Abdominal Aortic Aneurysm (AAA)Screening

Elizabeth Rennie

Aim of the AAA Screening Programme

NHS Greater Glasgow and Clyde

- Reduce the mortality rate associated with the risk of rupture in men aged 65 years and older.
- Shift the balance of care from reactive emergency management to elective management.
- Provide a consistent high quality screening programme.
- Ensure the effective co-ordination of AAA screening activities in Scotland.

Overview of the AAA Screening Programme

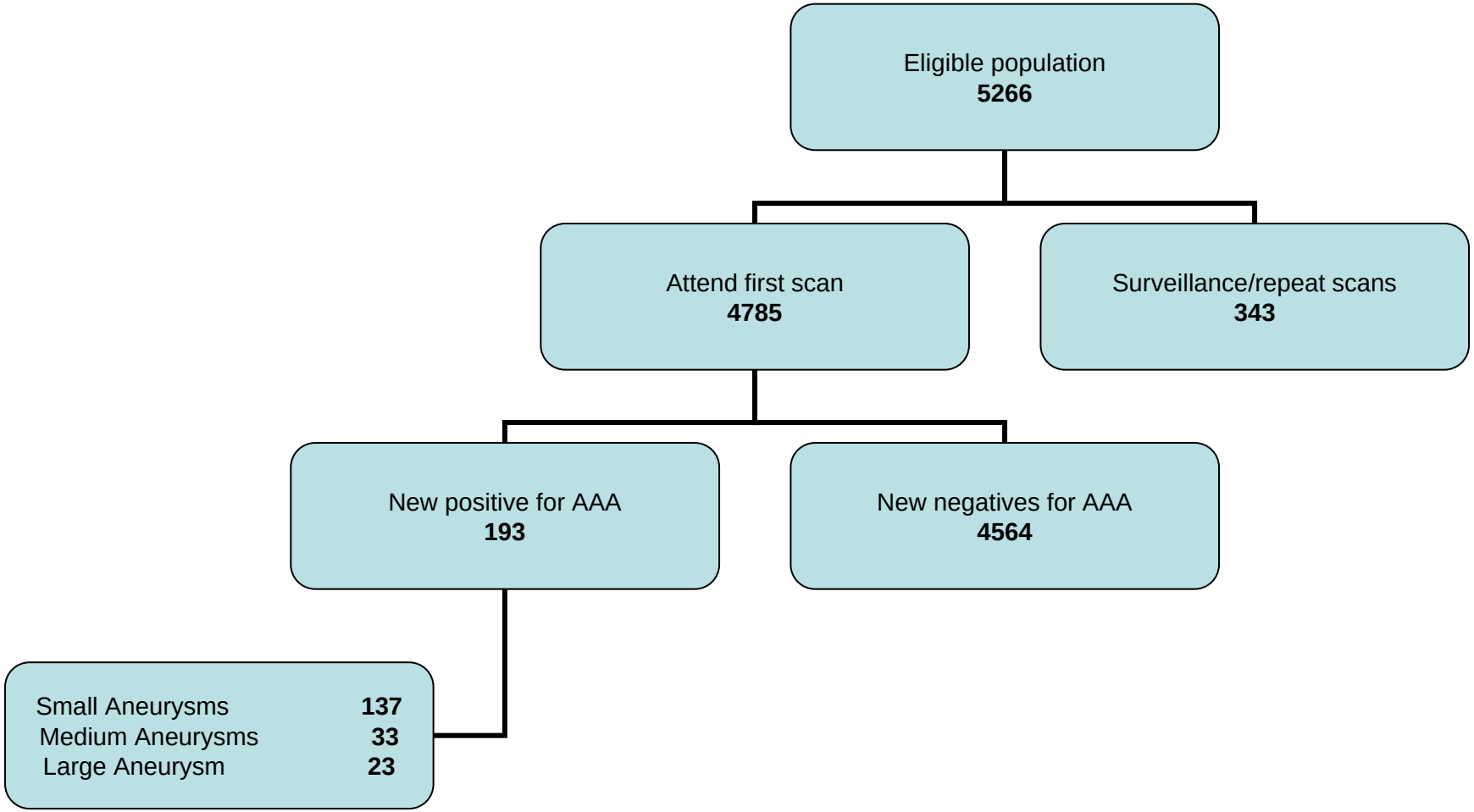
NHS Greater Glasgow and Clyde

Cohort

- All male participants who are aged 65 at the time of go live are considered part of the eligible cohort
- The community health index (CHI) is used to provide the demographic details of the participant.
- Call and Recall will cover both NHS Greater Glasgow & Clyde and Forth Valley

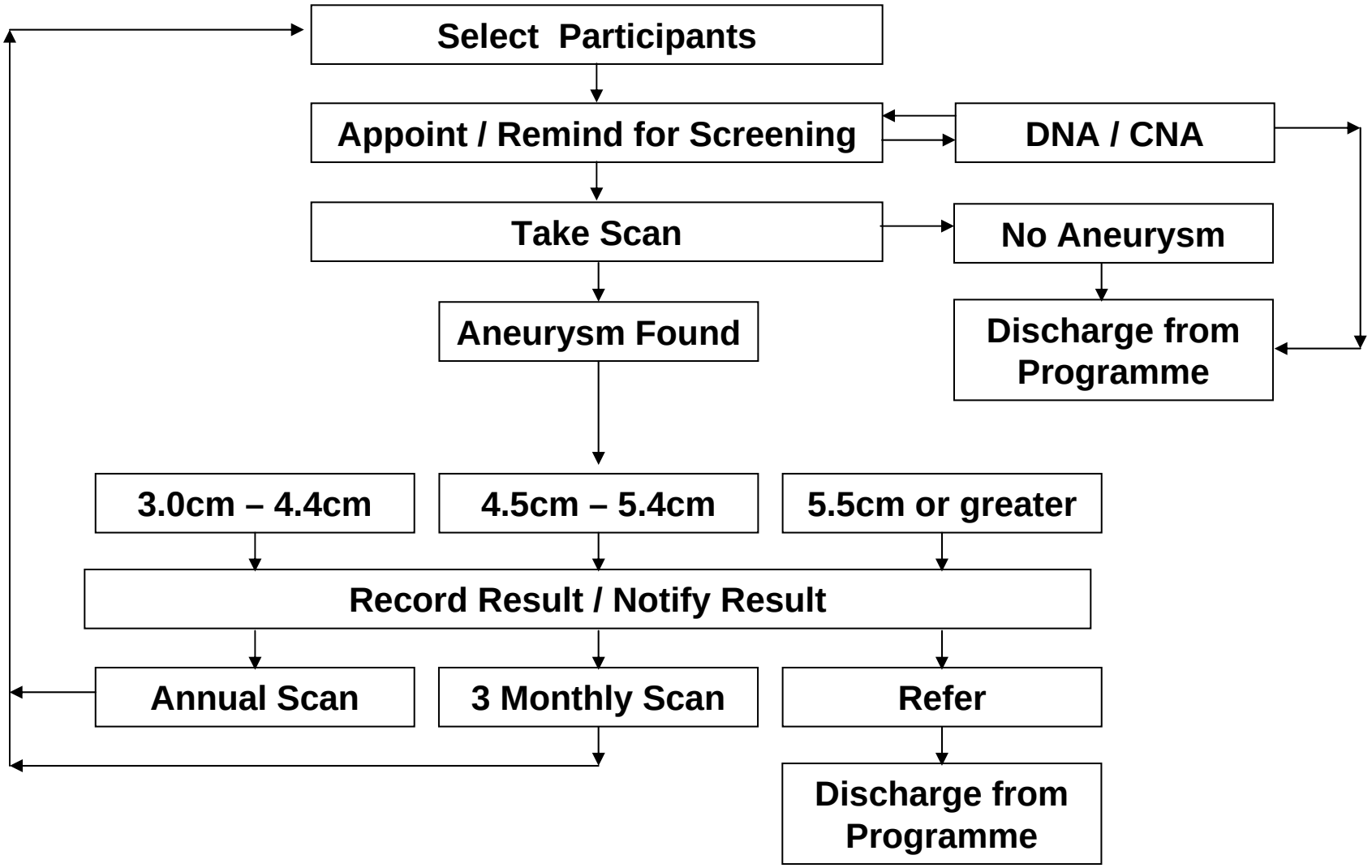
Projected Figures for AAA Screening

NHS GG&C source data NSD 2011



AAA Screening Episode

NHS Greater Glasgow and Clyde



AAA Application Screening modules

- **Call and Recall** will cover the population of:-
  NHS Greater Glasgow & Clyde & NHS Forth Valley

- **Screening/ Sonographer** will scan residents of :-
  NHS Greater Glasgow & Clyde

- **Vascular Services** will deal with participants referred from:-
  NHS Greater Glasgow & Clyde
  Argyll & Bute area
  Island of Barra

Key Performance Indicators Essential Criteria

NHS Greater Glasgow and Clyde

Invitation and attendance

- 90% of eligible population are offered screening.
- 70% uptake
- 90% of those identified for surveillance attend.

Key Performance Indicators Essential Criteria

NHS Greater Glasgow and Clyde

Minimising Harm

- < 3% of screening encounters where the aorta could not be visualised.

- > 96% accurate calliper placement determined by review of static image.

Key Performance Indicators Essential Criteria

NHS Greater Glasgow and Clyde

Results

- 97% of results are communicated on the same day

Referrals

- 75% are seen by a vascular specialist within 10 working days from referrral.

- 60% are deemed appropriate for intervention or operated on within 40 working days from referral

Key Performance Indicators Essential Criteria

Outcome post treatment

< 5% 30 day mortality rate following elective AAA surgery.

< 4% 30 day mortality rate following EVAR intervention

NHS
Greater Glasgow and Clyde

Any Questions

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NHS
Greater Glasgow and Clyde

AAA Screening Call and Recall

Elizabeth Rennie
Programme Manager
Screening Department

Screening Department

- Currently based at Templeton Business Centre, 62 Templeton St, Glasgow G40 1DA

- Deal with the administration and management of:-
  - Scottish Immunisation Recall System
  - Child Health Surveillance System – Pre School and School
  - Newborn hearing screening
  - Pregnancy and Newborn screening
  - Cervical Cytology Screening
  - Diabetic Retinopathy Screening
  - Bowel Screening – Positive referrals
  - Pre- School Vision Screening

Screening Locations

- Stobhill ACH
- Victoria ACH
- Others to be determined

Initially 12 participants per session will be invited to attend for AAA Screening.

Call/Recall process

- Screeners/sonographers will advise call/recall of the available sessions at least 6 weeks in advance of a clinic.
- Appointments will be issued at least 3 weeks in advance
- Participant attends – result letter issued and if appropriate participant will be given a new recall date dependant on the result of the previous scan.
- Participant Does Not Attend – reminder letter issued as soon as DNA updated on AAA application.
- If participant does not get in touch within 30 days after the reminder letter is issued a non responder letter is issued.
- If still no contact 30 days after the non responder letter is issued the AAA application is updated automatically to reflect the participant is a defaulter.
- Referrals to Vascular will remove the participant from the eligible cohort but an outcome from vascular is required to close the call and recall episode of care.

Referral to Vascular

- If the measurement is greater than or equal to 5.5cm a referral message is sent to medical records via SCI Gateway.
- Medical records will appoint to the vascular service.
- Vascular services will update the AAA application with an outcome from the appointment.
- Participant is removed from the screening cohort.

Failsafe

- The Screening Department will view the eligible cohort and will be able to ascertain if there are participants who are overdue.
- This will lead to a discussion with the screeners/sonographers regarding availability of screening sessions.
- A query will be run to ascertain that the correct number of referrals have been sent to SCI Gateway.
- The Screening Department will receive a report if a participant has been referred to Vascular but no outcome has been added to the AAA database after a specified number of days.
- Programme Manager's paranoia☺

Outputs

Printed and posted from the central print site

- Appointment letters
- Reminder letters
- Non Responder letters
- Opted Out letters
- Result letters

NHS
Greater Glasgow and Clyde

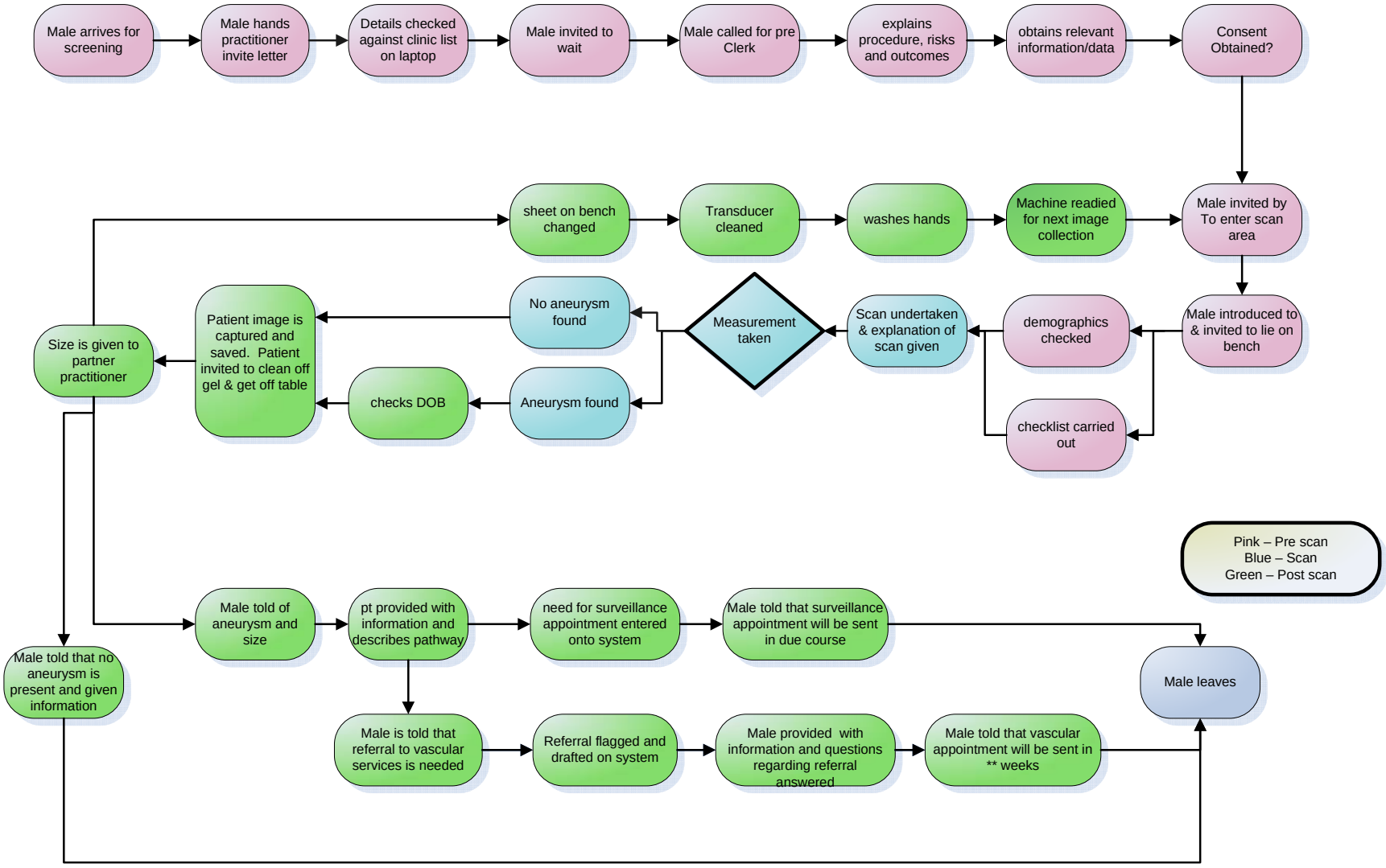
Any Questions

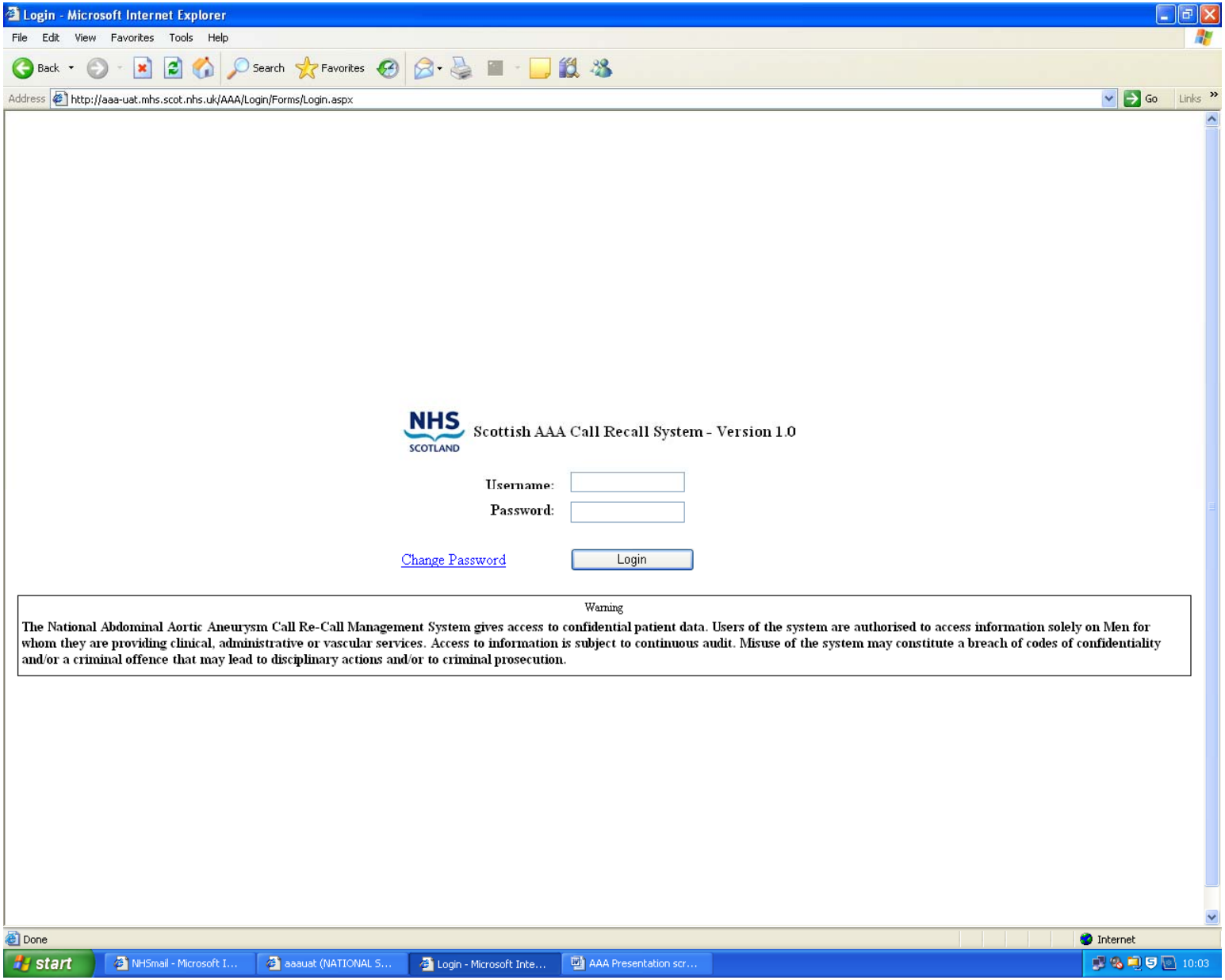
?

