Royal Cornwall Hospitals
NHS Trust

Upper GI Surgery Specialist Nurse Led Reflux Clinic Standard Operating Procedure

V2.0

February 2025

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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Every year approximately 90 patients are seen in the Consultant Upper Gastrointestinal (GI) surgery outpatient clinic with gastro-oesophageal reflux symptoms for consideration of anti-reflux surgery.

1.2. Their treatment pathway has often been prolonged prior to surgical referral, as many have had gastroenterology review, endoscopy +/- changes to medication first.

1.3. Additional investigations are then often requested from the upper GI surgery clinic (e.g. Oesophageal physiology studies) and patients reviewed a second time with these results to discuss whether anti-reflux surgery or other treatment is indicated.

1.4. The development of an upper GI surgery specialist nurse-led reflux clinic would enable these patients to be seen in a timelier fashion, provide additional time to support discussion around lifestyle changes, completion of quality of life questionnaire and answer questions that the patient may have. It also enhances 'shared decision-making' and consent regarding anti-reflux surgery. In addition, since oesophageal physiology studies are completed by the same specialist nurse, it would provide continuity in their management pathway.

1.5. This document outlines the processes involved in delivering this clinic.

1.6. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

2.1. To clarify the roles and responsibilities of staff involved in delivering the specialist nurse-led reflux clinic.

2.2. To clarify the processes involved in delivering the specialist nurse led reflux clinic.

3. Ownership and Responsibilities

3.1. The specialist nurse-led reflux clinic will be overseen by both the Clinical lead for Upper GI surgery as well as the Service Manager for Surgery and delivered by the Upper GI Specialist Nurses / Surgical Care Practitioners.

3.2. Role of the Managers

Line managers are responsible for:

- Supporting adequate time in the specialist nurse's job plan to provide up to two clinics per month.
- Establish a clinic code for a telephone/ video clinic.
- Ensure provision of the appropriate Trust technology support to deliver this clinic.

3.3. Role of Consultant Upper GI Surgeons

- To vet GP referrals or Consultant-to-Consultant referrals and identify which are suitable for the ‘upper GI surgery specialist nurse-led reflux clinic’. This must be documented in the ‘Record Triage Outcome’ section on NHS e-referrals or otherwise indicated to secretary if Con-to-Con referral, using the clinic code CLAMG/NLR.

- To provide clinical oversight of the specialist nurse-led reflux clinic.

- Clinical lead for UGI surgery to review outcomes from each clinic with specialist nurse to ensure clinical oversight.

- Referral criteria are as follows and are updated on RMS, UGI DoS and Con-Con UGI Surgery referral Maxims form:

  1. Have undergone an OGD in last 12 months

  2. Have reflux symptoms AND:

     A) Symptoms controlled on medication but would prefer to have surgery.

     OR.

     B) Symptoms controlled on medication but intolerant of medication.

     OR.

     C) Refractory reflux despite maximal medical therapy.

3.4. Role of Upper GI Surgery Specialist Nurse

- To deliver a 4-hour clinic with 30 minutes per patient.

- To complete a telephone/video consultation with the patient and complete the standardised Maxims ‘Assessment’ form.

- To compete the appropriate electronic outcome form at the end of the consultation on Maxims.

- To order the relevant investigations and document accordingly on Maxims assessment form.

- To ensure investigations ordered from clinic are booked under the responsible clinician Mr Michael Clarke, but also checked by the nurse.

- To send the GP and patient a copy of the outpatient assessment form.

- Shared decision making and consent regarding endoscopy, oesophageal physiology, discussion of lifestyle and medical treatments for reflux including anti-reflux surgery.

- Where additional tests are requested and where a Consultant surgeon review is required, these will be allocated based on waiting time to next available OPA.

3.5. Role of Outpatient Booking

- To book and setup nurse-led reflux clinic based on Consultant vetting preferences. Planned clinic code: CLAMG/NLR.

