CSVS

THE COLLEGE AND SOCIETY
FOR CLINICAL VASCULAR SCIENCE
Great Britain and Ireland

Service Management

National Vascular Science Data Collection CSVS Additional Guidance

Version 1.0

January 2026

Doc Ref PS-SM018

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1.0	New document	Author: J.Walker Approval: CSVS Executive Committee	Jan 2026

Purpose

This document was prepared by the Professional Standards Committee (PSC) of the College and Society for Clinical Vascular Science (CSVS) to support the practise and delivery of high quality standardised Clinical Vascular Science. This document may be used in its entirety (or referenced in part with suitable additions made by local policy implementers) by all parties involved with clinical vascular science. Suggestions for improving this document are welcome and should be sent to the Chair of the PSC (see csvs.org.uk for current PSC Chair details).

National Vascular Science Data Collection - CSVS Additional Guidance

Overview

If you manage any of your Trust Vascular Science activity then this may apply to you.

The aim of the National Physiological Science Programme is to transform physiological science services improving outcomes that matter to patients by enabling delivery and access to the right physiological tests at the right time by the right person. We are now about to start the third round of data collection.

The data collected from the physiological science collections is used to support improvement in this important but often overlooked area of diagnostic service provision. Locally the data may be used to understand and address variation in service provision (for example, it has been used to inform local business case to address a lack of support workers or inadequate facilities). Nationally it has been used to understand strategic priorities for transformation (for example it has directly led to £30million capital investment in physiological science service for 2025/26).

It's also supported the Workforce, Training and Education directorate within NHS England to plan training places across NHS England commissioned scientist training programmes. The data has been used to make the case for investment in practice educators and consortium approaches to improve training experience. Importantly, it is also the only data the NHS has on physiological diagnostic test waiting times that are not captured through the national DM01 data collection (which form part of the diagnostic pathway for patients on RTT pathways).

Annual data submissions are made via the NHS England Data Collection Framework (DCF) portal - https://datacollections.model.nhs.uk/

Current Situation with Vascular Data Quality

For Vascular Science the previous submissions have been insightful, but there are still some discrepancies of how the data is submitted and not all data is being captured. Hence the CSVS additional guidance provided here to help demonstrate how the National Guidance is to be interpreted in a Vascular setting, using relevant examples to ensure consistency and completion of figures for the submission data. If you have not heard of this data submission, please contact Karen Richardson to see where this has been sent to in your Trust or Service to ensure the right people are involved from a Vascular Science perspective.

It is vital at the earliest opportunity to engage with your Trust Business Intelligence Unit to gain accurate activity and waiting times data. They will already be very familiar with data collection for DM01 submission and hopefully previous Physiological Science Data collections. Using the examples below may help to adapt and improve the data from previous submission queries and templates.

Here is guidance using examples relating to Vascular Science:

Vascular Science Activity

All Vascular Science tests within a Trust need to be captured for the submission, even if they are at different sites (including CDCs) or provided by different specialists in other services or departments. Therefore the whole Trust activity data needs to be collated for all of vascular science tests. Here's an example of how Vascular Science tests which need to be counted could be fragmented within a large Trust:

Most Vascular tests are performed by a Vascular Studies Service, but additionally;

- DVT service is provided by the radiology department Sonographers
- ABPI's are performed by tissue viability nurses & Vascular Nurse specialists
- Toe Pressures are performed by the Diabetic foot clinic team
- Temporal Artery scans are provided by the Rheumatology team
- Aorta scans (not those within the NAAASP programme) are performed by Radiology
- Vein mapping is performed by Vascular surgeons, and they scan their own patients in a one-stop clinic
- Fistula Scans are performed by Radiologists
- Transcranial Doppler for Sickle Cell performed by Neurologist
- Paediatric vascular specific scans performed by Paediatric Radiologist

Workforce

Where the services are fragmented as per the above examples, you may need to work out the whole time equivalent (WTE) for each staff type. It will be easy to demonstrate the WTE of a vascular lab, but you will also need to account for how the vascular science activity is also delivered in other areas. For example, if the DVT service is provided by Band 7 Sonographers in Radiology – look at the number of scan lists per week dedicated to this and work out the WTE from there. If the nurses perform a number of ABPIs for example, you can work out from the number of these tests done in the submission period to calculate how much of their time was spent doing these vascular investigations alongside their other roles and duties to estimate the WTE of their vascular science workload.

