



Department
of Health



NHS public health functions agreement 2015-16

Service specification No.23

NHS Abdominal Aortic Aneurysm Screening
Programme

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NHS public health functions agreement 2015-16

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NHS Abdominal Aortic Aneurysm Screening Programme Service specification

Prepared by Public Health England

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Service specification No.23

This is a service specification within Annex C of the 'NHS public health functions agreement 2015-16 (the '2015-16 agreement') published in December 2014.

This service specification is to be applied by NHS England in accordance with the 2015-16 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2015-16 agreement was made between the Secretary of State and NHS England Board. Any changes in other published documents or standards may have effect for the purposes of the 2015-16 agreement in accordance with the procedures described in Chapter 3 of the 2015-16 agreement.

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2015-16 agreement including all service specifications within Annex C is available at www.gov.uk (search for 'public health commissioning').

1. Population Needs

- 1.1. The purpose of this Service Specification is to describe the Provider's responsibilities for the delivery of the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) (the Services). This Service Specification provides a consistent and equitable approach across England and this common national service specification must be used to govern the provision and monitoring of abdominal aortic aneurysm screening services.
- 1.2. The Provider shall at all times ensure the Services are provided in accordance with the requirements set out in this Contract, which, inter alia, includes the requirements of Guidance. Without limitation, some of the documents and information sources listed below, in Table 1, are agreed to be captured within the definition of Guidance.
- 1.3. NAAASP aims to reduce deaths from abdominal aortic aneurysms (AAA) through early detection, appropriate monitoring and treatment. Research has demonstrated that offering men ultrasound screening in their 65th year should reduce the rate of premature death from ruptured AAA by up to 50 per cent.
- 1.4. Ruptured AAA deaths account for around 2.1% of all deaths in men aged 65 and over. This compares with 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 around 80%. This compares with a post-operative mortality rate in high quality vascular services of around 2% following planned surgery.
- 1.5. The target population to be screened is all men eligible for NHS care registered with a general practitioner within the commissioned screening programme boundaries. Selection will be based on year of birth. Men should be offered screening during the year – 1st April to 31st March – in which they turn 65 years. Men over the age of 65 can self-refer to the screening programme and have their information added manually to the screening management system.
- 1.6. Further detail about the population to be screened is within section 3.3 of this service specification.
- 1.7. Based on research data, for each 1,000 men screened:
 - 960 can expect to have a normal aneurysm
 - 35 can expect to have a small to medium aneurysm
 - 5 can expect to have a large aneurysm.

2. Outcomes

NHS Outcomes Framework Domains & Indicators

2.1. This specification will meet the following domains in the NHS Outcomes Framework.

NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

3. Scope

Aims and objectives of the service

Aim

- 3.1. NAAASP 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.

Objectives

- 3.2. Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening has important ethical differences from clinical practice as the health service is targeting apparently healthy people, offering to help individuals to make better informed choices about their health. However, there are risks involved and it is important that people have realistic expectations of what a screening programme can deliver. Within service design and delivery it should be clear that screening is being offered rather than enforced and that balanced information will be available to enable informed choice. There should be equity of access for men across a whole screening pathway where effective integration is in place across the whole of the pathway. The Provider shall ensure that its Services are provided in a way that demonstrates the above principles. The NAAASP incorporates the following:
 - Inviting eligible men to the AAA screening programme using standard information provided by PHE
 - Providing clear, high quality information that is accessible to all
 - Carrying out high quality abdominal ultrasound on those men attending for initial or follow-up screening according to national protocol
 - Minimising the adverse effects of screening, including anxiety and unnecessary investigations
 - Identifying AAAs accurately
 - Enabling men to make an informed choice about the management of their AAA
 - Ensuring appropriate and effective management of cardiovascular risk factors identified through screening
 - Ensuring referral to accredited vascular services for high quality diagnostic and treatment services
 - Promoting audit and research and learn from the results. The Services will be subject to an annual PHE Quality Assurance (QA) review and effectiveness of treatment will be monitored via annual reports of a National Vascular Review

- Continuing to develop the skills of the workforce involved in screening
- 3.3. Providers are expected to meet the public sector Equality Duty which means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. <https://www.gov.uk/equality-act-2010-guidance>.
- 3.4. It also requires that public bodies:
- have due regard to the need to eliminate discrimination
 - advance equality of opportunity
 - foster good relations between different people when carrying out their activities

Service Description/Care Pathway

- 3.5. The AAA screening process is divided into the following stages:
- Identification
 - Invitation
 - Inform
 - Test
 - Surveillance
 - Diagnose
 - Treatment/ intervention
 - Monitor outcomes
- 3.6. This Service Specification does not include standards for diagnosis and treatment/intervention.
- 3.7. The complete care pathway for AAA screening can be found on the Map of Medicine website (http://healthguides.mapofmedicine.com/choices/map/abdominal_aortic_aneurysm_screening1.html)
- 3.8. The Provider shall provide the following components of the NAAASP and ensure compliance with Guidance.