3.6. Role of Upper GI Secretaries

- To action Maxims outpatient clinic outcomes.
- Request notes as required.

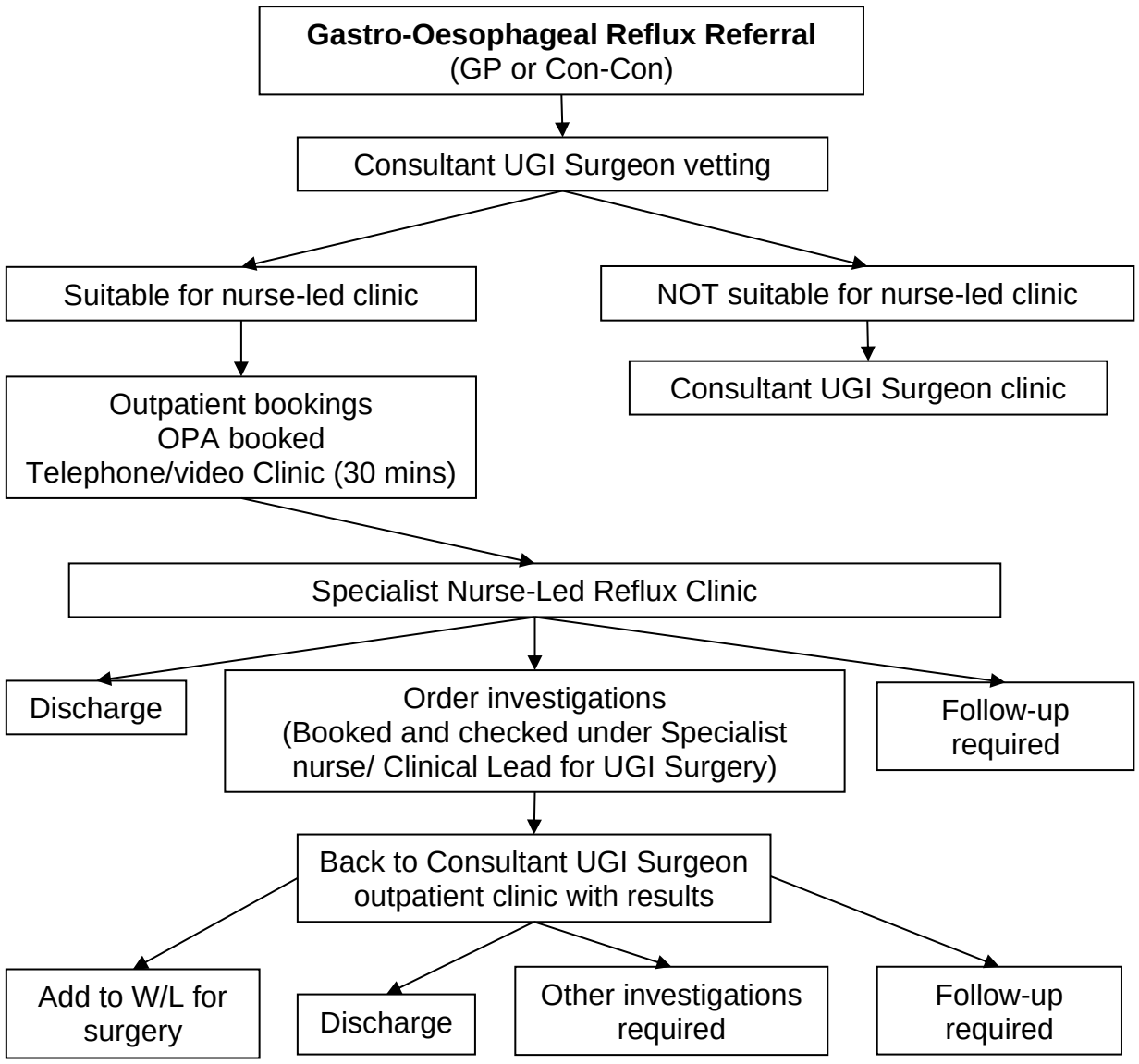
4. Standards and Practice

4.1. See flow diagram of process (figure 1).

4.2. All patients should have an 'Assessment Form' completed on Maxims and a copy sent to the patient and GP.

4.3. An outcome must be recorded from the clinic.

FIGURE 1: Flow Diagram of nurse-led reflux clinic pathway



5. Dissemination and Implementation

5.1. This SOP will be presented at the surgery governance meeting as well as the departmental UGI meeting.

5.2. The SOP will be published on the Trust intranet site in ‘Documents’.

5.3. Where a new specialist nurse delivers the clinic, initially there will be 4 patients on the clinic, the assessment forms reviewed and processes to ensure effective working. If successful can then be increased up to 6-8 patients per clinic.

5.4. All cases seen in clinic will be discussed with the Clinical Lead for UGI surgery within 2 weeks of the OPA initially to ensure safe practice and identify any logistical issues that need addressing.

5.5. Data relating to RTT as well as patient satisfaction will be collated.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	RTT. Clinical decision making. Patient satisfaction.
Lead	Clinic Lead for Upper GI Surgery
Tool	Radar to assess RTT pathway. A visual analogue scale can be used to assess patient satisfaction. Regular meetings with clinician overseeing clinic.
Frequency	Monthly report on Radar.
Reporting arrangements	Radar.
Acting on recommendations and Lead(s)	Mr. Michael Clarke Required actions will be identified and completed in a specified timeframe.
Change in practice and lessons to be shared	Discussion of outcomes of all cases with Clinical lead for UGI Surgery within 2 weeks then quarterly review thereafter. Required changes to practice will be identified and actioned within 6 weeks. Lessons will be shared amongst the relevant stakeholders via audit, governance meeting and weekly UGI meeting.

7. Updating and Review

The procedural document will be reviewed no less than every three years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Upper GI Surgery Specialist Nurse Led Reflux Clinic Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Upper GI Surgery Specialist Nurse Led Reflux Clinic Standard Operating Procedure V1.0