The submission sheet is still a little bit ambiguous as to where to put all the other clinical staff, but if they are not under the Healthcare Science job roles & descriptions (including Clinical Vascular Scientists, Clinical Scientists, Consultant Scientists, Vascular Practitioners/Technicians, qualified and non-qualified) then they are recorded in the 'other clinical staff' section (Nurses, Sonographers, AHPs, Registrars & Consultants) with the appropriate Band recorded. The 'other clinical staff' section should also record any non-clinical managerial positions that are affiliated to support with the running of the service. Don't forget to total the WTE for admin & clerical figures which should include the workforce support from all areas.

		Number of Staff (WTE: Whole Time Equivalent)**		
		Physiology staff*	Other clinical staff e.g. Nurses (non specialist), AHPs	Admin and clerical staff
4.01	AFC Band 2			
	AFC Band 3			
	AFC Band 4			
	AFC Band 5			
	AFC Band 6			
	AFC Band 7			
	AFC Band 8a			
	AFC Band 8b			
	AFC Band 8c			
	AFC Band 8d			
	AFC Band 9			
	Specialist Registrar (affiliated to your service)			
	Consultant (Medical)			

Equipment

3.01	US Machines (Standard/High specification)
	US Machines (Compact/mobile specification)
	Treadmill
	Handheld Dopplers
	TcP02 equipment
	Standalone TCD equipment

The submission sheet requires data for all the equipment used to deliver Vascular Science, so remember to include all equipment even outside of a main vascular lab in order to demonstrate how the entire delivery of vascular science activity is achieved and also the diversity of equipment in use across the Trust. Again use your best estimate of session time allocated for Vascular Science tests on shared equipment.

Referrals & Waiting Lists

Count one unit of activity for each distinct clinical test/procedure carried out. Remember for most bilateral scans the activity is counted twice. Include all relevant tests and procedures funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and all settings in which they are carried out (i.e. vascular lab, outpatient clinic, inpatient ward, x-ray department, CDCs etc).

There is a section to log numbers of all new referrals received for each of the Vascular Science tests, with an additional question: *"Of these new referrals received (adults and paediatrics) how many are urgent?"* The guidance notes mention that *"Each specialism will have its own definition of urgent depending on the pathology and the risk of harm of not intervening. Count "urgent" as those considered urgent within your discipline i.e. tests which bypass the ordinary queue for patients for the discipline. In some areas the ordinary queue would be those that can be seen within the 6-week standard, however for some areas the ordinary queue may be a shorter time frame than this."*

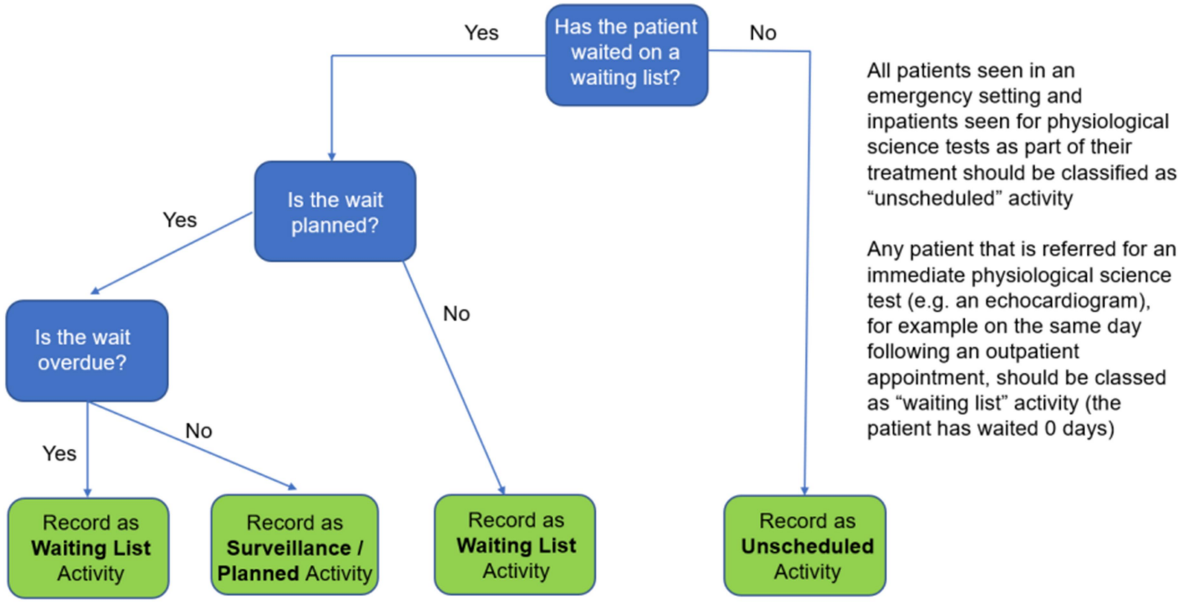
The example of 'urgent' referrals for Vascular Science (Adult & Paed) which would bypass the 'ordinary' queue to consider are usually (but not an exclusive list):

