



Public Health
England



NHS public health functions agreement 2019-20

**Service specification No.23
NHS Abdominal Aortic Aneurysm Screening Programme**

NHS England and NHS Improvement



NHS public health functions agreement 2019-20

Service specification No.23 NHS Abdominal Aortic Aneurysm Screening Programme

Version number: Final

First published: July 2019

Publication number: 000019

Prepared by: Public Health England with NHS England and NHS Improvement and NHS Improvement Public Health Commissioning

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by Public Health Commissioning Central Team, Operations and Information Medical Directorate.

Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement and NHS Improvement values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic and those who do not share it (as required under the Equality Act 2010); and
- Given due regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities (in accordance with the duties under sections 13G and 13N of the NHS Act 2006, as amended).

Contents

Service specification No.23	6
1 Population Needs.....	7
2 Outcomes.....	11
3 Scope.....	12
Aims and objectives of the service	12
Aim.....	12
Objectives	12
Service Description/Care Pathway	14
Identification.....	16
Invitation and Inform	16
Test – Initial Screen	16
Test – Surveillance Screen	16
Diagnose.....	17
Service Model Summary.....	17
Failsafe Procedures.....	18
Results giving, reporting and recording	18
Image storage and management.....	18
Roles and accountability throughout the pathway	18
Programme Coordinator	18
Competencies and ongoing training	19
Information technology, call and recall.....	19
Days/hours of operation.....	19
Population covered	19
Acceptance and exclusion criteria and thresholds	21

	Acceptance criteria	21
	Exclusion criteria.....	21
	Interdependence with other agencies, services and providers.....	22
	Increasing Uptake	23
4	Applicable Service Standards	24
	Applicable national standards.....	24
	Pathway Standards.....	24
	Applicable standards set out in Guidance and/or issued by a competent body	25
	Applicable local standards.....	25
	Clinical and corporate governance	26
	Accountability and oversight.....	26
	Programme board.....	26
	Quality Assurance.....	26
	Risk Management.....	27
	Governance policies	27
5	Data and Intelligence	29
6	Location of provider premises.....	30
	Equipment specification.....	30
7	Transfer of and discharge from care protocols	31
8	Safeguarding policies.....	32
	Annex A: Quality Requirements.....	33
	Annex B: Reporting requirements	35
	Annex C: Guidance	36

Service specification No.23

This is a service specification to accompany the 'NHS public health functions agreement 2019-2020 (the '2018-2019 agreement').

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 2019-2020 agreement was made between the Secretary of State and NHS England and NHS Improvement Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2019-2020 agreement in accordance with the procedures described in Chapter 3 of the 2019-2020 agreement.

Please always refer to the service specification online to ensure you are using the latest version.

The 2019-2020 agreement is available at www.gov.uk (search for 'commissioning public health')

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 will, 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 0.8% of all deaths in men aged 65 and over. This compares with 0.3% 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 0.6% 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. This will also include all men resident in England with effect from April 2019. 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 3.9, 3.19 and 3.34 of this service specification.
- 1.7 Based on research data, for each 1,000 men screened:
 - 990 can expect to have a normal aorta
 - 9 can expect to have a small to medium aneurysm
 - 1 can expect to have a large aneurysm.

1.8 The role of PHE Screening

The national screening team in Public Health England (PHE Screening) provides expert advice and support to the NHS Screening Programme. It does those things which make sense to do once rather than by each individual screening service. This includes:

- developing and monitoring standards
- producing public information leaflets

- quality assurance of local screening services
- developing and commissioning training and education

Providers should subscribe to the [PHE Screening blog](#) for the latest national news and updates. [National documentation and guidance](#) is published on GOV.UK.

1.9 Principles

- individuals will be treated with courtesy, respect and an understanding of their needs
- those participating in the screening programme will have adequate information on the benefits and limitations to allow a personal informed choice to be made before participating
- the target population will have equitable access to screening
- screening will be effectively integrated across a pathway with clear lines of communication and accountability between the different providers, screening centres, primary care and secondary care

1.10 Personal informed choice

All screening is an individual choice. The UK NSC has published [guidance](#) for screening programmes in the 4 UK countries to follow. Everyone must be given the opportunity to make an informed choice about whether or not to be screened. The decision should be based on an understanding of:

- why they are being offered screening
- what happens during the test
- the benefits and risks of screening
- the potential outcomes (including types of result, further tests and treatment)
- what happens to their screening records

If someone is provided with the above information about the programme and chooses not to have screening, then this is a valid choice and must be respected.

Addressing inequalities and ensuring equal access to screening

Screening is inherently equitable because it is offered to all individuals within the eligible population. One of the objectives of the NHS Screening Programmes is to help reduce health inequalities. The [PHE Screening inequalities strategy](#) has more information.

