

Role of Vascular Nurse Specialists within the NAAASP

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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

V



Gold
standard

Selective
men ONLY

'Hub' site clinic



Community: GP/ health centre



Reducing health inequalities





NHS Abdominal Aortic Aneurysm Screening Programme		Screening Programme:		«FacilityName»	
Patient Information					
Last Name: «PatientLastName»		First Name (inc Initials): «PatientFirstName»			
ID No: «PatientNHSNo»		Local No: «PatientLocalNo»			
Date of Birth: «PatientDOB»		Appointment Time: «NurseAssApptTime»			
Date of Clinic «NurseAssApptDate»		Attendance Status (Screening)			
Attended on time		DNA		Arrived late - not seen	
				Arrived late - seen	
				Cancelled - patient	
				Cancelled - Health Care Provider	
Contact Details					
Address 1: «ContactAddress1»		Phone: «ContactPhone»		Ext: «ContactP	
Address 2: «ContactAddress2»		Mobile: «ContactPhone»			
Address 3: «ContactAddress3»		Language: «ContactLanguage»			
Address 4: «ContactAddress4»		Ethnic Category «Race»			
Address 5: «ContactAddress5»		Interpreter Required «ContactTranslator»			
Post Code: «Unmodified ContactPost»					
GP Details					
GP CODE: «GPCode»		GP Practice Code: «OrgCode»		Responsible PCT: «PCT»	
Consent					
Name of Person Recording Consent: «NameOfPersonRecordingConsent»		Date of Consent: «DateOfConsent»		Time of Consent: «TimeOfConsent»	
Consent for Data Retention: «ConsentForDataRetention»					
Consent for Research: «ConsentForResearch»					
Clinic Staff					
Nurse Name: «NurseName»		Role: «NurseSpecialist»		Other «Other»	
Assessment Details					
Reason for Appointment: «ReasonForAppointment»		3 month Surveillance		12 month Surveillance	
Height (cm): «Height»		Weight (kg): «Weight»		B.P. Systolic: «BPSystolic»	
BMI: «BMI»				B.P. Diastolic: «BPDiastolic»	
Smoker? «Smoker?»		Current Previous Never		Smoking Cessation Advice Given? «SmokingCessationAdviceGiven?»	
Taking Prescribed Statins? «TakingPrescribedStatins?»		Yes No		Yes No	
Summary of Subject Concerns					
«SummaryOfSubjectConcerns»					
Recommended Intervention					
«RecommendedIntervention»					



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

NO physical
assessment!

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

Risk Factors	Number of men	Percentages
Family history of AAA	31	11%
Smoking history (current & ex smoker)	257	90%
Hypertension- known treated	144	51%
Ischaemic heart disease	59	21%
Stroke/ Transient ischaemic attack	12	5%
Diabetes	43	15%
Treated Dyslipidaemia	96	34%