Identification

- 3.9. The target population to be screened consists of all men eligible for NHS care registered with a General Practitioner within the commissioned screening programme boundaries. Selection will be based on year of birth. Men should be offered screening during the year – 1st April to 31st March – in which they turn 65.

- 3.10. Cohort information will be provided to the Provider through the use of the National Screening Management System provided by PHE which has a live feed with the HSCIC for demographic updates directly from GP systems.

Invitation and Inform

- 3.11. NAAASP is based on the policies developed by the UK NSC. Appropriate information and advice are vital elements of the screening programme.
- 3.12. The Provider shall invite the eligible cohort for screening using the national screening software solution provided by PHE. The invitation should include the letter, the national screening leaflet and the local information as set out in the Guidance.

Test – Initial Screen

- 3.13. Screening by ultrasound scanning shall be offered by the Provider to all men during the year they turn 65. Men found to have a normal aorta (diameter < 3cm) will no longer be eligible to be offered the Services.

Test – Surveillance Screen

- 3.14. Surveillance by ultrasound scanning shall be offered by the Provider to all men found to have an AAA with a diameter of between 3cm and 5.4cm. The Provider shall ensure that all men in surveillance receive the national screening information regarding any subsequent surveillance or treatment that may be offered. Surveillance scans will monitor whether the aneurysm is increasing in size and may require intervention. The interval between scans will depend on the size of the aneurysm as set out in the Guidance.
- 3.15. For all men where the aortic diameter cannot be visualized the Provider should follow the guidance as set out in the national Guidance.
- 3.16. The Provider shall ensure that their nurse practitioner follows the Guidance.
- 3.17. All men identified with an aneurysm and requiring surveillance shall be offered health promotion information and advice as appropriate, relating to issues such as smoking, diet and physical activity.

Diagnose

- 3.18. Referral to a vascular surgeon to consider treatment options, including surgery, shall be offered to men found to have an aneurysm 5.5cm or larger in diameter. Patients who decline treatment or are unfit for surgery shall be offered observation under the care of the surgeon and will no longer be eligible to be offered the Services.
- 3.19. An AAA screening programme relies on a suitable vascular network for treating patients with detected AAAs that covers a population of at least 800,000. The vascular units providing the treatment must be part of a vascular network and comply with the requirements recommended by the Vascular Society of Great Britain and Ireland (VSGBI) for the treatment of AAA and will be required to provide data on the treatment and outcome of every infra-renal AAA operation or intervention to the National Vascular Registry (NVR). Submission of data to the NVR is compulsory for all surgeons wishing to participate in NAAASP. Providers must

