Royal Cornwall Hospitals
NHS Trust

Vascular Hot Clinic
Standard Operating Procedure

V1.0

July 2024

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

The Trust has a duty under the Data Protection Act 2018 and UK 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 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.

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1. Introduction

1.1. A general increase in the admission rate of surgical patients since 2011, has resulted in a significant strain on National Health Service (NHS) resources, both clinically and financially. The UK Provision of Vascular Services 2021 (POVS21) recommends to use of Vascular Hot Clinics to deliver time critical patient assessment by the vascular team without the need for admission.

1.2. Similarly, the introduction of Emergency Surgery Ambulatory Care – ESAC (Hot Clinics) in emergency surgical areas has been associated with a significant reduction in surgical patients being admitted as inpatients, as well as a reduction in the length of stay of surgical patients in hospital (Th'ng, et al., 2017).

2. Purpose of this Standard Operating Procedure

2.1. The purpose of this SOP is to identify cohorts of patients eligible for referral to the Vascular Hot Clinics and describe the management pathway for patients assessed.

2.2. The aim of the Vascular Hot Clinic is to identify patients who could be managed safely and effectively on an ambulatory pathway, and to streamline the care of those in need of inpatient surgical treatment by the early involvement of senior surgical decision makers.

2.3. The clinics will facilitate initial investigations and outpatient management plans in selected patients who can be observed and further assessed avoiding admission. Patient information consent discussions play an integral part of the process.

2.4. This additional workstream will preserve sufficient assessment capacity within Same Day Surgical Assessment (SDSA) for surgical patients considered unsuitable for Vascular Hot Clinic workflows.

2.5. There will be two Vascular Hot Clinic each week – Monday and Thursday PM.

2.6. Abbreviations

- A+C – Administration and Clerical.
- BMI – Body Mass Index.
- CPET – Cardiopulmonary Exercise Testing.
- CTa – Computerised Tomography Angiogram.
- DFC – Diabetic Foot Clinic.
- DNA – Did not attend.
- ECG – Electrocardiogram.
- ESAC – Emergency Surgery Ambulatory Care.

- HCA – Health Care Assistant.
- ICB – Integrated Care Board.
- NEWS – National Early Warning Score.
- POVS21 – Provision of Vascular Services 2021.
- SDSA – Same Day Surgical Assessment.
- USS – Ultrasound scan.
- VAC – Vacuum Assisted Closure.
- VACP – Vascular Advanced Clinical Practitioners.

3. Ownership and Responsibilities

3.1. The overall responsibility of the Vascular Clinics will be held by Mr. Havey Chant (Consultant Vascular Surgeon).

3.2. The Clinics will be developed, managed, and implemented by Mr Chant (Consultant Vascular Surgeon), Miss R Barnes (Consultant Vascular Surgeon) and Mr A Jones (Consultant Vascular Surgeon).

3.3. The (trainee or fully qualified) Vascular Advanced Clinical Practitioners (VACP) will be undertaking the clinics. Support with any enquires including the guidance of investigations, actioning of results and any decision to admit or discharge a patient will be supported and overseen by the on-call Vascular Consultant.

3.4. Investigations and all dependent results from laboratory tests including radiology, haematology, biochemistry, and microbiology will be attributable to the on call Vascular Surgeon.

3.5. For all patients seen in the Vascular Hot Clinic, the VACP running the clinic will remain responsible for completing a clinic letter and clinic outcome as per Trust policy and will deliver these using the existing Trust electronic platforms.

3.6. The Vascular Service Administration and Clerical Staff (A+C) will be responsible for generating a dedicated outpatient clinic list with a bespoke code to readily identify and enable audit of such activity.

3.7. As these are emergency patients streamed by telephone to the Vascular Hot Clinic there is a risk that a patient may deteriorate and fail to attend their appointment. In this event the VACP will attempt to contact the patient by telephone on the same day to check they are well and log that communication. If no further contact can be made, the General Practitioner (GP) surgery will contact on the same day and a standardised templated letter will be sent to the GP informing them that the patient did not attend. A further offer for an appointment will not be made by the service to the patient routinely due to the emergency nature of the service.

3.8. Results reported in Maxims (both normal and abnormal) will remain the clinical responsibility of the named consultant clinician to whom they are attributed as will any further investigations or actions suggested as a consequence of those tests. Currently, the vascular service has a policy that radiological results are only signed off by Consultant Vascular Surgeons. Blood tests arising from the hot clinic will be recorded and acknowledged by VACP or medical staff when normal. Medical junior grades will be notified of abnormal blood results and they will escalate appropriately. Some blood results will require immediate attention of on call consultant who will have overall responsibility for the management of the patient. All results arising from the Vascular Hot Clinic will be signed off on Maxims by the end of the day when possible. Some results such as microbiology will require sign off after 48 hours and will be managed as per the departmental protocol for results signoffs.