Sharing personal information.

Under the 2010 Equality Act, screening services are required to anticipate and prevent discrimination against people with learning disabilities.

The duty of care to share information can be as important as the duty to protect patient confidentiality. GPs and other health professionals should have the confidence to share relevant information with screening services in the best interests of their patients. For example, a GP may know that an individual with a learning

disability requires accessible information about screening in easy read format or needs a longer than normal appointment slot.

See NHS England and NHS Improvement information sharing policy for more detailed guidance.

PHE Screening's privacy notice has more information about how screening data is shared within the legal requirements, including those of the General Data Protection Regulation (GDPR).

Reasonable adjustments

Under the 2010 Equality Act, screening providers have a legal duty to make reasonable adjustments to make sure services are accessible to disabled people as well as everybody else.

Screening providers must follow the Accessible Information Standard by law. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, so they can communicate effectively with health and social care services.

As part of the Accessible Information Standard, screening providers must do 5 things.

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

National accessible information materials

PHE Screening has published national easy read versions of screening information leaflets and screening appointment letter templates.

Local screening providers should use these national materials when inviting individuals for screening who have been identified as needing information in an easy read format.

Large print and audio (MP3) versions of standard information leaflets are also available to download from GOV.UK for people with sight loss.

Local screening providers should send any individual requests for hard copy Braille versions of PHE Screening leaflets to the screening helpdesk.

1.11 Equality

Delivery of the screening programme contributes to reducing health inequalities and should include the following deliverables:

- screening should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary
- a Health Equity Audit should be undertaken as part of both the commissioning and review of this screening programme, including equality characteristics, socio-economic factors and local vulnerable populations
- the service should be delivered in a culturally sensitive way to meet the needs of local diverse populations
- user involvement should include representation from service users with equality characteristics reflecting the local community including those with protected characteristics
- providers should exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow equality, health inequality and screening guidance when making such decisions

The provider will demonstrate they have systems in place to address health inequalities and make sure there is equity of access to screening, subsequent diagnostic testing and outcomes. This will include, for example, how the services are designed to make sure that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.

The provider will have procedures in place to identify and support those persons who are considered vulnerable/ hard-to-reach, including but not exclusive to, those who are not registered with a GP; homeless people and rough sleepers, asylum seekers, gypsy traveler groups and sex workers; those in prison; those with mental health problems; those with drug or alcohol harm issues; those with learning disabilities, physical disabilities or communications difficulties. The provider will comply with safeguarding policies and good practice recommendations for such persons.

Providers are expected to meet the public-sector Equality Duty which means that public bodies must 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>

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

2 Outcomes

NHS Outcomes Framework Domains & Indicators

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

Choose from the list of domains that can be found here: <https://digital.nhs.uk/data-and-information/publications/ci-hub/nhs-outcomes-framework#framework-domains>

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. Men over 65 who have previously not received AAA screening are able to self refer into their local AAA Screening Programme..

Objectives

- 3.2 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:-

At the clinic:-

- results should be communicated to all subjects verbally at the clinic and, if an aneurysm has been detected, in writing using the standard letter templates. Results should indicate if a further scan is planned and if so the approximate surveillance interval. If an AAA ≥ 5.5 cm is identified, the screening office is contacted urgently by telephone from the clinic in order that arrangements can be started without delay for a referral to a vascular surgeon
- results should be entered directly on to the SMaRT system if available
- screening results and paperwork are returned to the office, including a printout of the clinic list with screening measurements in writing against each subject
- After the clinic (at the office):-
- result letters are sent to subjects with aortas measuring ≥ 3.0 cm
- results are sent to GPs
- data from the clinic is reviewed by the programme co-ordinator to ensure information has been fully and correctly recorded
- if the aorta could not be visualised at the screening clinic a further scan should be arranged either at a subsequent screening session or at a local hospital vascular lab/medical imaging department
- the co-ordinator makes appropriate referrals to a vascular surgeon for patients who have an AAA of ≥ 5.5 cm and informs the GP within one working day of the clinic
- it is essential that GPs are contacted via telephone with letter/email follow-up regarding the non-attendance of a surveillance patient and the actions taken;

including any reason for the non-attendance recorded in case of future rupture of the aneurysm