AAA Screening Ultrasound Scan

Frith Noble
Sonographer / Lead Screener

31st January 2013


Male arrives for screening
Male hands practitioner invite letter
Details checked against clinic list on laptop
Male invited to wait
Male called for pre Clerk
explains procedure, risks and outcomes
obtains relevant information/data
Consent Obtained?
Male invited by To enter scan area
Machine readied for next image collection
washes hands
Transducer cleaned
sheet on bench changed
Male introduced to & invited to lie on bench
demographics checked
checklist carried out
Scan undertaken & explanation of scan given
Measurement taken
No aneurysm found
Aneurysm found
checks DOB
Patient image is captured and saved. Patient invited to clean off gel & get off table
Size is given to partner practitioner
Male told that no aneurysm is present and given information
Male told of aneurysm and size
pt provided with information and describes pathway
need for surveillance appointment entered onto system
Male told that surveillance appointment will be sent in due course
Male is told that referral to vascular services is needed
Referral flagged and drafted on system
Male provided with information and questions regarding referral answered
Male told that vascular appointment will be sent in ** weeks
Male leaves
Pink – Pre scan
Blue – Scan
Green – Post scan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Scottish AAA Call Recall System - Version 1.0
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Password:
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Warning
The National Abdominal Aortic Aneurysm Call Re-Call Management System gives access to confidential patient data. Users of the system are authorised to access information solely on Men for whom they are providing clinical, administrative or vascular services. Access to information is subject to continuous audit. Misuse of the system may constitute a breach of codes of confidentiality and/or a criminal offence that may lead to disciplinary actions and/or to criminal prosecution.
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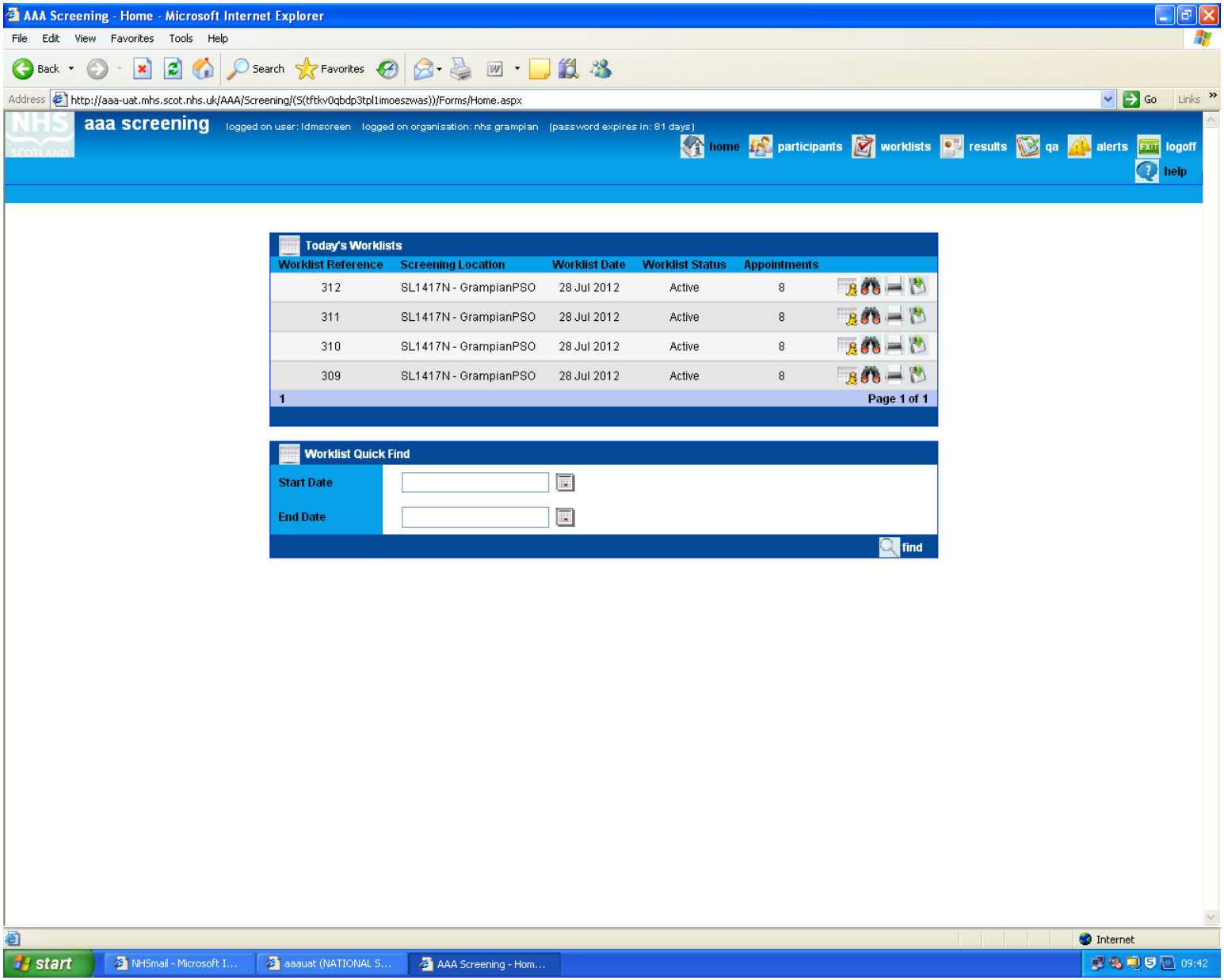
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311 SL1417N - GrampianPSO 28 Jul 2012 Active 8
310 SL1417N - GrampianPSO 28 Jul 2012 Active 8
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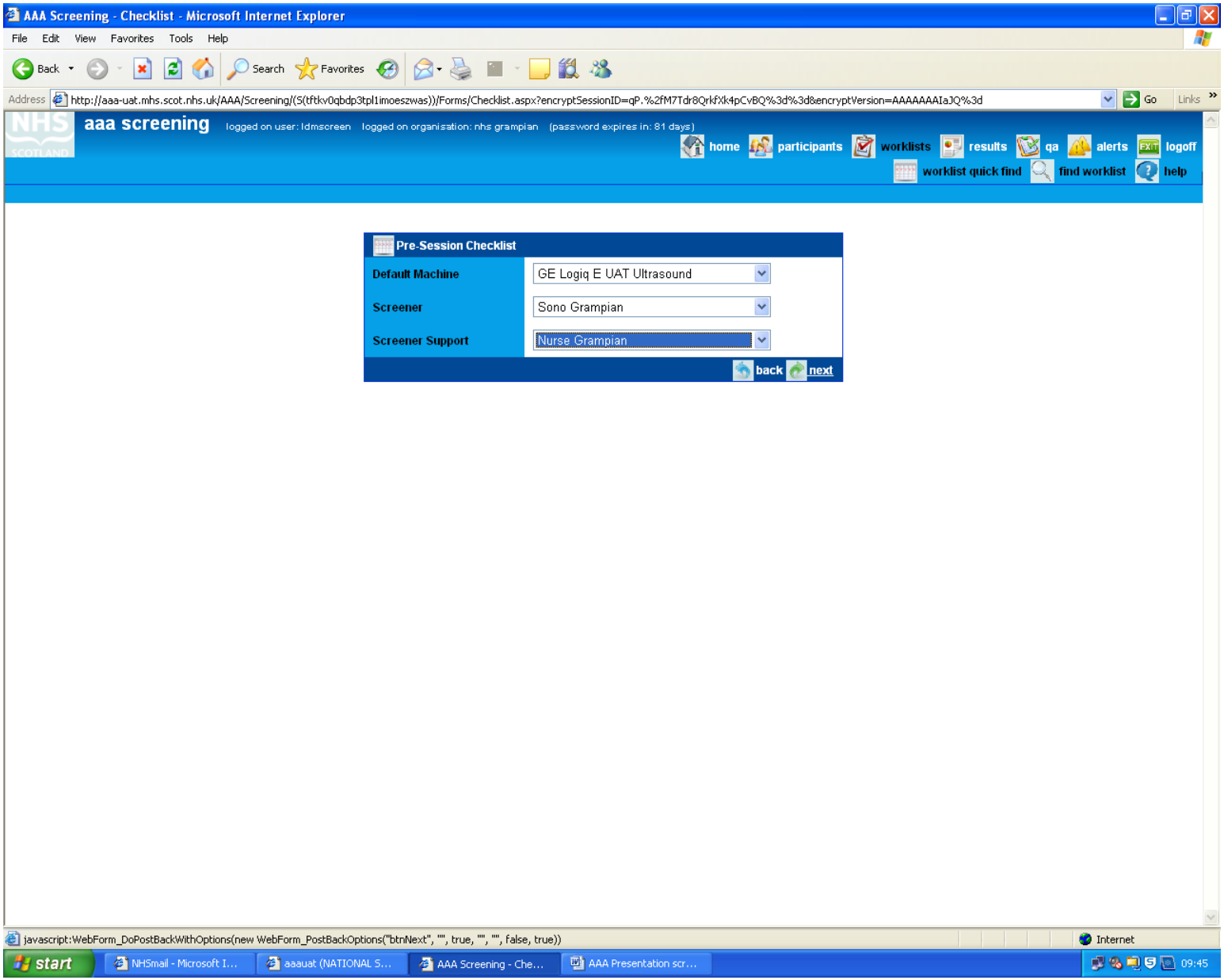
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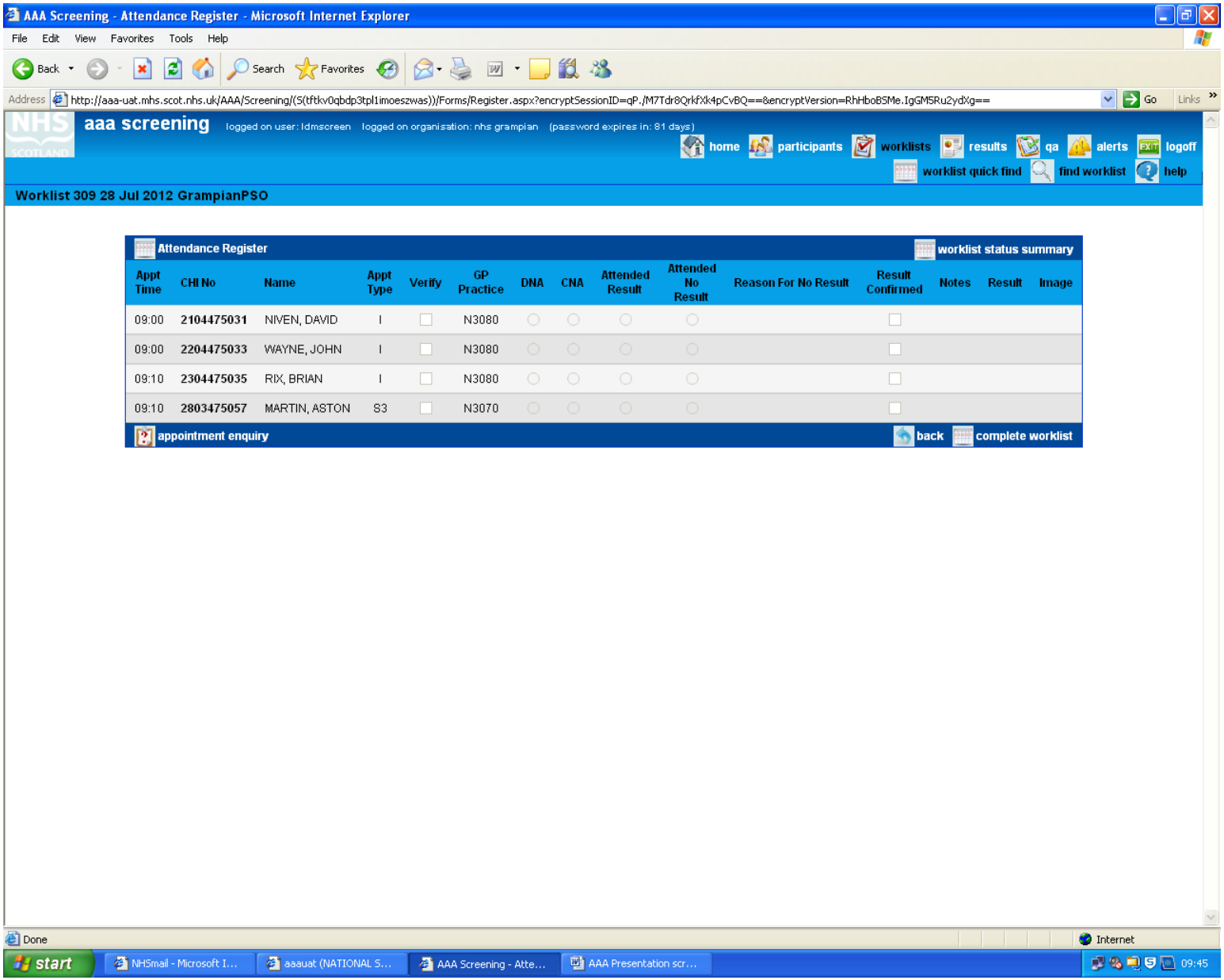