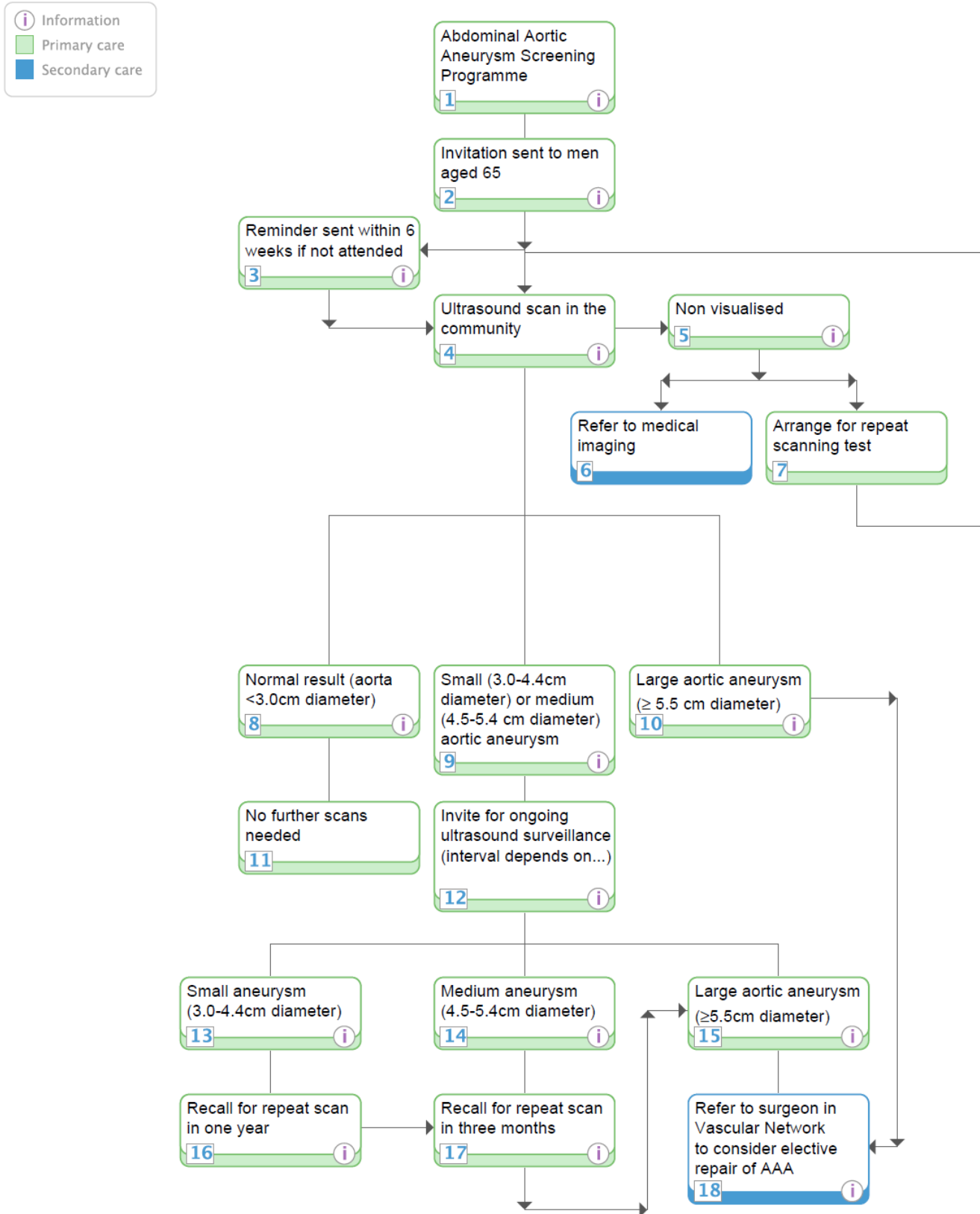
ensure that their surgeons make referrals to vascular units that fulfil the above requirements.

Abdominal aortic aneurysm screening



http://healthguides.mapofmedicine.com/choices/map/abdominal_aortic_aneurysm_screening1.html

This care map has been locally developed and approved by The UK National Screening Committee for use in England.



Published: 13-Oct-2010 Valid until: 15-Apr-2012 © Map of Medicine Ltd All rights reserved

This care map was published by England. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Classification: Official

Service Model Summary

- 3.20. The Provider shall ensure that all aspects of the Services are provided in accordance with the Guidance.
- 3.21. The following are recommended staffing levels based on the evidence of the randomised control trials and the early experience of rolling-out AAA programmes around the country. The Provider shall ensure that it meets these recommendations or if not that it actively communicates to the commissioner with assurance that its workforce does not materially deviate from the recommendations set out in Guidance and summarized below.
- Programme clinical staff:
 - Director/ Clinical Lead (0.2 wte/ 800,000 population)
 - Lead Ultrasound Clinician (0.1 wte/ 800,000 population)
 - Nurse Practitioner (0.1 wte/ full capacity programme i.e. 7,000 scans per year)
 - Consultants in the Vascular Units – these are not employed by the screening programme. However, there must be a “responsible doctor” for onward patient referral
 - Programme Screening Staff
 - Screening Technician (3 wte/ 800,000)
 - Clinical Skills Trainer (Senior Sonographer/Vascular Scientist – 0.1 wte per 800 000)
 - Programme Management, Administration and Technical Staff
 - Coordinator (1 wte/ 800,000),
 - Clerical Officer (1 wte/ 800,000),
 - Medical Physicist (5 days per year for a full capacity programme – 7,000 per year)

Failsafe Procedures

- 3.22. One of the cornerstones of an efficient and safe screening programme is the failsafe system. The Provider shall at all times operate systems and processes in accordance with the failsafe procedures in the Guidance.
- 3.23. The Provider Staff involved in the Services must be aware of the failsafe procedures, know how the systems operate and participate appropriately. These procedures ensure, as far as possible, all reasonable action is taken to offer appropriate management to the Service Users.

Results giving, reporting and recording

- 3.24. The Provider shall ensure that all aspects providing Service User result, reporting and recording of information in relation to the Services are conducted in accordance with the Guidance.

Image storage and management

- 3.25. The Provider should have implemented and be deploying the national image management system provided by PHE as an integrated part of their workflow.

