

**Local CQUIN Template – Abdominal Aortic Aneurysm (AAA)  
Screening Programme 2017-2019 SCT**

<b>Indicator number</b>	
<b>Indicator name</b>	To develop robust and effective referral pathways from AAA programme to local health and wellbeing services
<b>Indicator weighting (% of CQUIN scheme available)</b>	2.5%
<b>Description of indicator</b>	To develop robust referral pathways from AAA programme to local health and wellbeing (H&W) services (including H&W hub where applicable) for surveillance patients who are identified as having risk factors such as a high BMI (BMI threshold to be developed as part of pathway), smoking and high alcohol intake, and evaluate their effectiveness.
<b>Numerator</b>	Number of surveillance patients who engage with a H&W service following referral from an AAA programme.
<b>Denominator</b>	Number of surveillance patients referred to H&W services from an AAA programme.
<b>Rationale for inclusion</b>	<p>Obesity, smoking and high alcohol intake can contribute to a number of serious and life-threatening conditions such as heart disease pertinent to a AAA programme.</p> <p>This CQUIN aims to improve the patient's surgical outcome and suitability/viability for surgery if required via referral to local H&amp;W services where the patient can receive extra care/support and appropriate intervention. Extra surveillance patient engagement may also increase KPI AA3 and AA4 performance from acceptable to achievable.</p>
<b>Data source</b>	National KPI's AA3 and AA4 provide surveillance data cohorts
<b>Frequency of data collection</b>	Monthly
<b>Organisation responsible for data collection</b>	Provider
<b>Frequency of reporting to commissioner</b>	Quarterly

<b>Baseline period/date</b>	2015/16
<b>Baseline value</b>	
<b>Final indicator period/date (on which payment is based)</b>	31/03/2019
<b>Final indicator value (payment threshold)</b>	2.5%
<b>Final indicator reporting date</b>	31/03/2019
<b>Are there rules for any agreed in-year milestones that result in payment?</b>	Refer to milestones section
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	N/A

## Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1 2017-18	<p>Develop action plan to identify eligible patients under surveillance that have high BMI (threshold to be developed), or other risk factors. Work with local authority to develop robust referral pathways including feedback mechanisms to H&amp;W services. Action plan to include:</p> <ol style="list-style-type: none"> <li>1. Evidence of sufficient patients under surveillance that have a high BMI or other identified risk factors</li> <li>2. Identification of appropriate local authority contacts and other partners. Initial scoping meetings with relevant partners to begin to develop a referral pathway from AAA to local H&amp;W services with sufficient capacity and that incorporate failsafe.</li> </ol> <p>Progress report to be submitted</p>	30 <sup>th</sup> June 2017 or nearest Programme Board	25% annual CQUIN value

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 2 2017-18	<p>Develop robust referral pathways in collaboration with local authority and other relevant partners with agreed protocols and procedures for referrals and feedback mechanisms.</p> <p>Ensure:</p> <ul style="list-style-type: none"> <li>• There are audits to establish if the H&amp;W referral service has improved the surveillance patient's lifestyle behaviours (eg weight loss, increased exercise, reduced smoking or alcohol intake).</li> <li>• Establish a tracking system to record if a decline in referrals for surgery and frequency of AAA surveillance correlates with patient attendance at an H&amp;W service.</li> </ul> <p>Progress report to be submitted</p>	30 <sup>th</sup> September 2017 or nearest Programme Board	25% annual CQUIN value
Quarter 3 2017-18	Implement referral pathway. 25% of the surveillance patients that meet the H&W services cohort criteria are to be offered a referral. Progress report to be submitted	31 <sup>st</sup> December 2017 or nearest Programme Board	25% annual CQUIN value
Quarter 4 2017-18	Implement referral pathway. 50% of the surveillance patients that meet the H&W services cohort criteria are to be offered a referral. Progress report to be submitted.	31 <sup>st</sup> March 2018 or nearest Programme Board	25% annual CQUIN value

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1 2018-19	Implement referral pathway. 75% of the surveillance patients that meet the H&W services cohort criteria are to be offered a referral. Progress report to be submitted.	30 <sup>th</sup> June 2018 or nearest Programme Board	25% annual CQUIN value
Quarter 2 2018-19	Implement referral pathway. 100% of the surveillance patients that meet the H&W services cohort criteria are to be offered a referral. 50% of those patients who have been offered an appointment to have attended/engaged with the services offered. Progress report to be submitted.	30 <sup>th</sup> September 2018 or nearest Programme Board	25% annual CQUIN value
Quarter 3 2018-19	Progress report of initial results and draft evaluation to be submitted.	31 <sup>st</sup> December 2019 or nearest programme Board	25% annual CQUIN value
Quarter 4 2018-19	Evaluate effectiveness of referral pathway and submit evaluation report.	31 <sup>st</sup> March 2019 or nearest Programme Board	25% annual CQUIN value

**Rules for partial achievement at final indicator period/date – Not Applicable**

<b>Final indicator value for the partial achievement threshold</b>	<b>% of CQUIN scheme available for meeting final indicator value</b>