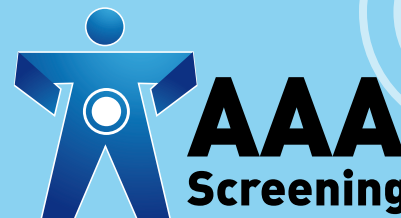


# Newsletter of the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme



Issue 1: November 2011

Produced by the PHA for healthcare professionals



## Welcome

Welcome to the first issue of the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme newsletter. The aim of the AAA screening programme is to reduce AAA-related mortality

by providing a systematic, population-based screening programme.

## Background

In November 2009, the Department of Health, Social Services and Public Safety (DHSSPS) endorsed a UK National Screening Committee recommendation that AAA screening be offered to men aged 65 and over. During 2010/11 the Department tasked the Public Health Agency (PHA), working with the Health and Social Care Board (HSCB) and Trusts, to begin preparatory work for its introduction.

## Why screen?

There is evidence of a significant reduction (45%) in mortality from AAA in those men aged between 65 to 79 years who undergo ultrasound screening. There is also evidence of the long-term cost-effectiveness of AAA screening in men and further evidence that the early mortality benefit from screening is maintained.

AAAs are normally asymptomatic but approximately one third will rupture, with those larger than 55mm in diameter carrying the greatest risk. Mortality following rupture is high. Around 50% of those who suffer a ruptured aortic aneurysm die before reaching hospital.

Of those who undergo emergency repair the mortality rate is between 30% and 70%. However, elective repair (either open or endovascular) of AAA has a much lower post-operative mortality rate (3% to 8%).

## The screening population

A single screening programme will cover the whole of Northern Ireland. The target population will be men aged 65; older men will be able to self-refer. Uptake is expected to be 80%.

## Process of screening

Men will receive an invitation leaflet, with an appointment, three weeks in advance. Screening will consist of a single examination of the abdominal aorta by ultrasound scan. Results will be provided verbally immediately after the scan and by post shortly afterwards.

## Outcomes of screening

Men identified as having no aneurysm (diameter of aorta less than 30mm) will be discharged from the programme. Men diagnosed with a small or medium aneurysm (between 30mm and 54mm) will be kept under surveillance within the programme, and men diagnosed with a larger aneurysm (greater than or equal to 55mm) will be referred to the vascular service.

## Further information

Work is underway on preparing a local AAA screening website. In the meantime, further information is available on the NHS AAA Screening Programme website at: <http://aaa.screening.nhs.uk>

## Dr Adrian Mairs

Consultant in Public Health Medicine, FRCS, MRCGP, FFPH

### Who is it for?

All men registered with a GP should be offered AAA screening during the year in which they turn 65. Men over 65 will be able to request a screening appointment.

### Risk factors

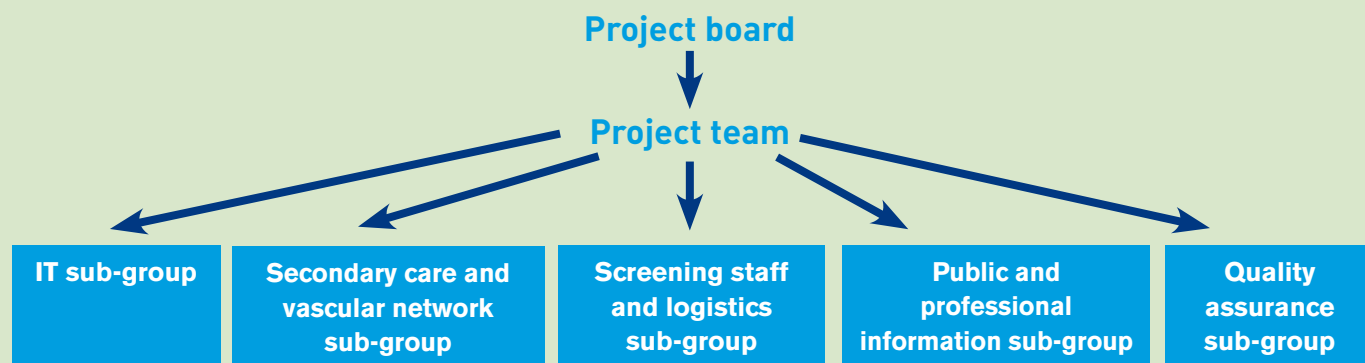
- Older age
- Male
- Smoker
- Hypertension
- Other vascular diseases
- Positive family history of AAA

### Fact

Around 5–10% of men aged between 65 and 79 years have an abdominal aortic aneurysm (3–4% at age 65 years).

## Project structure

The project structure is made up of a project board, a project team and five sub-groups, chaired by individuals from the project team with a professional interest in their respective sub-group work area. Representation on specific groups has been sought from a wide range of stakeholders with an interest in the programme, including men's health groups.



## Key achievements

### Screening service model

Following a workshop in Lagan Valley Island in October 2010, attended by a wide variety of stakeholders, a screening model options paper was submitted to the project board in December 2010. Of the six service delivery options put forward, the model approved has a single screening centre co-located with the vascular service hosted by the Belfast HSC Trust. Screening will be undertaken by teams of screening technicians who will travel to number of fixed locations throughout Northern Ireland. Locations

being considered include health and care centres, health and wellbeing centres, community hospitals and larger GP practices. The exact number and location of sites has yet to be determined.

### Business case

Funding for the programme has been secured. The business case, produced in conjunction with the Belfast HSC Trust, which will run the programme, has been approved by the PHA Board and the HSCB Board.



## Four Nations

The project lead, clinical lead and project manager meet twice yearly with colleagues from England, Scotland and Wales who have similarly been tasked with implementing AAA screening throughout the UK.

Northern Ireland is due to host the next meeting of the Four Nations group in November 2011. Currently, AAA screening is being rolled out across England, with full implementation being planned for the end of 2012 or start of 2013. In Scotland, implementation is scheduled for June 2012. In Wales, preparatory work is underway for implementation in 2013.



## Feedback and suggestions

We would welcome any comments or feedback on this newsletter.

If there are any topics you would like us to cover in future issues, please email Jacqueline McDevitt at: [jacqueline.mcdevitt@hscni.net](mailto:jacqueline.mcdevitt@hscni.net)

The newsletter will be published three times a year.

## Key contacts

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