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***Northern Ireland  
Abdominal Aortic Aneurysm (AAA)  
Screening Programme***



**Abdominal Aortic  
Aneurysm Screening**

**Annual Report  
2012-13**



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8<sup>th</sup> September 2014  
Version: Final

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## Section 1:

### Summary

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This inaugural annual report for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme (produced jointly by the Public Health Agency and the Belfast Health and Social Care Trust) looks back on a successful first year for the programme. The Public Health Agency (PHA) is responsible for commissioning and quality assuring the programme. The Belfast Health and Social Care Trust is responsible for providing and managing the programme.

Following significant planning, AAA screening was introduced on time in June 2012, as required by the Government's 'Priorities for Action' target. There is no doubt that this was due to sustained partnership working across a wide range of health and social care services within Northern Ireland.

All men are invited to attend for screening in the year they turn 65. Men over 65 are encouraged to contact the programme office to request an appointment. The programme has now completed its first year of screening with all men who turned 65 between 1 July 2012 and 31 March 2013 having received an invitation for their first screening appointment. Uptake was high at 81% and the programme has already started to make a difference to the lives of those who have had aneurysms detected. Seventy-four AAAs were detected in men screened during 2012-13. Ten men had large aneurysms which required surgery. The remaining 64 had small or medium sized aneurysms and are being monitored through the surveillance programme.

Highlights for the programme during 2012-13 included:

- **Programme staff appointed and trained** (including six screening technicians who completed an accredited training programme)
- **Seventeen screening clinic venues** across Northern Ireland identified and quality assured
- **2,000 Information Packs** distributed to GPs and pharmacies across Northern Ireland
- Implementation and Adoption of **National Quality Assurance Standards**
- **16 training sessions delivered to GPs** across Northern Ireland to promote and raise awareness of the Programme
- 2012-13 screening cohort **uptake rate of 81%**
- **224 men over 65 who self-referred** to the programme were screened.

## Section 2:

### Introduction

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I am very pleased to be able to present the first NI AAA Screening Programme annual report, in partnership with colleagues from the Belfast Trust. This report provides information on the programme and its performance during its first year. It shows that the programme is working well and providing a high quality service for eligible men. It is particularly pleasing to note the good uptake rate of 81%.

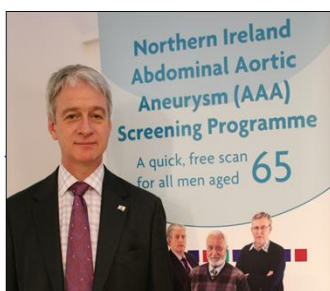
In 2010, the Department of Health, Social Services & Public Safety (DHSSPS) tasked the Public Health Agency, working with the Health and Social Care Board and Health and Social Care Trusts, to begin preparatory work for the phased introduction of AAA screening. It is thanks to the hard work and professionalism of a wide range of individuals and partner organisations across Northern Ireland and the UK that AAA screening was implemented on time, as per DHSSPS requirements, in June 2012.

Since the programme started, thousands of men have benefitted from this quick, simple, free and potentially life-saving scan.

The focus now for the PHA is to build on the already high standards of programme delivery, address any barriers to accessing the programme and encourage all eligible men to seriously consider the offer of screening.

I look forward to continuing to work in partnership with Trust colleagues and other stakeholders to ensure delivery of a safe, effective, equitable and high quality AAA Screening Programme for Northern Ireland.

**Dr Adrian Mairs**  
**Consultant in Public Health Medicine /**  
**Project Lead**  
**NI AAA Screening Programme**



As Director of Vascular Surgery within the Belfast Trust I was delighted to be appointed Clinical Lead for the NI AAA Screening Programme.

The first year of the programme has been a successful one. As you will see in the report we have much to celebrate. Before commencing the programme a significant quality improvement initiative took place to ensure a high standard of care for men diagnosed with an AAA. This required significant co-operation from clinicians, a wide range of health care professionals and patient feedback. I am indebted to the hard work and co-operation of my clinical colleagues, the Public Health Agency and NI AAA Screening Programme staff for the introduction of such a successful programme. The programme has undoubtedly led to an improvement in the quality of care for patients diagnosed with an AAA and I would encourage all men, aged 65, to take part in the programme. I would similarly encourage those men aged over 65 to consider self-referral to the programme.

Finally, I am particularly grateful to colleagues in the English National Programme. They have been very generous with their assistance and advice.

**Mr Paul Blair**  
**Consultant Vascular Surgeon /**  
**Clinical Lead**  
**NI AAA Screening Programme**



## Section 3:

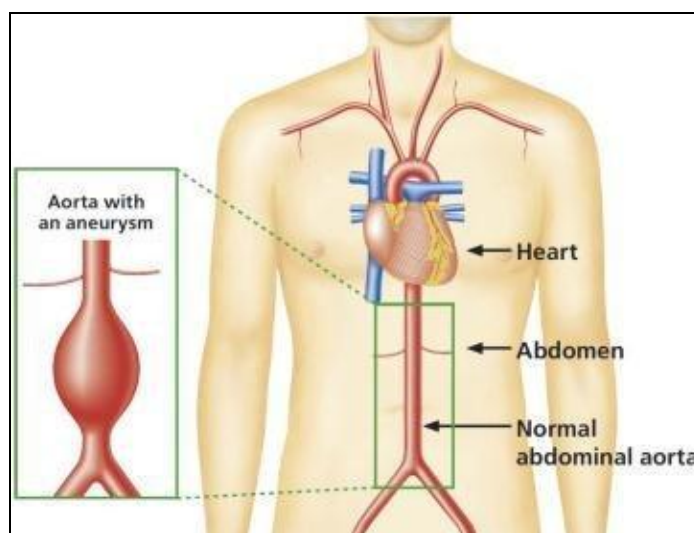
### Background to the Programme

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#### What is an AAA?

An abdominal aortic aneurysm (AAA) is a swelling of the main artery in the body as it passes through the abdomen. The walls of the artery weaken, causing it to balloon out. AAAs are more common in men aged 65 and older. Other factors known to increase the risk of developing an AAA are smoking, high blood pressure and high blood cholesterol. Close relatives of someone who had, or has, an AAA are also more likely to develop one.

AAAs usually cause no symptoms, therefore most people who have one will not feel anything. As the aneurysm grows so too does the risk of it rupturing if left untreated. Rapidly expanding or ruptured aneurysms do produce symptoms (typically severe abdominal, back or flank pain; low blood pressure or shock and mass in the abdomen which pulsates, but only a minority of patients have all of these features). Patients with a ruptured AAA have a very low chance of survival; while those who undergo planned surgery for a non-ruptured AAA have an excellent rate of survival. Each year 80–100 people in Northern Ireland die from a ruptured AAA.



*Image courtesy of English AAA Screening Programme*

## ***Rationale for Screening***

In 2004, the results of the largest ever randomised trial into the merits of AAA screening (the Multi-centre Aneurysm Screening Study - MASS) showed that, after ten years, screening reduced AAA mortality by 40%.

The UK National Screening Committee subsequently recommended implementation of AAA screening provided:

- ***Invited men were given clear information about the risks of elective surgery; and***
- ***Vascular networks were in place to treat individuals referred from the Screening Programme.***

Research has shown that women are six times less likely than men to have an AAA and, on average, women tend to develop AAAs ten years later than men. The NI AAA Screening Programme is therefore aimed at men in keeping with the recommendations of the UK National Screening Committee.<sup>1</sup>

In Northern Ireland, the key milestones which led to the implementation of the programme in 2012 were:

- November 2009 – direction by the Chief Medical Officer to introduce an AAA Screening Programme.
- 2010-2011 – The Public Health Agency in collaboration with the Health and Social Care Board and the Trusts, commenced preparatory work – including consultation with key stakeholders to identify the appropriate service model.
- 2011 - Public Health Agency commissioned the Belfast Health and Social Care Trust to provide the Northern Ireland Abdominal Aortic Aneurysm Screening Programme.
- July 2012 - programme launched and fully implemented across all five Trust areas in Northern Ireland.

## ***Aim of the Northern Ireland AAA Screening Programme***

The overall aim of the Northern Ireland AAA Screening Programme is to reduce deaths from ruptured abdominal aortic aneurysms through early detection, monitoring and treatment.

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<sup>1</sup> Abdominal aortic aneurysm: the UK NSC policy on abdominal aortic aneurysm screening in men over 65. UK Screening Portal. Available at: [www.screening.nhs.uk/aaa](http://www.screening.nhs.uk/aaa) Accessed 10 December 2012.

All men in Northern Ireland are invited for screening in the year they turn 65; men over the age of 65 can self-refer by contacting the screening programme office.

### ***National Abdominal Aortic Aneurysm Screening Programme (NHS)***

The Northern Ireland AAA Screening Programme benefits from close alignment with the English NHS AAA Screening Programme. Some of these benefits include:

- Adoption of the same call / recall information system (the Northgate SMaRT database); this is also used to manage the ongoing surveillance programme for men with small or medium sized aneurysms.
- Use of the same training provider (Salford University) for the training and accreditation of the Screening Technicians and the Lead Screening Sonographer.
- Procurement of the same portable ultrasound scanning equipment.
- Adoption of the same Quality Assurance standards, which will allow comparison across the two programmes.

It is planned to further develop and improve AAA screening within Northern Ireland through benchmarking of data, operational procedures and other relevant areas with the English NHS AAA Screening Programme. Sharing of best practice and participation in each other's external Quality Assurance visits will help to improve the quality of the programme.

The Northern Ireland AAA Screening Programme has also benefitted from joint promotional initiatives with our English colleagues, including a recent parliamentary reception at Westminster to officially mark full roll-out of AAA screening in England and in Northern Ireland.

## **Section 4:**

### ***Programme Delivery***

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The Public Health Agency is responsible for commissioning and quality assuring the programme. The Belfast Health and Social Care Trust is responsible for the management and delivery of the programme. The two organisations work closely together to provide an effective, safe and accessible service.

#### ***Programme Staff and Clinic Locations***

There are seven full-time screening technicians who run clinics across Northern Ireland on a daily basis. The programme also employs both a Clinical Lead and an Imaging Lead, together with a range of other staff making up the multi-disciplinary team. (See **Appendix 1** for a full list of the staff.)

