

The AAA Team

Newsletter of the Northern Ireland AAA Screening Programme



Issue 5 : Produced by the NI AAA Screening Programme for HSC Professionals - SPRING 2013

A Patient's Perspective of the NI AAA Screening Programme

My name is Vaughan Byrne, a 65 year-old retired rare breeds farmer, musician and HGV driver. Until recently I had spent only one night in hospital over the past 40 years. Other than that, I'd been troubled with nothing more sinister than man flu and periodic colds.

I stopped smoking ten years ago. However, any money saved from the closing of this little avenue of pleasure had to be put towards ever larger clothes as my weight ballooned to over 17 stone. I looked and felt like the Michelin man.

I had only just retired about a month when the letter arrived, inviting me to attend Downpatrick Hospital for an AAA scan. My wife, Sandra, read out the conditions and reasons for the scan. I thought I would not bother with it. Sandra, though, suggested (insisted!) I take the opportunity to go - "What harm could it do?" I reluctantly agreed.



Vaughan (centre), his wife Sandra, Mr Paul Blair, Dr Adrian Mairs & Dr Peter Ellis at the NIAAASP Men's Health Event, April 2013

The day of the appointment arrived and, it being World 'Hello' day, I was in good form. On arrival at the hospital I was shown to the scanning area and, after a short time, was escorted into a room with two very friendly women who explained the procedure to me. I duly lay on the table, opened my shirt and some gel was applied to my abdomen. An ultrasound scanner was then gently moved over my abdomen. The Screening Technician reassured me throughout the scan and checked that I was okay.

After the scan, the other Screening Technician, who was assisting with the scan, told me that I had a large aneurysm showing in the upper part of my abdomen. The AAA was of such a significant size that she was concerned about my immediate well-being as the aneurysm could cause serious problems at any time. The screener gave me an information leaflet, reassured me and informed me that another member of the screening team would be in contact.

That evening, after arriving home, I was contacted by the Vascular Nurse Specialist from the Royal Victoria Hospital. She explained the seriousness of my condition and, to illustrate this, she suggested that I did not do any heavy lifting. The Nurse also guided me as to what would happen next in terms of a blood sample being taken the following morning at my local GP practice, and a visit to speak to my surgeon.

From then on things happened very quickly, but the Nurse was always at the end of the phone to answer any questions. By now I realised the seriousness of my condition. Within two weeks of the initial scan I was admitted to the Royal Victoria Hospital with my operation taking place on the 7th Dec 2012. At every stage I was kept fully informed as to what was happening and the team were brilliant in conveying all aspects of the procedure, including the negatives. In particular, the Vascular Nurse Specialist was excellent.

Since my operation many of my friends aged 65 and over have enquired about the AAA Screening Programme. My advice to them has been to get checked out. I would also suggest that anyone who receives an invitation to have the AAA scan should make sure they attend.

I am not without some discomfort in the area of the surgery at the time of writing this, but I have spoken to my surgeon who explained to me that the healing process varies from person to person and reminded me that AAA is major surgery. In his opinion I am making satisfactory progress. Very often we are quick with our criticism of the NHS. The care that I received during and after my operation was excellent. I now fully appreciate the work of surgeons, doctors and nursing staff.

Vaughan Byrne

We welcome feedback on this newsletter. Please contact Mrs Jacqueline McDevitt at jacqueline.mcdevitt@hscni.net or on 02890 311611 if you have suggestions for articles in future editions.

Life in the AAA Screening Programme Office

Lisa Campbell and **Sarah Davidson** have been working as Administrative Assistants with the AAA Screening Programme since it began in June 2012. They are both based in the Screening Office at the Royal Victoria Hospital and each has extensive experience of working within the health service. Below, they explain what a typical day in the office might entail and recount the types of questions they get asked by GPs and men invited to screening.



'It has been very interesting seeing how the programme has developed and progressed from the very beginning'

Lisa Campbell (above).

A Typical Day

Priority tasks each day include sending out:

- results to men and GPs from the previous day's clinic.
- appointments to men who did not attend their initial appointment (& advising GPs of the same).
- appointments to men whose aorta the screeners were unable to visualize (& advising GPs of these also).

In addition:

- Clinic lists are booked and printed off up to four weeks ahead.
- Initial invitation letters are sent to men (along with a sheet seeking their consent to screening and an information leaflet about AAA screening) ahead of their screening appointment.
- Cancellation lists are in place to facilitate patients who need an alternative date for their appointment.

Quality Assurance

Quality assurance is integral to any population-based screening programme. As such, the following processes form a key element of Sarah and Lisa's responsibilities within the Screening Office:

- Tracking of men with non-visualised scans, or those referred for QA, to ensure correct follow-up.
- Updating of log sheets of selected scans for the Lead Sonographer for quality assurance checks.
- Recording key statistics for each clinic including the number of attendees and DNAs.