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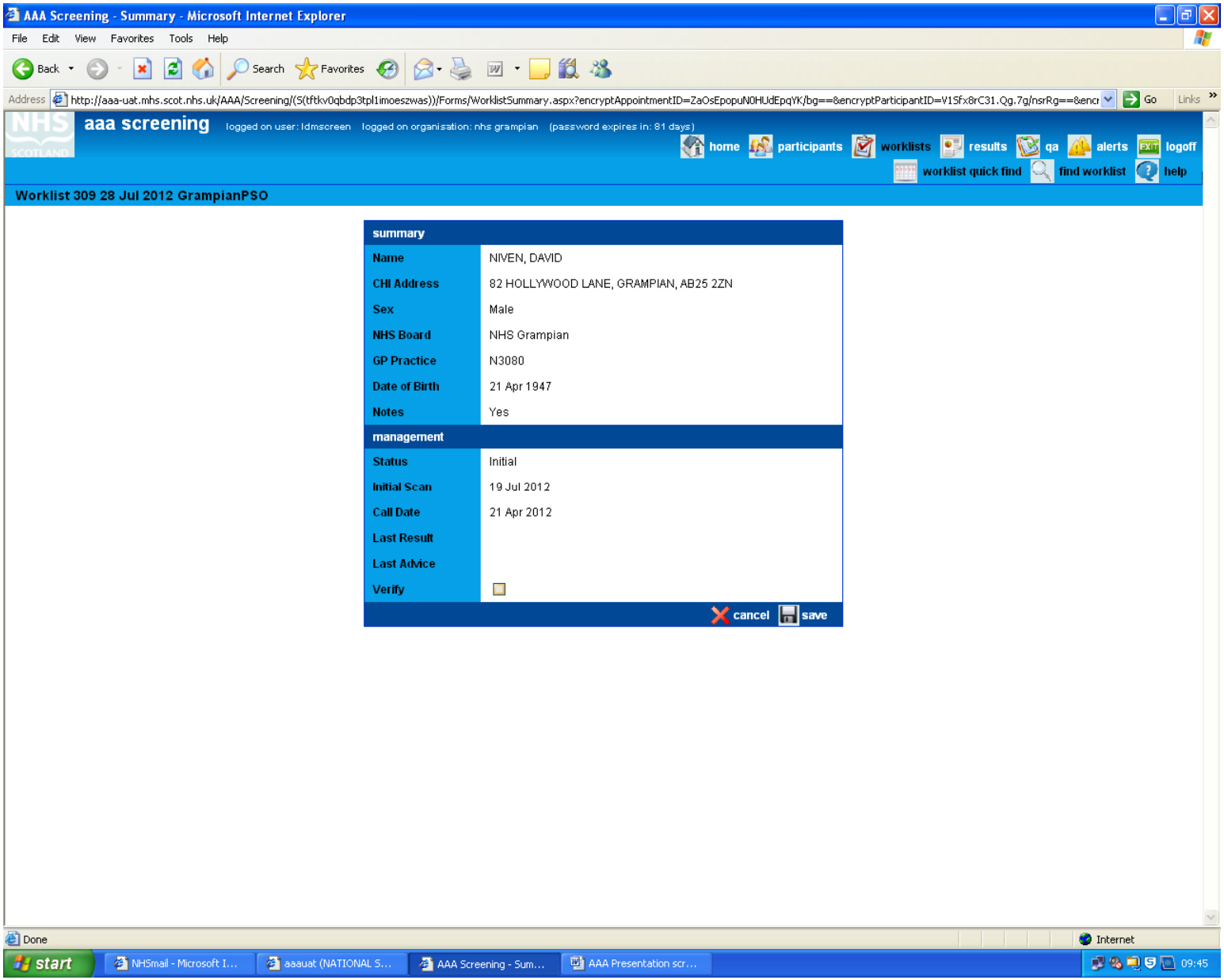
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NHS Board NHS Grampian
GP Practice N3080
Date of Birth 21 Apr 1947
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Call Date 21 Apr 2012
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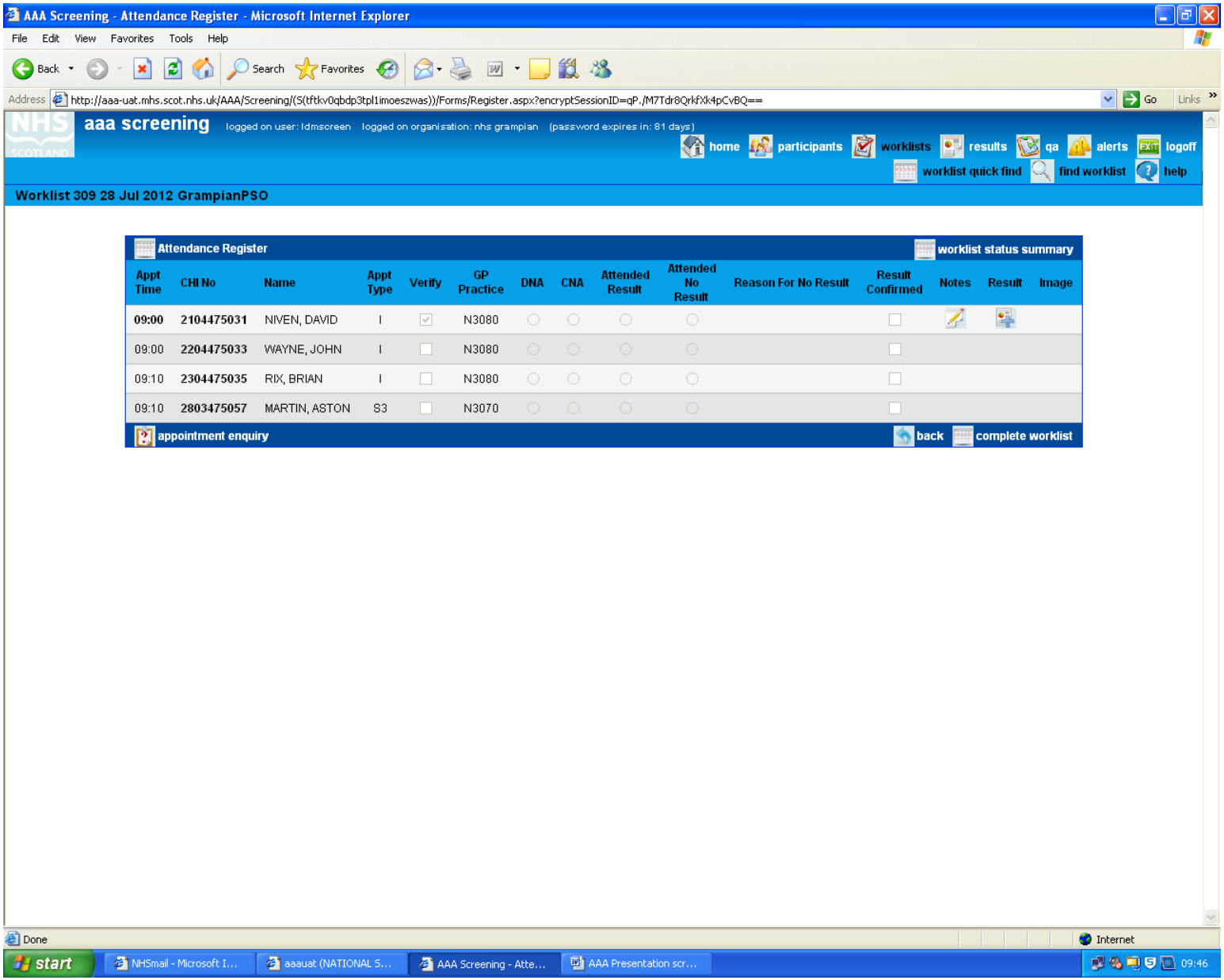
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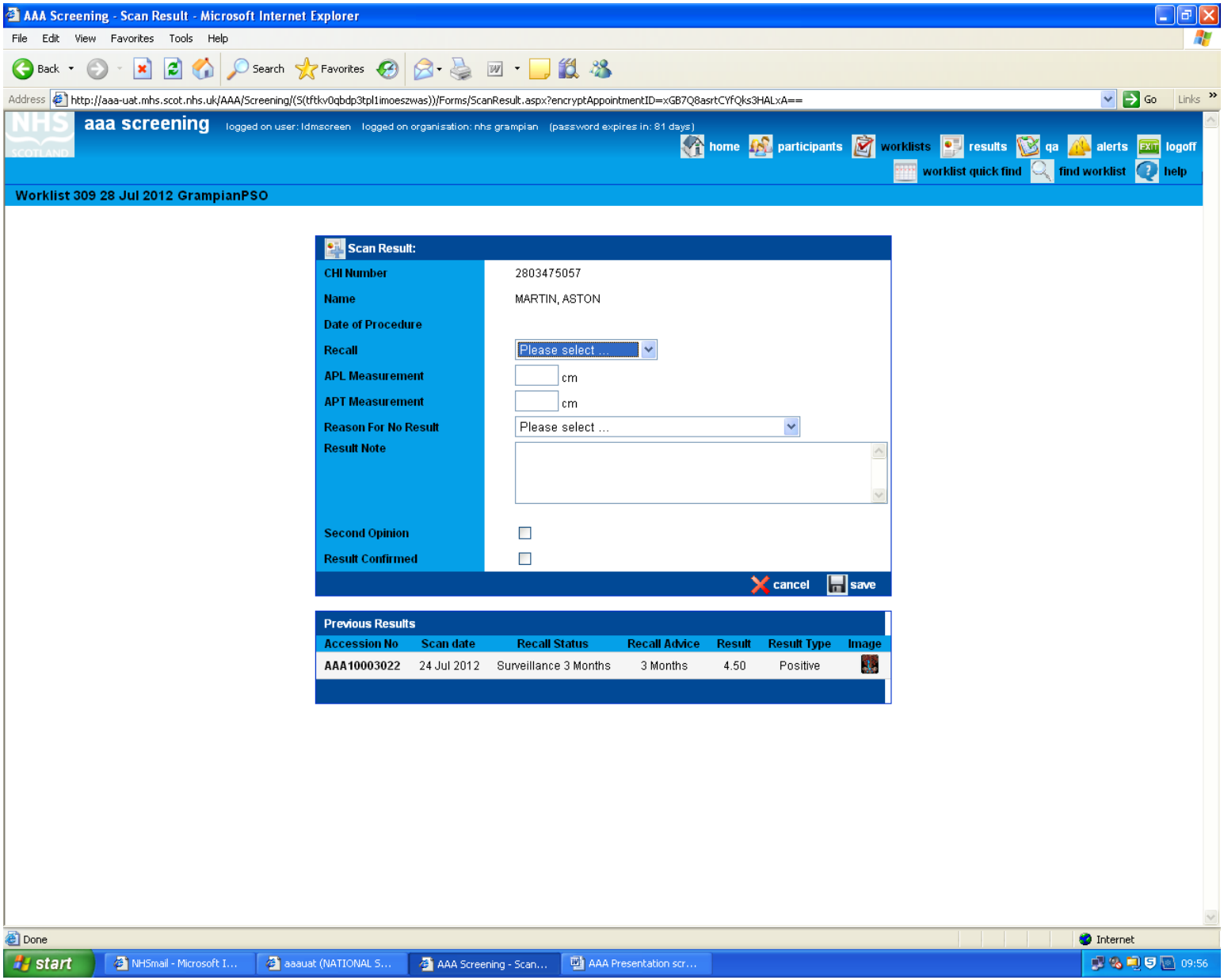
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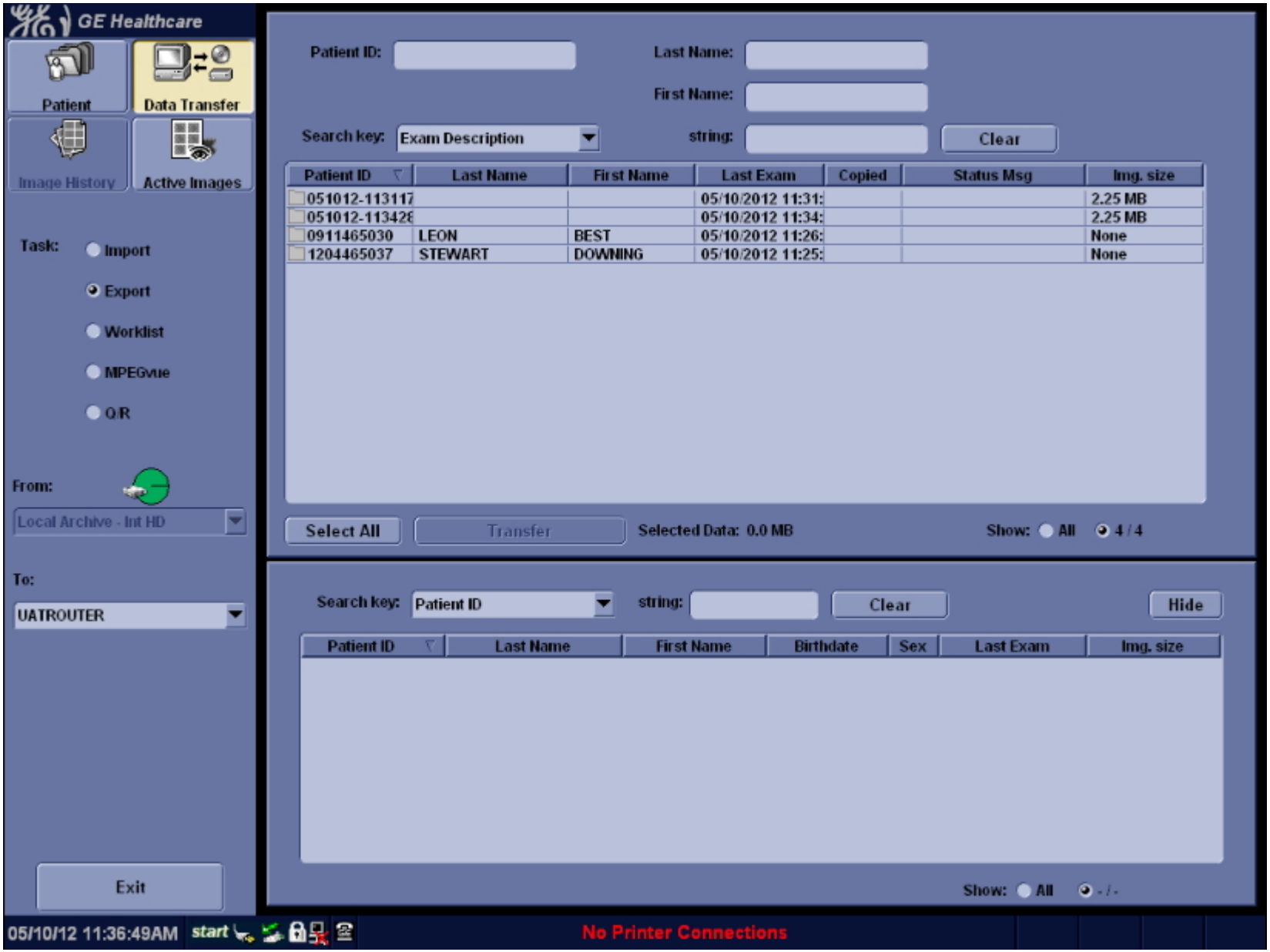
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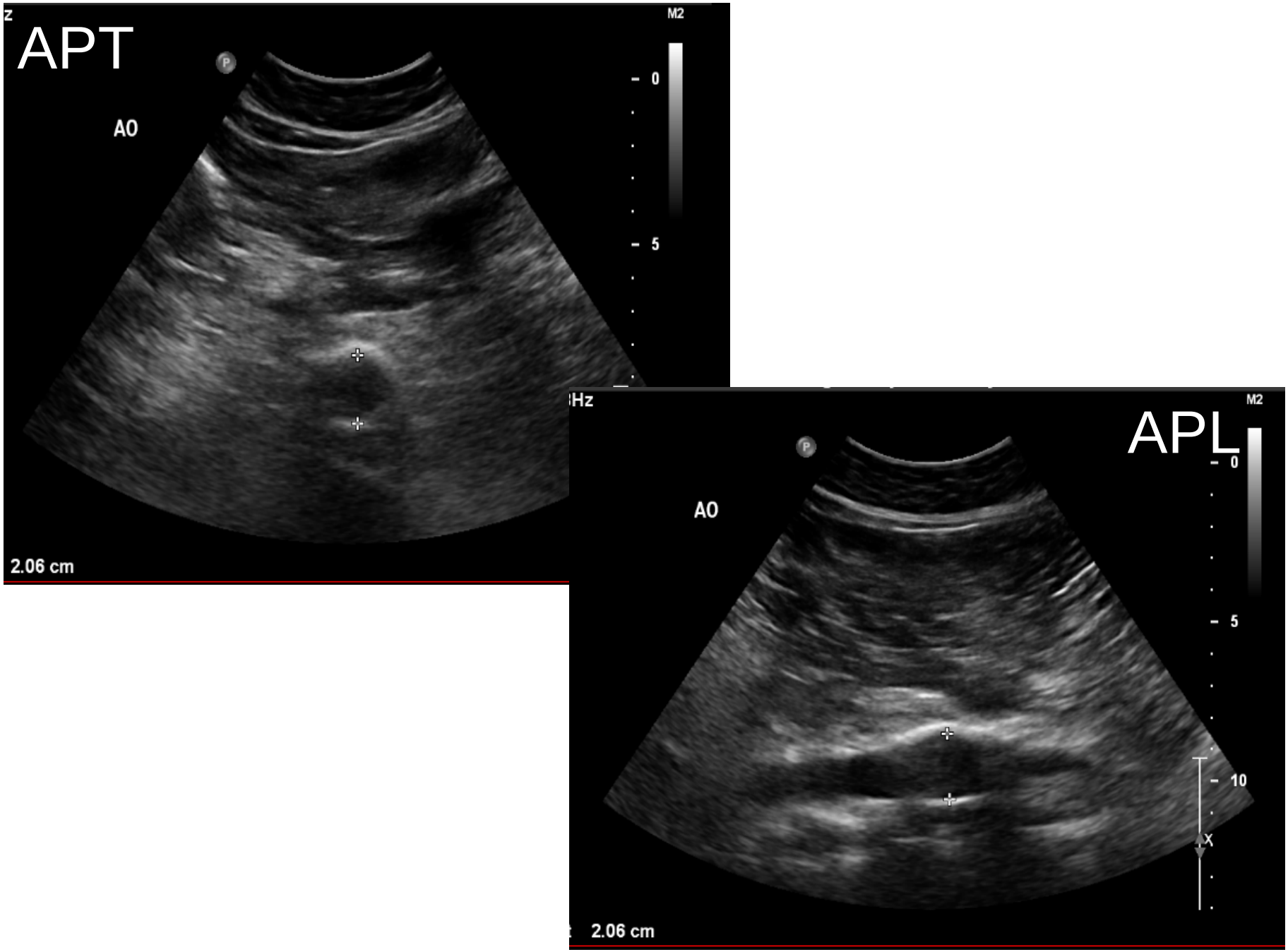
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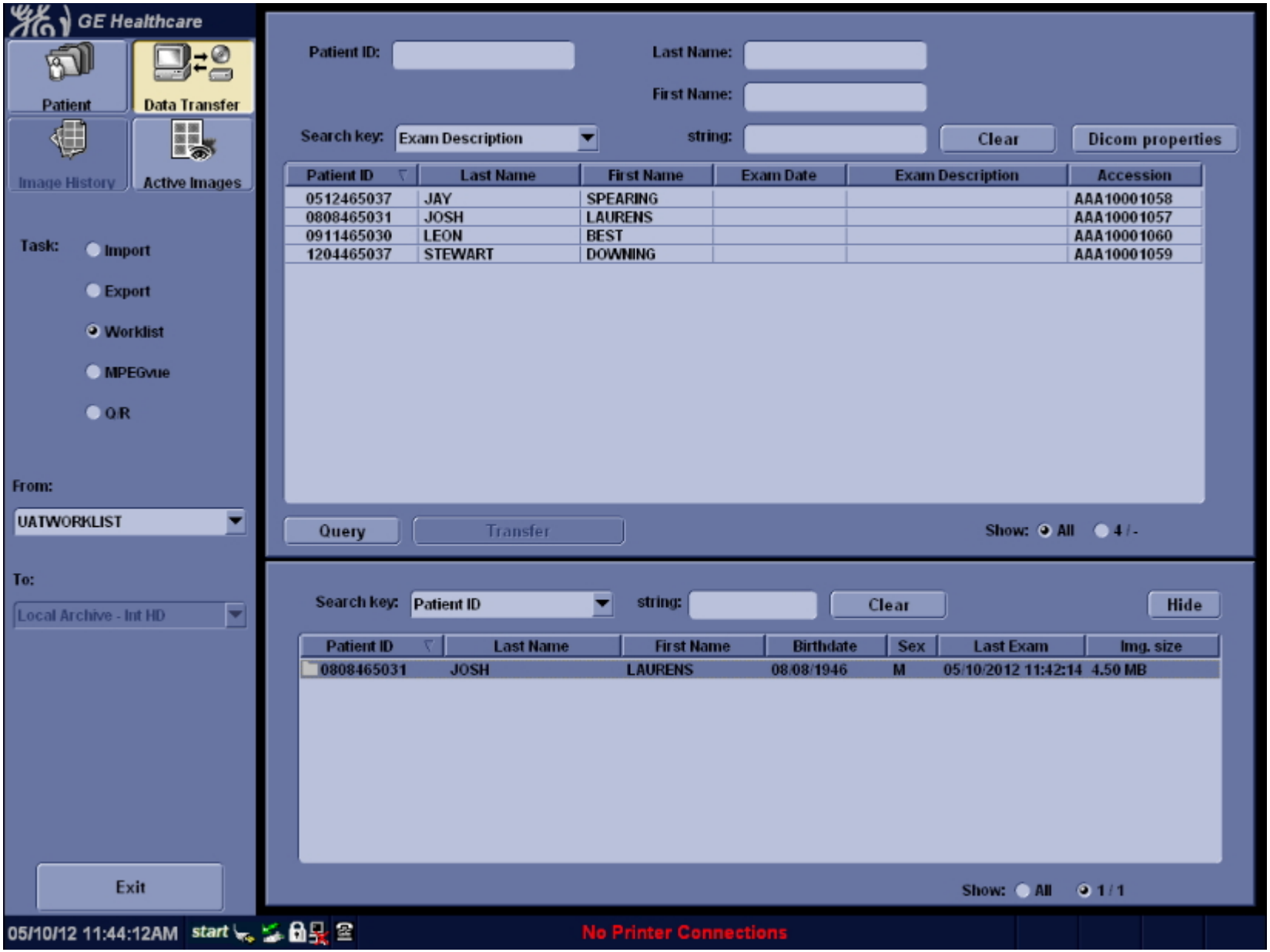
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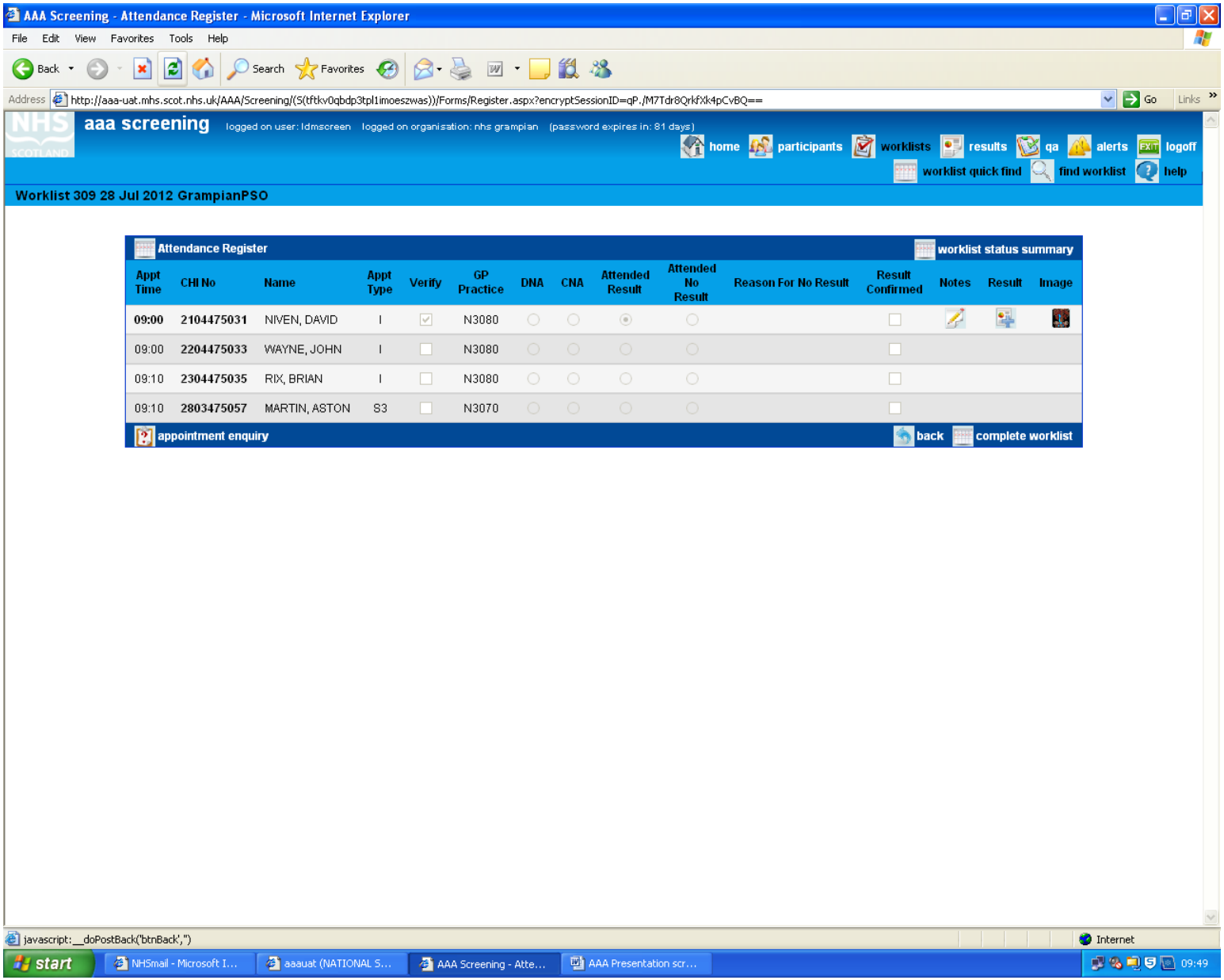
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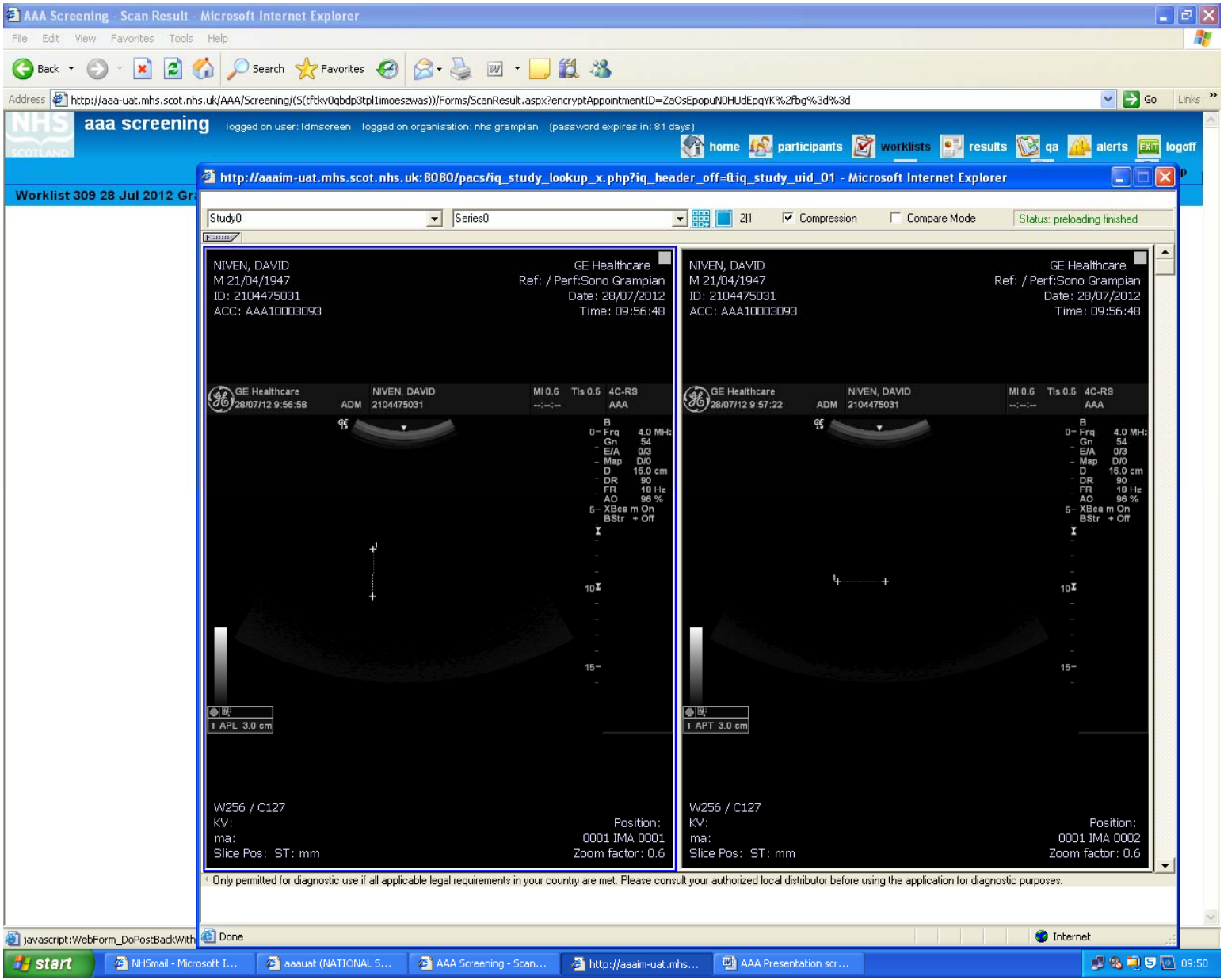
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Only permitted for diagnostic use if all applicable legal requirements in your country are met. Please consult your authorized local distributor before using the application for diagnostic purposes.
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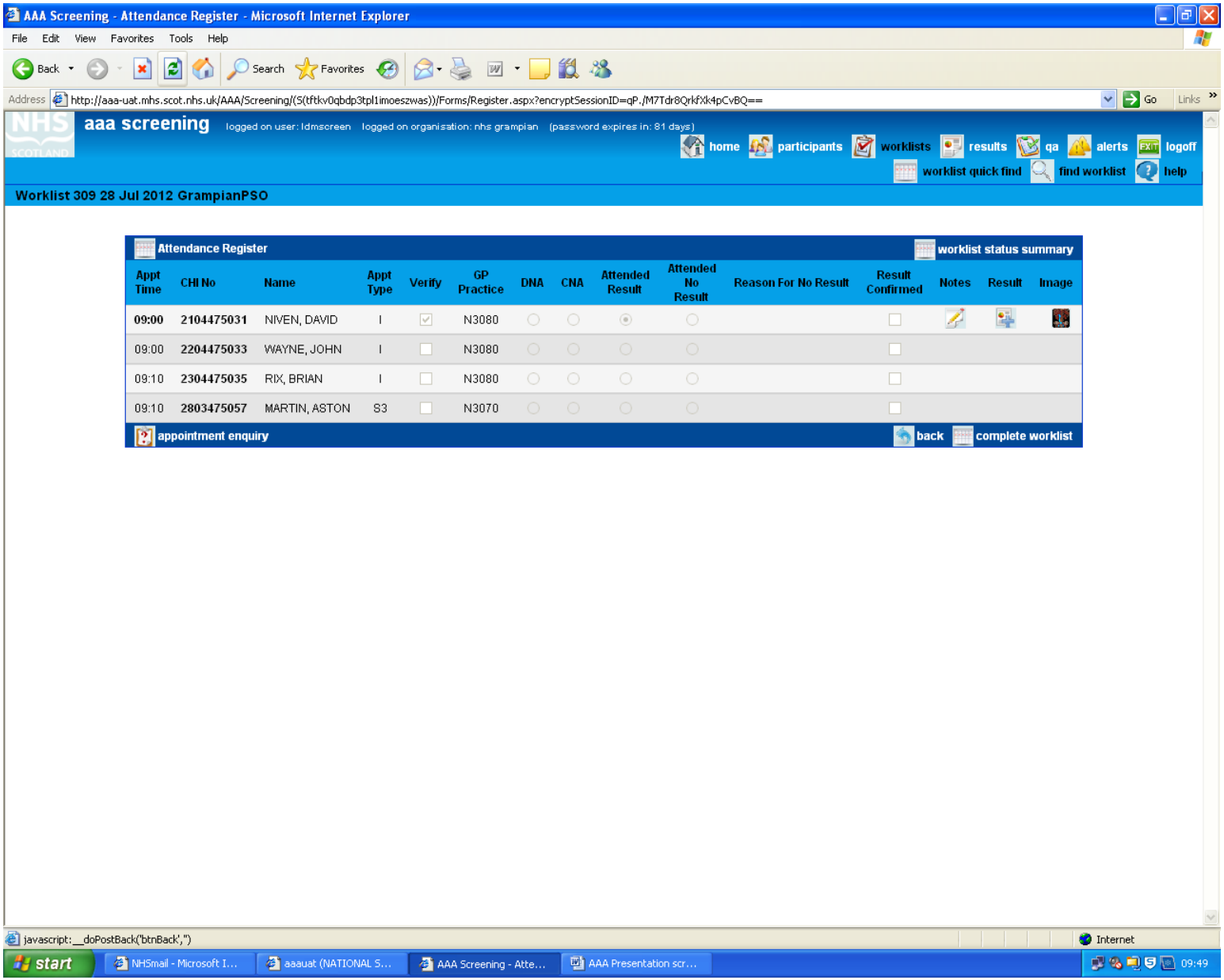
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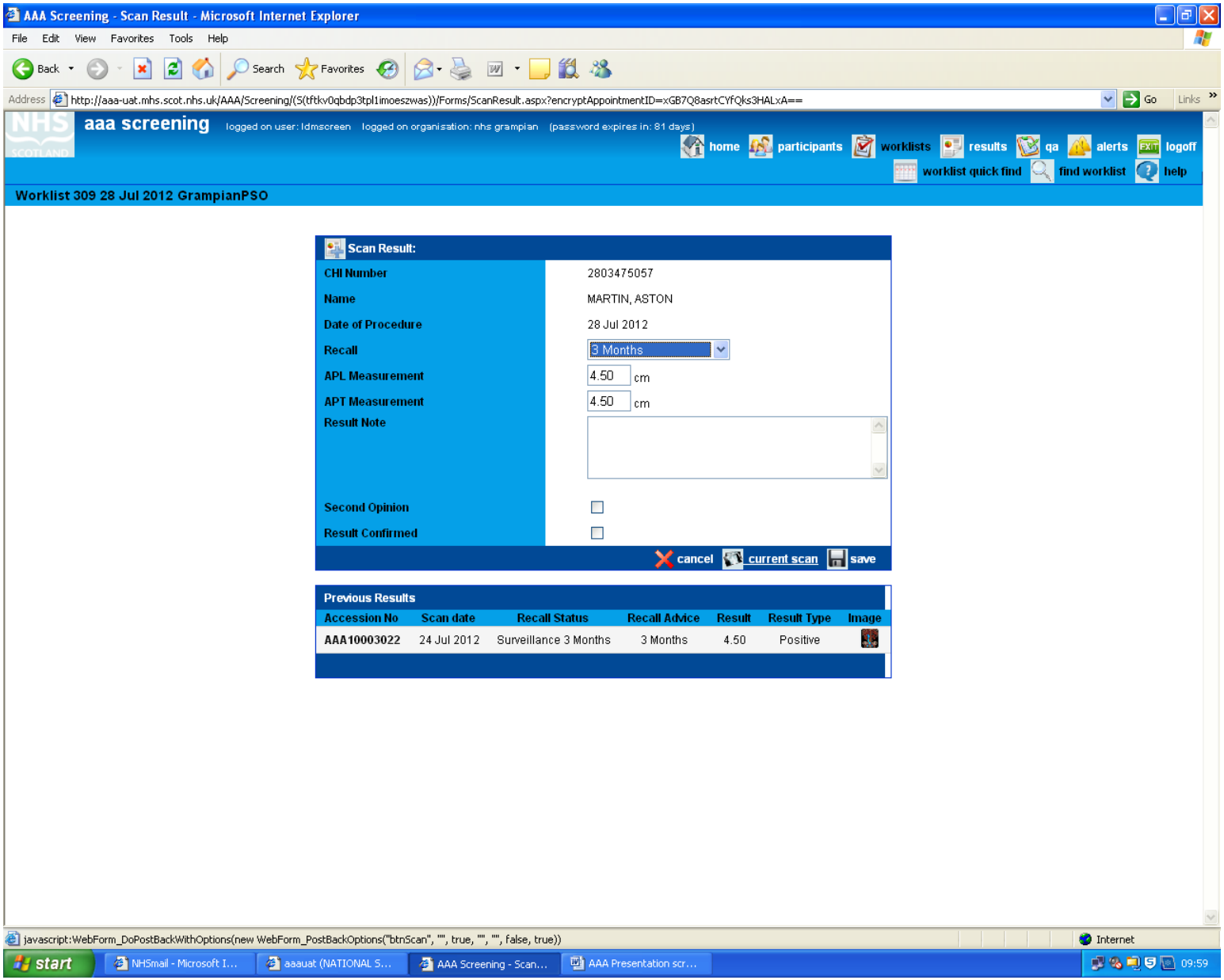
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File Edit View Favorites Tools Help
Back Search Favorites
Address http://aaa-uat.mhs.scot.nhs.uk/AAA/Screening/(S(tftkv0qbdp3tpl1imoeszwas))/Forms/ScanResult.aspx?encryptAppointmentID=xGB7Q8asrtCYfQks3HALxA==
Go Links
aaa screening
logged on user: ldmscreen logged on organisation: nhs grampian (password expires in: 81 days)
home participants worklists results qa alerts logoff
worklist quick find find worklist help
Worklist 309 28 Jul 2012 GrampianPSO
Scan Result:
CHI Number 2803475057
Name MARTIN, ASTON
Date of Procedure 28 Jul 2012
Recall 3 Months
APL Measurement 4.50 cm
APT Measurement 4.50 cm
Result Note
Second Opinion
Result Confirmed
cancel current scan save
Previous Results
Accession No Scan date Recall Status Recall Advice Result Result Type Image
AAA10003022 24 Jul 2012 Surveillance 3 Months 3 Months 4.50 Positive
javascript:WebForm_DoPostBackWithOptions(new WebForm_PostBackOptions("btnScan", "", true, "", "", false, true))
Internet
start
NHSmail - Microsoft I...
aaauat (NATIONAL S...
AAA Screening - Scan...
AAA Presentation scr...
09:59

