Strategy for restarting planned surgery in the context of the COVID–19 pandemic

CODP Guidance May 2020

It is understandable that there will be increasing pressure to recommence elective surgery as soon as possible. This should not be viewed in the context of managing waiting lists but more as the need to alleviate suffering and/or restoring to health those who need an elective surgical procedure.

In the wider context of the Covid-19 pandemic it is recognised that there will need to be a 'new normal'. This will apply equally to the provision of safe healthcare, at least for the foreseeable future and ODPs will have to adapt their practice accordingly. Standard Precautions and the use of Personal Protective Equipment (PPE) will be at least as important in respect of COVID-19 as it has become the norm for protection from blood borne virus infections.

The NHS in England has issued operating framework guidance available HERE[i].

We await similar information from Health Services of the devolved nations

The Royal College of Anaesthetists et al have published a strategy document which CODP are happy to endorse and commend to ODPs. We recommend that ODPs follow this strategy in collaboration with other professionals and managers when planning to resume planned surgery. The strategy is available HERE[ii].

The basic structure of the strategy is based upon RAG (Red/Amber/Green) rating four key elements necessary to provide safe surgery

Space – where will elective surgical care be provided and will this be competing for space that has been used to escalate capacity for the COVID-19 pandemic?

Staff – huge numbers of perioperative staff, including anaesthetists and ODPs have been redeployed to create extra critical care capacity. Not only must there be sufficient staff returned to create elective surgical care capacity, but the physical and emotional wellbeing of staff returning from the frontline of the COVID-19 pandemic response must be safeguarded.

Stuff (Equipment) – first and foremost there must be sufficient PPE, shortages of which may have been tolerated during the pandemic emergency, but cannot be countenanced in the

context of elective care. Also, much anaesthetic kit has been repurposed and there may be ongoing shortage of anaesthetic drugs.

Systems – it is unrealistic to expect a rapid return to previous capacity and levels of productivity. Systems under the 'new normal' will have to reflect this reality.

The Royal College of Surgeons (England) have also produced guidance on the recovery of surgical services, including a checklist. CODP advise that ODPs take note of this guidance, but to follow the Royal College of Anaesthetists' Strategy.

The Royal College of Surgeons (Eng.) guidance is available HERE[iii]. Note this applies to Wales and Northern Ireland. The RCS Edinburgh has not as yet issued similar guidance.

Finally, NHS Trades Unions have agreed a Blueprint for Return that supports the key principles outlined in this guidance and which will support local engagement. The Blueprint is available HERE[iv].

ODPs are key to the successful delivery of elective surgical care and must be fully engaged in any strategies for the safe resumption of these services.

[i] Operating framework for urgent and planned services in hospital settings during COVID-19 NHS England May 2020

[ii] Restarting planned surgery in the context of the COVID-19 pandemic. A strategy document from the Royal College of Anaesthetists, Association of Anaesthetists, Intensive Care Society and Faculty of Intensive Care Medicine May 2020

[iii] Guidance: Recovery of Surgical Services. Royal College of Surgeons (Eng.) May 2020

[iv] NHS Trade Unions' Blueprint for Return May 2020

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