The programme office is based in the Royal Victoria Hospital in Belfast. The clinics however are distributed throughout Northern Ireland in 17 different locations. These include health and wellbeing centres, primary care centres and community hospitals. (See **Appendix 2** for a map of current screening locations.) The programme is continuing to identify suitable new clinic locations to ensure that screening is provided as locally as possible, particularly in areas where uptake rates are below the regional or national average.

Screening has also recently taken place for eligible men within Magilligan prison. The programme continues to liaise with health leads within Maghaberry prison with a view to running a similar screening clinic.

#### ***The Screening Pathway***

Pathways have been developed for each part of the programme. **Appendix 3** provides an overview of each of the key stages. These are:

- Screening Invitation
- The Scan
- The Result
- Surveillance
- Referral and Treatment



## Screening Invitation

The programme office sends an initial screening invitation letter to all men during the year in which they turn 65. All eligible men registered with a GP are invited to attend a local screening clinic; men over 65, who have not previously been scanned as part of the programme, can self-refer by calling the programme office (*Tel: 02890 631828*).

Invitation letters are sent together with:

- information on the informed consent process; and
- a leaflet which explains the condition, the screening process and the benefits and risks of screening.

## The Scan

On arrival at the clinic, the screening technician will explain the screening process and the possible outcomes. The technician then advises the man of the consent process, explains that his personal information will be retained securely within the programme system and that the man's GP will be informed of the outcome of the scan. The screening technician is available to answer any questions that the man may have to enable the informed consent process to be completed before the scan takes place.

The screening test involves a simple ultrasound scan of the abdomen. It is quick and painless. The screening technician measures the widest part of the aorta and saves a minimum of two images per scan. The whole process usually lasts less than fifteen minutes.

## The Result

All men will be informed of their results verbally at the clinic. Both the man and his GP will then be sent a letter confirming the result.

There are **FIVE** possible results from screening:

- **NORMAL:** **aortic diameter less than 3cm**

Around 98% of men will have a normal result. This means that the aorta is not enlarged (there is no aneurysm). No treatment or monitoring is needed and the man will be discharged from the screening programme. He will not need to be screened again.

- **SMALL AAA:** aortic diameter measuring between 3cm and 4.4cm

Men who have a small aneurysm detected will be invited back every twelve months for a surveillance scan to monitor the size of the aneurysm. Some small aneurysms will grow in size over time and become medium or large aneurysms.

- **MEDIUM AAA:** aortic diameter measuring between 4.5cm and 5.4cm

Men who have a medium aneurysm detected will be invited back every three months for a surveillance scan to monitor the size of the aneurysm. Some medium-sized aneurysms will grow over time to become large aneurysms.

- **LARGE AAA:** aortic diameter measuring 5.5cm or over

Men who have a large aneurysm detected are referred to a vascular surgeon for further investigation and to discuss treatment options.

- **NON-VISUALISATION:** If an aorta cannot be fully visualised at the initial scan, a man will be invited back for a further scan at another clinic.

The programme also stores details of men in whom a focal bulge – or localised swelling of the abdominal aorta - is detected. These men will be offered a rescreen by the programme five years after their initial screen. A record will also be kept of all men who are detected with an aorta measuring between 2.6cm and 2.9cm should further research deem a rescreen in later years appropriate.

## Surveillance

If a man has either a small or medium-sized aneurysm he will be invited back for surveillance appointments on a regular basis to monitor its size as follows:

- Men with small AAAs will be invited for **annual** surveillance scans.
- Men with medium AAAs will be invited for surveillance scans every **three months**.

Men under surveillance are also offered an appointment with a vascular nurse specialist for additional support and advice. The nurse will contact every man who has an AAA detected within two working days and offer either a face to face appointment or a telephone consultation. The nurse will explain the significance of having an AAA and offer lifestyle advice (including advice on smoking cessation) and advice on blood pressure control (if relevant) to help decrease the risk of the aneurysm growing. The man will also be asked to attend his GP to have measurements taken for height, weight and blood pressure and to discuss any appropriate medication.

## **Referral & Treatment**

The Northern Ireland AAA Screening Programme refers all men with a large aneurysm to the vascular service within the Belfast Health and Social Care Trust. Vascular units are required to meet national standards set by the English NHS AAA Screening Programme and the Vascular Society of Great Britain and Ireland (VSGBI). The regional vascular service in the Royal Victoria Hospital within the Belfast Trust meets these standards.

All men referred to the vascular service are seen by a consultant vascular surgeon within two weeks of the initial scan. During this period, the man will have a CT scan to confirm the size of the aneurysm. The vascular consultant will discuss options available to the man following assessment and discussion at a multi-disciplinary team meeting. The two main treatment options are open surgery or endovascular (EVAR) surgery. The consultant will discuss both options with the man to enable him to make an informed choice.

## Section 5:

### Programme Performance

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The Northern Ireland AAA Screening Programme's first screening year started in July 2012. Therefore only men who turned 65 between 1 July 2012 and 31 March 2013 were included in the 2012-13 cohort and invited to attend for screening. Future cohorts will include all men who turn 65 between 1 April and 31 March each year.

