

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

HSS(MD) 52/2009

To:

Chief Executive, Public Health Agency
Chief Executive, Health and Social Care Board
Chief Executive, Business Services Organisation
Director Public Health, Public Health Agency – *for onward
distribution to public health screening leads*
Chief Executives of HSC Trusts – *for onward distribution to lead
directors for vascular surgery services*
Medical Directors of HSC Trusts – *for onward distribution to
consultant vascular surgeons, physicians and radiologists*
Director of Nursing, Public Health Agency
All General Practitioners

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9052 0563
Fax: 028 9052 0574
Email: michael.mcbride@dhsspsni.gov.uk

Your Ref:

Our Ref: HSS(MD) 52/2009

Date: 10 November 2009

Dear Colleague

ABDOMINAL AORTIC ANEURYSM SCREENING PROGRAMME IN NORTHERN IRELAND

Summary

1. The UK National Screening Committee, which advises the four UK Health Departments on screening programmes, has recommended that screening for abdominal aortic aneurysm (AAA) using an ultrasound scan is offered to all men at age 65.
2. The Department of Health, Social Services and Public Safety (DHSSPS), in Priorities for Action for 2009-2010, has set a target for the introduction of **screening for abdominal aortic aneurysm** –

“by March 2011, Commissioners and Trusts should establish screening arrangements for abdominal aortic aneurysm.”
3. The new Public Health Agency, established from 1 April 2009, has lead responsibility for implementing screening programmes, as informed by policy decisions from the Department of Health, Social Services and Public Safety.
4. The purpose of this circular is to outline the policy for the implementation of a high quality AAA screening programme in Northern Ireland and to ensure the Public Health Agency, the Health and Social Care Board, the Business Services Organisation and Health and Social Care Trusts have the appropriate arrangements in place by March 2011.

Background

5. Ruptured abdominal aortic aneurysm (AAA) is a significant cause of death in men with between 80 and 100 deaths each year in Northern Ireland. Many of these deaths could be prevented by early elective surgical repair of the aneurysm.
6. Approximately 3% of men at age 65 will have an AAA. Most aortic aneurysms are asymptomatic until they are on the point of rupturing. Over 80% of patients will die following rupture, with nearly a third dying in the community before reaching hospital. Of those who survive to undergo emergency surgery the post-operative mortality rate is around 50%. This compares with a post-operative mortality rate of around 6% following planned surgery.
7. Screening for AAA in apparently well men is undertaken using ultrasound to measure the maximum aortic diameter in order to detect those with an unrecognised AAA. Aortic diameters of 3 centimetres (cms) or greater are classed as aneurismal and should have repeated scans to monitor any changes in the aorta. Aneurysms only require treatment when they reach 5.5cms. Research studies have found that AAA screening with surgical repair when indicated could reduce deaths from AAA by 42% in men aged 65-75 years old.
8. Screening women for AAA is not recommended as it is much less common, 0.8% of women at age 65 have an abdominal aortic aneurysm and there are considerably fewer deaths.

Aim of the Screening Programme

9. The aim of the AAA screening programme is to reduce AAA-related mortality by providing a systematic population-based screening programme for men aged 65 and, on request, for men over 65.

Implementation of the AAA Screening Programme

10. All men registered with a general practitioner should be offered AAA screening during the year in which they turn 65. The model for the service will typically be for ultrasound scanning to be undertaken within community healthcare facilities such as community clinics, community hospitals, mobile units and primary care facilities.
11. Guidance on implementing an AAA screening programme has been developed nationally and can be found at <http://aaa.screening.nhs.uk/>.
12. Before a screening programme can be set up a suitable vascular network must be in place to treat patients with detected AAAs. The vascular units in the network must comply with the requirements recommended by the Vascular Society of Great Britain and Ireland for the treatment of AAA. They are also required to provide data on treatment and outcome of every infra renal AAA operation or intervention to the National Vascular Database.

13. The Northern Ireland AAA screening programme should meet the National Standards for the AAA screening programme and the standards set out in DHSSPS Quality Standards for Health and Social Care and the Service Framework for Cardiovascular Health and Wellbeing.

Follow-up on Patients Diagnosed with AAA

14. Commissioners and Trusts should ensure that arrangements are in place for the timely management of patients detected with an AAA.
15. Emergency repair of ruptured AAA is associated with high mortality, longer hospital stays and higher use of ICU beds. The main impact of the screening programme will be to have a more controlled and managed system of care for patients with AAA. The total number of AAA operations performed will increase due to increasing elective operations as a result of the screening programme however the number of emergency operations will reduce over time as men with AAAs are identified and treated before rupture occurs. In addition to a reduction in mortality, managing AAAs electively will mean a reduction in the overall lengths of stay in hospital and numbers requiring intensive care after emergency surgery.

Resources

16. Under the 2007 Comprehensive Spending Review £800k will be available within the Health Development budget for the development of the AAA screening programme in 2010/11 in order to meet the PfA target. This budget will be allocated to the Public Health Agency within their 2010-11 financial administration and programme monies.

Monitoring and Quality Assurance

17. The AAA screening programme should be subject to ongoing regional performance management and audit. A minimum core of information should be collected to support performance monitoring of the programme, including how it meets national standards and quality assurance measures. The standards are available at <http://aaa.screening.nhs.uk/quality>.
18. Appropriate fail-safe mechanisms should be in place to ensure that screening is offered to all eligible men and that those who require referral are followed up in a timely and appropriate way.

Actions

19. a) The Public Health Agency, Health and Social Care Board, Business Service Organisation and Trusts should work together to ensure appropriate arrangements are in place by March 2011 to offer AAA screening to eligible men aged 65.

