**NEL AAA Screening Programme Update for City Health and Well Being Board**

*Durka Dougall, Sue Sawyer and Rorie Jefferies (30th October 2012)*

## Purpose of the Report

This report is to advise City Health and Well Being Board of the progress of the NEL AAA Screening programme as part of the phase 4 implementation in 2012/13.

## Executive summary

The NHS AAA Screening Programme aims to reduce AAA-related mortality by providing a systematic population based screening programme for the male population during their 65th year and, on request, for men over 65.

The objectives of the programme are to:

- Identify and invite eligible men to the AAA screening programme
- Provide clear, high quality information that is accessible to all
- Carry out high quality ultrasound on those men attending for initial or follow up screening according to national protocol
- Identify AAAs accurately
- Minimise the adverse effects of screening – anxiety and unnecessary investigations
- Enable men to make an informed choice about the management of their AAA
- Reduction of AAA related mortality in the population of men over 65
- Promote audit and research and learn from the results
- Ensure high quality diagnostics and treatment services

The expected Outcomes for the service for 2013/14 are:

- Successful implementation of the AAA screening programme meeting national quality standards
- Early identification of men with an undiagnosed AAA
- Longer term reduction in the incidence of ruptured AAA
- Longer term reduction in AAA related mortality
- Longer term increase in male life expectancy

NEL will go live as part of phase 4, which is the final phase of the implementation programme. The IT Go Live date allocated by the National Team is the 5th December 2012 and the first patient scans will take place late January or early February. This is three months ahead of the NHS Operating Plan April 2013 deadline for implementation of the programme. The Project Steering Group is currently determining the order in which the programme will be rolled out in NEL.

## Background and Introduction

During 2005 the UK National Screening Committee (NSC) considered the evidence and cost effectiveness of AAA screening. In November 2005 the NSC concluded that:

- A screening programme should start with men aged 65: those over 65 who requested screening would be eligible to be offered a test.
- The programme will not be offered to women because there is no evidence that benefit from offering the screen to women outweighs the potential harm from elective surgery.

Following consideration by the DH in England, the English Secretary of State for Health on 4 January 2008 announced the introduction of a national screening programme for men aged 65. By 2012/13 the aim is to have up to 60 centres operational around the country, covering

all 270,000 men aged 65. The announcement was re-affirmed by the Prime Minister on 7 January 2008.

The AAA Screening is within the NHS Operating Framework for England 2011/12

Ruptured abdominal aortic aneurysm deaths account for an estimated 2.1% of all deaths in men, aged over 65 and over. This compares with approximately 0.8% in women of the same age group. The 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.

Most abdominal aortic aneurysms are asymptomatic until they are on the point of rupturing. Some patients have their condition detected during imaging processes for an unrelated cause, but most present as rupture. Prevalence of the condition in men aged 65-80 is 7.6% compared with 1.3% in women and prevalence increase with age.

**Commissioning and Provider**
The NEL Business case has been submitted to the national team and approved with the allocation of the 18 months funding to support the implementation of the programme during 2012/13 and for the full year operation for 2013/14.

The project is being delivered by:

- Rorie Jefferies, Specialist Knowledge Manager, NHS NELC – Commissioning Lead
- Durka Dougall, Public Health Registrar, NHS Tower Hamlets – PH Lead
- Sue Sawyer, Associate Director, Stroke and Cardiac Lead – Expert Vascular Advice

The provider is Barts Health, with Paul Flora, Consultant Vascular Surgeon, as Lead Clinician.

**Resources/investment**
A total of 18 months funding will be made available centrally and is based on an implementation during the period of Oct 12 to April 13. Full year costs are provided with 50% of those costs being made available as start-up costs in 2012/13.

In addition the following is also provided via central funds:

- Purchase of the ultrasound equipment
- Training and accreditation, including travel and subsistence for the screening technicians and sonographers
- Database and IT training
- Information leaflets and posters

**Project Update**
*Programme Oversight and Planning:*

- **Sue Sawyer** has replaced Jane Davis as the Cardiovascular and Stroke Network lead. Sue will work with Durka Dougall (Public Health Lead) and Rorie Jefferies (Commissioning Lead) to ensure optimal design and rollout of the programme.

*Operational Structures:*

- **NEL AAA Screening Programme Manager and technicians** are now in post. The technicians attended the mandatory training (set national milestone).

- A **Steering Group** has been set up (fortnightly meeting with provider, PH, Commissioning and Vascular Network Lead). We have requested a GP Champion to be nominated from WELC and BHR to also sit on this group.

- An **Operational Group** has been set up (weekly meeting of provider staff).

- The **internal programme structure and systems** being finalised at present.

*Public Health:*

- Programme presented to **Cluster DsPH** on 25th September 2012. It seemed well received and resulting from this PH area leads for the programme were identified from each NEL borough.

- **Public Health AAA Planning Workshop** was held on 23rd October 2012. This was attended by all boroughs except Newham (who provided email information instead). This covered the plans, role of the group, proposed rollout, risks, screening venues, communication, transition and next steps. This is currently being collated and will be circulated for further comment in due course. A further workshop will be held in late November.

*Stakeholder Engagement:*

- **BHR and WELC CCC Presentations** have been done (4th and 19th Oct respectively). BHR were very engaged and requested we attend PLT sessions to inform their GPs (starting with Redbridge on 7th November 2012). WELC raised some concerns about contracting arrangements but seemed otherwise supportive.

- Compilation of a **comprehensive NELAAASP stakeholder directory** (with PH lead input) for use in communications is being finalised.

- Ongoing engagement with **other programmes** to find out how it is being done elsewhere

*Communications and Promotion of the Programme:*

- **NELC & THPHD Communications team** support arranged to help plan use of £10k budget.

**Equalities**

There is currently an equality impact as NEL does not offer the AAA screening programme to men in their 65th year, however, from April 2013 there will be no inequality as the programme will be operational.

**Risk**

- Men are known to be a challenging group to engage with for screening programmes – this increases the risk of low uptake of the NELAAASP

- The NEL population demographic mix is complex and has been associated with previous engagement problems for other programmes. This increases the risk of low uptake.

- GP register data may be associated with problems of accuracy and is likely to include those who need to be excluded from the programme (existing AAA diagnosis; medically unfit for screening; recently deceased). Prior Notification Letter / conversation with GP will be required to cleanse the list prior to invites.

- Limited time until transition of this programme to NCB makes it challenges to cover all areas in detail well prior to change of lead. This forces choice between selection of one borough for detailed initial delivery versus ensuring some programme coverage in all areas before March 2012.

- Period of transition from one programme lead to another may result in decreased programme support for a period. This is of concern as the provider team will still be very new and inexperienced at that time.

- Lack of local insight for leading the programme may result in a less appropriate programme. This may be addressed by ensuring on-going links with local leads after the transition and their involvement in programme provision.

- Block contracting arrangements limit incentives for provider.