The current population of Northern Ireland is just over 1.8 million. Within this the number of men aged 65 and over in 2012 was 119,466; while there were 8,894 men aged 65.

This report focuses on the performance of the programme for the 2012-13 cohort<sup>2</sup>, the self-referrals and others offered screening through the programme as at end of March 2013.

The table below shows the total number of men added to the information system for whom screening appointments were generated.

**Table 1: Numbers and categories of men offered screening in 2012-13**

<b>Men:</b>	
Screening Cohort 2012-13 - all men in their 65 <sup>th</sup> year (July 12 – March 13 only) <sup>2</sup>	6,803
Self Referrals – men over 65 who were screened	224
Transfers into the NI programme – men over 65 who were screened	25
Prison setting - men 65 and over who were screened	9
<b>TOTAL:</b>	<b>7,061</b>

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<sup>2</sup> Data for the 2012-13 cohort is as at 30/06/2013 to allow time for screening episodes to be completed; all other data is as at 31/03/2013

## Overall Performance:

As outlined in the table below, the Northern Ireland AAA Screening Programme has a (detection) prevalence rate of 1.4% for the 2012-13 cohort, which is similar to a number of AAA Screening Programmes across the UK.

**Table 2: Programme performance 2012-13**

	<b>2012-13 cohort</b>	<b>Other men screened</b>	<b>TOTAL<sup>3</sup></b>
<b>Men aged 65 and over</b>	<u>6,803<sup>4</sup></u>	<u>258</u>	<u>7,061</u>
<b>Number of men 65 and over screened for the first time</b>	5,323	258	5,581
<b>Aneurysms detected</b>	-	-	74
<b>Prevalence</b>	1.4%	-	-
<b>Number of men on surveillance</b>	-	-	64
<b>Referrals to the Vascular Unit</b>	-	-	10
<b>30 day post-operative mortality for NI AAA Screening Programme referrals</b>	0	0	0

<sup>3</sup> A detailed breakdown of some data is not provided to ensure no patient is identifiable

<sup>4</sup> Of the 6,803 men in the 2012-13 cohort, 47 men died before being offered a screening appointment; 80 men were not eligible for screening as they were either no longer registered with a GP in NI or they informed the programme of (a) a previously detected AAA (b) previous imaging confirming they did not have an AAA; and 58 men had deferred their screening appointment. A further 43 men still required a screening outcome as at the end of June 2013. The total men eligible for screening with a completed outcome therefore was 6,575 – this is the figure used to calculate the uptake rate.

**Abdominal Aortic Aneurysms detected**  
(from 2012-13 cohort and others screened as at 31 March 2013)

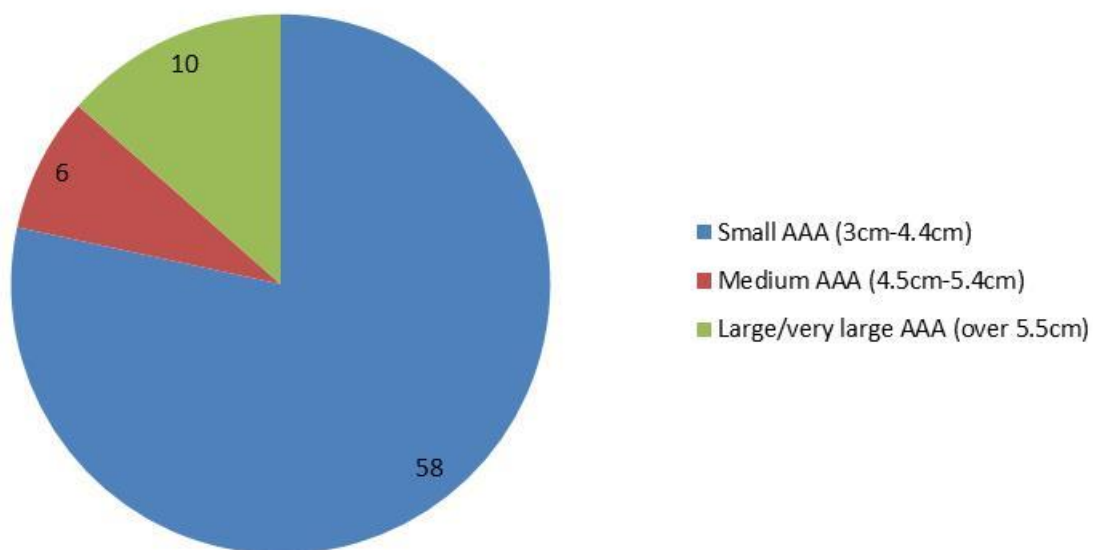


Table 3: Performance against Quality Assurance Standards for 2012-13:

	Programme Performance	Quality Standard - Acceptable	Quality Standard - Achievable
<b>Uptake (initial screening)</b>	81%	≥ 60%	≥ 85%
<b>Uptake (surveillance)</b>	100%	≥ 90%	≥ 95%
<b>Timely referral (subjects with AAA ≥ 5.5cm referred within one working day)</b>	100%	≥ 95%	≥ 97%
<b>Minimise Harm (men with ruptured aneurysm between first screen positive and referral)</b>	0%	≤ 3%	≤ 1%
<b>Timely Intervention (men with AAA ≥ 5.5cm seen by vascular specialist within eight weeks)</b>	100%	≥ 95%	100%