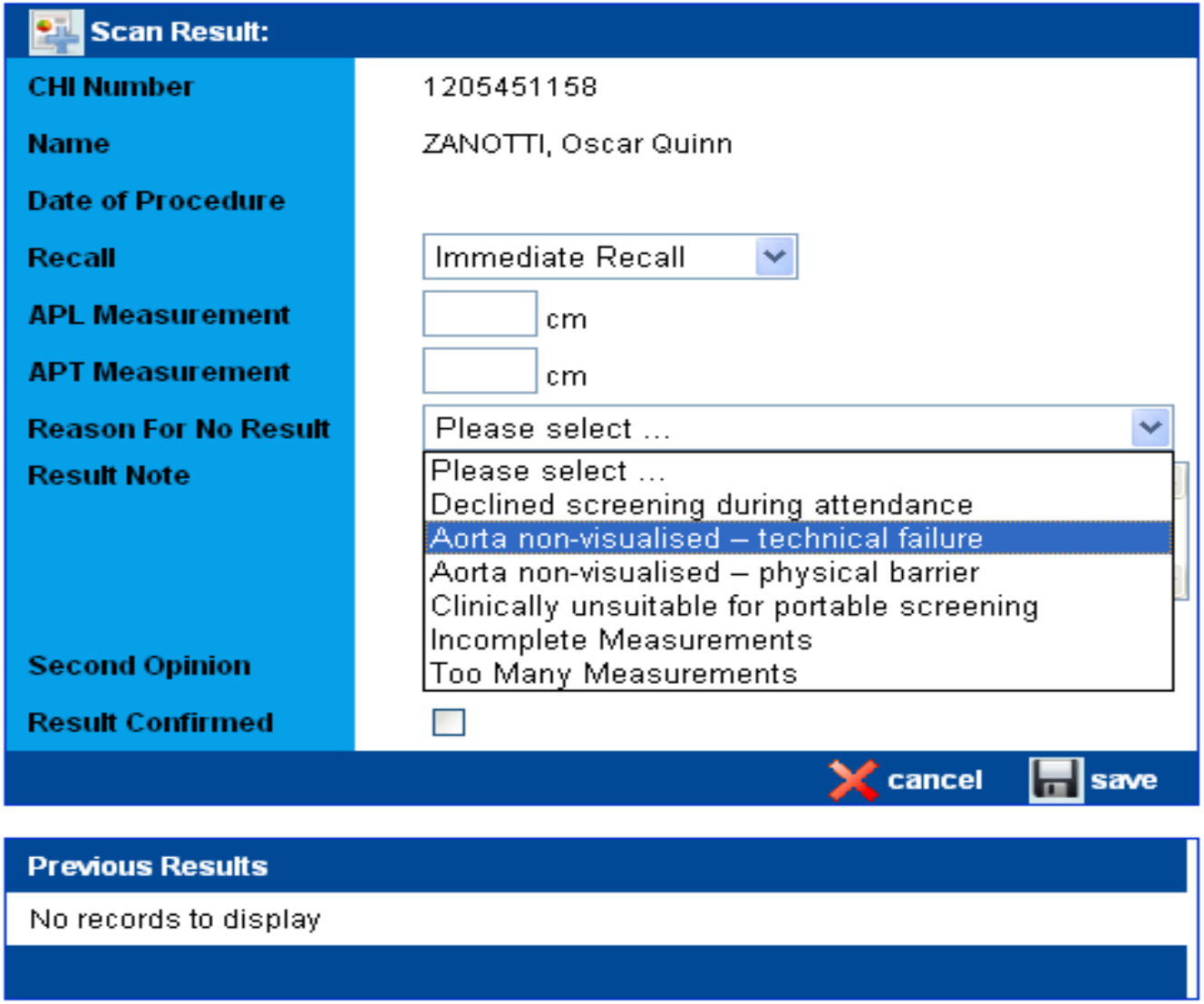
Scan Result:

