

Procedure for Urgent Access Pathway for GP-referred Chest X-rays

Document Control: *

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Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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Consultation

The following were consulted during the development of this document:

Chief of Imaging

Lead Chest Radiologist

Deputy General Radiography Leads

Deputy IT manager (Radiology)

ED Consultant and Matron

Respiratory Consultant team

Deputy Chief Operating Officer

Associate Medical Director, Primary Care Liaison & System Integration Clinical Director

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a standard operating procedure applicable to NNUH; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

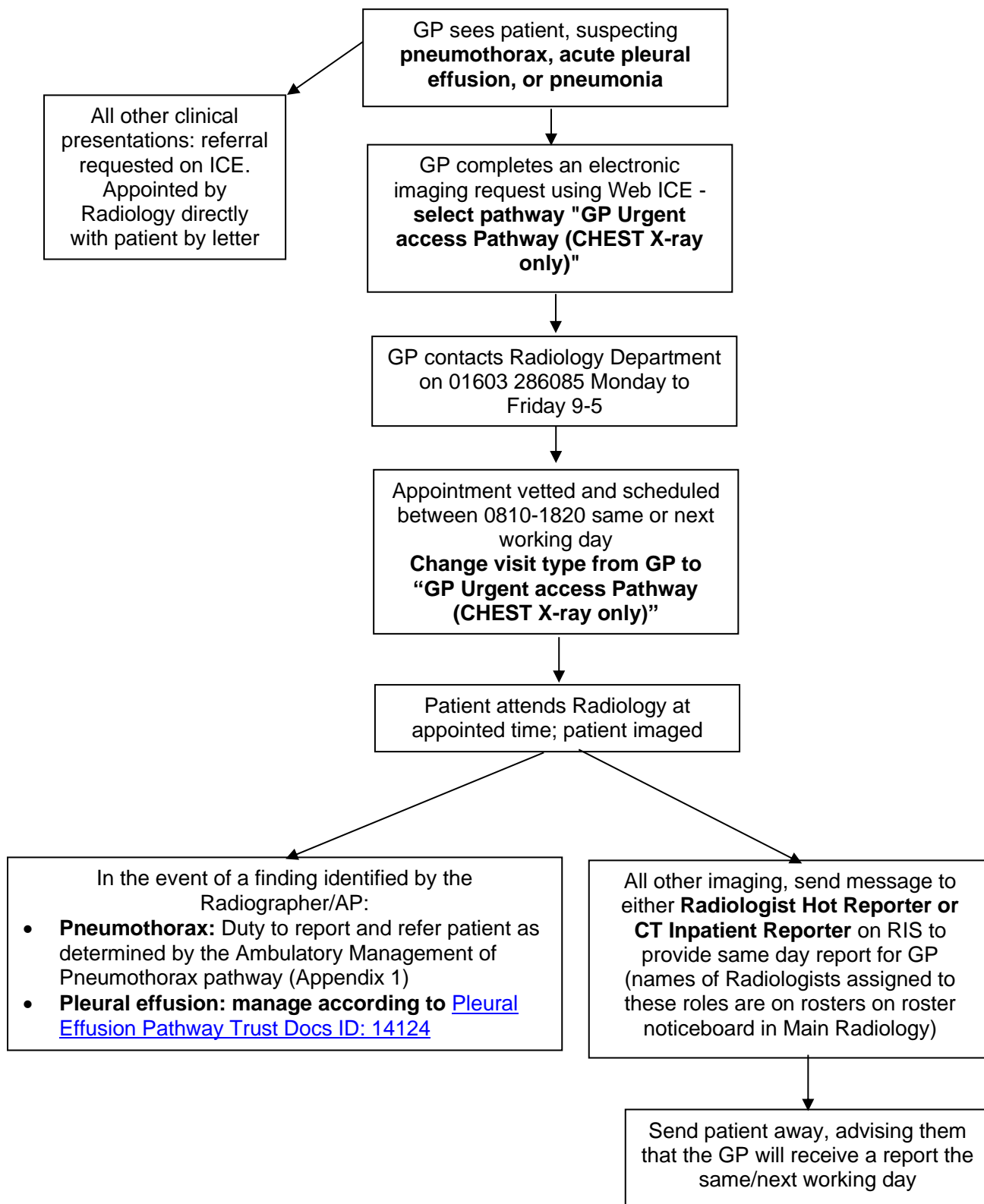
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Quick reference



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1. Introduction

1.1. Rationale

Provision of a fast-track pathway for GP-referred CXR to Radiology is essential to ensure quick imaging and diagnosis of patients with acute presentations such as suspected pneumothorax and suspected acute pleural effusion, in order to avoid admissions to ED and the Trust.

1.2. Objective

To provide a fast-track pathway for same working day CXR imaging for acute presentations at Norfolk and Norwich. This SOP excludes Cromer Hospital.

1.3. Scope

GP-referred examinations for CXR, with the following clinical suspicions:

- Suspected pneumothorax
- Suspected acute pleural effusion
- Suspected pneumonia

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
ED	Emergency Department
CXR	Chest X-ray

2. Responsibilities

General Practitioners – refer patients for CXR, ensuring adequate and appropriate clinical information is included to enable the Radiographer to justify the request in line with the scope of this protocol and general IR(ME)R principles. Call Radiology to book same/next working day appointment.

Deputy Lead Radiographers and Radiographer Coordinators – take calls from patients and allocate same calendar day/next calendar day appointments.