3.9. **Role of the Managers**

Line managers are responsible for:

- Ongoing professional development of the VACPs.
- Supporting in-house training for the VACPs Clinics.
- Supporting VACPs in attending external training and conferences supporting development and education of the Vascular Hot Clinic.
- Provide sufficient equipment and resources as to facilitate the clinic.
- Calculate appropriate tariff to reflect the activity being undertaken and negotiate this within the contract with the ICB.

3.10. **Role of Individual Staff**

All staff members are responsible for:

- The VACPs will undertake and deliver clinics as part of their role, with the support of the consultant on call.
- The on-call consultant is the nominal consultant for the Vascular Hot Clinics during their on-call weeks. The Registrar/Trust Grade on call will also support the VACP in delivering the clinic (in terms of giving advice etc.) Clinics/ results will be booked in the nominal Consultant's name to be signed off.
- The Healthcare Assistant supporting the Vascular Hot Clinic should be competent in venepuncture, use of the Point of Care machine and ECG.

4. Standards and Practice

4.1. Workstream to populate Vascular Hot Clinics:

4.1.1. VACP vets Advice and Guidance referrals from GP practices and adds patient requiring urgent review to clinic list by on Teams booking form (secretaries informed).

4.1.2. Vascular Consultant vets GP referral and adds patient requiring urgent review to clinic list on Teams (secretaries informed).

4.1.3. GP contacts on call team requesting urgent patient review – Vascular consultant on call or VACP book via Teams.

4.1.4. Patients are allocated a time slot at the point of the referral with particular attention to USS scanning availability. Appointments confirmed by phone from secretary because of the 'urgent' nature of the clinic.

4.1.5. Secretary or VACP contacts patient to confirm or amend appointment if required.

4.1.6. There is to be 4 appointment slots per clinic during session. Morning clinic slots: 0830, 0930,1030 and 1130. Afternoon clinic slots: 1330, 1430, 1530, 1630.

4.1.7. Focused history and examination guided by protocol by VACP.

4.1.8. Performs/directs observations, BMI, urinalysis, and blood tests as per "Assessment" section of this document.

4.2. Consultant Input/Responsibilities: All patients attending clinic will be assessed by the VACP, and then discussed with the On Call Consultant. If indicated, the patient will be reviewed face to face by the Consultant, or a senior trainee (Vascular ST3 or above). Management plan with electronic letter prepared by VACP prior to leaving Hot Clinic. The following discharge routes will be adhered to:

- Discharge to a surveillance program.
- Discharge with date for surgery.
- Discharge for further investigation eg. CPET.
- Discharge with appointment to return for further review to appropriate clinic.
- Direct admission for surgery/treatment.

4.3. Tests may include:

- None.
- Bloods.
- Duplex ultrasound.
- USS aorta.
- CTa (same or urgent booked slot).
- Imaging slots are essential and must be negotiated by contract.

4.4. The following conditions are appropriate for INCLUSION for streaming to the Vascular Hot Clinics:

- Critical Limb Ischaemia.
- Threshold asymptomatic aneurysms.
- Wound reviews (including VAC dressing change).
- Sudden onset (two weeks) short distance claudication.
    - TIA / pre-operative carotid endarterectomy patients for assessment prior to urgent/ emergent surgery.
- Diabetic foot patients under care of DFC needing urgent review.
- Patients with mobility needs that are unsuitable for some RCHT clinic locations.
- Patients requiring redressing following Vascular Studies Unit investigations.

4.5. The following conditions are examples of patients NOT appropriate for inclusion for streaming to the Vascular Hot Clinics:

- Clinically unstable patients (deranged vital signs and signs of shock) and/or NEWS ≥5.
- Children under the age of 16 years.
- Elective clinic patients.
- Diabetic foot patients that should be assessed on the DFC pathway.
- Systemic sepsis – requiring immediate admission +/- resuscitation.
- Grossly deranged blood tests.
- Significant co-morbidities requiring immediate supportive care.

4.6. Contingency plans for staff absence. In the unlikely event of staff absence, it is expected that Care Group staff will endeavour to work together to cross cover.

- If HCA is unavailable, staff from SDSA may cover.
- If A+C staff are absent, cover may be possible from the Care Group ward staffing templates.
- If VACPs are unavailable to cover the clinics, it is the responsibility of the Vascular team to provide alternative staffing.

4.7. Discharge from clinic. At the end of each clinic patients wating to be discharged will remain under the care of the hot clinic team until they have been discharged from RCHT or taken over by another RCHT department. By negotiation, patients may be appropriately cared for in SDSA when clerked, cannulated and

fully admitted by members of the vascular team. Ideally, there should be no requirement for the Vascular Hot Clinic team to rely on the SDSA team for patient care.