- If the maximum aortic diameter is less than 3cm, the subject is advised that no aneurysm has been detected and no further follow-up will be arranged.
- If the maximum aortic diameter is 3cm or greater, the subject is advised that an aneurysm has been detected and given the appropriate explanatory information leaflet. They are informed that a further follow-up will be arranged either at a future screening clinic at a specified time interval, or at a hospital outpatient clinic with a vascular specialist.
- If an AAA of ≥ 5.5 cm is identified, the screening office is contacted urgently by telephone from the clinic in order that arrangements may commence for a referral to a vascular surgeon in line with the pathway standards:-
- From the date of referral, the man should be seen by a vascular specialist within 2 weeks
- From the date of referral, all men deemed fit should be operated on within 8 weeks
- 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 a rolling four yearly PHE Screening Quality Assurance Services (SQAS) review and effectiveness of treatment will be monitored via annual reports of a National Vascular Review. SQAS reserve the right to bring any visits forward should there be rise for concern in performance
- Continuing to develop the skills of the workforce involved in screening

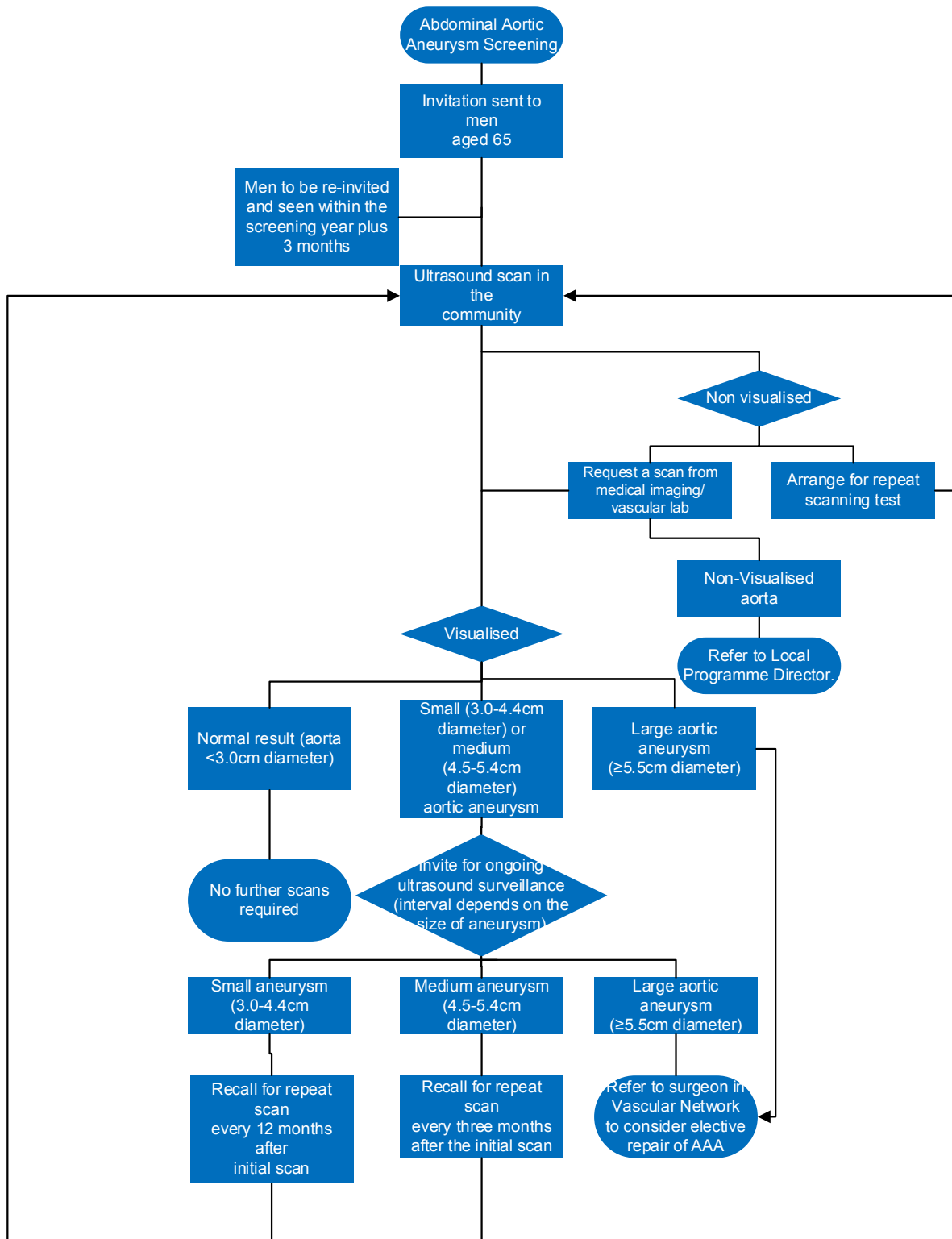
Service Description/Care Pathway

3.3 The AAA screening process is divided into the following stages:

- Identification
- Invitation
- Inform
- Test
- Surveillance
- Diagnose
- Treatment/intervention
- Monitor outcomes

3.4 This Service Specification does not include standards for diagnosis and treatment/intervention.

3.5 The complete screening pathway is as the diagram below, based on the previous Map of Medicine, and can be found at <https://www.gov.uk/government/collections/nhs-population-screening-care-pathways>).