Roles and accountability throughout the pathway

- 3.26. The Provider shall at all times ensure the Services have adequate clinical leadership. In addition the Provider shall employ a Clinical Lead who has overall clinical responsibility, professional accountability and provides strategic leadership for the Services, in accordance with Guidance. For the avoidance of doubt, the Provider shall ensure that periods during which the Clinical Lead is not available for duty that adequate cover is provided to fulfil the functions of the role.
- Programme Manager
 - The Provider shall at all times employ a Programme Manager, who will be responsible, and report directly, to the Clinical Lead for day-to-day Programme operations, in accordance with Guidance. For the avoidance of doubt, the Provider shall ensure that periods during which the Programme Manager is not available for duty that adequate cover is provided to fulfil the functions of the role.
 - Other staff
 - The Provider shall ensure that sufficient competent Screener and administrative staff are employed and available to adequately support the Services. For the avoidance of doubt, the Provider shall ensure that the above roles are staffed in accordance with Guidance.

Competencies and ongoing training

- 3.27. Providers are responsible for funding minimum training requirements to maintain an effective screening workforce including CPD where necessary.
- 3.28. In addition to its general obligations under this Contract the Provider shall only use trained, qualified and competent staff to deliver the Services who, where relevant, possess the following qualifications and competencies:
- NAAASP approved training and accreditation course for technicians
 - NAAASP approved 'fast track' training and accreditation course for QA lead, Clinical Skills, Trainer, Nurse Practitioner
- 3.29. Details of the mandatory national training framework can be found at <http://aaa.screening.nhs.uk/training>
- 3.30. The Provider shall ensure that all roles and responsibilities are carried out in accordance with the Guidance.

Information technology, call and recall

- 3.31. Systematic screening requires call and recall information and the capture and management of ultrasound images. The Provider shall use the software provided by PHE and to ensure that the national minimum dataset is collected. The Provider shall ensure that call and recall are carried out in accordance with the Guidance.

Days/hours of operation

- 3.32. The days and hours of service operation shall be based on the needs and wants of the target population with the aim of maximising the uptake of the screening offer and in consultation with the Commissioner. Consideration of the move to 7 day services should be made, building the local evidence base, acknowledging that this will be based on local population needs.

Population covered

- 3.33. Cohort information will be provided to the Provider through the use of the National Screening Management System which has a live feed with HSCIC for demographic updates directly from GP systems. The Provider shall ensure at all times that it has systems and processes in place that allow them to access this system for the purposes of providing the Services. The Provider should invite men directly using the information and letters provided from the national screening management system. The National Screening Management System will automatically update the system with all those men registering with a GP. Regular attempts shall be made to ascertain contact up-to-date contact details whilst working with Area Teams to ascertain whereabouts of this group of unregistered subjects.
- 3.34. Men over the age of 65 can self-refer to the Service and have their information added manually to the National Screening Management System.
- 3.35. This population to be screened includes subjects who are housebound and able to benefit from screening and possible treatment. There will be provision for a service that is accessible to them in accordance with disability discrimination legislation and that may require hospital transport. When a decision is made not to send an invitation for screening it will only be done after careful assessment of the subject and their circumstances. This also applies to men attending for the test-surveillance screen.
- 3.36. The Provider shall use its reasonable endeavours to ensure those eligible for the Service but who are not registered with a GP or who, in some other way find it difficult to access the Services are made aware of the Service and how to access the Service. Long-term residents in secure organisations such as prisons and mental health units are at risk of not receiving an invitation to screening. These groups may also not be registered with a community-based GP practice. The Provider shall ensure it works collaboratively with other primary care providers, community service providers, other stakeholders and the commissioner to ensure access for groups of the population where access to screening may be restricted.

- 3.37. Men in their 65th year who already have a small AAA < 5.5 cm should not be excluded from the Services and the Provider shall offer an Initial Screen which shall be classed as their initial scan and previous surveillance scan measurements discounted. Other health care providers responsible for the care of the Service User, such as the GP and the vascular surgeon will be notified by the Provider, of the screening attendance. It is advised that such men will remain in the Services for the purposes of surveillance and are not scanned under two separate services.

Acceptance and exclusion criteria and thresholds

Acceptance criteria

- 3.38. The extent of the Services provided by the Provider will be defined by the list of GP practices to which it is responsible for offering screening Services. Men over the age of 65 can self-refer to the screening programme and have their information added manually to the screening management system.
- 3.39. Local commissioners and providers may wish to consider cross border screening programme if applicable.
- 3.40. Men and women of any age with a strong family history can be scanned under existing procedures but not within the NHS AAA screening programme, following referral by their GP to a medical imaging department.
- 3.41. For the avoidance of doubt, females with a male history would still be at an increased risk of abdominal aortic aneurysm and so would still require an invitation to the AAA screening test (<http://www.screening.nhs.uk/equality/tips#fileid14522>)
- 3.42. The demographic information regarding transgender individuals who are registered as male will be received in the cohort information.