Date Issued/Approved:	15 December 2024
Date Valid From:	February 2025
Date Valid To:	February 2028
Author/Owner:	Michael Clarke, Consultant UGI Surgeon.
Contact details:	01872 252373
Brief summary of contents:	Nurse-led reflux assessment outpatient service.
Suggested Keywords:	Gastro-oesophageal, reflux disease, Nurse-led, Upper GI.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Speciality Governance Meeting.
Manager confirming approval processes:	Ian McGowan.
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson.
Links to key external standards:	None required.
Related Documents:	None required.
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/General Surgery.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
13/10/2021	V1.0	Initial issue – presented at Departmental Governance Meeting 13/10/2021.	Michael Clarke, Consultant Upper GI Surgeon.
15/12/2024	V2.0	Some minor amendments to include review of outcomes and checking of results by Clinical Lead for UGI Surgery to ensure clinical oversight.	Michael Clarke, Consultant Upper GI Surgeon.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Upper GI Surgery Specialist Nurse Led Reflux Clinic Standard Operating Procedure V2.0
Department and Service Area:	UGI/ General Surgery and Cancer Services.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Michael Clarke, Consultant Upper GI Surgeon.
Contact details:	01872 252373

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Patients, Consultant Upper GI surgeons, UGI specialist nurses, secretaries and OP booking staff.
2. Policy Objectives	Policy outlining processes involved in delivering an upper GI surgery specialist nurse-led reflux clinic.
3. Policy Intended Outcomes	Effective delivery of specialist nurse-led service.
4. How will you measure each outcome?	RTT, patient satisfaction.
5. Who is intended to benefit from the policy?	All stakeholders mentioned above.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Speciality governance meeting.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Michael Clarke, Consultant Upper GI Surgeon.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis