Royal Cornwall Hospitals
NHS Trust

Rheumatology Advice Line
Standard Operating Procedure

V1.0

August 2023

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and 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 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. The Rheumatology Advice Line (RAL) provides patients under the care of the Rheumatology department with a means to access advice within one working day of contacting the department. The requirement for an advice line is set out in NICE Quality Standard 33, which states that “Adults with rheumatoid arthritis and disease flares or possible treatment-related side effects receive advice within 1-working-day of contacting rheumatology services.”1 The RAL is also open to patients with other conditions and is not limited to those with RA.

1.2. NICE states that it is important that adults with RA and disease flares or treatment-related side effects can access rheumatology services rapidly to prevent any further joint damage. Rapid involvement of a specialist is essential for patient safety when there are side effects related to treatment. People may also need advice from members of the multidisciplinary team such as physiotherapists or occupational therapists when they are having difficulties with activities of daily living.

1.3. The RAL provides rheumatology patients with a point of access for non-urgent clinical queries and patient support. The advice line should support patients to manage their own condition with the support of the specialist team. Patients with urgent queries should continue to seek advice from their GP surgery or 111.

1.4. The RAL should not be used by Health Care Professionals (HCPs) or patients not currently under the care of the Rheumatology Department. HCPs can obtain advice on patient management via the Advice and Guidance service (asked via ERS) or by contacting the Rheumatologist on-call via the RCHT switchboard if urgent.

1.5. The RAL is a “live” telephone-based service where calls are answered in real time. There is no facility for messages to be left.

1.6. The RAL is operated using Netcall Liberty Converse software provided through CITS.

2. Purpose of this Standard Operating Procedure

The purpose of this SOP is to:

- Set out how the RAL should be operated and the roles and responsibilities of key members of the Rheumatology and Care Group teams.
- Ensure safe, efficient, and effective practice for the RAL.
- Provide a framework for monitoring the operation of the RAL and identifying any risks, concerns, or other issues.

[1] Quality statement 4: Rapid access to specialist care | Rheumatoid arthritis in over 16s | Quality standards | NICE

3. Ownership and Responsibilities

3.1. Role of the Rheumatology Service Manager

The Service Manager is responsible for:

- Maintaining the RAL Service.
- Monitoring and reporting activity and service demand of RAL.
- Responding within a timely manner when issues with the RAL are escalated by the nursing, clinical, or administrative teams.
- Ensuring the governance of the RAL meets Trust and other standards, including responding and managing incidents, complaints, and concerns.
- Reporting monthly to the Specialty Business and Governance meeting on the RAL performance with reference to Section 4.3 below.

3.2. Role of the Clinical Matron

The Clinical Matron is responsible for:

- Ensuring the availability of adequate Rheumatology Clinical Nurse Specialist cover to enable the RAL to operate within the defined standards (4.1 below), including managing the response to any incidents that may affect capacity, for example staff sickness.
- Implementing any temporary changes to the RAL, for example changing the recorded messages on Netcall if the service is unable to operate due to staff absence.
- Ensuring that there is a rigorous audit process of evaluating the effectiveness of the RAL.
- Ensuring the governance of the RAL meets Trust and other standards, including responding and managing incidents, complaints, and concerns.
- Responding within a timely manner when issues with the RAL are raised by the nursing, clinical, or administrative teams.
- Ensuring that Clinical Nurse Specialists have job plans with an appropriate amount of time allocated to operate and manage the RAL.
- Recording as an incident on Datix any day when the RAL is either non-operational or does not operate at full capacity (e.g., is open for less than 2.5 hours or only has one nurse answering calls when there should be two).

3.3. Role of the Specialty Clinical Governance Lead

The Specialty Clinical Governance Lead is responsible for:

- Ensuring the governance of the RAL meets Trust and other standards, including responding to and managing incidents, complaints, and concerns.
- Ensuring that the operation of RAL is monitored and/or audited in line with section 4.3.