Exclusion criteria

- 3.43. The following are not eligible for the AAA screening programmes:
- Those under the age of 64
 - Females
 - Men over 65 who have been previously diagnosed with an AAA,
 - Those who have previously undergone surgery for AAA repair
 - Those who are advised from their GP not to participate related to other health concerns
 - Men who requested that they are permanently removed from the NHS AAA screening programme
 - Men who have already had a scan through NHS AAA Screening Programme and whose aorta was within normal limits

- 3.44. Referrals from other health professionals or the Provider (apart from other the Provider of NHS AAA Screening Programme for example a change of address).
- 3.45. In rare cases a “best interest” decision may be made by the GP, family or carer of the Service User to exclude subjects with mental incapacity from the programme. This needs to be completed in line with the principles enshrined in the Mental Capacity Act www.nhs.uk/carersdirect/moneyandlegal/legal/pages/mentalcapacityact.aspx.

Interdependence with other agencies, services and providers

- 3.46. Vascular surgical services are organisationally distinct from the Services. Responsibility for patients transfers from the screening programme to the vascular surgical service at the point of referral. The Provider shall track the progress of each referral made to a provider of vascular services and ensure action is taken to detect and rectify any delays in the Service User being seen for assessment or subsequent treatment. The Provider shall ensure it is also aware of all final outcomes for each Service User referred.
- 3.47. The NAAASP is dependent on strong working relationships (both formal and informal) between the NAAASP services provided by other providers, the information systems, ultrasonography departments, vascular services and primary care and specialist professionals. Providers must ensure accurate and timely communication and handover across these interfaces is essential to reduce the potential for errors and ensure a seamless pathway for service users. It is essential that there remains clear named clinical responsibility at all times and at handover of care the clinical responsibility is clarified. The Provider shall ensure that appropriate systems are in place and in operation at all times to support an inter-agency approach to the quality of the interface between these services. The Provider shall ensure that the above systems are in place to actively support the following:
- Agreeing and documenting roles and responsibilities relating to all elements of the screening pathway across organisations
 - Providing strong clinical leadership and clear lines of accountability
 - Developing joint audit and monitoring processes
 - Agreeing jointly what failsafe mechanisms are required to ensure safe and timely processes across the whole screening pathway
 - Contributing to any NHS England Screening Lead's initiatives in screening pathway development in line with UK NSC expectations
 - Meeting the national screening programme standards covering managing interfaces which can be found on the NAAASP website

- 3.48. The programme interfaces with professionals responsible for primary care including local GPs, and GPs providing services for prison populations and Armed Forces personnel. They involve the communication of information to ensure:
- The subject register is maintained and up to date
 - Primary care is made aware of a subject's failure to attend appointments
 - Primary care is made aware of a subject's screening results in order to ensure integration with the overall health care of that subject
 - The subject has a local point of contact to discuss the consequences of being excluded from the programme
- 3.49. NAAASP interfaces with AAA treatment/ management services. The interfaces which involve the referral of subjects to further investigation/ treatment are shown in the care pathway including those with a non visualised outcome at screening.
- 3.50. The Provider shall ensure that its information systems and operating processes are at all times compatible with the national screening management system which is funded and provided through Public Health England (PHE). The Provider is obliged to notify the National AAA Screening Programme within PHE and the Commissioner of any issues pertaining to the accuracy of the cohort identification within the national screening management system.

4. Applicable Service Standards

Applicable national standards

- 4.1. PHE, through the national screening programmes, is responsible for delivering high-quality, uniform screening, and providing accessible information to both the public and health care professionals, and developing and monitoring standards. It is also responsible for the delivery of national quality assurance, based at regional level, and for ensuring training and education for all those providing screening is developed, commissioned and delivered through appropriate partner organisations.
- 4.2. Programme standards are available on the programme website <http://aaa.screening.nhs.uk/qualitystandards>
- 4.3. The Provider will meet the acceptable and work towards the achievable programme standards. Where national recommendations for acceptable standards are not met the Provider will be expected to indicate in service plans what changes and improvements will be made over the course of the contract period.
- 4.4. The Provider shall develop a Contractual Services Development Plan in line with KPIs and the results of internal and external quality assurance checks. The plan will respond to any performance issues highlighted by the commissioners, having regard to any concerns raised via any service user feedback. The plan will contain action plans with defined timescales and responsibilities and will be agreed with the commissioners.