CHI Number	2001475039
Name	DRAWS, CHESTER
Date of Procedure	
Recall	12 Months
APL Measurement	3.1 cm
APT Measurement	3.1 cm
Reason For No Result	Please select ...
Result Note	Record any notes relevant to why you are seeking a second opinion.
Second Opinion	☑
Result Confirmed	☐

cancel save

Previous Results

Accession No	Scan date	Recall Status	Recall Advice	Result	Result Type	Image
AAA10003012	20 Jul 2012	Surveillance 12 Months	12 Months	3.40	Positive	


Scan Result:
CHI Number
1205451158
Name
ZANOTTI, Oscar Quinn
Date of Procedure
Recall
Immediate Recall
APL Measurement
cm
APT Measurement
cm
Reason For No Result
Please select ...
Result Note
Please select ...
Declined screening during attendance
Aorta non-visualised – technical failure
Aorta non-visualised – physical barrier
Clinically unsuitable for portable screening
Incomplete Measurements
Too Many Measurements
Second Opinion
Result Confirmed
cancel
save
Previous Results
No records to display

Attendance Register

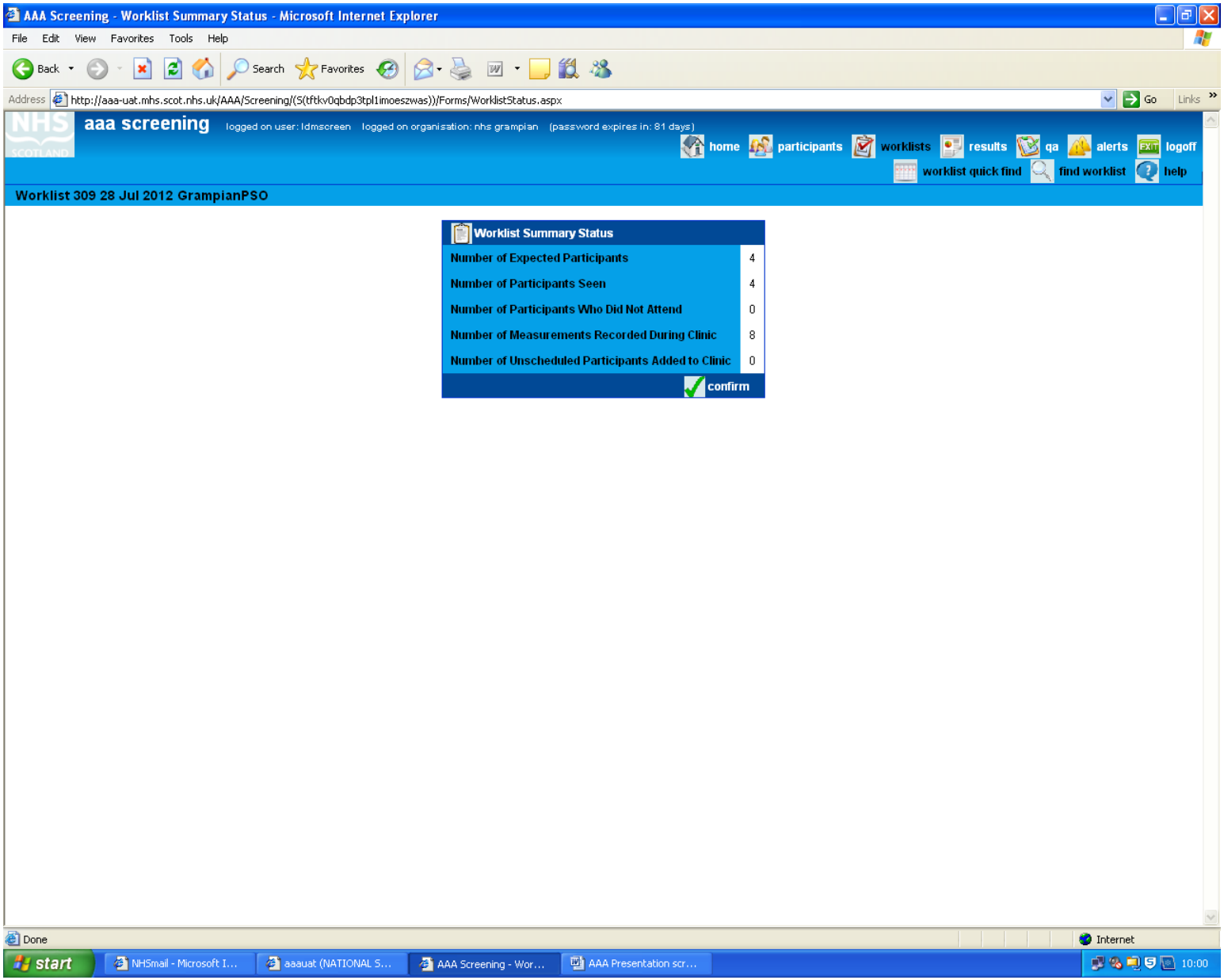
worklist status summary

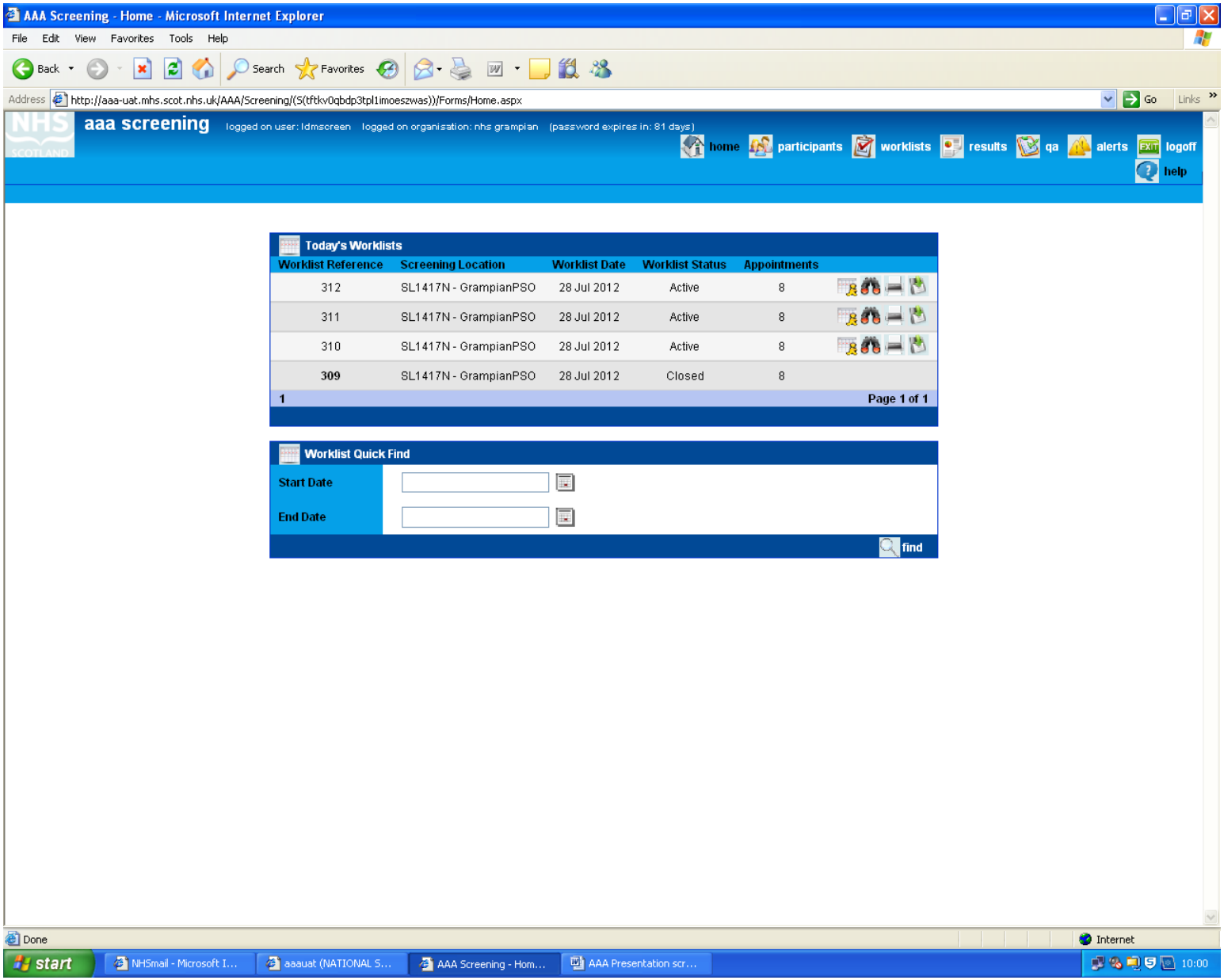
Appt Time	CHI No	Name	Appt Type	Verify	GP Practice	DNA	CNA	Attended Result	Attended No Result	Reason For No Result	Result Confirmed	Notes	Result	Image
09:00	0911455293	ZUCKER, James Joshua	S12	☑	G4625	○	○	◉	○		☑			
09:10	0911455331	ZULFQAR, Jamie Karl		☑	G4023	○	○	◉	○		☑			
09:20	0911455358	ZUN, JanEdvard Keith		☑	V2540	○	○	◉	○		☑			
09:30	0912452336	ZURBRIGGEN, Jared Kelsey	I	☑	G4010	○	○	○	◉	Too Many Measurements	☐			
09:40	0912452379	ZUREK, Jason Ken	I	☑	V2519	○	○	○	◉	Aorta non-visualised – technical failure	☐			
09:50	0912453014	ZWETZ, Jasper Kendall		☑	G4012	○	○	◉	○		☑			

appointment enquiry

back

complete worklist


AAA Screening - Worklist Summary Status - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://aaa-uat.mhs.scot.nhs.uk/AAA/Screening/(S(tftkv0qbdp3tpl1imoeszwas))/Forms/WorklistStatus.aspx
Go Links
aaa screening
logged on user: ldmscreen logged on organisation: nhs grampian (password expires in: 81 days)
home participants worklists results qa alerts logoff
worklist quick find find worklist help
Worklist 309 28 Jul 2012 GrampianPSO
Worklist Summary Status
Number of Expected Participants 4
Number of Participants Seen 4
Number of Participants Who Did Not Attend 0
Number of Measurements Recorded During Clinic 8
Number of Unscheduled Participants Added to Clinic 0
confirm
Done
Internet
start
NHSmail - Microsoft I...
aaauat (NATIONAL S...
AAA Screening - Wor...
AAA Presentation scr...
10:00


AAA Screening - Home - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
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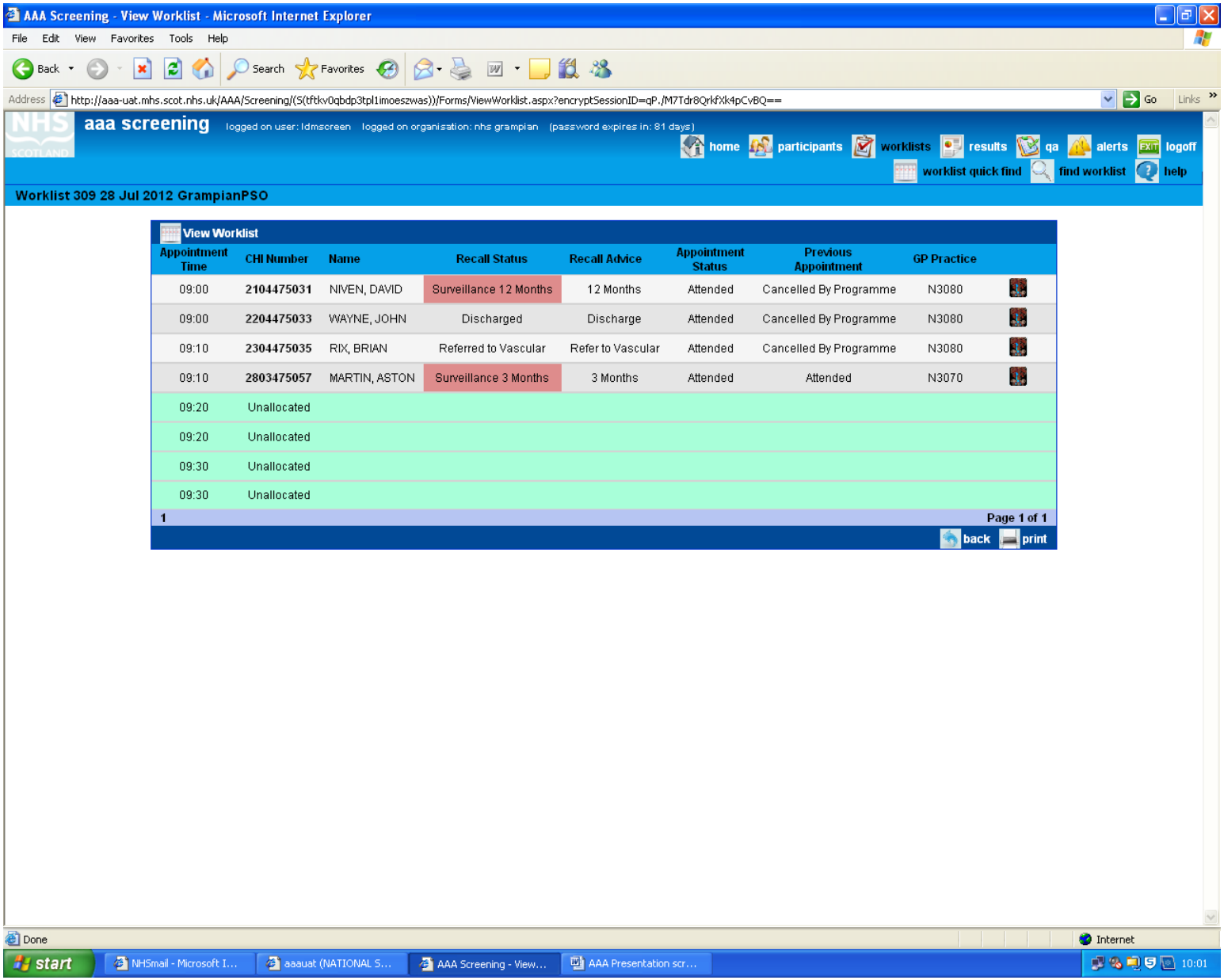
Go Links
aaa screening
logged on user: ldmscreen logged on organisation: nhs grampian (password expires in: 81 days)
home participants worklists results qa alerts logoff help
Today's Worklists
Worklist Reference Screening Location Worklist Date Worklist Status Appointments
312 SL1417N - GrampianPSO 28 Jul 2012 Active 8
311 SL1417N - GrampianPSO 28 Jul 2012 Active 8
310 SL1417N - GrampianPSO 28 Jul 2012 Active 8
309 SL1417N - GrampianPSO 28 Jul 2012 Closed 8
1 Page 1 of 1
Worklist Quick Find
Start Date
End Date
find
Done
Internet
start
NHSmail - Microsoft I...
aaauat (NATIONAL S...
AAA Screening - Hom...
AAA Presentation scr...
10:00


AAA Screening - View Worklist - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://aaa-uat.mhs.scot.nhs.uk/AAA/Screening/(S(tftkv0qbdp3tpl1imoeszwas))/Forms/ViewWorklist.aspx?encryptSessionID=qP./M7Tdr8QrkfXk4pCvBQ==
Go Links
aaa screening
logged on user: ldmscreen logged on organisation: nhs grampian (password expires in: 81 days)
home participants worklists results qa alerts logoff
worklist quick find find worklist help
Worklist 309 28 Jul 2012 GrampianPSO
View Worklist
Appointment Time | CHI Number | Name | Recall Status | Recall Advice | Appointment Status | Previous Appointment | GP Practice
09:00 | 2104475031 | NIVEN, DAVID | Surveillance 12 Months | 12 Months | Attended | Cancelled By Programme | N3080
09:00 | 2204475033 | WAYNE, JOHN | Discharged | Discharge | Attended | Cancelled By Programme | N3080
09:10 | 2304475035 | RIX, BRIAN | Referred to Vascular | Refer to Vascular | Attended | Cancelled By Programme | N3080
09:10 | 2803475057 | MARTIN, ASTON | Surveillance 3 Months | 3 Months | Attended | Attended | N3070
09:20 | Unallocated
09:20 | Unallocated
09:30 | Unallocated
09:30 | Unallocated
1
Page 1 of 1
back print
Done
Internet
start
NHSmail - Microsoft I...
aaauat (NATIONAL S...
AAA Screening - View...
AAA Presentation scr...
10:01