3.4. Role of the Clinical Nurse Specialists

The Clinical Nurse Specialists (CNS) are responsible for:

- Providing an appropriate response to all calls received.
- Logging all calls received into the RAL onto the patient's electronic Maxims record using the method specified below.
- Categorising calls using the "Activity Codes" function on Netcall Liberty.
- Completing an outcome form for any call that would constitute a follow-up appointment.
- Communicating by letter or email with the patient, their GP, and other relevant professionals where appropriate, for example where a call constituted a follow-up appointment, where significant advice or guidance had been provided, or where a third party needs to act.
- Requesting any pathology or imaging investigations that may be needed following contact with the RAL.
- Ensuring communication is timely and clinically appropriate between the RAL, wider Rheumatology service, primary care, the patient, and any other relevant professionals.
- Escalating or referring to an appropriate clinician/professional if warranted by the patient's condition.
- Requesting appropriate follow up via the administrative staff if indicated. Patients who call and are likely to need an extended review should be offered an urgent clinic review (with urgency dictated by their clinical condition).
- If the issue or concern that led the patient to call the helpline cannot be fully resolved within the initial call, it should be resolved within 48 working hours (if possible), or the patient provided with an update. This may require handing over to a colleague.
- Supporting the speciality management team by responding to incidents and complaints.

- Ensuring that the clinical matron is aware of any periods where staffing may be inadequate so that non-clinical or other clinical activity can be stood down to enable the RAL to continue operation.

- Redirecting inappropriate calls to a more suitable source of assistance – for example, the booking office for appointment queries.

- Recognising and acting within the limits of their knowledge and competence, referring to other professionals as appropriate.

- Ensuring that administration and reception staff are aware if the helpline is not operating as planned for any reason, so they can appropriately advise any patients who may try to contact them.

3.5. Role of the Clinical Administration Lead, Medical Secretaries, and Receptionists

The Clinical Administration Lead, medical secretaries, and receptionists are responsible for:

- Allocating appropriate clinic slots to patients who require an appointment following contact with the RAL.

- Directing patients who call for clinical advice to contact the RAL during its operating hours.

- Directing patients who call when the RAL is non-operational (e.g., due to unplanned absence) to either call back or seek advice from their GP or 111.

- Processing letters to patients, GPs, or other professionals that have been dictated following contact with the RAL.

- Raising any concerns relating to the operation of the RAL with the Clinical Matron and/or Service Lead.

3.6. Role of the Specialty Clinical Lead

The Rheumatology Clinical Specialty Lead is responsible for:

- Providing clinical supervision (if required) for the CNS team.

- Identifying and supporting changes that may be required to the advice line service, ensuring it remains effective for patients and fulfils the needs of the Rheumatology service.

3.7. Role of Rheumatology Medical Staff

All other Rheumatology Medical Staff (at all grades, including consultants, doctors in training, and SAS doctors) are responsible for:

- Supporting the Clinical Nurse Specialists by providing advice and guidance on the management of patients who have contacted the RAL.

- Raising any concerns relating to the operation of the RAL with the Clinical Matron and/or Service Lead.

4. Standards and Practice

4.1. Advice Line Standards

- The RAL will operate from 13:00 – 15:30 Monday – Friday, excluding bank holidays and weekends.
- Calls will be answered by two CNSs on Mondays, Wednesdays, and Fridays.
- Calls will be answered by one CNS on Tuesday and Thursday.
- All calls to the advice line will be recorded on the patient's electronic clinical (Maxims) record using the assessment form designed for this purpose, excluding calls that are redirected elsewhere without clinical advice being offered (for example, calls chasing or changing appointments).
- All calls will be allocated an "Activity Code" on Netcall Liberty to enable the identification of any themes or trends in the nature of the calls being received.

4.2. RAL Operation

- Netcall Liberty should be used in accordance with the user manual. This can be accessed using the "Online Help" function in the software (click on the "?" icon in the top-righthand corner of the screen.
- During or following each call, an activity code must be assigned for audit purposes.
- Details of the call must also be recorded on Maxims using the "Rheumatology Advice Line" assessment.
- If there is a mismatch between RAL demand and capacity, then the Specialty Management Team (in discussion with the CNS team and Care Group Triumvirate) will take appropriate action. This situation may be identified by members of the Rheumatology team, or by an increase in complaints etc. received via the Patient Experience Team.
    - If an increase in demand or reduction in capacity is expected to be short-term (less than four weeks) due to e.g., staff sickness, then action should be taken to address this and reported retrospectively at the next Rheumatology Specialty Business and Governance meeting.
    - If an increase in demand or reduction in capacity is expected to last for more than four weeks, immediate action should be taken to address this with long-term measures discussed at the next Rheumatology Specialty Business and Governance meeting. This should be considered for inclusion in the Specialty Risk Register and escalation to the Care Group Triumvirate team.