Quality Standards

- 4.5. PHE Quality Assurance (QA) systems support commissioners and the Provider in the quality and clinical governance aspects of the Services so that core processes are safe and the programme achieves better outcomes.
- 4.6. The Provider shall at all times cooperate and participate fully in national Quality Assurance processes, co-operate in undertaking ad-hoc audits and reviews as requested and as may be directed by the Commissioner, from time to time. The Provider shall act upon and implement recommendations made as a result of QA visits or reviews within a timeframe and in accordance with a plan that has been agreed by the Commissioner.
- 4.7. The Provider shall ensure that it submits the following to QA and the Commissioner within the timescales laid out in Guidance or otherwise as directed by the Commissioner or QA:
 - Data and reports from external quality assurance schemes
 - Minimum data sets as required – these may be required to be submitted to national external bodies e.g. National Vascular Registry
 - Self-assessment questionnaires/tools and associated evidence
 - Audits or data relating to nationally agreed internal quality assurance processes

- Incidents and serious incidents as they occur in accordance with the policy <http://www.screening.nhs.uk/incidents>
- 4.8. Where QA believe there is a significant risk of harm to the population, they will recommend to commissioners to suspend a service.
- 4.9. The Provider will be able to demonstrate that they have audited procedures, policies and protocols in place to ensure best practice is consistently applied for all elements of the screening programme.
- 4.10. The Provider shall, at all times comply with the UK NSC guidance 'Managing Serious Incidents in the English NHS National Screening Programme' (or updated version) as referred to in the Quality Requirements in Schedule 4 and the NHS England guidance for the management of incidents <http://www.screening.nhs.uk/incidents%20-%20fileid16168>

Applicable standards set out in Guidance and/or issued by a competent body

- 4.11. Training and education for all staff groups must be conducted as required by NAAASP. The Provider shall ensure all staff groups engaged on providing the Services are trained, educated and complete continual professional development in accordance with Guidance and in particular in accordance with the relevant NAAASP requirements. The Provider should ensure training has been completed satisfactorily and recorded and that there is a system in place to assess on-going competency.
- 4.12. Training, development and information programmes are available for the following staff groups. All training will be based around a national competency framework <http://aaa.screening.nhs.uk/training>
- Screening Technicians
 - Clinical Skills Trainers (CST): these are senior practitioners who cascade practical training to other staff and provide training, support and advice to the Screening Technicians They also provide QA through the monitoring of the quality of the images and measurements taken by the Screening Technicians
 - Programme Coordinators/Managers, who cascade non-clinical training to others and clerical staff

Applicable local standards

- 4.13. The Provider shall have internal quality assurance and risk management processes in operation at all times and be able to demonstrate to the Commissioner that those processes are commensurate to the risks, quality assurance issues and best practice of the Services Documented and other evidence to support this must be in place.

4.14. The Provider shall:

- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents;
- ensure that appropriate links are made with internal governance arrangements, such as risk registers
- review and risk assess local screening pathways in the light of guidance offered by PHE Quality Assurance processes or the National Screening programme
- Work with the Commissioner and Quality Assurance Teams to develop, implement, and maintain appropriate risk reduction measures.

4.15. On a quarterly basis high scoring risks will be identified and agreed between the Provider and the commissioners and plans put in place to mitigate against them. It is expected that Providers will investigate anything outside the acceptable levels.

4.16. Failsafe systems must be able to identify, as early as possible, people that may have been missed or where screening results are incomplete.

Clinical and corporate governance

Accountability and oversight

4.17. The Provider shall ensure that:

- An appropriately skilled and competent executive officer within its organisation is accountable for, and oversees, the Services.
- The Provider's board of directors is part of the clinical governance procedures and must be responsible for receiving assurance on the quality of the Services
- There is appropriate internal clinical oversight of the Services and have its own management and internal governance of the Services
- An internal multi-disciplinary operational group is established, that meets monthly as a minimum. This group will ensure robust operational processes are in place between individuals delivering the Services
- An annual report of AAA screening services is produced which is signed off by the organisation's board

Programme board

4.18. The Provider must:

- Ensure co-operation with and representation on the local screening oversight arrangements/ structures

- Ensure good governance of the screening programme; a screening programme board must meet at a minimum of every 6 months and at a schedule agreed with commissioners and must include programme director, co-ordinator, screener representative, surgeons, radiologists, commissioners, public health and PHE QA representative. The programme boards must consider service user engagement and involvement

Quality Assurance

- 4.19. The programme must participate in external Quality Assurance and have internal quality assurance processes that ensure failsafe is integral to the programme and incident management occurs in line with failsafe document/map of medicine and national guidelines for incident management (NHS England/PHE) <http://www.screening.nhs.uk/quality-assurance>