**Only 46%
normotensive**

**Good BP control -->
reduce rupture rates**



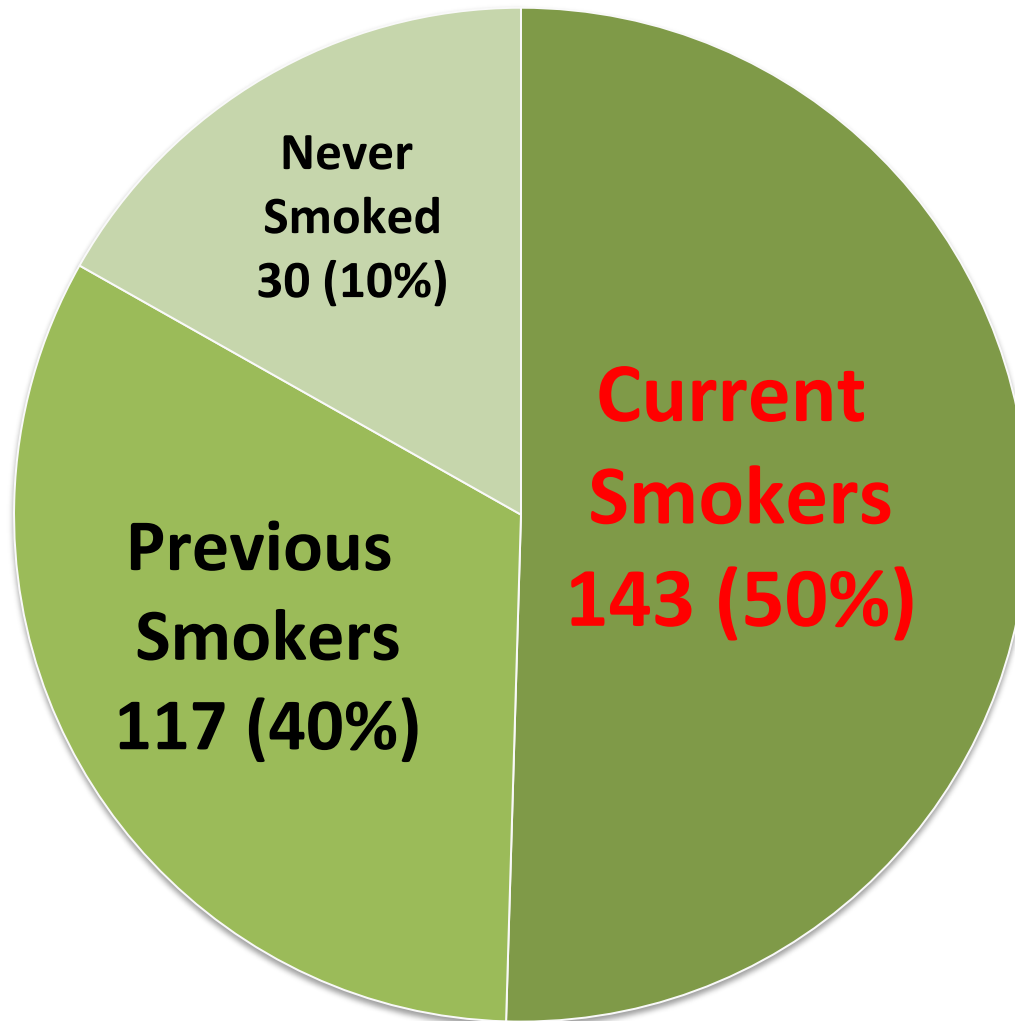
Men with no risk factors

Nil risk factors	Number of men	Percentage
<ul style="list-style-type: none">• No family history• Never smoked• No 'known treated' HTN• Two men had untreated resting HTN: 166/102 & 162/106 mmHg	7	2.4%