4.3. Monitoring of the Advice Line

Data from the advice line will be reviewed monthly to look at the following areas:

- Helpline Availability.
  - How many days was the RAL available.
  - How many hours was the RAL staffed vs how many hours should it have been staffed (e.g., on days when two nurses should be operating the RAL, it should be available for 2 x 2.5 hours = 5 hours).
- Volume of calls.
  - Calls received each week.
  - Calls received each month – compared to the same month in the previous year, and over a rolling 13-month period.
- Time taken to answer calls – mean, maximum, and minimum.
- Length of calls – mean, maximum, and minimum.
- Proportion of calls answered/unanswered during the RAL operational hours.
- Primary reason for contacting the advice line (based on the Activity Code recorded in Netcall Liberty).
- Proportion of calls that are inappropriate.
- Outcome of calls to the advice line (for example, appointment booked, medication changed, patient referred elsewhere).
- The report will be produced monthly and presented at the Rheumatology Specialty Business and Governance meeting by the Service Manager or nominated deputy.

5. Dissemination and Implementation

5.1. This document will be published on the Trust's intranet site so that staff from within the trust will be able to access it.

5.2. A copy will be sent by email to all members of staff working in Rheumatology to ensure they are familiar with the SOP.

5.3. No training needs have been identified for this SOP.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	**The following Key Performance Indicators (KPIs) will be monitored on a monthly basis:** • Helpline Availability. • Volume of calls. • Time taken to answer calls – mean, maximum, and minimum. • Length of calls – mean, maximum, and minimum. • Proportion of calls answered/unanswered during the RAL operational hours. • Primary reason for contacting the advice line (based on the Activity Code recorded in Netcall Liberty). • Proportion of calls that are inappropriate. • Outcome of calls to the advice line (for example, appointment booked, medication changed, patient referred elsewhere). • Number of complaints (formal and informal) and incidents relating to the RAL. An annual audit of 1% or 50 (whichever is the greatest) call records, selected at random, will be carried out to check the quality of documentation and appropriateness of advice given.
Lead	Mark Wolf, Service Manager.
Tool	Data obtained from Datix, Maxims, and Netcall.
Frequency	Monthly.
Reporting arrangements	Rheumatology Business and Governance Meeting.
Acting on recommendations and Lead(s)	Mark Wolf, Service Manager. Paulette Hunkin, Clinical Matron, Specialist Services.
Change in practice and lessons to be shared	Rheumatology Business and Governance Meetings.

7. Updating and Review

7.1. This document will be reviewed after one year and then every three years thereafter. Should there be a service, legislative, or other requirement that requires a procedure change sooner this SOP will be reviewed at that point.

7.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.

7.3. Where the revisions are minor e.g., amended job titles, contact details, or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

7.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

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, Inclusion and Human Rights 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:	Rheumatology Advice Line Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued / Approved:	May 2023.
Date Valid From:	August 2023.
Date Valid To:	August 2026.
Author / Owner:	Andrew Pothecary, Lead Pharmacist and Clinical Governance Lead for Rheumatology.
Contact details:	07557 546259.
Brief summary of contents:	The outline for the operational management and running of the Rheumatology Advice Line.
Suggested Keywords:	Advice Line, Rheumatology.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Rheumatology Business and Governance Meeting Specialist Services and Surgery Care Group Board Meeting.
Manager confirming approval processes:	Roz Davies – Care Group General Manager, Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Maria Lane – Governance Manager, Specialist Services and Surgery.

