other programmes. The costs will vary dependant on which venue is used e.g. GP

Premises/Lift building/PCT building. A minimum criterion for venue provision is outlined in the Standard Operating Procedures for the programme.
Service model for the screening element is still to be agreed and could be by:

- Post code
- DOB
- GP (this is the most expensive)

The Service Specification needs to be amended as the costing was based on resident rather than registered population which in some PCTs is significantly higher (men aged 65 years, registered to a practice in their PCT for the years 2011 – 2015).
For Rotherham the numbers are show below.

	2010	2011	2012	2013	2014	2015
Males aged 65	1601	1652	1779	1855	1881	1855

Calculations have been made on population projections by using the ONS 2008-based sub national Population Projections for Rotherham and applying the percentage increase to our registered patient population as at 2010.

Patient, Public and Stakeholder Involvement:

National programme. Presentation proposal to RMBC.

Equality Impact:

Inequalities in the programme for vulnerable groups:

- Prisons are the responsibility of the PCTs in the area they are situated
- No work is currently happening around the homeless or those not registered with a GP
- The programme data base records ethnicity but not disability, but no one in the target group will be excluded

A Heath Equality Impact Assessment is included with this report and will have a positive impact.

Financial Implications:

1. Funding is for eighteen months for the roll out of the programme.
2. In 2008/09 the Payment by Results mandatory tariffs were:
    - Per invite £1.70
    - Scan £32
    - Surveillance £68 (this included nurse practitioner time)
    - Vascular surgery first appointment £173 surgery first outpatient attendance £173
    - Vascular surgery follow-up outpatient attendance £88
    - Elective spell tariff for “Elective Abdominal Vascular Surgery” £5,936
    - Non-elective tariff for “Emergency Aortic Surgery” £5,749

Approved by:

Human Resource Implications:

Approved by:

Procurement:

NHS Rotherham has agreed to be the lead PCT for the procurement, but would need written commitment from the associate PCTs before initiating the procurement. A timetable for the procurement of the AAA Screening programme is included with this

report. Following the White Paper there is no change to the national plans for implementing the AAA screening. Clinical expertise to be part of the procurement process will need to come from outside the SY&B area to avoid any conflict of interest.
Approved by: Doug Hershaw

Key Words:
AAA (Abdominal Aortic Aneurysm)

Further Sources of Information:
NHS AAA Screening Programme Essential Elements in Developing an Abdominal Aortic Aneurysm Screening Programme.