

**Vascular Society of Great Britain and Ireland
Peripheral Arterial Disease Quality Improvement Programme**

**Changes implemented by early adopter centres so far
as discussed at the 4th PAD QIP webinar**

The Peripheral Arterial Disease Quality Improvement Programme (PAD QIP) was designed to facilitate the implementation of the Vascular Society of Great Britain and Ireland recommendations for the treatment of patients with chronic limb-threatening ischaemia (CLTI), published in 2019. Thirteen vascular units in England have formed a QI collaborative, supported by a central team at the Royal College of Surgeons of England. The programme launched in November 2019 with 11 units, with the first webinar held in May 2020. In the latest webinar in May 2020, 2 more units joined.

This report aims to summarise some of the changes in the vascular services implemented by the early adopter centres. The changes are presented according to the step of the patient pathway they correspond to.

Referral

- Daily triage of referrals by Consultants and vascular specialist nurses.
- Adoption of an online referral system.
- Utilisation of the “referral assessment system” (RAS), used by General Practitioners for 2-week cancer referrals.
- Triage of all patients with ulcers or tissue loss by podiatrists, referred by any primary care source, with onward referral to urgent vascular review if appropriate.

Surgical review & Imaging

- Introduction of hot clinics 2-5 times per week.
- Same-day duplex and CTA in hot clinic.
- Availability of dedicated CLTI slots in existing clinics in Spoke centres.
- Use of surgical assessment unit for urgent review of patients with CLTI.
- “Virtual ward” of patients who wait at home but undergo remote daily review and scheduling of urgent investigations on an inpatient basis.

Treatment

- Daily morning mini-MDT between vascular surgeons and interventional radiologists, for review of imaging and planning of intervention.
- Daily review of inpatients awaiting intervention by the vascular anaesthetists who are allocated on the vascular lists that day, for assessment and optimisation prior to surgery.
- Separation of daily theatre lists into elective and non-elective, with non-elective lists dedicated to CLTI, urgent carotids and large/urgent AAAs only.