Information Category	Detailed Information
Links to key external standards:	Quality Standard 33: Rheumatoid Arthritis in over 16s (NICE, 2020). A Competency Framework for Rheumatology Nurses (RCN, 2020). Recommendations for the Role of the Nurse in the Management of Chronic Inflammatory Arthritis (EULAR, 2018). Telephone Advice Lines for People with Long-term Conditions (RCN, 2006).
Related Documents:	None required.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Rheumatology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2023	V1.0	Initial issue	Andrew Pothecary, Lead Pharmacist and Clinical Governance Lead for Rheumatology

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:	Rheumatology Advice Line Standard Operating Procedure V1.0.
Department and Service Area:	Specialist Services and Surgery Care Group.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Andrew Pothecary, Lead Pharmacist & Clinical Governance Lead for Rheumatology.
Contact details:	07557 546259

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)	To support the operational management of the Rheumatology Advice Line (RAL).
2. Policy Objectives	To ensure that the RAL complies with relevant national standards, e.g., NICE QS33. To ensure that all members of the Rheumatology team are aware of their roles and responsibilities with respect to the RAL.
3. Policy Intended Outcomes	To improve the performance of the RAL by making best use of capacity, thus improving the patient experience
4. How will you measure each outcome?	KPIs and audit as specified in sections 4.3 and 6. Patient feedback including number of complaints relating to the RAL.
5. Who is intended to benefit from the policy?	Patients under the care of the Rheumatology Department who seek advice from the RAL.

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: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Rheumatology Specialty Multi-Disciplinary Team members, Healthwatch Cornwall.
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	Yes	Hearing and speech impairments become more common with increasing age, which may make it difficult for patients to communicate using the advice line (see below under disability) – otherwise no impact is expected due to age.
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Race	Yes	The RAL is only provided in English. This could make access difficult for people who do not speak English or only have limited ability in the language. This could be overcome using a translator, however these need to be booked in advance and could be problematic for use with the RAL where patients may be on hold for a while.
Disability (e.g., physical, or cognitive impairment, mental health, long term conditions etc.)	Yes	As the RAL is only provided by telephone, this could result in difficulties accessing the service by people who have hearing and/or speech impairments. There are ways to overcome this, for example the use of Telecom Communications Device for the Deaf (TDD, Minicom) or Relay UK.
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g., gay, straight, bisexual, lesbian etc.)	No	

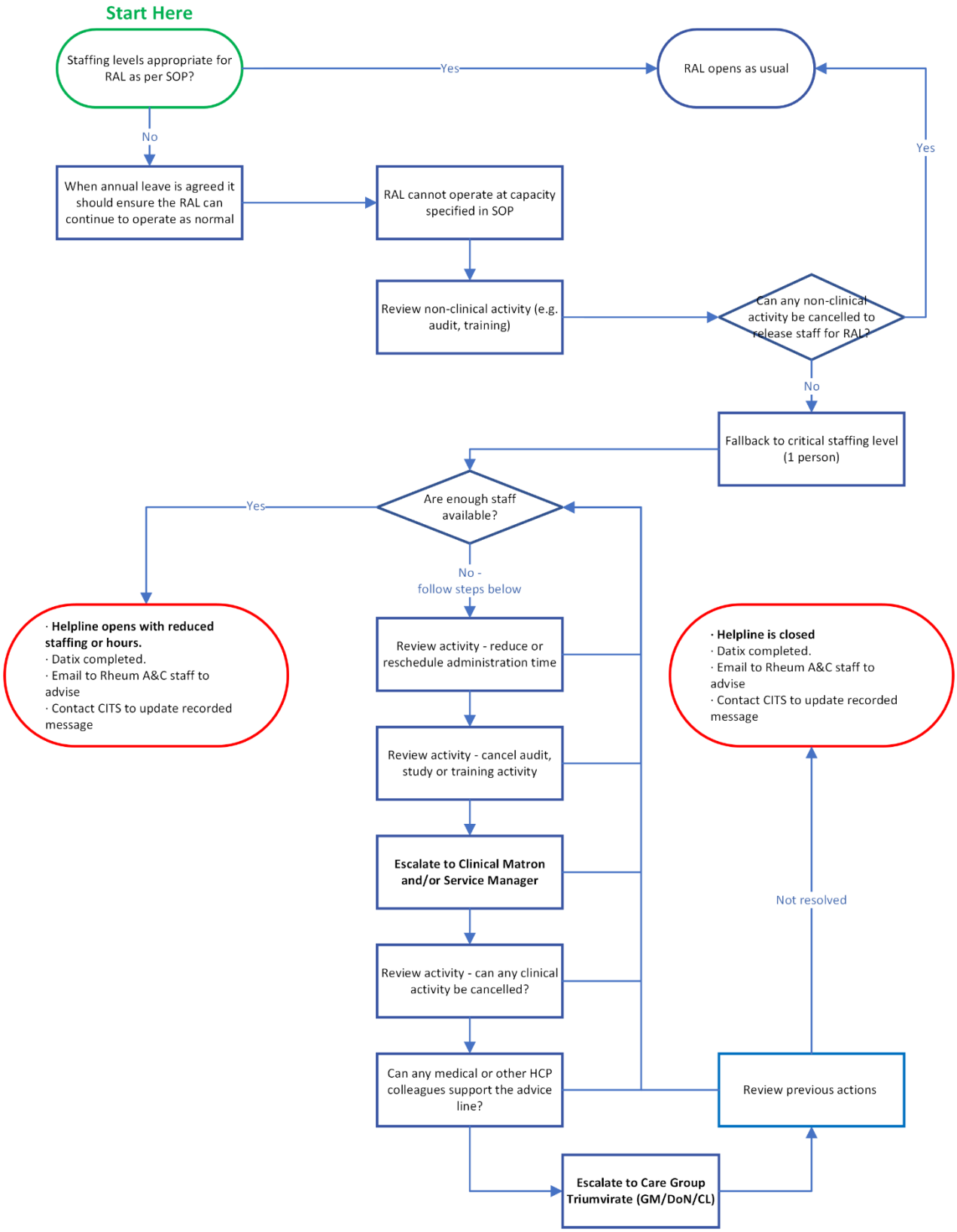
A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

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.