- 3.6 The Provider will ensure the following components of the NAAASP and compliance with Guidance.

Identification

- 3.7 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. This will also include all men resident in England with effect from April 2019. 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.
- 3.8 Cohort information will be made available to the Provider through the use of the National Screening Management and Referral Tracking (SMaRT) System provided by PHE which has a live feed with NHS Digital for demographic updates directly from GP systems.

Invitation and Inform

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

Test – Initial Screen

- 3.11 Screening by ultrasound scanning will be offered by the Provider to all men during the year they turn 65. Men found to have a normal aorta (diameter < 3.0cm) will no longer be eligible to be offered the Services and will be discharged from the programme.
- 3.12 For all men where the aortic diameter cannot be visualised the Provider should follow the management of non-visualised aortas Guidance found at: - <https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening/management-of-non-visualised-aortas>

Test – Surveillance Screen

- 3.13 Surveillance by ultrasound scanning will be offered by the Provider to all men found to have an AAA with a diameter of between 3.0cm and 5.4cm. The Provider will 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.
- 3.14 The Provider will ensure that their nurse specialist follows the Nurse Specialist Guidance and can be found at: - <https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-nurse-specialist-guidance>
- 3.15 All men identified with an aneurysm and requiring surveillance will be offered health promotion information and advice as appropriate, relating to issues such as smoking, diet and physical activity. The Provider's nurse specialist will deliver this service.

Diagnose

- 3.16 Referral to a vascular surgeon to consider treatment options, including surgery, will be offered to men found to have an aneurysm 5.5cm or larger in diameter. Men who decline treatment or are unfit for surgery will be offered observation under the care of the surgeon and will no longer be eligible to be offered the Services of the local screening provider.
- 3.17 An AAA screening programme relies on a suitable vascular network for treatment patients with detected AAAs that covers a population of 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 fulfill the above requirements.

Service Model Summary

- 3.18 The Provider will ensure that all aspects of the Services are provided in accordance with national Guidance.
- 3.19 The following were initial 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 will ensure that it meets these recommendations, as a minimum, with protected time for those providing input to the programme alongside their usual Trust roles 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 summarised below: -
- Programme clinical staff:
 - Director/ Clinical Lead (0.2 wte/800,000 population)
 - Lead Ultrasound Clinician (0.1 wte/800,000 population)
 - Nurse specialist (0.1wte/full capacity programme i.e. 7,000scans 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 Technicians (3 wte/800,000 population)
 - Clinical Skills Trainer (CST) (Senior Sonographer/Vascular Scientist) (0.1 wte per 800,000 population)
 - Programme Management, Administration and Technical Staff
 - Coordinator (1 wte/800,000 population),
 - Clerical Officer (1 wte/800,000 population)
 - Medical Physicist (5 days per year for a full capacity programme – 7,000 per year)

Failsafe Procedures

- 3.20 One of the cornerstones of an efficient and safe screening programme is the failsafe system. The Provider will at all times operate systems and processes in accordance with the failsafe procedures in national Guidance.
- 3.21 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 men.

Results giving, reporting and recording

- 3.22 The Provider will ensure that all aspects of providing results, reporting and recording of information in relation to the Services are conducted in accordance with national Guidance.

Image storage and management

- 3.23 The Provider must be deploying the national image management system provided by PHE as an integrated part of their workflow.
- 3.24 The Provider will ensure that they comply with the Data Protection Act to respond to requests by men to access their medical records i.e. if a request is made for a copy of their scanned aorta.

Roles and accountability throughout the pathway

- 3.25 The Provider will, at all times, ensure the Services have adequate clinical leadership. In addition, the Provider will 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 will ensure that periods during which the Clinical Lead is not available for duty that adequate cover is provided to fulfill the functions of the role.

Programme Coordinator

- 3.26 The Provider will, at all times, employ a Programme Coordinator, who will be responsible, and report directly to the Clinical Lead for day-to-day Programme operations, in accordance with national Guidance. The provider will also ensure that the Programme Coordinator (supported by clerical staff) will ensure there are failsafe processes in place within the programme. For the avoidance of doubt, the Provider will ensure that periods during which the Programme Coordinator is not available for duty that adequate cover is provided to fulfill the functions of the role.
- 3.27 The Provider is responsible for employing a Clinical Skills Trainer (CST). The CST will be clinically responsible to the clinical lead. The CST will be an experienced sonographer/vascular scientist who supervises and provides training and feedback to the programme's team of screening technicians, ensuring that all members of the screening team meet national standards.
- 3.28 The Provider will ensure that sufficient competent screening and administrative staff are employed and available to adequately support the Services. For the avoidance of doubt, the Provider will ensure that the above roles are staffed in accordance with national Guidance.