Frequently Asked Questions from Men

The office often receives telephone queries from men invited for screening and relations ringing on their behalf, such as: ***What is the programme? When did it start? Why have I been invited? What is an aneurysm? Can I cancel my appointment or decline screening? Do I have to pay anything?***

The general information leaflet (previously sent to men along with their invitation) should answer most of these, however, sometimes men want additional information. Other questions have included:

- Requests for directions to one of 17 different screening locations
- Queries about the difference between private screening and the NI AAA Screening Programme
- Advice about interpreting services and support for those with disabilities

Office staff respond directly to these queries as they are received. In addition, a **WEBSITE** targeted specifically at service users is currently being developed by the Public Health Agency to help answer similar queries. The provisional launch date is June 2013.

The Role of the Vascular Nurse Specialist

The role of the Vascular Nurse Specialist within the NIAAASP is an important one. Kathy McGuigan, Gill Swain and Trez Dennison are involved in assessing and counselling men at specific points in the screening process, including giving advice on changes in lifestyle and optimisation of risk factors of arterial disease as appropriate.

Their main roles are to:

- ☞ support patients with screen-detected AAAs, as well as their relatives/carers.
- ☞ provide accurate and consistent advice to all men who have an AAA, in line with NIAAASP and national screening programme guidelines.
- ☞ give counselling advice within the screening service by responding to anxious patients and their relatives.
- ☞ address patient enquiries and follow up with other medical staff as appropriate.
- ☞ provide health promotion advice, in partnership with men, such as smoking cessation, weight management etc.

On detection of an AAA, the Programme Manager contacts the Vascular Nurse Specialist to request that they make contact with the man to offer appropriate support. When informed of an AAA, the VNS **contacts the man by telephone within TWO working days to:**

- ☞ clarify the AAA diagnosis, answer all questions and provide reassurance.
- ☞ explain the signs and symptoms to look out for and highlight the need for urgent medical attention as appropriate, (ie dialling 999 if appropriate, particularly for larger AAAs).
- ☞ emphasise the importance of surveillance, where relevant.
- ☞ determine if the man is on anti-platelet medication and statins; if not, then to recommend that the man attends his GP to discuss.
- ☞ go through risk factors relevant to AAAs with the man, including smoking, weight management, high blood pressure etc and to advise the man that he should attend his GP for the appropriate support and have height, weight and blood pressure measurements taken.
- ☞ advise the man that he needs to inform his travel insurance company of the AAA diagnosis.
- ☞ recommend that the man tells any other health professional he may be attending that he has an AAA.
- ☞ if required, provide a contact number should he have any other questions and offer the man a face to face appointment.

The Vascular Nurse Specialists liaise frequently with the Programme Manager and members of the clinical team to discuss patient care and other relevant aspects of the programme. The nurses also attend the monthly management meetings which deal with the ongoing operation and development of the programme.

Don't forget !

Men over 65, who have never attended for AAA Screening, can ask to be screened by contacting the Central Screening Office on: 02890 631828



The NI AAA Screening Programme: What it means for GPs?

The last issue of this Newsletter looked at the role of GPs for patients already diagnosed with an AAA outside of the programme, men who have not attended their appointments and men who are diagnosed with an AAA through the screening programme.

In this edition, we outline what happens when a man has a **LARGE** (between 5.5cm & 6.9cm) or **VERY LARGE** (over 7cm) AAA detected through the screening programme.

- The Screener will **inform the man verbally** at the screening clinic, offer appropriate reassurance and give him the relevant information leaflet; the Programme Manager will also be advised of the result by phone at this point.
- The Programme Manager will then **contact the on-call Vascular Consultant**, discuss the result and **make a referral** (if the AAA detected is very large or if there are specific issues which may warrant it, the Consultant may **consider direct admission** at this stage).
- Where appropriate, the Programme Manager will contact the Screener at the clinic with any further information that needs to be passed on to the man.
- The Imaging Lead will then be contacted and advised of the referral and a CT scan requested.
- The Programme Manager will similarly contact the **Vascular Nurse Specialist to request her to contact the man within two working days** to provide support & reassurance (see article on page 3 for more information).
- The Programme's administration team will **send the results letter by fax to the man's GP** the same day where possible and follow this up with a phone call; this letter will ask the GP to make the standard referral required and to arrange for an urgent blood test (U&E).
- The Programme's administration team will also **send the man himself a letter** confirming his screening result and that he has been referred to the Vascular Team.
- The Imaging Department at the RVH will contact the man to arrange an appointment for a **CT scan**.
- The Vascular Consultant's secretary will contact the man to arrange a suitable Outpatient (**OP**) **appointment** within three weeks of the initial scan (to comply with national QA standards).
- The man will then attend for the CT scan and the results will be forwarded to the Vascular Consultant.
- The Consultant will then see the man at his OP appointment and appropriate pre-assessment will be completed.
- The man's results & his suitability for surgery (including risks) will be **discussed at MDT**, following which any further outpatient appointments or pre-assessments will be arranged.
- The **date for surgery will be agreed** and the man will be contacted to confirm this.
- The man will next be **admitted to the RVH Vascular Unit for surgery** and post operative care.
- Post-surgery, the man will be **provided with the relevant information & reviewed by the Consultant** at the Outpatient clinic.

Uptake (as of 17/4/2013): 82%

AAAs detected : 86

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