Radiographers – image patients, send RIS message for reporting to the Hot Reporter Radiologist, CT IP reporting Consultant or CXR Reporting Radiographer. Refer any patients requiring immediate onward management in accordance with the Quick Reference section.

3. Processes to be followed

Processes should be followed as per the Quick Reference section.

4. Related Documents

None.

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5. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Audit of request to acquisition time, and request to report time	Monthly audits via Power BI	General Radiography Lead	Radiology Clinical Governance	Monthly

The audit results are to be discussed at Radiology governance meetings to review the results and recommendations for further action.

6. Appendices

[Appendix 1](#): Ambulatory Management of pneumothorax.

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7. Equality Impact Assessment (EIA)

Complete the assessment inserted below

Type of function or policy	New
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Division	DCSS	Department	Radiology
Name of person completing form	Emma Key-Yeomans	Date	06.12.2022

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race				No
Pregnancy & Maternity				No
Disability				No
Religion and beliefs				No
Sex				No
Gender reassignment				No
Sexual Orientation				No
Age				No
Marriage & Civil Partnership				No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

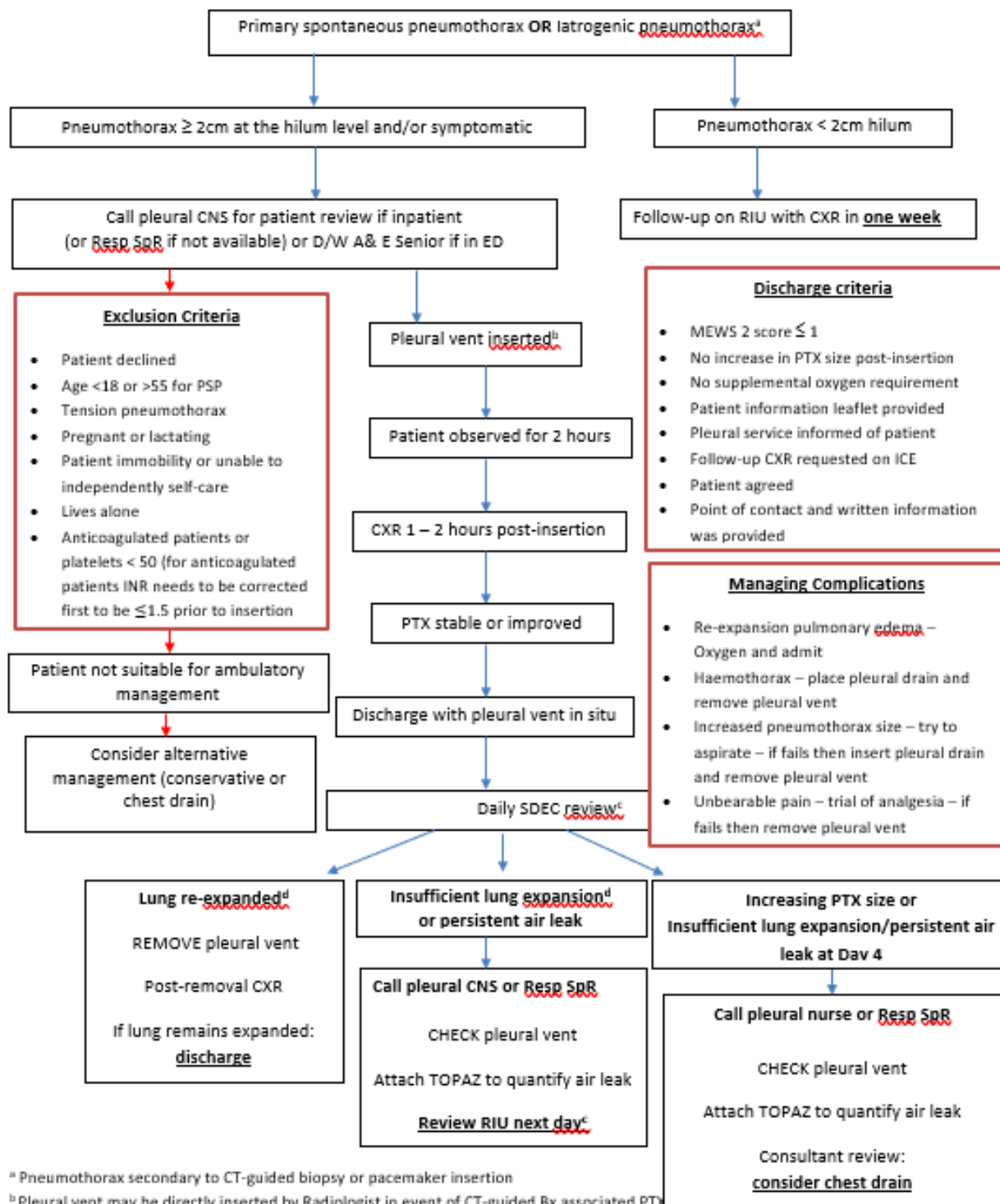
The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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Appendix 1:

Ambulatory management of pneumothorax

Pleural CNS DECT: 7898 Resp SpR DECT: 6061, SDEC DECT 7767 Email: pleuralservice@nnuh.nhs.uk



^a Pneumothorax secondary to CT-guided biopsy or pacemaker insertion

^b Pleural vent may be directly inserted by Radiologist in event of CT-guided biopsy associated PTX

^c One review over weekend may suffice if clinically stable

^d Insufficient re-expansion > 1cm air rim