Competencies and ongoing training

- 3.29 PHE screening provides a variety of education and training for NHS screening staff. Evidence based, up-to-date e-learning resources, study days and courses can be accessed here <https://www.gov.uk/guidance/nhs-population-screening-education-and-training>
- 3.30 In addition, each screening programme will have specific guidance for the initial training and ongoing learning for screeners. This learning should be facilitated, supported and monitored by local screening providers. In line with professional regulations individuals have a responsibility to ensure their practice is up-to-date and evidence based. Local programmes can use the national programme training guidance and resources to support this.
- 3.31 Providers are responsible for funding minimum training requirements to maintain an effective screening workforce including CPD.
- 3.32 In addition to its general obligations under this Contract, the Provider will only use trained, qualified and competent staff to deliver the Services who possess the following qualifications and competencies:
- NAAASP approved training and re-accreditation course for technicians
- 3.33 Details of the mandatory national training framework can be found at <https://www.gov.uk/government/collections/aaa-screening-supporting-documents#training>
- 3.34 The Provider will ensure that all roles and responsibilities are carried out in accordance with national Guidance.

Information technology, call and recall

- 3.35 Systematic screening requires call and recall information and the capture and management of ultrasound images. The Provider will use the software provided by PHE and ensure that the national minimum dataset is collected. The Provider will ensure that call and recall are carried out in accordance with national Guidance.
- 3.36 The Provider will ensure that any updates within the national IT system are their local operational responsibility i.e. amended/new national standard letters are uploaded and replaced within 30 days of notification.

Days/hours of operation

- 3.37 The days and hours of service operation will 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

- 3.38 Cohort information will be delivered to the Provider through the use of the National Screening Management System (SMaRT) which has a live feed with NHS Digital for demographic updates directly from GP systems. The Provider will ensure that at all times it has systems and processes in place that allow them to access this system for the purposes of providing the Services. The Provider must invite men directly using the information and letters provided from SMaRT. SMaRT will automatically

update the system with all those men registering with a GP. Regular attempts must be made to obtain up-to-date contact details of unregistered men in collaboration with Screening & Immunisation Teams.

- 3.39 Men over the age of 65 can self-refer to their local Service and have their information manually added to SMaRT.
- 3.40 The Provider will 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 and how to access the Service.
- 3.41 Long-term residents in secure organisations such as prisons and men who are housebound should be given the opportunity of receiving the Service once all factors regarding suitability for screening and further diagnosis and treatment have been taken into account. The local provider should, in the first instance, liaise with the individual's GP to ascertain the circumstances to which they are housebound and understand the benefit, if any, from screening and potential treatment. Only in circumstances after a joint decision has been made by the GP and local programme director that the individual would not benefit should an invitation not be sent. This should be documented clearly within SMaRT.
- 3.42 Men in 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 will ensure it works collaboratively with other primary care providers, community service providers, National Offender Management, Health & Justice, other stakeholders and the commissioner to ensure access for groups of the population where access to screening may be restricted.
- 3.43 All screening programme providers should ensure they have included members of the armed forces who are registered with Defence Medical Centres within their responsible population boundaries.
- 3.44 Men in their 65th year who already have a small or medium AAA < 5.5cm should not be excluded from the Services and the Provider will offer an Initial Screen which will be classed as their initial scan and previous surveillance scan measurements discounted. Other health care providers responsible for the care of the man, 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

- 3.45 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 SMaRT.
- 3.46 Local commissioners and providers may wish to consider cross border screening, if applicable.
- 3.47 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/vascular laboratory.
- 3.48 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 at <https://www.gov.uk/government/publications/nhs-population-screening-equitable-access-tips/nhs-population-screening-working-with-minority-or-hard-to-reach-groups#lesbian-gay-and-bisexual-individuals>.
- Please also see the national screening information leaflet for transgender and non-binary people at:- <https://phescreening.blog.gov.uk/2017/07/04/new-leaflet-aims-to-improve-accessibility-to-screening-for-transgender-people/>
- 3.49 The demographic information regarding transgender individuals who are registered as male will be received in the cohort information.