Worklist 312 28 Jul 2012 GrampianPSO

Attendance Register — worklist status summary

Appt Time	CHI No	Name	Appt Type	Verify	GP Practice	DNA	CNA	Attended Result	Attended No Result	Reason For No Result	Result Confirmed	Notes	Result	Image
12:00	1103450233	BORG, Angelos Brad	I	☑	N3232	○	○	○	◉	Aorta non-visualised – technical failure	☑			
12:00	1010455073	GABRIEL, Ralph Russell	I	☑	N3203	○	○	○	◉	Aorta non-visualised – technical failure	☑			
12:10	1011455557	GROSS, William Allister	I	☑	N3162	○	○	○	◉	Aorta non-visualised – technical failure	☑			
12:10	1102453131	HERRING, Bruce Charlton	I	☑	N3499	○	○	○	◉	Aorta non-visualised – technical failure	☑			

appointment enquiry — back — complete worklist

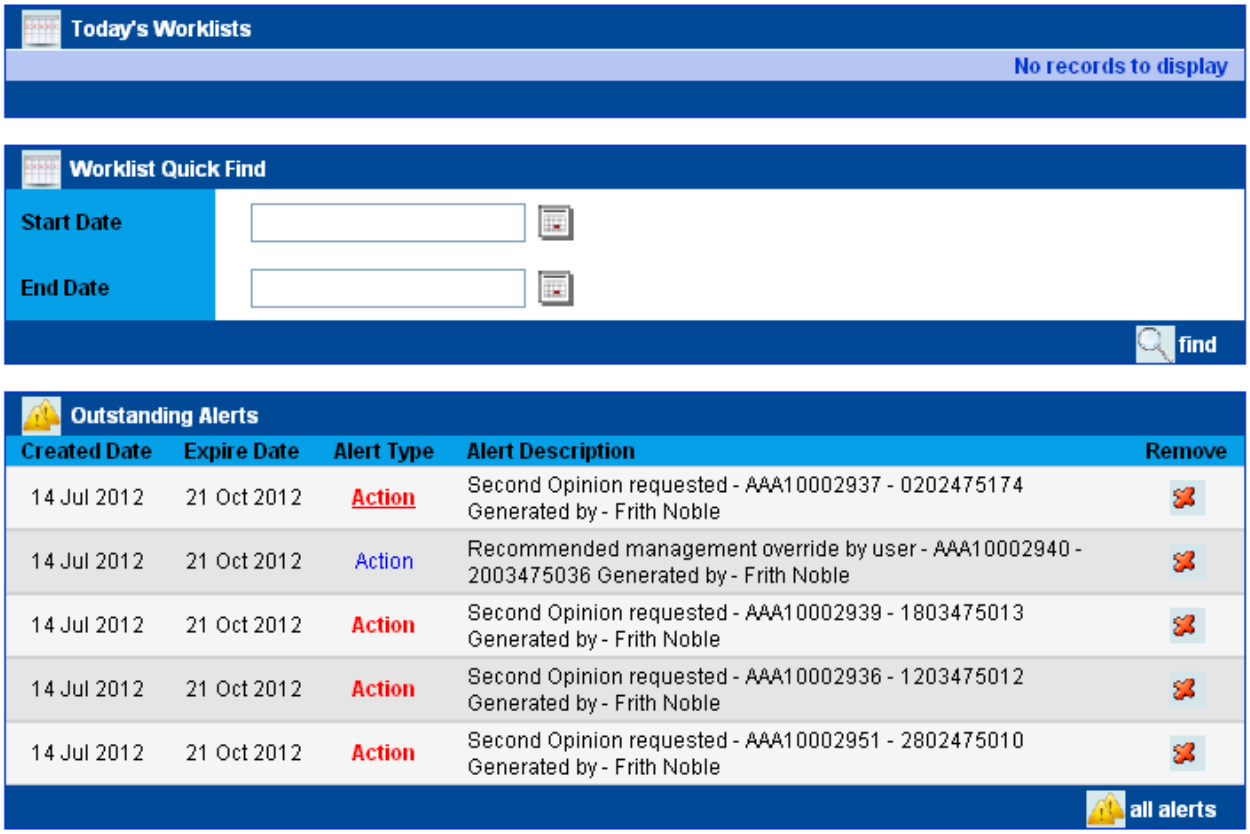
Worklist 312 28 Jul 2012 GrampianPSO

View Worklist

Appointment Time	CHI Number	Name	Recall Status	Recall Advice	Appointment Status	Previous Appointment	GP Practice
12:00	1103450233	BORG, Angelos Brad	Initial	Immediate Recall	Attended	Attended	N3232
12:00	1010455073	GABRIEL, Ralph Russell	Initial	Immediate Recall	Attended		N3203
12:10	1011455557	GROSS, William Allister	Initial	Immediate Recall	Attended		N3162
12:10	1102453131	HERRING, Bruce Charlton	Initial	Immediate Recall	Attended		N3499
12:20	Unallocated						
12:20	Unallocated						
12:30	Unallocated						
12:30	Unallocated						

1 — Page 1 of 1

back — print


Today's Worklists
No records to display
Worklist Quick Find
Start Date
End Date
find
Outstanding Alerts
Created Date
Expire Date
Alert Type
Alert Description
Remove
14 Jul 2012
21 Oct 2012
Action
Second Opinion requested - AAA10002937 - 0202475174 Generated by - Frith Noble
14 Jul 2012
21 Oct 2012
Action
Recommended management override by user - AAA10002940 - 2003475036 Generated by - Frith Noble
14 Jul 2012
21 Oct 2012
Action
Second Opinion requested - AAA10002939 - 1803475013 Generated by - Frith Noble
14 Jul 2012
21 Oct 2012
Action
Second Opinion requested - AAA10002936 - 1203475012 Generated by - Frith Noble
14 Jul 2012
21 Oct 2012
Action
Second Opinion requested - AAA10002951 - 2802475010 Generated by - Frith Noble
all alerts

Questions

?

- Thank you

The management of AAA

Wesley Stuart
Consultant Vascular Surgeon,
Western Infirmary, Glasgow

What is an aneurysm?

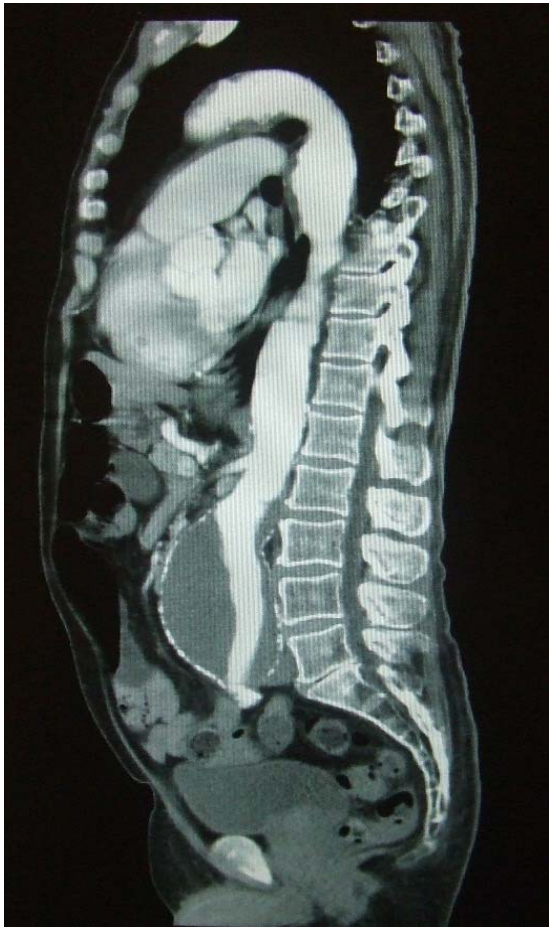
- Definition: abnormal dilatation of a blood vessel to 1.5 times its normal diameter.
- Affects any vessel, but most commonly
  - Aorta (mostly infra-renal)
  - Popliteal arteries
  - Femoral arteries
  - Intra-cranial vessels

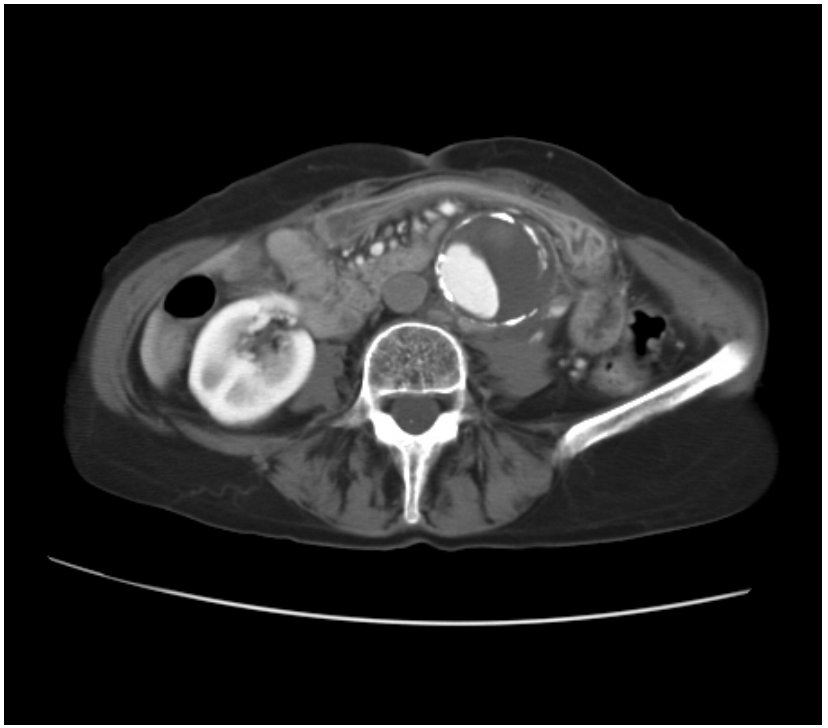
Prevalence of AAA

- 2% of deaths in men over 65 years
- 3-4.5% of men over 65 have AAA
- Perhaps more relevant is that most are undetected and most don’t cause any trouble

- Degenerative process
- Related to atherosclerosis
- Age-related

CT Imaging of AAA





What are the complications of aneurysms?

- Mostly asymptomatic and benign (if <5.5cm).
- Most complications are size related.

- Rupture
- Embolism
- Inflammation
- Pressure effects

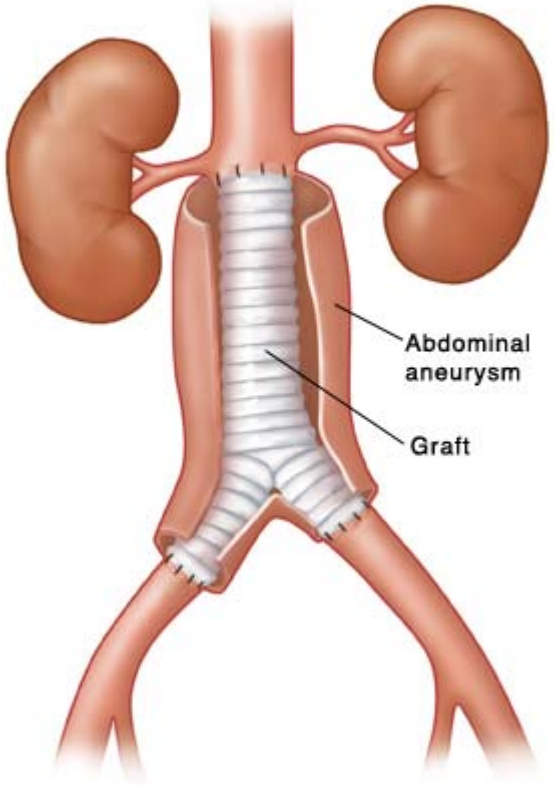
Ruptured AAA

- 75% result in sudden death at home
- 50% reaching hospital alive will not survive
- 20-30% will have a cardiac event peri/post-op
- 20-30% will require short-term renal support
- All require intensive care

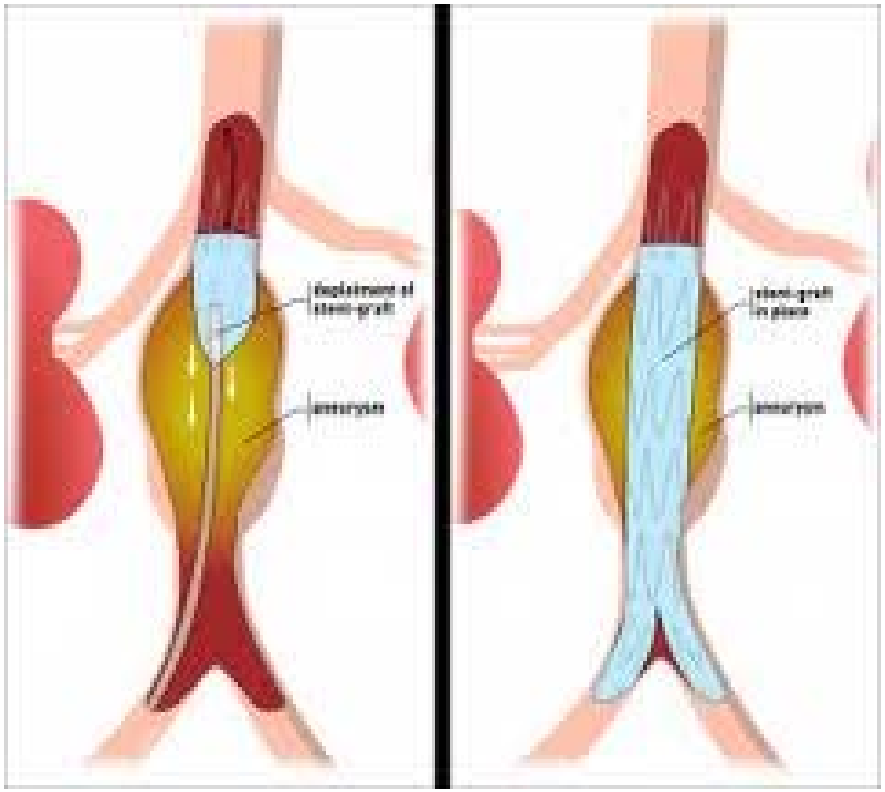
- Best prevented

Treatment Options

Open Repair



Endovascular Repair



Treatment Options

Open surgery

- 4-8% mortality
- 7-10 days in hospital
- 6-12 week recovery at home
- More major complications
- Probably still preferred option for under-65s
- Usually single procedure
- 20% Dead at 3 years

Endovascular Aneurysm Repair (EVAR)

- 1-3% mortality
- 5-7 days in hospital
- 1-2 weeks recovery at home
- Fewer major complications
- 10% multiple procedures
- Now preferred option for most
- 20% dead at 3 years

Why not do EVAR on every body?

- Anatomical features:
  - Neck shape, length and angle
  - Iliac vessel disease and tortuosity
  - Smaller AAA more likely to be EVAR suitable
- Patient preference
- Cost: probably about equal

Results of AAA Surgery in Glasgow

	Cases	Deaths (%)
Open repair, elective	148	6 (4%)
Open repair, symptomatic	51	6 (12%)
Open repair, rupture	148	53 (38%)
EVAR, elective	251	3 (1.2%)
EVAR, symptomatic	10	0
EVAR, rupture	3	1

Prophylactic Surgery

- Surgery to prevent something from happening, something that may never happen.
- 5.5cm AAA: 1% rupture rate per annum, cumulative, AAA will also grow.
- At 5.5cm 99% will not rupture in the next year.
- Surgery carries risk

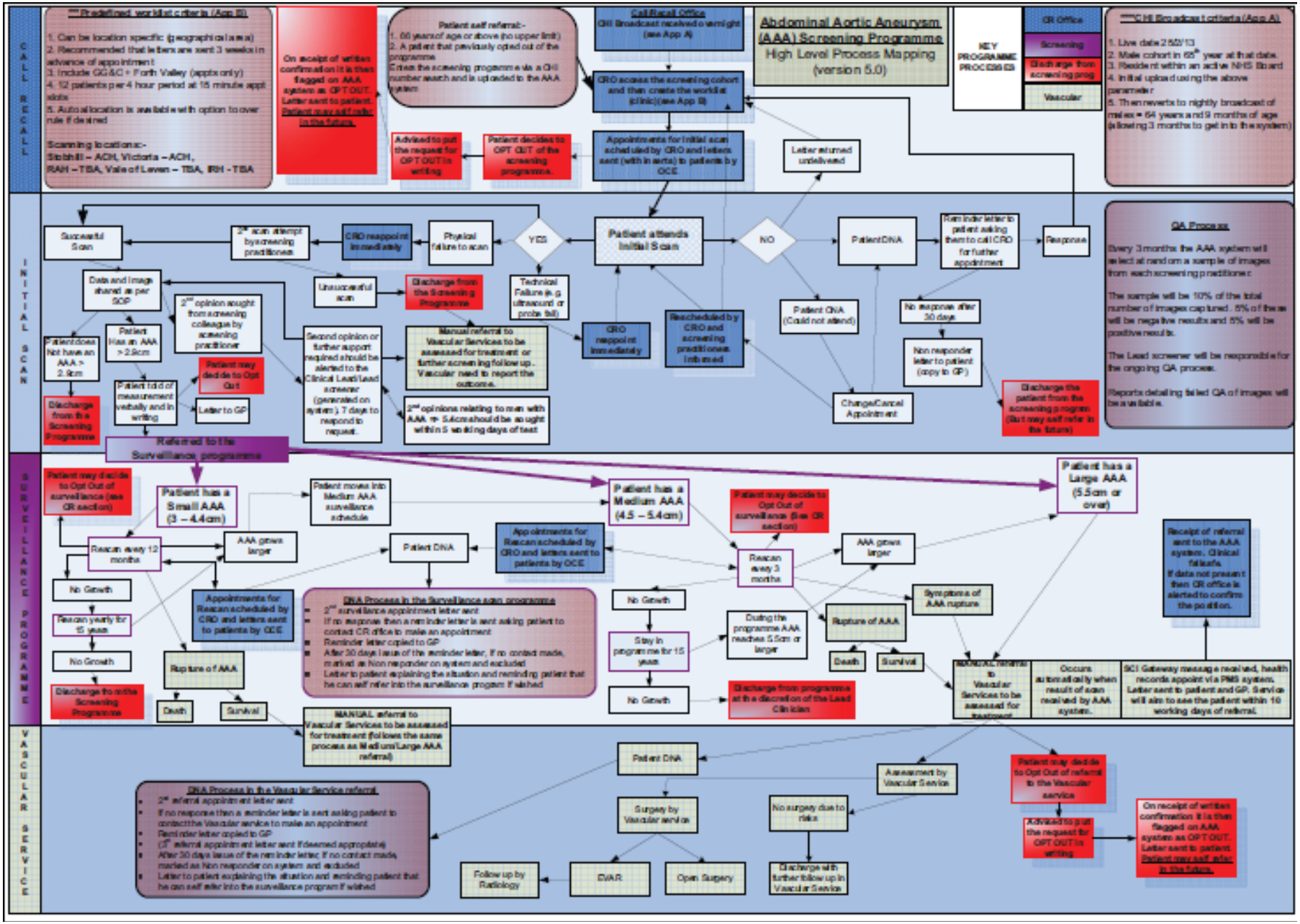
Prophylactic Surgery and Screening

- AAA may be smaller when presented to surgeons ie around 5.5cm
- More may be suitable for EVAR
- Results of operating on screened AAA may be better than unscreened

