

Part 1 Board Meeting, 26th July 2012

**Vascular Services: Hertfordshire Abdominal Aortic Aneurysm (AAA) Screening
Business Case Executive Summary**

This executive summary of the business case informs the Board of the latest service developments in vascular services following external review and asks for approval of the recommendations below.

Presented by:

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1.0 Introduction

NHS Midlands and East of England Specialised Commissioning Group (SCG) have reviewed the configuration of vascular surgery provision within the region. The size and demography of our population presents an ideal model for developing a single screening programme and a centralised vascular network for Hertfordshire.

The Hertfordshire screening population will cover the entire male registered population of Hertfordshire - The total population currently registered with a Hertfordshire GP is 1,143,700 (source Herts PSU). We anticipate that 10,542 will be attending an initial screening scan within the first year of this programme.

West Hertfordshire Hospitals NHS Trust (WHHT) and East & North Hertfordshire Hospitals NHS Trust (ENHHT) are committed to work together to develop a network and screening programme. Screened individuals requiring surgery from the Hertfordshire AAA screening programme will follow the pathway for treatment to the designated centre at Watford General Hospital. Given that we are the designated centre, the PCT have requested that WHHT take the lead for this work and set up the programme as outlined below.

2.0 Timescales & Service Mobilisation

The SCG project group made their initial report on the vascular surgery review early June 2012. Following this the SCG board announced their recommendations regarding the best configuration of vascular services for Hertfordshire, and these recommendations will be subject to a period of public engagement that will be completed in August 2012. The SCG recommended that Watford General Hospital should become the main arterial (surgical) centre and Lister Hospital in Stevenage to be a non arterial centre. Therefore, as noted above, the AAA screening programme patients requiring surgery will be referred to WHHT.

It is expected that preparation for the AAA screening programme will progress during the period of public engagement. The national team have issued fixed 'Go-Live' dates for Phase 4 programmes - the 'Go-Live' date being the date when the first invitations are sent. For Hertfordshire a date of March 2013 has been set so the first screening takes place in April 2013. This will be challenging given the vascular review timescales and any delays that review might incur.

An interim steering group has been established for AAA screening while the SCG completes the vascular public engagement process. Once this business case has been approved the Screening Programme Coordinator post will be advertised to lead the programme development, implementation and coordinate the programme operationally.

A Programme Board will be established to ensure quality of AAA screening, and this Board will report to the PCT Board in the first instance. The AAA screening programme will be part of the transition process for screening programmes underway.

3.0 Key Activity Information:

- Men reaching 65 yrs in 2013/14 (7,034) will be invited for an ultrasound scan, in one of the dedicated “community based clinics”.
- It is expected that 4% of men > 65 yrs (3,508) will self refer to the screening programme.
- Those with an Aneurysm of ≥ 5.5 cms will be offered surgery. Those with an aortic diameter of < 3 cms will be discharged. Those with aortic aneurysm of ≥ 3 < 5.5 cms will be added into a surveillance programme.
- 5% (528) of total men screened (7,034 + 3,508 = 10,542) will be recalled for regular surveillance scans.
- There will be a yearly increase in men aged 65yrs and those requiring surveillance. There will be a yearly decrease in self referrals. It will take 10 years for the screening programme to be at its full capacity.
- The programme comes with an identified initial 18 months funding of £626,943 (£417,962 per annum) for the first 12 months of work to allow pump priming / set up costs and actions. Subsequent funding will be provided by the commissioners.

4.0 Summary Income and Funding for the Programme

The business case (available on project place) details the full establishment costs (Table 1) required to cover the service to ensure the acute Trust and commissioners share the financial risk with the set up of the screening programme for the first year.

This is covered by a block 18 months of funding based on the maximum activity for the first 12 months of the screening service. This provides an additional 6 months of income to enable capital purchases, staff recruitment, training and office set up prior to implementation.

The activity assumptions used for the business case are based on gaining the maximum value. These have been changed in the Trust's marginal costs (Table 2) to reflect the uptake of previous screening programme phases that have been implemented.

Table 1. Full establishment business case costs for the first 12 months of service	
Pay WTE	£327,200
Non Pay	£79,778
Capital charges	£27,063
General overheads	£22,500
Total annual cost	£456,514
Income for initial 12 months (18 months of funding)	
Invitation letters / 10542 Initial Screening scans	
528 Surveillance scans/ 211 Secondary care referrals	£626,943

Although full costs have been used above only marginal costs will be incurred, therefore Table 2 demonstrates the impact of marginal costs.

Table 2. Total annual marginal costs and year 2 project income	
Pay WTE costs	£266,250
Non Pay costs	£75,056
Capital charges	£27,063
General overheads	£18,419
Total annual cost	£378,432
Income	
Invitation letters / 9838 initial screening scans 492 surveillance scans / 197 secondary care referrals	£396,851
Net income	£18,419

5.0 Capital

The setting up of the service will require ultrasound machines, computers and office equipment. The full cost of this equipment will be met by the programme and therefore no capital costs will be incurred by the Trust. The revenue costs associated with this capital have been included in non pay costs above.

Having secured capital funding this negates the need for discounted cash flow or payback period appraisal in this summary.

6.0 Recommendation

It is recommended that the Board agree the business case to offer the AAA screening services on behalf of Hertfordshire; and acknowledge our proposed designation as the vascular hub.