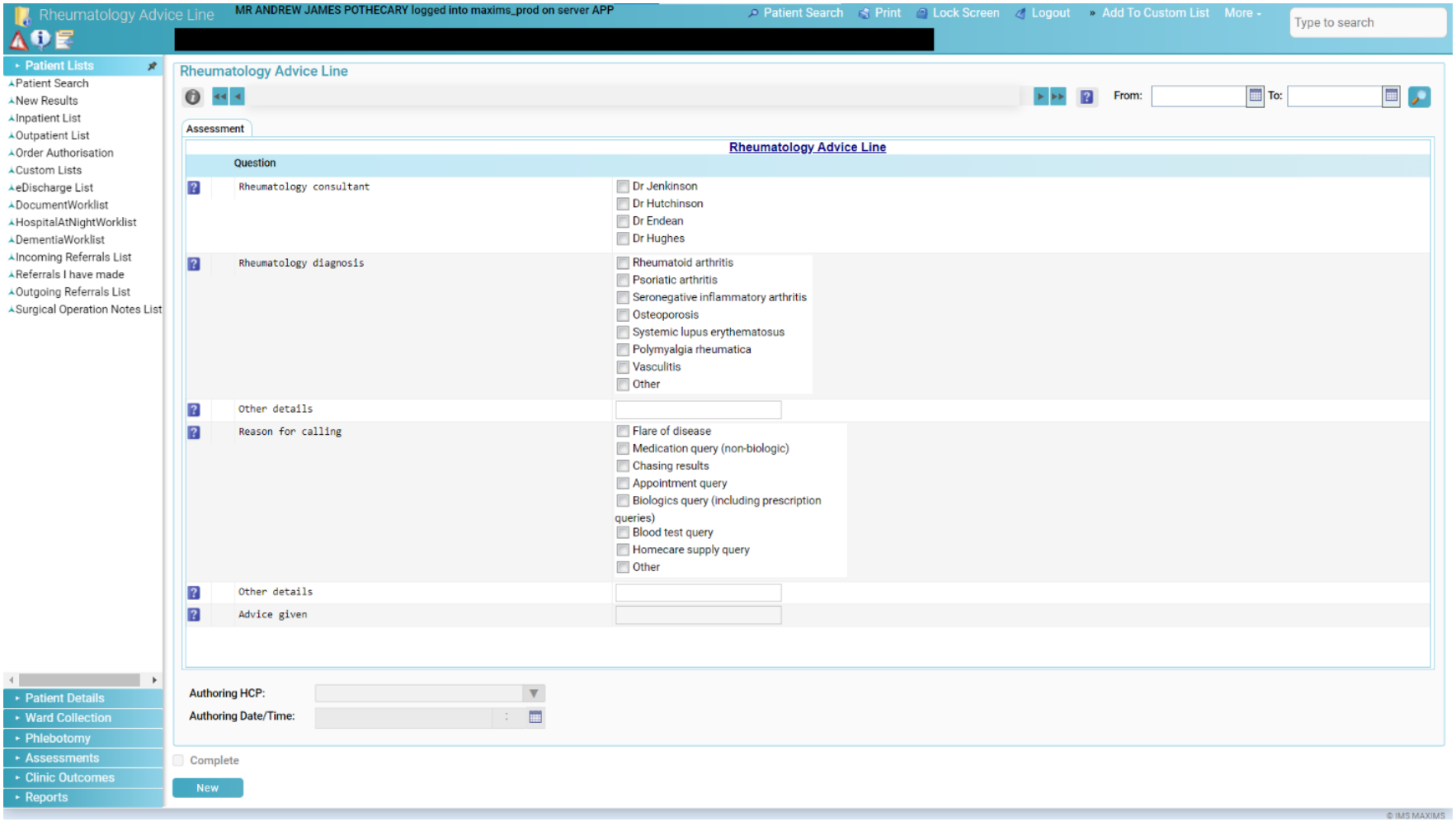
Name of person confirming result of initial impact assessment: Andrew Pothecary, Lead Pharmacist, and Clinical Governance Lead for Rheumatology.