Risk Management

- 4.20. The Provider must have an internal risk management process to manage the risks of running the Services. The risk management process must be reviewed and agreed at the programme board and form part of the assurance to the Provider's board of directors.
- 4.21. The Provider shall:
- Ensure that appropriate failsafe mechanisms are included across the NAAASP Services including the interfaces with other providers with whom the Provider interacts with in the course of providing the Services.
 - in a timely manner review and risk assess NAAASP screening pathways in the light of guidance offered by Q A processes or the National Screening programme
 - work cooperatively with the Commissioner and Q A Teams to develop, implement, and maintain appropriate risk reduction measures
 - ensure that appropriate links are made with internal governance arrangements, such as risk registers
 - Undertake QA reviews of images and screener performance as per the guidance in the Guidance.
 - On a quarterly basis high scoring risks will be identified and agreed between the Provider and the commissioners and plans put in place to mitigate against them. Risk identification must take into account failsafe mapping (please also see section 2.3 Failsafe).

Governance policies

- 4.22. The Provider must have an appropriate governance framework in place that has been approved by the Commissioner, covering the following aspects of the Services:
- Information governance/records management

- Equality and diversity
- User involvement, experience and complaints
- Failsafe procedures
- Risks & mitigation plans

4.23. The Provider shall seek the Commissioner's approval of the governance framework prior to the Services Commencement Date and annually thereafter.

5. Location of provider premises

- 5.1. Should the Provider wish to use any other premises in addition to the Provider Premises as out in the Contract for the provision of the Services, then it shall only do so with prior written approval of the Commissioner.
- 5.2. The Provider shall have a community based model of delivery. In choosing Provider Premises, and the frequency and availability of appointments at the Provider Premises, the Provider shall take into account the needs of Service Users and prospective Service Users.
- 5.3. Taking into account the needs of the individual Service User, the Provider shall offer each Service User a choice of Provider Premises from which they may conveniently access the Services within clinically appropriate timeframes.
- 5.4. The Provider shall at all times ensure the Provider Premises, or mobile venues, comply with Guidance and the obligations set out in this Contract. The Provider should operate systems and processes to satisfy it, and be able to demonstrate to the Commissioner, that the Provider Premises meet the needs of Service Users.
- 5.5. Provider Premises, unless otherwise agreed by the Commissioner, shall be within reasonable walking distance to public transport links and car parking facilities, taking into account the physical and mental disposition of Service Users. Provider Premises should have sufficient seating areas to accommodate all waiting Service Users in comfort and have toilet facilities and drinking water freely available.
- 5.6. Responsibility for staff costs incurred for travel associated with screening rests with the Provider.
- 5.7. Responsibility for costs associated for hire of screening venues rests with the Provider.
- 5.8. Responsibility for any cross-charging for referral of non-visualized screening scans into medical imaging departments or vascular laboratories rests with the Provider

Equipment specification

- 5.9. For the avoidance of doubt, in accordance with the Contract, the Provider is responsible for maintenance, calibration and purchase of replacement screening equipment which shall meet NAAASP requirements and standards. Recommendations on the timescale for replacement of ultrasound equipment are made by The Society and College of Radiographers.

- 5.10. A technical equipment specification and an approved list of equipment meeting the specification can be found within the Guidance. It is a requirement that all Providers select equipment from this list. The list of approved equipment to be used in the programme can be found at <http://aaa.screening.nhs.uk/equipment>.

6. Transfer of and discharge from care protocols

6.1. Active inclusion in the screening programme ends when:

- The scan is found to be normal
- The AAA reaches 5.5cm diameter on ultrasound and the subject has been referred to the vascular unit. The Provider shall track the progress of each referral made to a provider of vascular services and ensure action is taken to detect and rectify any delays to the Service User being seen for assessment or subsequent treatment. The Provider shall ensure it is aware of all final outcomes for each Service User referred.
- The Provider Clinical Leader the GP decides referral for treatment will be considered based on other factors such as co-morbidities or symptoms etc.
- Three consecutive scans show an aortic diameter less than 3cm on ultrasound where the initial scan was 3cm or greater. In this case the Service User will be discharged from the Provider and the Provider shall inform both the Service User and GP by letter
- After 15 scans at one-year intervals the AAA remains below 4.5cm. In this case the Service User will be discharged from the screening programme and the Provider will inform both the Service User and GP by letter
- If the Service User declines to be in the screening programme, fails to attend consecutive appointments as per local policy, moves out of the area and becomes the responsibility of another Provider, or dies. If a Service User under surveillance moves out of the area, the Provider must alert the other screening provider responsible for the GP practice to which the Service User is then registered. For any Service User under surveillance who declines to continue in the screening programme the Provider must follow the 'informed dissent' process as described in the Guidance

6.2. Subject Users over the age of 65 who have had AAA identified through routes outside the screening programme must not be referred to the Provider for surveillance. These Service Users must stay within the care of the vascular service. Men in their 65th year who already have a small AAA < 5.5 cm should not be excluded from the Services and the Provider shall offer an Initial Screen which shall be classed as their initial scan and previous surveillance scan measurements discounted. Other Provider responsible for the care of the Service User, such as the GP and the vascular surgeon, whose care the man is under will be notified by the Provider, of the screening attendance. It is advised that such men will remain in the

Services for the purposes of surveillance only and are not be scanned under two separate services.