- Critical Limb Ischaemia (CLI) Arterial Duplex (Lower & Upper Limb)
- Temporal Arteries
- DVT (Lower & Upper Limb)
- Carotid (Symptomatic/TIA)
- AAA/EVAR (tender/symptomatic)
- Bleeding Varicose Veins

- Vein Mapping for CLI
- Pseudoaneursym

However it may be difficult to split data for routine carotid, Vein or AAA scans from those same test codes for referrals which are clinically urgent. A method which may be useful is to filter by referral source such as a 'Vascular Emergency / Hot Clinic' for CLI, and a Stroke service TIA clinic for symptomatic urgent carotid scans. Or even by specific referrers such as a Rheumatology consultant for Temporal artery scans. Your business intelligence specialist will be able to advise further depending on your data system used. Sometimes filtering by scan room may help.

The next issue is recording the referral waiting times and selecting the correct category: Unscheduled, Waiting List or Planned activity.



Patient referrals for surveillance or require a scan at a planned interval of time go in the **'planned'** column. For example:

- Bypass graft or stent surveillance
- Re-Check of a DVT in a weeks' time
- A post-op scan
- AAA surveillance (not including NAAASP)

Referrals which are **'unscheduled'** activity are inpatients, and those who are under the emergency department pathways only. However if a patient is discharged from this pathway and referred and booked onto an urgent clinic, it becomes a 'waiting list' activity, even if the referral and scan is the same day – it will be a 0-1 week wait. An example of this is where a patient is seen in A&E, but referred onto a rapid access/same/next day TIA/DVT/CLI clinic. The A&E episode will be closed and the outpatient clinic event pathway created and the test referral comes from here – it will therefore be 0-1 week 'waiting list' activity. We realise this does not accurately reflect the urgent and unplanned nature of many of our vascular science tests, but for the purpose of the data collection and mirroring DM01, this is the current situation.

The rest (and likely most) of the activity, especially for new patients, will come under **'waiting list'** activity (irrespective of where the test was carried out). Also if a planned surveillance date is lasped, these patients also go onto the 'waiting list' figures. All one-stop clinic scan activity also counts as 0-1 week wait on the 'waiting list' activity (and not the unscheduled category), despite often not being able to pre-plan for this activity in a vascular consultant one-stop clinic for example.

I hope this helps to clarify how to complete the submissions, and that this helps get a higher return rate for round 3 of the yearly data collections. Further information on the programme and the data collections is available within the 'Data' section on the on Physiological Science Data Collections - Physiological Science Programme - Futures. The full official guidance is available via this link, which also includes a copy of the survey excel template which details all of the data required.

Please contact karen.richardson51@nhs.net if you need any additional advice or support, or forward your contact details if you have not been previously been involved or have not received an invite to complete the survey. The data collection is scheduled to open from Monday 9th March 2026.

Jo Walker, PSC Chair