Exclusion criteria

- 3.50 The following are not eligible for the NHS AAA screening programmes:
- Those under the age of 64
 - Females (without male history)
 - 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 the NHS AAA Screening Programme and whose aorta was within normal limits
 - Referrals from other health professionals or the Provider (apart from another Provider of NHS AAA Screening Programme, for example a change of address)
 - In rare cases a “best interest” decision may be made by the GP, family or carer of the man to exclude men with mental incapacity from the programme. This needs to be completed in line with the principles enshrined within the Mental Capacity Act at: www.nhs.uk/carersdirect/moneyandlegal/legal/pages/mentalcapacityact.aspx

Interdependence with other agencies, services and providers

- 3.51 Vascular surgical services are organisationally distinct from the Services. Responsibility for patient transfers from the screening programme to the vascular surgical service at the point of referral. The Provider will 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 man being seen for assessment or subsequent treatment. The Provider will ensure it is also aware of all final outcomes for each man referred.
- 3.52 The NAAASP is dependent on strong working relationships (both formal and informal) between the NAAASP services provided by other providers, information systems, ultrasonography departments, vascular services and primary care and specialist professionals. Providers must ensure accurate and timely communication and handover across these interfaces as it is essential to reduce the potential for errors and ensure a seamless pathway for men. It is essential that there remains a clear named clinical responsibility at all times and at any handover of care, the clinical responsibility must be clarified. The Provider will 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 will 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 and NHS Improvement Screening and Immunisation 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 at:- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/530186/AAA_pathway_standards.pdf
- 3.53 The programme interfaces with professionals responsible for primary care including local GPs and healthcare providers providing services for prison populations and Armed Forces personnel. They involve the communication of information to ensure:
- The man's care record is maintained and up-to-date
 - Primary care is made aware of a man's failure to attend appointments

- Primary care is made aware of a man's screening results in order to ensure integration with the overall health care of that man
- The man has a local point of contact to discuss the consequences of being excluded from the programme

3.54 NAAASP interfaces with AAA treatment/management of services. The interfaces which involve the referral of men for further investigation/treatment are shown in the care pathway including those with a non-visualised outcome at screening.

3.55 The Provider will ensure that its information systems and operating processes are at all times compatible with SMaRT which is funded and provided through Public Health England (PHE). The Provider is obliged to notify the National NHS AAA Screening Programme within PHE and the Commissioner of any issues pertaining to the accuracy of the cohort identification within SMaRT.

Increasing Uptake

3.56 It is recommended that:

- Commissioners and providers work with local authorities and third sector organisations to understand and develop plans to address uptake and inequalities. QA visits include an assessment of the process to develop such plans and their implementation at a local level.
- Commissioners work with providers to ensure that letters and invitations have been endorsed by GPs (where the GP agrees and after agreement through the AAA Research and Audit Committee), This includes first and second appointments and any appointment reminders, if used.
- Providers, commissioners and local authorities are encouraged to pilot, evaluate and publish (preferably in peer reviewed journals) local solutions to address inequalities of access. Before piloting, these local proposals must be agreed with the PHE screening team to ensure consistency of message with nationally agreed letters.
- Providers are expected to contribute to the development of the AAA Inequalities Toolkit and make effective use thereof. See (<https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-reducing-inequalities>)
- PHE screening team will share new and emerging knowledge via the screening inequalities network and blogs.

4 Applicable Service Standards

Applicable national standards

- 4.1 PHE, through the national screening programmes, is responsible for leading 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 at: <https://www.gov.uk/government/collections/aaa-screening-supporting-documents>
- 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 will 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 feedback from men, family or carers. The plan will contain action plans with defined timescales and responsibilities and will be agreed with the commissioners.

Pathway Standards

- 4.5 PHE Screening Quality Assurance Service (SQAS) 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 will, at all times, cooperate and participate fully in national Quality Assurance processes, validate data provided by the national programme, 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 will act upon and implement recommendations made as a result of SQAS visits or reviews within a timeframe and in accordance with a plan that has been agreed by the Commissioner.
- 4.7 The Provider will ensure that it submits the following to SQAS and the Commissioner within the timescales laid out in Guidance, or otherwise, as directed by the Commissioner or SQAS:
 - 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:-

<https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>

- 4.8 Where SQAS 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 will, at all times, comply with the UK NSC guidance 'Managing Serious Incidents in the English NHS National Screening Programme' as referred to in the Quality Requirements in Schedule 4 and the NHS England and NHS Improvement guidance for the management of incidents