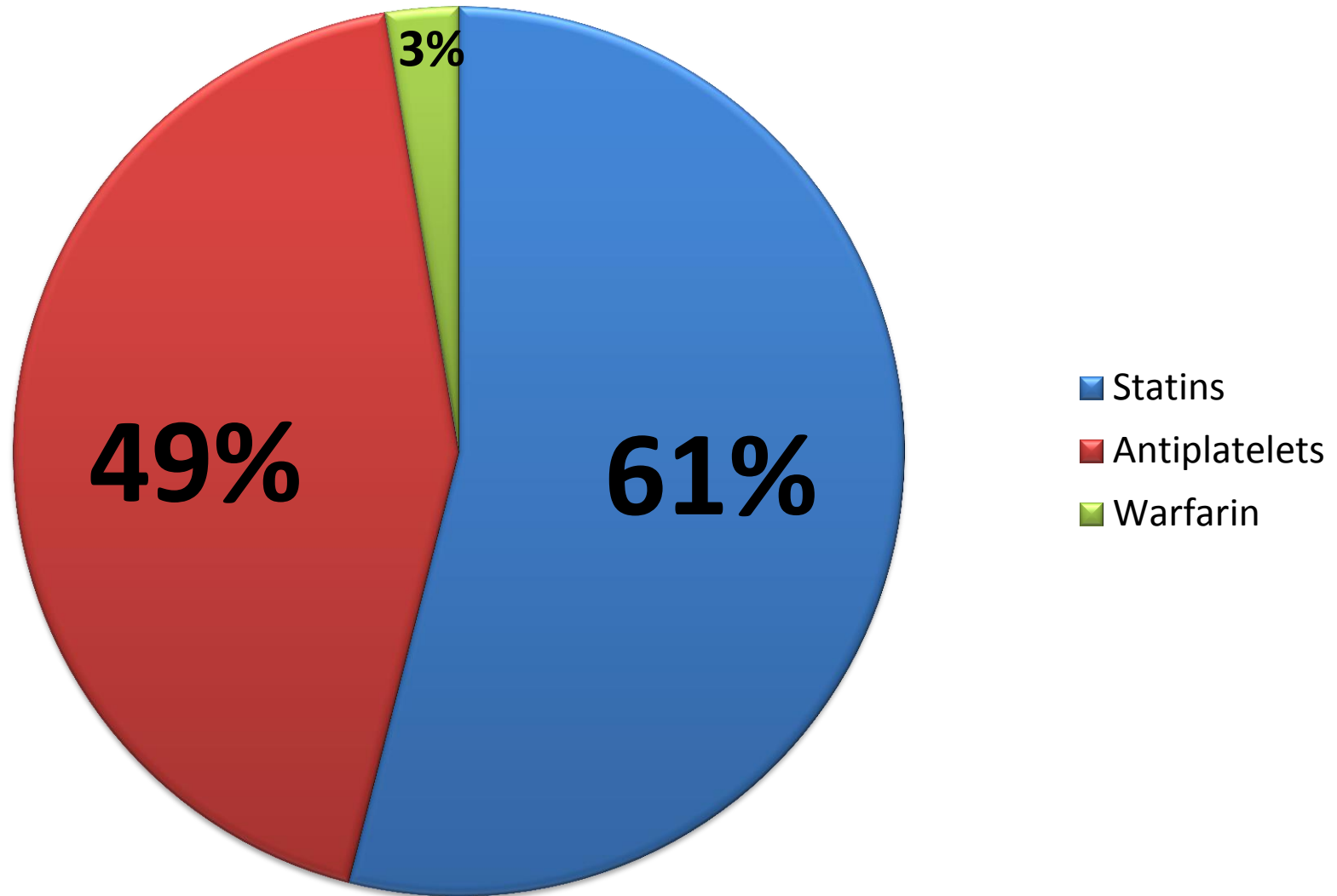


Smoking history of 290 men with AAA





Prescription status of 290 men with AAA





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)

Outstanding issue	N= men	%	Reasons
Blood pressure review	5	100%	-
Commence statin	16	97 %	One patient refusal
Commence antiplatelet	24	100%	-
Contact with smoker support team	7	100%	-



Smoker referral outcomes

28 referrals -> Trust Smokers Support Team (2015)	No	%
Quits	10	36%
Lost to follow up	8	28%
Still require 6 month follow up within 6 CCGs	10	36%

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

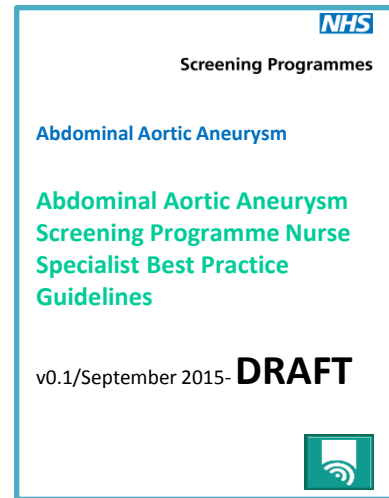


- Standardise roles nationally
- Educational standards
- Specific responsibilities & autonomy
- Accountable for practice: meet legal & professional standards
- Quality care

-  'Provision of vascular nursing service—hub/spoke roles'
-  Advanced nurse roles
-  NHS Employers **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 ? 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