7. Safeguarding policies

- 7.1. Safeguarding vulnerable people is at the heart of all health service delivery. NHS England and the Provider are required to ensure that services provided adhere to local multi agency safeguarding policies and procedures, have appropriate training in place and arrangements to work with local authorities and partner agencies through safeguarding boards and other relevant bodies.

Annex A: Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing	Applicable service spec.
<p>Domain 5</p> <p>Patient safety screening incidents resulting in severe harm or death</p>		<p>Exception report to be developed by the Provider along with following the appropriate guidance for managing incidents</p> <p>http://www.screening.nhs.uk/incidents#fileid16168</p>	<p>Depending on incident, Action plans, RCA to be developed with commissioners</p> <p>Address position at the Quarterly CRG Meetings</p>	Quarterly	A
Data requirements for AAA Screening performance metrics and National Quality Standards	100%	Data return	Address position at quarterly CRG meetings	Quarterly	A
NHS AAA Screening Programme Quality Standards and Service Objectives http://aaa.screening.nhs.uk/standards#fileid224	100%	Data Return template set out in information requirements	Address position at quarterly CRG meetings	Quarterly	A

National KPIs – submission by standard national spreadsheet:					
Performance indicator	indicator	Threshold	Method of measurement	Frequency	Notes
AA1: Abdominal Aortic Aneurysm screening – completeness of offer	Ref 1	Acceptable level: ≥ 90.0% Achievable level: 100.0%	Ref 1	Quarterly	Extracted directly via national screening management system National quarterly submission dates: 30/6/14, 30/9/14, 31/12/14, 31/3/15
Quarterly information to supply the needs of the quarterly contract review meetings and the quarterly AAA Programme Board					
Full report on status of attainment against AAA National QA Standards	Ref 1	Must be submitted in full and according to required timescales	Ref 1	Quarterly	

Annex B: Reporting requirements

	Reporting Period	Format of Report	Timing	Application
Local Requirements				
<p>Quarterly Quality Standard Report provided by NAASP and downloaded from within the national screening management system by providers.</p> <p>data return which must include all the elements set out in the National Quality Standards and the Quality Requirements set out in schedule 4</p>	Quarterly			All
<p>The activity report can be searched and created in the national screening management system by providers. It includes:</p> <ul style="list-style-type: none"> %age of men's records with insufficient contact details to make an offer %age of men offered screening who are tested of those tested who have an aortic diameter of <3.0cm and who are discharged from the screening programme % of those tested who have an aortic diameter 3.0-4.4cm and are Entered into annual surveillance. % of those tested who have an aortic diameter 4.5-5.4cm and are entered into a three monthly surveillance % of those tested who have an aortic diameter of 5.5cm or greater And are referred to a Vascular Surgeon. 	for commissioners to specify frequency	Report can be split by GP practice, screening clinic locality and by Local Authority. Commissioner and the Provider should agree the format, frequency of the report		

Annex C: Guidance

Guidance	Link
NAAASP Standard Operating Procedures	
UKNSC 2004 review into viability of AAA screening	http://aaa.screening.nhs.uk/aboutus
Non-visualisation Guidance	http://aaa.screening.nhs.uk/operational-guidance
Cross-border protocol	http://aaa.screening.nhs.uk/operational-guidance
Protocol for reporting deaths	http://aaa.screening.nhs.uk/operational-guidance
Ultrasound Equipment Quality Assurance Guidance	
Failsafe's	http://aaa.screening.nhs.uk/qualityassurance
Map of Medicine pathway	http://aaa.screening.nhs.uk/pathways
Quality standards and service objectives	http://aaa.screening.nhs.uk/standards
KPIs	http://aaa.screening.nhs.uk/kpi
Education and training framework	http://aaa.screening.nhs.uk/training
QA framework for training	http://aaa.screening.nhs.uk/training
VSGBI framework for improving elective AAA repair outcomes	http://aaa.screening.nhs.uk/vascular-networks
Guidance on Waiting Time Standards	http://aaa.screening.nhs.uk/standards