About the NHS Abdominal Aortic Aneurysm Screening Programme

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme aims to reduce premature deaths from ruptured abdominal aortic aneurysms among men aged 65 and over by up to 50% through early detection, appropriate follow-on tests and treatment.

Public Health England (PHE) is responsible for the NHS Screening Programmes. PHE is an executive agency of the Department of Health and works to protect and improve the nation’s health and wellbeing, and reduce health inequalities.
About this publication

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Aims

This guidance has been prepared in response to requests for recommendations and guidelines in relation to good clinical practice for reviewing men with screen detected aneurysms within the NHS abdominal aortic aneurysm screening programme (NAAASP). Men with aneurysms require close monitoring, support and secondary prevention to reduce their overall vascular risk and improve outcomes.

The aim of the nurse specialist consultation is to provide an assessment and advice regarding the health and lifestyle of men with screen detected aneurysms at specific points in the screening process.

This document aims to provide a standardised framework and guidelines for the role of the AAA nurse specialist across England to ensure that men receive the same level of support and guidance.

Definitions

Programme manager/co-ordinator: a manager with responsibility for the operational running of all aspects of the local abdominal aortic aneurysm screening programme.

Clinical director: a clinician/vascular consultant who oversees and takes clinical responsibility for the respective local screening programme.

Nurse specialist: an experienced vascular nurse specialist (or equivalent) with responsibility for the provision of health assessment and lifestyle advice to men who screen positive for abdominal aortic aneurysm below the referral threshold.

Provider: the organisation commissioned to provide the abdominal aortic aneurysm screening programme locally.

Background and training

- the nurse specialist should be a registered general nurse (RGN) with a minimum of at least three years post registration experience and the appropriate knowledge and skills within the field of vascular medicine/surgery. This must include the management, surveillance and treatment of patients with abdominal aortic aneurysm.

- the nurse specialist should have a job description that outlines their overall job role for their work within NAAASP and the clinical responsibility and accountability structures within the programme.
- they should have links with other key clinicians involved with providing care for patients with cardio-vascular disease, including smoking cessation, vascular surgery and radiology

- they should have in-depth knowledge of the screening programme and the different pathways within the programme

- NAAASP nurse specialists are expected to be working within the Society of Vascular Nurses ‘Advanced Nurse Competency’s’. These are available by clicking on the embedded link
  - these competencies set out the minimum standard required to deliver advanced nurse roles in the vascular field
  - they bring together the skills, knowledge and understanding needed to be effective in the role
  - additionally they can be used to identify training requirements.

**Staffing requirements**

- the nurse specialist should have protected and ring fenced time to undertake their role within the screening programme

- the majority of nurse specialists will have additional duties within their respective vascular department and these will need to be considered by the provider

- the nurse specialist should be integrated within the screening programme. They should have regular contact with the programme manager/co-ordinator and administrator to ensure clinics are appropriately booked

- they should be invited to attend regular staff meetings and programme board meeting when appropriate

- as a clinical expert regarding the management and surveillance of individuals with AAA the nurse specialist should be utilised to provide education and training and professional development to screening technicians where appropriate

- the minimum recommended whole time equivalent (WTE) required for the nurse specialist is 0.1 for a screening programme undertaking 7000 scans per annum. Therefore, larger screening programmes may require additional WTE to effectively undertake the role.
Roles and responsibilities

- to ensure all men have the opportunity to attend a face to face appointment with a dedicated nurse specialist associated with the provider organisation

- to provide support, advice, secondary prevention and referrals if appropriate to ensure those individuals who screen positive for AAA understand the issues and consequences associated with AAA management and surveillance

- to liaise with the programme manager/co-ordinator to ensure clinics are booked in advance and locations of clinics are appropriate for the geographical area covered by the screening programme

- to be able to use the AAA SMaRT system appropriately and record all patient contacts on the software

- to attend educational sessions hosted by NAAASP when required and maintain their continual professional development record and registration with the appropriate professional bodies

- nurse specialists must not undertake screening unless they have successfully completed the NAAASP accredited training course

- nurse specialists must not clinically sign off screening technicians scans or assessments as competent unless they have an appropriate ultrasound qualification and have attended the appropriate NAAASP training course.

Location of clinics

- clinics locations should offer flexibility to provide men with the greatest opportunity to attend

- clinics could be provided locally in screening venues or centrally located in vascular outpatient departments if required

- all rooms should be risk assessed prior to the initiation of clinics to ensure they are fit for purpose for a nurse consultation
Operational requirements

- all screen positive men should be offered a face to face appointment with the nurse specialist within 12 weeks of their initial scan

- if the gentleman is unable or unwilling to attend a face to face consultation they should be offered a telephone consultation with the nurse specialist, this should be offered within 12 weeks of their initial scan

- men should be offered an additional opportunity to attend an appointment if they do not accept their initial invite

- if a man declines a face to face and telephone assessment this should be recorded in the patient notes section

- once a man’s aortic diameter reaches >4.5cm and requires 3 monthly surveillance they will be offered an additional appointment with the nurse specialist

- additional appointments can be given at the gentleman’s request if they wish to discuss specific issues or are anxious regarding their aneurysm

- providers should utilise the existing programme administrator to book clinics and liaise with gentlemen to alter appointments

- to ensure effectiveness of the nurse specialist role, all appointments should be face to face

- men should be given the facility to contact the nurse specialist before the appointment if they have any immediate concerns or anxieties. This can be via the telephone.

- a minimum 30 minute time slot should be allocated for each gentleman
Nurse Assessment

The assessment should include:

- measure and record height
- measure and record weight
- body mass index
- determine smoking status
  - never smoked
  - ever smoked
  - currently smoking
- measure and record resting blood pressure (using NICE guidelines)
- review of current medical and medication status (including statins and antiplatelet therapy)
- current diet, exercise and alcohol consumption if appropriate
- familial history of AAA

Following the assessment advice should include:

- full explanation of their condition and brief overview of the possible treatment options
- details of the surveillance programme and clinic preference for the gentlemen
- blood pressure optimisation (urgent/routine)
- initiate smoking cessation guidance or referral if required
- advise/recommend any interventions required by GP
- healthy eating/drinking and exercise advice in line with NICE guidelines
• addressing any emotional concerns men may have e.g. working, driving, contacting DVLA, travel and travel insurance

• discuss familial risks associated with AAA

Communications

• a SMaRT generated letter should be sent to the man’s GP communicating the nurse specialist assessment findings, the advice given and any recommendations that the GP may wish to consider

• a copy of the SMaRT generated letter should also be sent to the man
Role of the screening technician in nurse assessment

Following a positive screen for AAA, screening technicians should actively encourage the gentleman to attend a nurse assessment. The screening technician should advise that the appointment will be within 12 weeks and outline the importance of their attendance.

The education and training framework or scope of practice relating to the screening technicians does not include physiological measurements including height and blood pressure etc. Screening technicians would need appropriate training, quality assurance and competency based learning to undertake these measurements. Therefore NAAASP does not recommend utilising screening technicians to undertake physiological measurements.

Timeliness of nurse assessment

The following points are best practice guidelines and not currently pathway standards

- men should be offered a nurse specialist assessment within 12 weeks of their initial screen
- all screen positive men who are unable to attend for a face to face appointment should be offered a telephone assessment with a nurse specialist within 12 weeks
- the timelines of the nurse assessment is not currently not reportable within the SMaRT system, it should be seen as a best practice timescale
- NAAASP are currently investigating a reporting mechanism for the nurse assessment