4.8. When a patient is to be admitted direct to RCHT, the VACP will contact the Bed Manager and arrange a suitable bed. If no bed is immediately available, the patient may temporarily remain on SDSA. All admission paperwork and clerking is the responsibility of the Vascular Hot Clinic team. However, at times it may be necessary to involve the SDSA team to prescribe routine medications and new medication where indicated.

5. Dissemination and Implementation

5.1. This document will be shared by email to the Vascular Surgical team. It will be reviewed by VACP line management. It will also be discussed at the Vascular Unit monthly governance meeting. Any revisions and version updates will be similarly communicated.

5.2. This section should also describe the arrangements for implementing the procedure, e.g. provision of training and support for staff; series of roadshows; etc. If there is a training need associated with this procedure the author must ensure that this is noted on the Governance Coversheet above and also ensure that the Learning and Development department are aware of this need.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Number of patients streamed to Vascular Hot Clinic. Admission rate following clinic visit. Door-to-door (or admission) waiting time for patients. DNA rate. Inappropriate attendances (resulting in delay in treatment). Reduction in use of SDSA.
Lead	Mr. Harvey Chant, Consultant Vascular Surgeon.
Tool	Current in-house IT systems for booking and patient management.
Frequency	Three monthly reviews for first 12 months. Six monthly review for 12-24 months. One yearly review thereafter if no concerns.
Reporting arrangements	Vascular surgeons. Service Manager. GSC care group leadership team.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Actions will be determined by the Vascular Lead, Vascular Governance lead and/or Service Manager. Required actions will be identified and completed within a three-month timeframe unless dependent upon external resources/investment. Governance lead will oversee/address any clinical concerns including DATIX/Harm reviews. Service lead will oversee/address any operational concerns. Nursing line manager will oversee/address any educational/training needs/concerns.
Change in practice and lessons to be shared	System and practice changes will be shared through existing governance processes including monthly meetings and care group newsletters. Required changes to practice will be identified and actioned within three months. A lead member of the team will be identified to take each change forward where appropriate as suggested above. Lessons will be shared with all the relevant stakeholders

7. Updating and Review

This document should be reviewed every three years or earlier if revised.

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:	Vascular Hot Clinic Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	April 2024
Date Valid From:	July 2024
Date Valid To:	July 2027
Author / Owner:	Mr Harvey Chant, Consultant Vascular Surgeon.
Contact details:	01872 252197
Brief summary of contents:	Standard Operating Procedure for running of Vascular Hot Clinic within RCHT.
Suggested Keywords:	Vascular Surgery, Hot Clinics.
Target Audience:	**RCHT:** Yes **CFT:** Yes **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Vascular Speciality Meeting. Care group board.
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.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical / Vascular.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2024	V1.0	Initial issue.	Mr Harvey Chant, Consultant Vascular 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:	Vascular Hot Clinic Standard Operating Procedure V1.0
Department and Service Area:	General Surgery and Cancer Services, Vascular.
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):	Mr Harvey Chant, Consultant Vascular Surgeon.
Contact details:	01872 252197

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)	All RCHT and Primary Care staff involved in the management of patients with vascular disease requiring urgent assessment and treatment.
2. Policy Objectives	Standardise care pathway and ensure compliance with National standards for care. To reduce SDSA workload and waiting times.
3. Policy Intended Outcomes	Standardise care pathway and ensure compliance with National standards for care. To reduce SDSA workload and waiting times.
4. How will you measure each outcome?	Audit.
5. Who is intended to benefit from the policy?	Patients attending RCHT with vascular disease requiring urgent assessment and care.

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:** Vascular Consultants. Vascular Advanced Care Practitioners. SDSA Matron, Sally Dale. Nigel D'Arcy and Ian McGowan.
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	All adults with vascular disease are eligible for assessment in this clinic.
Sex (male or female)	No	Suitable self-contained clinic rooms and chaperones available.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Suitable self-contained clinic rooms and chaperones available.
Race	No	All adults with vascular disease are eligible for assessment in this clinic regardless of race.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	The clinic rooms and waiting area are suitable for patients with physical or cognitive impairment. There is space for patients to be accompanied by carers if required.
Religion or belief	No	All adults with vascular disease are eligible for assessment in this clinic regardless of religion or belief.
Marriage and civil partnership	No	All adults with vascular disease are eligible for assessment in this clinic regardless marital status.
Pregnancy and maternity	No	The clinic rooms and waiting area are suitable for pregnant patients, or patients accompanied by children if required.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	All adults with vascular disease are eligible for assessment in this clinic regardless of sexual orientation.

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: Mr Harvey Chant, Consultant Vascular 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