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

Appendix 3. Advice Line Staffing Escalation Process

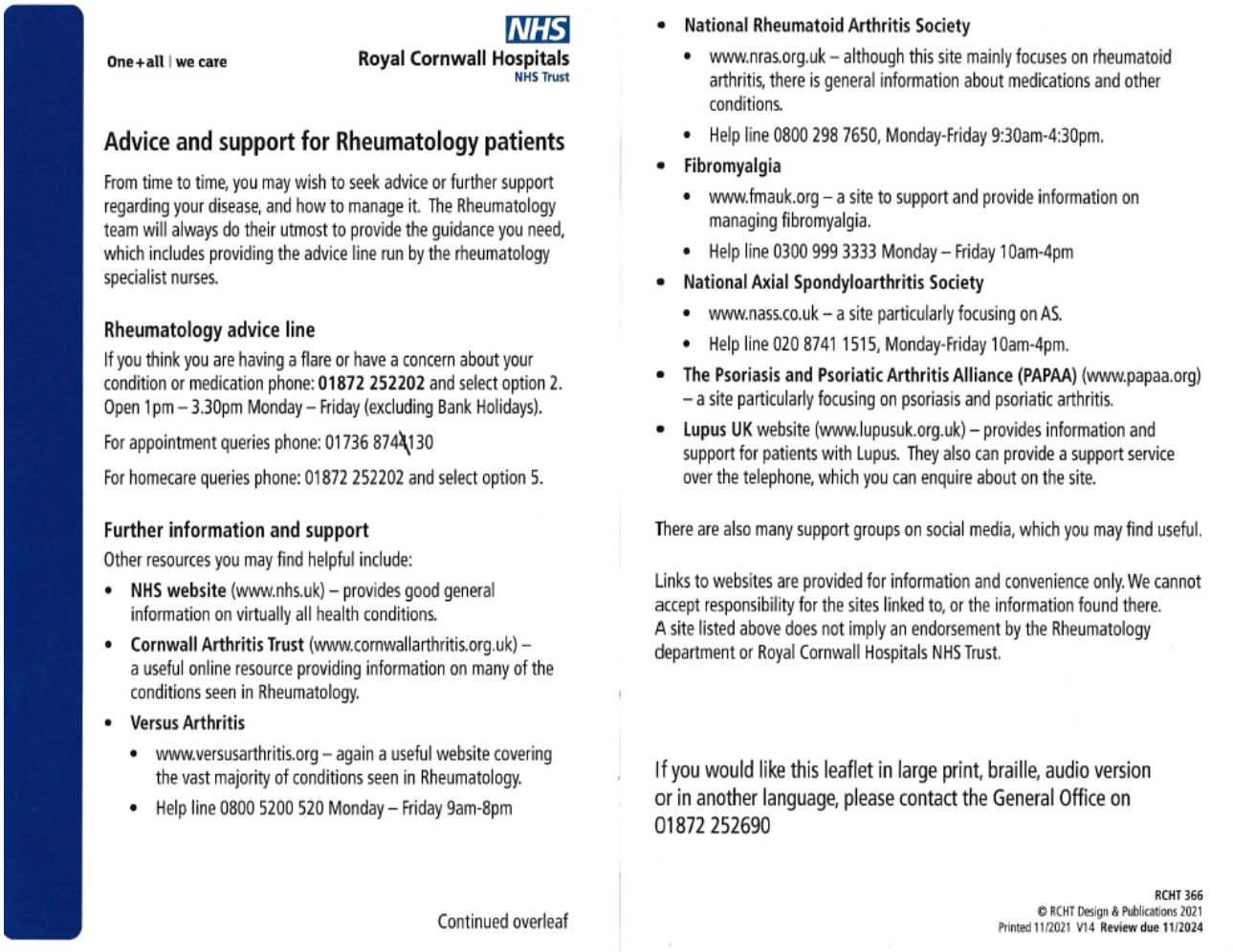


Appendix 4. Helpline Assessment



Appendix 5. Advice Line Patient Information Sheet

[Advice and support for Rheumatology patients (RCHT 366)]



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Advice and support for Rheumatology patients

From time to time, you may wish to seek advice or further support regarding your disease, and how to manage it. The Rheumatology team will always do their utmost to provide the guidance you need, which includes providing the advice line run by the rheumatology specialist nurses.

Rheumatology advice line

If you think you are having a flare or have a concern about your condition or medication phone: **01872 252202** and select option 2. Open 1pm – 3.30pm Monday – Friday (excluding Bank Holidays).

For appointment queries phone: 01736 874130

For homecare queries phone: 01872 252202 and select option 5.

Further information and support

Other resources you may find helpful include:

- **NHS website** (www.nhs.uk) – provides good general information on virtually all health conditions.
- **Cornwall Arthritis Trust** (www.cornwallarthritis.org.uk) – a useful online resource providing information on many of the conditions seen in Rheumatology.
- **Versus Arthritis**
  - www.versusarthritis.org – again a useful website covering the vast majority of conditions seen in Rheumatology.
  - Help line 0800 5200 520 Monday – Friday 9am-8pm

Continued overleaf

- **National Rheumatoid Arthritis Society**
  - www.nras.org.uk – although this site mainly focuses on rheumatoid arthritis, there is general information about medications and other conditions.
  - Help line 0800 298 7650, Monday-Friday 9:30am-4:30pm.
- **Fibromyalgia**
  - www.fmauk.org – a site to support and provide information on managing fibromyalgia.
  - Help line 0300 999 3333 Monday – Friday 10am-4pm
- **National Axial Spondyloarthritis Society**
  - www.nass.co.uk – a site particularly focusing on AS.
  - Help line 020 8741 1515, Monday-Friday 10am-4pm.
- **The Psoriasis and Psoriatic Arthritis Alliance (PAPAA)** (www.papaa.org) – a site particularly focusing on psoriasis and psoriatic arthritis.
- **Lupus UK** website (www.lupusuk.org.uk) – provides information and support for patients with Lupus. They also can provide a support service over the telephone, which you can enquire about on the site.

There are also many support groups on social media, which you may find useful.

Links to websites are provided for information and convenience only. We cannot accept responsibility for the sites linked to, or the information found there. A site listed above does not imply an endorsement by the Rheumatology department or Royal Cornwall Hospitals NHS Trust.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

RCHT 366

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