The programme is meeting the 'Achievable' level in all but one of the above Quality Assurance standards; uptake for initial screening is however well above the 'Acceptable' standard at 81%. This compares favourably with the uptake of the English programme, which was 75% in 2011/12.<sup>5</sup>

<sup>5</sup> <http://aaa.screening.nhs.uk/annualreport>

## **Section 6:**

### ***Personal and Public Involvement (PPI)***

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Personal and Public Involvement (or PPI) is about people and communities influencing the planning, commissioning and delivery of health and social care (HSC) services. It means actively engaging with the public and, specifically, those who use services such as screening.

The Public Health Agency is the lead organisation responsible for the implementation of PPI policy across all HSC organisations within Northern Ireland.

With this in mind, the Northern Ireland AAA Screening Programme instigated a number of initiatives during 2012-13 to help tailor the programme to the needs of its eligible population. Specifically, the following events have actively sought feedback from service users and suggestions for potential enhancements to the current quality of delivery:

- Men's Health Event April 2013 (where men who had undergone AAA surgery or were under surveillance were invited to attend a morning event to meet each other and members of the Programme Team to share their screening experiences and advise on ways in which programme delivery might be improved).
- An awareness raising session delivered to leaders of Men's Health Groups across Greater Belfast.
- Development of the Northern Ireland AAA Screening Programme Website, with visitors being encouraged to feedback on any aspect of the site or programme.

The programme is also in the process of producing a PPI Action Plan to consider short, medium and long-term strategies to facilitate ongoing engagement with service users and other key stakeholders. In particular, the programme is keen to address any perceived health inequalities associated with men aged 65 or over being able to:

- make an informed decision about whether or not to be screened.
- attend for screening.

To this end, the following are just two of a number of exercises to be undertaken within 2013-14:

- pilot of an equality monitoring questionnaire.
- work with local ethnic minority groups to ensure all men who are eligible for AAA screening can access all relevant information in their first language.

### **Northern Ireland AAA Screening Programme Men's Health Event: 25th April 2013**

#### **David and Helen McIntyre (below)**

David underwent an AAA repair in February 2013



**Sandra Byrne, Paul Blair** Clinical Lead (Belfast Trust), **Vaughan Byrne, Dr Adrian Mairs** Programme Lead (PHA) & **Dr Peter Ellis** Imaging Lead (Belfast Trust)

Vaughan underwent an AAA repair in November 2012



## **Section 7:**

### ***Governance and Accountability***

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#### ***The Public Health Agency***

The Public Health Agency has a number of key functions in relation to screening programmes including:

- Leading on the implementation of screening policy, including the introduction of new screening programmes and any required changes to existing screening programmes.
- Ensuring the delivery of high quality, safe, effective and equitable screening programmes for people in Northern Ireland.
- Supporting continuous quality improvement through programme monitoring and evaluation, and adverse incident investigation and management.

Having successfully led on the implementation and roll-out of AAA screening across the region, the PHA has now entered a new phase of consolidation and development of the existing service. Specifically, the Agency will take lead responsibility for external quality assurance of the programme, focussing on the establishment of a robust QA structure and function to ensure it meets the responsibilities outlined above.

To help fulfil the PHA's core function of monitoring, maintaining and continuously improving upon acceptable standards of service, performance and quality across all elements of the Northern Ireland AAA Screening Programme, the PHA has ensured:

- The timely appointment of QA leads (namely a clinical lead and imaging lead) through a formalised process.
- The establishment of an AAA Screening Co-ordinating Committee, chaired by the Public Health lead, including PHA staff and all relevant members of Belfast Health and Social Care Trust NI AAA Screening Programme staff.
- Regular monitoring of QA data is undertaken by the QA team.
- That appropriate fail-safe mechanisms are in place to ensure screening is

offered to all eligible men and that those men requiring surveillance and referral are followed up in a timely and appropriate way.

- There is an agreed programme of equipment monitoring.
- A programme of formal, external Quality Assurance visits will be established in collaboration with the English NHS AAA Screening Programme.

Members of the PHA will also develop and facilitate audit and research activities related to the programme.

### *The Belfast Health and Social Care Trust*

The Belfast Health and Social Care Trust is responsible for the operational management and delivery of the NI Abdominal Aortic Aneurysm Screening Programme.

The Trust ensures all eligible men are invited to attend for screening in their 65<sup>th</sup> year and that they are provided with appropriate information, support and advice, particularly those men who have an AAA detected through the programme.

Staff who have responsibility for the operation of the programme are employed by the Trust and carry out all of the scans including re-scans and surveillance scans.

The surveillance programme for men identified with a small or medium AAA is provided by the Trust as part of the NI AAA Screening Programme. Similarly, those men who are identified with a large AAA are referred to the vascular surgery team at the Royal Victoria Hospital within the Belfast Trust to discuss potential treatment options.

