Role of Vascular Nurse Specialists within the NAAASP

Shelagh Murray
Vascular Nurse Consultant
NAAASP Standard Operating Procedure... “Men with AAAs offered appointment to see a Nurse practitioner / Vascular Nurse”

• Basic information given by technicians

• Opportunity to assess /support/help optimise health

• Key clinical support for screening team

• Pathway not only ‘referral’ times

• Most men never see a surgeon
Survey: Nurse consultation n=40

Murray (2013)

• **28%** of men had *‘further concerns’* after technicians advice at screening site

• 74% rated Nurse consultation as excellent & 24% very good

• Negative scores related to travelling distance/parking

• **8%** reported *‘on-going anxiety’* about condition after seeing nurse
“Men with aneurysms require close monitoring, support and secondary prevention to reduce their overall vascular risk and improve outcomes.

……..“an experienced VNS with responsibility for provision of health assessment & lifestyle advice to men who screen positive for AAA below the referral threshold”……………

• ‘One off ‘ appointment / repeated if size increase requiring 3 monthly surveillance /or at man’s request

• National consistency essential- must be < 3 months

• Optimal appointment - < 4-6 wks of initial screen
Nurse assessment models

FACE 2 (FACE) vs. Selective men ONLY

Gold standard
'Hub' site clinic
Community: GP/ health centre
Reducing health inequalities
<table>
<thead>
<tr>
<th>Reason for Appointment</th>
<th>Assessment Details</th>
<th>Requested by Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-month Surveillance</td>
<td>12-month Surveillance</td>
<td>Requested by Patient</td>
</tr>
<tr>
<td>Weight (cm)</td>
<td>Weight (kg)</td>
<td>B.P. Systolic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B.P. Diastolic</td>
</tr>
<tr>
<td>Smoker</td>
<td>Current</td>
<td>Previous</td>
</tr>
<tr>
<td>Taking Prescribed Statins?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Taking Prescribed Asprin?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Summary of Subject Concerns

Recommended Intervention
Nurse Assessment: Best practice

Includes:

Review current medical hx & medication status

Detailed Smoking history

Current diet, exercise & alcohol consumption

Familial history.....sibling/children advice

Explanation of condition/future surveillance

Lifestyle/BP/ medication advice

Medium AAA-new symptoms severe abdo/lower back pain & **brief** operation information

Any questions? Driving /working/hobbies/travelling/ insurance
### Characteristics of 290 men with AAA

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Number of men</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of AAA</td>
<td>31</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Smoking history (current &amp; ex smoker)</strong></td>
<td><strong>257</strong></td>
<td><strong>90%</strong></td>
</tr>
<tr>
<td>Hypertension- known treated</td>
<td>144</td>
<td>51%</td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
<td>59</td>
<td>21%</td>
</tr>
<tr>
<td>Stroke/ Transient ischaemic attack</td>
<td>12</td>
<td>5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>43</td>
<td>15%</td>
</tr>
<tr>
<td>Treated Dyslipidaemia</td>
<td>96</td>
<td>34%</td>
</tr>
</tbody>
</table>
## Men with no risk factors

<table>
<thead>
<tr>
<th>Nil risk factors</th>
<th>Number of men</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No family history</td>
<td>7</td>
<td>2.4%</td>
</tr>
<tr>
<td>Never smoked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ‘known treated’ HTN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two men had untreated resting HTN: 166/102 &amp; 162/106 mmHg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Smoking history of 290 men with AAA

- Current Smokers: 143 (50%)
- Previous Smokers: 117 (40%)
- Never Smoked: 30 (10%)
Prescription status of 290 men with AAA

- Statins: 61%
- Antiplatelets: 49%
- Warfarin: 3%
Follow up communications/referral

- **SMaRT** generated GP letter + copy to patient

- Referrals: local Smoker support teams

- Consult GP (urgent/routine): BP optimisation; commencing secondary prevention

- 4-5 week telephone follow up

*Only men with outstanding anxiety/concerns/referrals*
### Audit: 4 week follow up call (N=32)

<table>
<thead>
<tr>
<th>Outstanding issue</th>
<th>N= men</th>
<th>%</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure review</td>
<td>5</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>Commence statin</td>
<td>16</td>
<td>97%</td>
<td>One patient refusal</td>
</tr>
<tr>
<td>Commence antiplatelet</td>
<td>24</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>Contact with smoker support team</td>
<td>7</td>
<td>100%</td>
<td>-</td>
</tr>
</tbody>
</table>
## Smoker referral outcomes

<table>
<thead>
<tr>
<th>28 referrals -&gt; Trust Smokers Support Team (2015)</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quits</td>
<td>10</td>
<td>36%</td>
</tr>
<tr>
<td>Lost to follow up</td>
<td>8</td>
<td>28%</td>
</tr>
<tr>
<td>Still require 6 month follow up within 6 CCGs</td>
<td>10</td>
<td>36%</td>
</tr>
</tbody>
</table>
**Vascular Nurse Specialist roles**

- **1995** – Independent nurse-led claudication clinics (Binnie; Murray)

**SVN survey** (Allen L, Imperial College):
- 40-49 yrs old females
- 10-14 years vascular nursing experience
- Graduate + additional training
- Varied roles/ levels of responsibility nationally
- Independent nurse–led clinics: PAD / complex ulcer / amputees
- Independent prescribers
- Audit

**2010- Dept. of Health’s:** Position statement on advanced nursing roles
Advanced Vascular nurse Competencies

- Standardise roles nationally
- Educational standards
- Specific responsibilities & autonomy
- Accountable for practice: meet legal & professional standards
- Quality care

• Provision of vascular nursing service—hub/spoke roles’

- Advanced nurse roles

- AfC Skills/knowledge framework

- NAAASP AAA Nurse assessment role should meet competencies
Background & training

- Minimum 3 years post-reg experience in vascular/cardiovascular medicine/surgery

- Management, surveillance & treatment of pt’s with AAAs

- Job description states role within NAAASP: clinical responsibility, accountability structures
Staffing requirements

- **Protected time** for NAAASP role

- **Minimum 0.1 WTE** for programmes undertaking 7000 annual scans - larger programmes require additional WTE

- **Combined VNS role**: limb & AAA patients?

- **Specific VNS (AAA) role**: all AAA patients - surveillance / non NAAASP?

- **Integrate** with screening programme

- **Attend** regular programme board & staff meetings

- **Key clinical expert**: provide education / training & professional development to screening technicians
Update

Abdominal Aortic aneurysm Screening
(Murray, 2013) *Practice Nursing* 24 (8): 396-399

Caring for men with aortic aneurysms (Murray & Harris 2014)
*Practice Nursing* 25 (11) : 545-549

Screening results from large United Kingdom abdominal aortic aneurysm screening center in the context of optimizing United Kingdom National Abdominal Aortic Aneurysm Screening Programme protocols
(Benson, Poole, Murray et al 2015) *Journal of Vascular Surgery*, 16 October 2015 :0741-5214
Thank you