

Abdominal Aortic Aneurysm (AAA) Screening – a four nations approach

Abdominal Aortic Aneurysm (AAA) screening for men in their 65th year has been available across the United Kingdom in all four nations since April 2014. England, Wales, Scotland and Northern Ireland share the same aim: **to reduce AAA related mortality among men aged 65 and over.**

The measurement obtained at a man's screening appointment determines the pathway:

Normal (no AAA) = less than 3cm – discharged from the programme
Small AAA = 3 cm to 4.4 cm – added to surveillance programme
Medium AAA = 4.5 cm to 5.4 cm – added to surveillance programme
Large AAA = 5.5 cm or above – referred to the local Vascular service

Working collaboratively, all four nations benefit from shared learning both on strategic and operational issues.

2014/15 was the first full year of screening where data are available across all four countries (below).

2014/15 Data	England	Wales	Scotland	Northern Ireland
Number of eligible men in their 65 th year offered screening	294,249	19,722	72,232 ¹	9,181
Number of men in their 65 th year who were screened	233,426	15,800	61,942 ¹	7,601
Uptake of initial screening	79.5% ²	80.1%	85.8% ¹	83%
Surveillance uptake	91.0% ³	92.1%	N/A	N/A
AAA detection rate	2,773 (1.2%)	208 1.3%	936 (1.5%)	111 (1.5%)

¹ The cohort of men eligible for screening to 31 March 2014 consisted of: i) men who were aged 65 on the NHS Board implementation date, and ii) men who turned 65 years following the NHS Board implementation date and before 1 April 2014. The data relates to men registered with a Community Health Index (CHI) number. Men in the relevant age range with a CHI number who were subsequently identified as not eligible for screening, for example because they had moved out of the country, are not included in these statistics. **Invited:** men in the eligible cohort who were sent an invitation for screening. The figures include invitations sent to 30 November 2015. For the cohort eligible to 31 March 2014, 99% of invitations were before 1 April 2015. **Attended (uptake):** men in the eligible cohort who attended screening. The figures include screening attendances to 30 November 2015. For the cohort eligible to 31 March 2014, 99% of attendances were before 1 April 2015.

² Uptake has been calculated using the number of eligible men invited within the screening year plus three months and the number of eligible men tested within the initial screening year plus three months. Men may be invited and tested prior to the start of the screening year and are included. Three additional months after the end of the screening year are included to allow men added to the register at the end of March.

³ 91.0% of due appointments with a conclusive test (medium AAA on quarterly surveillance conclusively tested up to 4 weeks before or after the due date, small AAA on annual surveillance conclusively tested up to 6 weeks before or after the due date). Note this standard counts appointments due not men.

Self referral

Men over 65 are not invited routinely but can refer themselves for screening by contacting their local programme. Men who self-referred and were subsequently screened are included in the table below.

2014/15 Data	England	Wales	Scotland	Northern Ireland
Number of eligible men over 65 who self-referred and were screened	24,765	N/A ⁴	1,393	583
Prevalence rate	2.7%	N/A	2.7%	2.6%

Treatment standards

One of the most important elements of the screening programme is what happens when a man is detected with a large AAA. Programmes must refer to treatment centres that follow the Vascular Society for Great Britain and Ireland (VSGBI) framework for improving the results of elective AAA repair. Results against pathways standards are noted below.

2014/15 Data	England	Wales	Scotland	Northern Ireland
Number of men referred for treatment for large AAAs	687	31	TBC ⁶	22
Timely referral to elective vascular network within one working day for men with AAA \geq 5.5cm	99.3%	96.8%	99%	95%
Timeliness of intervention - 8 weeks to treatment for those men with AAA \geq 5cm who are fit for surgery and not declining	58.6%	85.2% ⁵	TBC ⁶	86%
30 day mortality rate post-surgery	1.2%	0%	TBC ⁶	0%

All four countries' screening programmes are committed to reducing health inequalities. Using available data to ensure equity of access and uptake is a fundamental part of the screening process. As the first four nations report on AAA Screening, an analysis of data at this level is not included. This will, however, be included in future reports.

Further information available:

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⁴ Self-referrals implemented in Wales on 1 May 2015

⁵ Includes large & very large, i.e. 4 & 8 week limits

⁶ Data will be available March 2017