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 must ensure all staff groups engaged in providing the Services are trained and complete continual professional development in accordance with Guidance and in particular in accordance with the relevant NAAASP requirements. The Provider must ensure training has been completed satisfactorily and recorded locally and ensure that there is a system in place to assess on-going competency.
- 4.12 The provider must ensure that all Screening Technicians undertake reaccreditation (or equivalent as determined by NAAASP) within the required timeframe of 20 – 28 months as per clinical guidance and scope of practice:- <https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice>.
- 4.13 Information on training and development for providers are available for the staff groups listed below. All training will be based around a national competency framework: - <https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice>.
- Screening Technicians
 - Clinical Skills Trainers (CSTs): 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 Co-ordinators/Managers, who cascade non-clinical training to others and clerical staff

Applicable local standards

- 4.14 The Provider will 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.
- 4.15 The Provider will:
- 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 SQAS processes or the National Screening programme
- Work with the Commissioner and SQAS to develop, implement, and maintain appropriate risk reduction measures.

4.16 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.

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

Clinical and corporate governance

Accountability and oversight

4.18 The Provider will 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

4.19 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. It must include programme director, co-ordinator, screener representative, surgeon, radiologist, commissioner, Screening & Immunisation Team and PHE SQAS representative. The programme boards must consider service user engagement and involvement

Quality Assurance

4.20 The programme must participate in external Quality Assurance and have internal quality assurance processes that ensure failsafe is integral to the programme, with

incident management occurring in line with failsafe document and national guidelines for incident management (NHS England and NHS Improvement/PHE)

<https://www.gov.uk/nhs-population-screening-quality-assurance>

Risk Management

4.21 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.

4.22 The Provider must:

- ensure that appropriate failsafe mechanisms are included across NAAASP Services, including the interfaces with other providers with whom the Provider interacts within the course of providing the Services
- in a timely manner, review and risk assess NAAASP screening pathways in the light of guidance offered by SQAS processes or the National Screening Programme
- work cooperatively with the Commissioner and SQAS 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 internal QA reviews of images and screener performance, as per national guidance at:- <https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-ultrasound-equipment-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 and can be found at:- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463734/AAA_screening_2015-09-23_Failsafe_v2.1.pdf

Governance policies

4.23 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

4.24 Providers of the AAA Screening service should have undertaken and passed the NHS Information Governance Toolkit to at least "Any Qualified Provider – Clinical Services" level. Any NHS organisation providing an AAA Screening service should

have undertaken and passed the Toolkit to the relevant level for their Trust type (e.g. Acute). See <https://www.igt.hscic.gov.uk/> for further information.

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

5 Data and Intelligence

The collection, analysis and comparison of good quality data is critical for the all NHS screening programmes in England.

PHE Screening aims to develop a consistent approach to data collection and reporting across all screening programmes and is committed to making sure that stakeholders have access to:

- reliable and timely information about the quality of the screening programme
- data at local, regional and national level
- quality measures across the screening pathway without gaps or duplications

Performance thresholds are selected to align with existing screening standards and service objectives; 1 or 2 thresholds are specified.

The acceptable threshold is the lowest level of performance which screening services are expected to attain to assure patient safety and service effectiveness. All screening services should exceed the acceptable threshold and agree service improvement plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold represents the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

5.1 Key performance indicators (KPIs) and screening standards

The provider should adhere to the requirements as specified on following web pages:

KPIs: “Reporting data definitions” at <https://www.gov.uk/topic/population-screening-programmes/population-screening-data-key-performance-indicators>

Screening standards: <https://www.gov.uk/government/collections/nhs-population-screening-programme-standards>

Please note that indicator definitions are updated regularly and you should always obtain the most recent version available.

5.2 Public Health Outcomes Framework (PHOF)

PHE Screening contributes to “PHOF indicator 2.20 – National Screening Programmes”. Each screening programme reports on one or more sub-indicators.

6 Location of provider premises

- 6.1 Should the Provider wish to use any other premises, in addition to the Provider Premises as set out in the Contract for the provision of the Services, then it will only do so with prior written approval of the Commissioner.
- 6.2 The Provider will 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 the men and prospective Service Users
- 6.3 Taking into account the needs of the individual man, the Provider will offer each man a choice of Provider Premises from which they may conveniently access the Services within clinically appropriate timeframes.
- 6.4 The Provider must 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.
- 6.5 Provider Premises, unless otherwise agreed by the Commissioner, will 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.
- 6.6 Responsibility for staff costs incurred for travel associated to screening venues rests with the Provider.
- 6.7 Responsibility for costs associated for hire of screening venues rests with the Provider.
- 6.8 Responsibility for any cross-charging for referral of non-visualised screening scans into medical imaging departments/vascular laboratories rests with the Provider.