The Trust also has responsibility for:

- Setting operational policy for the programme.
- Liaising with GPs regarding secondary care, particularly when a man is detected as having an aneurysm.
- Local quality assurance of the screening process.
- Providing reports on the performance of the programme and data for quality assurance purposes.
- Engaging with stakeholders regarding development of the programme.
- Organising and taking part in promotional activities for the programme.

**Appendix 4** details the PHA's governance and accountability reporting arrangements.

**Appendix 5** details the Belfast Trust's governance and accountability reporting arrangements.

***Some members of the AAA Screening Team at the Belfast Health and Social Care Trust***



***From left: Linda Wisdom, Deirdre Kearns, Judith Holmes, Diane Stewart, Sarah Hughes and Pauline McMahon***

## **Section 8:**

### ***Future Development***

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To ensure the programme continues to meet the needs of its service users both organisations will work on a number of key areas. Some of these areas for future development will be organisation specific, while other objectives will benefit from partnership working. One theme common to all, however, is that both the PHA and the Belfast Health and Social Care Trust are committed to providing a safe, high quality, equitable and easily accessible AAA screening programme for all eligible men in Northern Ireland.

#### **Northern Ireland AAA Screening Programme Objectives 2013-14**

The Public Health Agency and the Belfast Health and Social Care Trust will continue to work together, each taking the lead as appropriate, to:

- Monitor delivery of the programme against national quality standards, taking appropriate action on areas where performance is not on target.
- Ensure appropriate failsafe systems are in place at each stage of the screening process.
- Ensure all staff are appropriately trained on all relevant aspects of the programme, including the Health and Social Care organisations' mandatory training.
- Develop and formalise an appropriate quality assurance structure and function in collaboration with the English NHS AAA Screening Programme.
- Build on existing relations with the other four UK AAA Screening Programmes, specifically with regard to: a review of current QA Standards, updating programme leaflets and re-tendering for the Programme's IT solution.
- Actively engage with stakeholders at relevant events and opportunities, particularly in those areas where uptake rates are lower than the programme average.
- Identify and address health inequalities to ensure all eligible men can make an informed decision about whether or not to attend for screening.
- Develop a Personal & Public Involvement (PPI) Action Plan.

- Develop the Northern Ireland AAA Screening Programme website, engaging with stakeholders as appropriate.
- Review information materials, with a particular emphasis on promoting the self-referral process for men aged 65 or over who have never attended for AAA screening.
- Identify and disseminate examples of regional and national best practice with regard to all elements of programme delivery.
- Promote and participate in research initiatives.

## ***Appendices***

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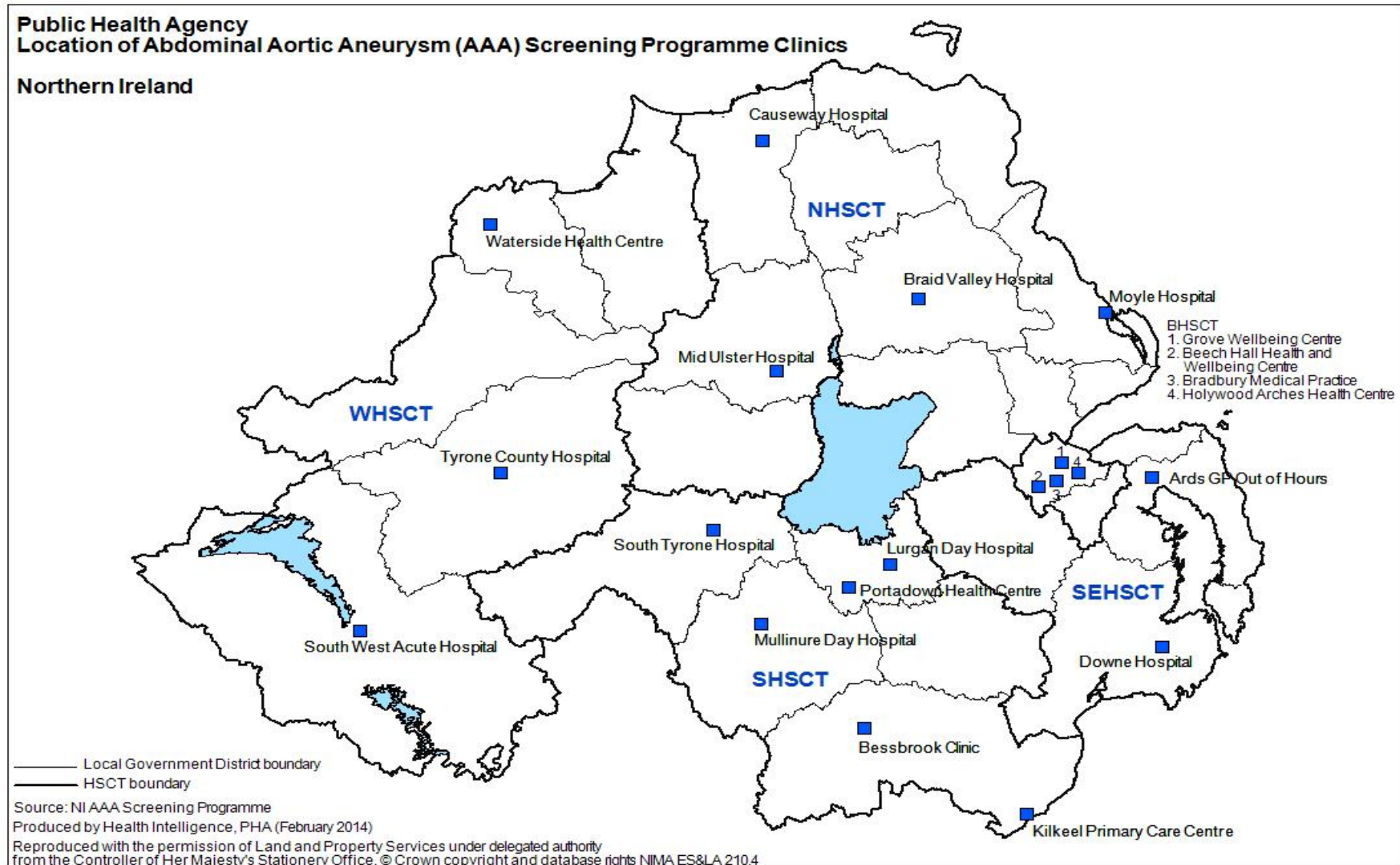
- 1 All Belfast Health and Social Care Trust Staff**
- 2 Screening Locations and Map**
- 3 Overview of Screening Pathway**
- 4 Governance and Accountability Chart for PHA**
- 5 Governance and Accountability Chart for Belfast Health and Social Care Trust**

## *Appendix 1 – Belfast Trust Staff*

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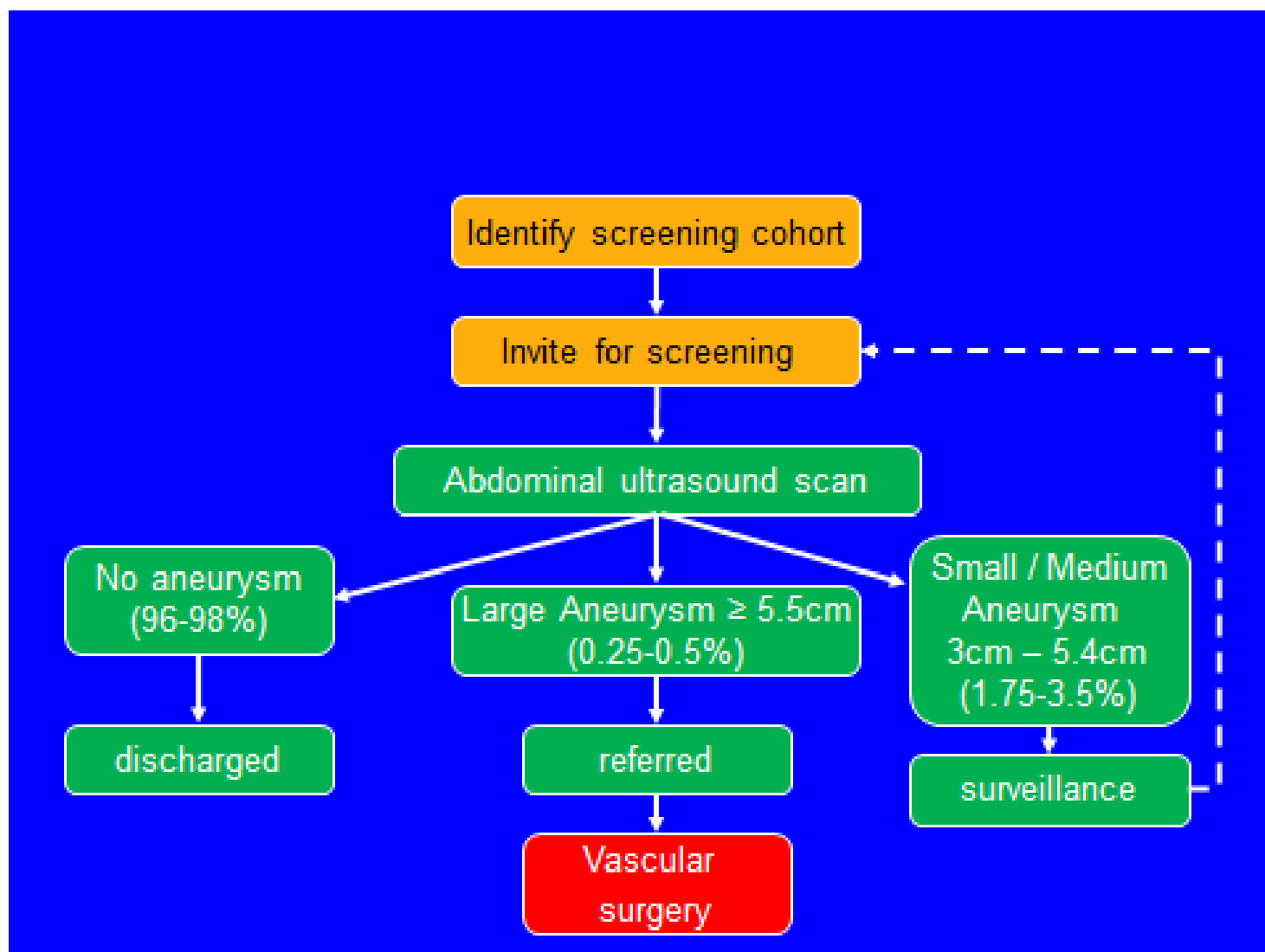
Paul Blair	Clinical Lead
Janet Callaghan	Clinical Co-ordinator
Lisa Campbell	Administrative Assistant
Ciara Conway	Screening Technician
Sarah Davidson	Administrative Assistant
Trez Dennison	Vascular Nurse Specialist
Elaine Donnelly	Screening Technician
Peter Ellis	Imaging Lead
Judith Holmes	Screening Technician
Sarah Hughes	Screening Technician
Deirdre Kearns	Lead Screening Sonographer
Pauline McMahon	Screening Technician
Roisin Monan	Deputy Programme Manager
Karen McClenaghan	Specialist Surgery Services Manager
Kathy McGuigan	Vascular Nurse Specialist
Gillian Newell	Screening Technician
Diane Stewart	Programme Manager
Gill Swain	Vascular Nurse Specialist
Linda Wisdom	Screening Technician