- Outcome and process audit is vital

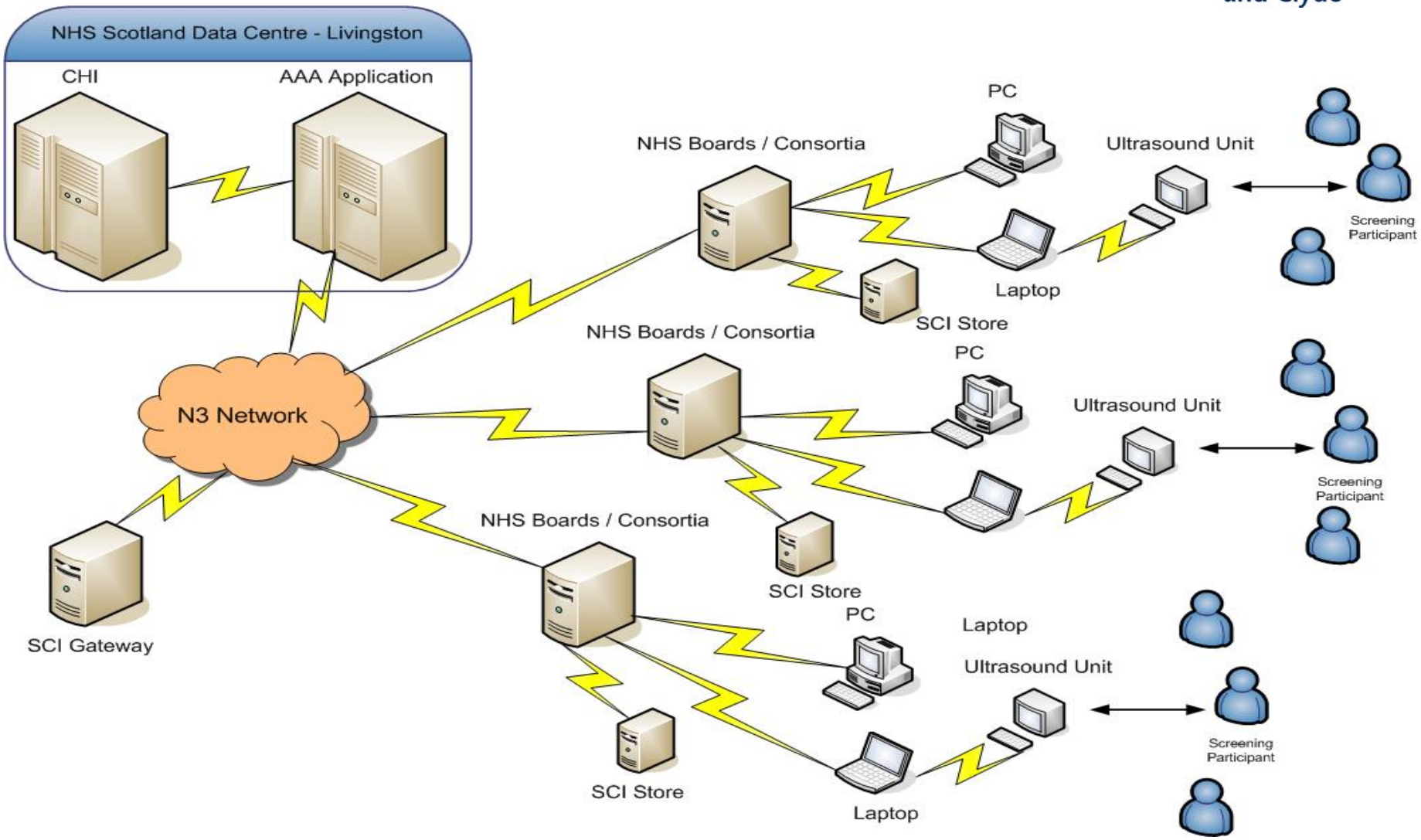
AAA Screening
Overview of IT Application Support

Lin Calderwood
Service Delivery Manager – HI&T
Screening Services
31st January 2013


Abdominal Aortic Aneurysm (AAA) Screening Programme
High Level Process Mapping
(version 5.0)
KEY
PROGRAMME PROC026 03
CR Office
Screening
Discharge from screening prog
Vascular
CALL RECALL
INITIAL SCAN
SURVEILLANCE PROGRAMME
VASCULAR SERVICE
***Predefined worklist criteria (App B)
1. Can be location specific (geographical area)
2. Recommended that letters are sent 3 weeks in advance of appointment
3. Include GG&C + Forth Valley (appts only)
4. 12 patients per 4 hour period at 15 minute appt slots
5. Auto allocation is available with option to over rule if desired
Scanning locations:-
Stobhill – ACH, Victoria – ACH,
RAH – TSA, Vale of Leven – TSA, IRH - TSA
On receipt of written confirmation it is then flagged on AAA system as OPT OUT. Letter sent to patient. Patient may self refer in the future.
Patient self referral:-
1. 65 years of age or above (no upper limit)
2. A patient that previously opted out of the programme
Enters the screening programme via a CHI number search and is uploaded to the AAA system
Call Recall Office
CHI Broadcast received overnight (see App A)
CRO access the screening cohort and then create the worklist (clinic)(see App B)
Advised to put the request for OPT OUT in writing
Patient decides to OPT OUT of the screening programme.
Appointments for initial scan scheduled by CRO and letters sent (with inserts) to patients by OCE
Letter returned undelivered
***CHI Broadcast criteria (App A)
1. Live date 2 SEP 13
2. Male cohort in 65th year at that date.
3. Resident within an active NHS Board
4. Initial upload using the above parameter
5. Then revert to nightly broadcast of males = 64 years and 9 months of age (allowing 3 months to get into the system)
Patient attends Initial Scan
YES
NO
Successful Scan
2nd scan attempt by screening practitioner
CRO reappoint immediately
Physical failure to scan
Technical Failure (e.g. ultrasound or probe fail)
Unsuccessful scan
Discharge from the Screening Programme
CRO reappoint immediately
Rescheduled by CRO and screening practitioner informed
Patient DNA
Reminder letter to patient asking them to call CRO for futher appointment
Response
No response after 30 days
Non responder letter to patient (copy to GP)
Patient DNA (Could not attend)
Change/Cancel Appointment
Discharge the patient from the screening program (But may self refer in the future)
Data and Image shared as per SOP
2nd opinion sought from screening colleague by screening practitioner
Second opinion or further support required should be alerted to the Clinical Lead/Lead screener (generated on system). 7 days to respond to request.
Manual referral to Vascular Services to be assessed for treatment or further screening follow up. Vascular need to report the outcome.
2nd opinions relating to men with AAA => 5.4cm should be sought within 5 working days of test
Patient does not have an AAA > 2.9cm
Discharge from the Screening Programme
Patient has an AAA > 2.9cm
Patient may decide to Opt Out
Letter to GP
Patient told of measurement verbally and in writing
Referred to the Surveillance programme
QA Process
Every 3 months the AAA system will select at random a sample of images from each screening practitioner.
The sample will be 10% of the total number of images captured. 5% of these will be negative results and 5% will be positive results.
The Lead screener will be responsible for the ongoing QA process.
Reports detailing failed QA of images will be available.
Patient may decide to Opt Out of surveillance (see CR section)
Patient has a Small AAA (3 – 4.4cm)
Patient moves into Medium AAA surveillance schedule
Patient has a Medium AAA (4.5 – 5.4cm)
Patient may decide to Opt Out of surveillance (See CR section)
Patient has a Large AAA (5.5cm or over)
Rescan every 12 months
AAA grows larger
Patient DNA
Appointments for Rescan scheduled by CRO and letters sent to patients by OCE
Rescan every 3 months
AAA grows larger
Symptoms of AAA rupture
No Growth
Rescan yearly for 15 years
No Growth
Rupture of AAA
Death
Survival
Appointments for Rescan scheduled by CRO and letters sent to patients by OCE
DNA Process in the Surveillance scan programme
2nd surveillance appointment letter sent
If no response then a reminder letter is sent asking patient to contact CR office to make an appointment
Reminder letter copied to GP
After 30 days issue of the reminder letter, if no contact made, marked as Non responder on system and excluded
Letter to patient explaining the situation and reminding patient that he can self refer into the surveillance program if wished
No Growth
Stay in program me for 15 years
No Growth
During the programme AAA reaches 5.5cm or larger
Discharge from programme at the discretion of the Lead Clinician
Rupture of AAA
Death
Survival
Receipt of referral sent to the AAA system. Clinical fail safe. If data not present then CR office is alerted to confirm the position.
MANUAL referral to Vascular Services to be assessed for treatment
Occurs automatically when result of scan received by AAA system.
SCI Gateway message received, health records appoint via PMS system. Letter sent to patient and GP. Service will aim to see the patient within 10 working days of referral.
MANUAL referral to Vascular Services to be assessed for treatment (follows the same process as Medium/Large AAA referral)
Patient DNA
Assessment by Vascular Service
Patient may decide to Opt Out of referral to the Vascular service
Surgery by Vascular service
No surgery due to risks
Advised to put the request for OPT OUT in writing
On receipt of written confirmation it is then flagged on AAA system as OPT OUT. Letter sent to patient. Patient may self refer in the future.
DNA Process in the Vascular Service referral
2nd referral appointment letter sent
If no response then a reminder letter is sent asking patient to contact the Vascular service to make an appointment
Reminder letter copied to GP
(3rd referral appointment letter sent if deemed appropriate)
After 30 days issue of the reminder letter, if no contact made, marked as Non responder on system and excluded
Letter to patient explaining the situation and reminding patient that he can self refer into the surveillance program if wished
Follow up by Radiology
EVAR
Open Surgery
Discharge with further follow up in Vascular Service

AAA Screening Overview

NHS Greater Glasgow and Clyde



NHS
Greater Glasgow and Clyde

IT Call Logging

- First contact - Local support #650 or 0845 612 5000.

- We will be the first point of call for any user identifying a potential incident.

- We will investigate with other local IT groups e.g. Networks in attempting to resolve the issue.

- If the result of the investigation is that the issue is not a local fault then we will log a call with the SMC.

INFORMATION YOU NEED TO GIVE TO IT HELPDESK

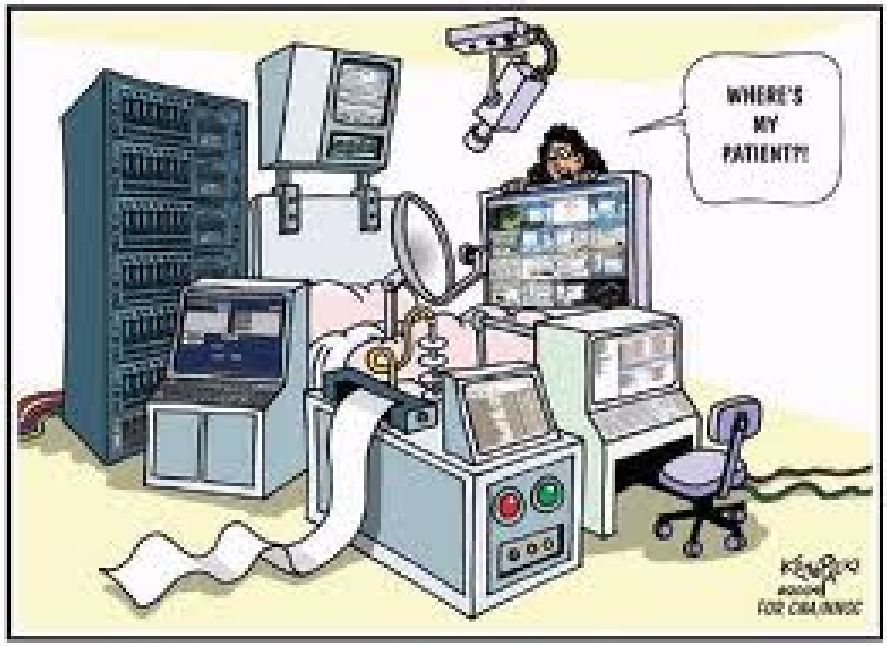
•Contact details - full name, telephone number, department and your location
•Your ID for the system and deignation (Call/ recall, sonographer etc.)
•A full description of the incident or problem and steps to re-create the problem, including screen shots where possible.
•Any error messages in full (including screenshots)
•Has the error appeared before you access the application or while you are in the application
•Does this affect 1 PC or more than 1 PC
•A description of the business impact of the problem (helps to determine severity levels – explanation of severity levels follows.)
•Check if there are others in the department or location experiencing similar problems.
This is important as it may be symptomatic of a larger problem and provision of this information will aid a speedy resolution and help identify that this is a recurring problem or at least a new instance of a previous problem.

WHY?

The more information we have…. the **quicke**r we can direct the call to right team to **fix** the problem for you.

Priority	Impact	Targeted Resolution (ATOS)
Level 1	A Service Failure which has the potential to have: •Significant adverse impact on the delivery of patient care •Significant adverse impact on a large number of users •Significant disruption to the business functions •Material loss or corruption of NHSS Data, or if the AOA provide incorrect NHSS Data to a user.	2 hours
Level 2	A Service Failure which, has the potential to: •Moderate adverse impact on the delivery of patient care; or •Significant adverse impact on a small (i.e. one or more) or moderate number of users; or •Moderate adverse impact on a large number of users; or •Moderate disruption to the business functions of the NHSS	4 hours
Level 3	A Service Failure which, has the potential to have : •Minor adverse impact on the delivery of patient care; or •Moderate adverse impact on one or more or a moderate number of users; or •Minor adverse impact on a large number of users	10 hours
Level 4	A Service Failure which, in the reasonable opinion of any Customer or the Agency has the potential to have: •Minor adverse impact on a small (i.e. one or more) or moderate number of users; or •Minimal business impact.	20 hours

Questions



Thank you