Equipment specification

- 6.9 For the avoidance of doubt, in accordance with the Contract, the Provider is responsible for maintenance, calibration and purchase of replacement screening equipment which will meet NAAASP requirements and standards.
- 6.10 Recommendations on the timescale for replacement of ultrasound equipment are made jointly by The Society and College of Radiographers and The Royal College of Radiologists and can be found at: - https://www.sor.org/sites/default/files/document-versions/bfcr1417_standards_ultrasound.pdf
- 6.11 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: - <https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-ultrasound-equipment-guidance>

7 Transfer of and discharge from care protocols

7.1 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 man has been referred to the vascular unit. The Provider will 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 man being seen for assessment or subsequent treatment. The Provider will ensure it is aware of all final outcomes for each man referred.
- The Provider Clinical Lead, with the GP, decides if referral for treatment will be considered appropriate based on other factors such as co-morbidities or symptoms etc.
- Three consecutive scans show an aortic diameter of less than 3.0cm on ultrasound, where the initial scan was 3.0cm or greater. In this case the man will be discharged from the local screening Provider and the Provider will inform both the man and GP by letter.
- After 15 scans at one-year intervals, the AAA remains below 4.5cm. In this case, the man will be discharged from the screening programme and the Provider will inform both the man and GP by letter.
- If the man declines to be in the screening programme, moves out of the area and becomes the responsibility of another Provider, or dies. If a man under surveillance moves out of the area, the Provider must alert the other screening Provider responsible for the GP practice to which the man is then registered. For any man under surveillance who declines to continue in the screening programme the Provider must follow the 'informed dissent' process as described in the Guidance.

7.2 Men 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 men must stay within the care of the vascular service. Men in their 65th year who already have a small or medium AAA < 5.5 cm should not be excluded from the Services and the Provider will offer an Initial Screen which will be classed as their initial scan and previous surveillance scan measurements discounted. Any other Provider responsible for the care of the man, 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 purpose of surveillance only and are not to be scanned under two separate services.

8 Safeguarding policies

- 8.1 Safeguarding vulnerable people is at the heart of all health service delivery. NHS England and NHS Improvement 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>https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes</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 Standards and KPIs	100%	Data return	Address position at quarterly CRG meetings	Quarterly	A
<p>NHS AAA Screening Programme Standards</p> <p>https://www.gov.uk/government/collections/aaa-screening-supporting-documents</p>	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
AA2: Abdominal Aortic Aneurysm screening – coverage of initial screen	Ref 1	Acceptable level: ≥ 75.0% Achievable level: ≥ 85.0%	Ref 1	Quarterly	Extracted directly via national screening management system National quarterly submission dates: 30/06/19, 30/09/19, 31/12/19,31/03/20
AA3: Abdominal Aortic Aneurysm screening – coverage of annual surveillance screen	Ref 1	Acceptable level: ≥ 85.0% Achievable level: ≥ 95.0%	Ref 1	Quarterly	Extracted directly via national screening management system National quarterly submission dates: 30/06/19, 30/09/19, 31/12/19, 31/03/20
AA4: Abdominal Aortic Aneurysm screening – coverage of quarterly surveillance screen	Ref 1	Acceptable level: ≥ 85.0% Achievable level: ≥ 95.0%	Ref 1	Quarterly	Extracted directly via national screening management system National quarterly submission dates: 30/06/19, 30/09/19, 31/12/19, 31/03/20

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 screening report provided by NAAASP and downloaded from the national screening management system by providers.</p> <p>Data return which must include all the elements set out in the AAA Screening Standards, 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	https://www.gov.uk/government/collections/aaa-screening-supporting-documents
UKNSC 2004 review into viability of AAA screening	https://www.screening.nhs.uk/aaa
Non-visualisation Guidance	https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening
NHS England and NHS Improvement & Wales Cross-border operational protocol	https://www.gov.uk/government/collections/aaa-screening-supporting-documents
Protocol for reporting deaths	https://www.gov.uk/government/collections/aaa-screening-supporting-documents
Ultrasound Equipment Quality Assurance Guidance	https://www.gov.uk/government/collections/aaa-screening-supporting-documents
Failsafe Processes	https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-programme-failsafe-procedures
Screening Pathway, based on previous Map of Medicine	https://www.gov.uk/government/collections/nhs-population-screening-care-pathways).
Screening Standards	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/530186/AAA_pathway_standards.pdf
KPIs	https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting
Education and training framework	https://www.gov.uk/abdominal-aortic-aneurysm-screening-programme-overview#training
QA framework for training	https://www.gov.uk/abdominal-aortic-aneurysm-screening-programme-overview#training
Guidance on Waiting Time Standards	https://www.gov.uk/government/publications/aaa-screening-quality-standards-and-service-objectives