## Appendix 2 – Map of Screening Locations





## Appendix 3 – The Screening Pathway



NB: Percentage figures in brackets in the above diagram are predictions based on previous research and therefore differ slightly from actual figures obtained from the NI AAA Screening Programme's first year of screening.

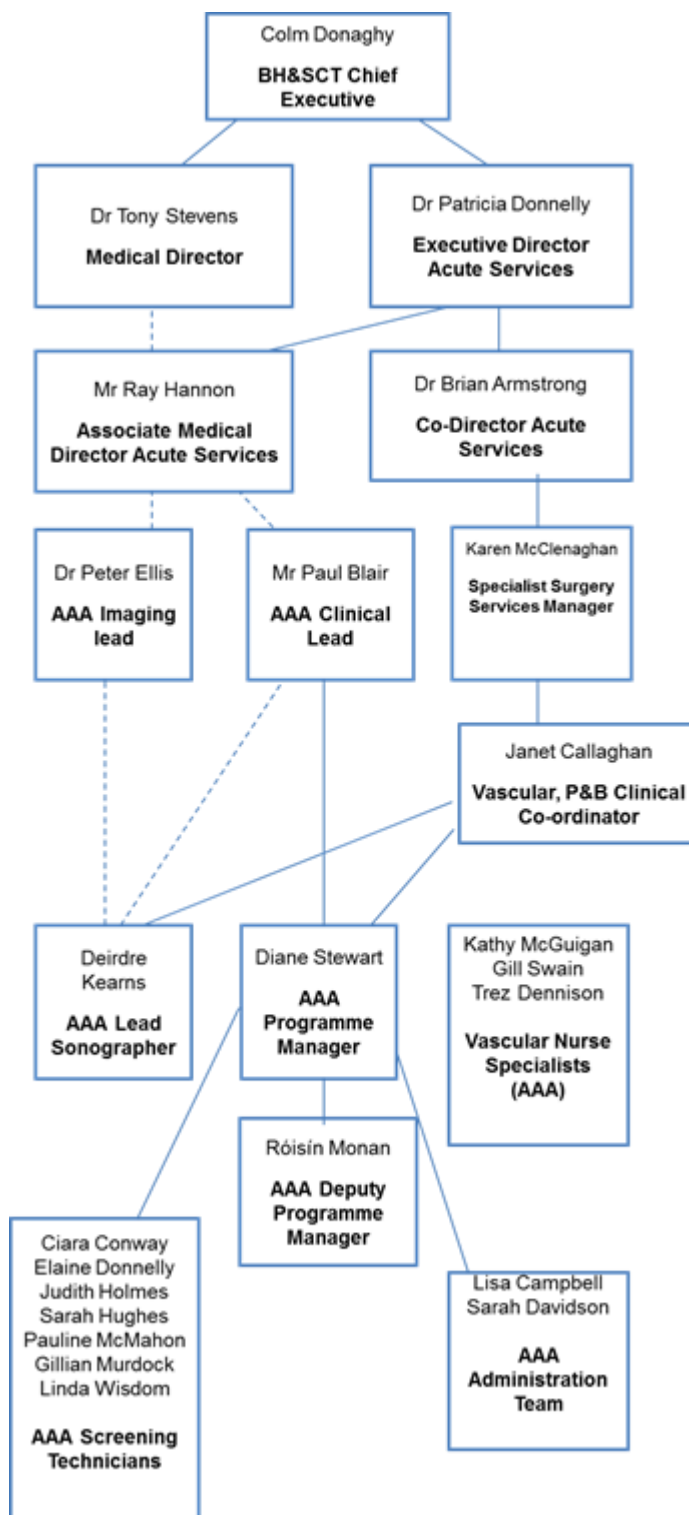
**Appendix 4 – Northern Ireland AAA Screening Programme Governance and Accountability Structure (PHA)**

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## *Appendix 5 – Governance and Accountability Arrangements for the Northern Ireland AAA Screening Programme within the Belfast Health and Social Care Trust*

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If you are interested in finding out more about being screened please contact the Programme Screening Office on 02890 631828.

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