President's update Monday 27th April 2020

We are now entering the fifth week of the CV19 lockdown and the difficult times continue. Although there is marked variability in the regional incidence of the disease, all units appear to be affected to one degree or another, with certain units offering only the most urgent of cases intervention and others running a restricted service. However, the initial peak incidence of CV19 appears to have passed.

We held the fifth of our weekly extraordinary virtual meeting of the Vascular Society Executive Council on Monday 20th April.

The agenda included:

1. **A report from Louise Allen, President of the Society of Vascular Nurses:**
   Louise Allen kindly updated Executive Council on the impact CV19 was having on vascular nurses. Currently, Louise told us that SVN members were not contacting the SVN Committee about PPE issues. She went on to tell us that the majority of specialist nurses working in hard pressed units had been redeployed to critical care and emergency departments. Locally Louise told us that Imperial College Healthcare Trust was providing suitable PPE, and that much of the recent concern around PPE related to misunderstandings of the actual requirements. Louise also commented about the helpfulness of the VS website in the current rapidly evolving situation.

2. **Cover Study Update from Thanos Saratzis, Sandip Nandhra and Ruth Benson:**
   Executive Council was updated on the Cover Study. This is a trainee led study in collaboration with the Vascular Society looking at the change in vascular surgical practice as a result of the C19 crisis
   https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/

   - Tier 1 had recruited well both in the UK but also around the world.
   - Tier 2 was now open in a number of sites in the UK, and patients were starting to be recruited.
   - Although a provisional portfolio study number has been given, formal approval by CMO for prioritisation of the COVER study is still awaited.
   - The study currently suggests many units are no longer holding MDTs. This may be a question of how the data is interpreted, but the Executive Committee felt the MDT (whether virtual of face to face) or at least documented two consultant discussion of patients remains an important governance issue.
   - An invitation the BSIR/BSIRT to join the study would be discussed with the Ian McCafferty (BSIR President) and Phil Haslam (BSIR Vice President).

3. **The standing COVID 19 update:**
   - PPE availability was discussed, and there appeared to be some variation in availability in different units.

- The need to remember that we, the clinicians, must remember our role in the potential transmission of CV19.
- The adoption of the RCSEng definitions of urgency of surgery was discussed.
- There was initial discussion about potential re-introduction of non-emergency surgery. This has been listed as a major agenda item on 27th April, with the plan to release guidance shortly afterwards in the week beginning 27th April.

4. **Frequency of the virtual Executive Council meetings.**
   After discussion, it was agreed that Executive Council should continue to meet on a weekly basis due to the fluidity of the CV19 crisis.

5. **NVR COVID-19 fields**
   Jon Boyle reported that additional questions had been added to the NVR which would capture Covid 19 related information.
   Members are encouraged to complete.
   These fields will complement the Cover Study.

Personal view

On a personal/unit note, the situation in Coventry is now entering the next phase of the CV19 pandemic, as we begin to plan for the re-introduction of urgent and elective surgery. The re-introduction is clearly far more complex that just listing patients, and clearly a multi-faceted approach is required. Along with all the important practical CV19 aspects, I am concerned about the resilience of our vascular workforce, and the sustainability of our response. The VS will be issuing guidance shortly on the key components that we see. In addition, we will tie them into the RCSEng/NHSE framework of categories of urgency.

On Monday 20th April, University Hospital Coventry and Warwickshire NHS Trust featured in a thirty minute BBC1 program 'Panorama: On the Frontline' and I was very proud to TV documentation of how we have risen to the CV challenge.

https://www.bbc.co.uk/iplayer/episode/m000hjq4/panorama-on-the-nhs-frontline,

On Wednesday, Mike Jenkins and I had our first virtual meeting with Ian McCafferty and Phil Haslam of the BSIR. This is part of ongoing informal conversations. This recent meeting was a very positive one and a report will be posted shortly.

On Thursday, I gave my first Zoom virtual talk. This was to the Norwich Medico-Chirurgical Society who had asked me to speak (prior to the lockdown) on medical research on Everest. There are both advantages and disadvantages to a virtual lecture: whilst travel clearly isn't an issue, the lack of real company, a meal and the comradery certainly is a drawback. The link between CV19 and high altitude illness (hypoxaemia but little else!) featured heavily in the questioning, which allowed reflection on the insights gained from research in austere environments.

The VERN/VS Cover Study continues to recruit, and I would encourage all units to consider participation and to keep up with data submission for the regular updates.

https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/

Vascular surgeons, trainees, nurses and technologists have already played a crucial role in the response to CV19 pandemic. The feedback is that both individuals and units have risen to the challenges as they have become apparent. Whilst difficult decisions have been made, this has been done with open and honest communication. We must continue to support colleagues and friends from all specialities.

We are now entering another phase, and we need to adjust our mindsets to what is possibly a less intense, but much longer duration part of this challenge. Individuals need think how they will sustain their efforts, as we need to remain strong for ourselves, our families and our patients.

As I have said before these are defining times and I am sure all of you will do your utmost to rise to the occasion. I am particularly proud of the way VERN has led the way on developing a CV research program that is gaining worldwide traction.

Please keep in touch, and if you want to add agenda items for VS Exec Council debate please contact Sophie Renton (secretary@vascularsociety.org.uk).

Yours sincerely and stay safe

President of the Vascular Society

A view from York

We have a unit covering 800 000 across North Yorkshire on a hub and spoke model. The hub is in York with the two main spokes in Scarborough (50 miles away) and Harrogate (25 miles away). At the moment we have 6 consultants and 5 middle grades.

I suspect we were running 2-3 weeks behind London in the pandemic timescale and therefore because of the relatively early lock down, we have not had the tsunami of cases in North Yorkshire. We have had approximately 80 hospital deaths which seem to have plateaued. ITU is not full and there are empty beds in the hospital.

All elective surgery and outpatient appointments were stopped 4 weeks ago. The local Treatment Centre was closed completely and the local Nuffield was closed to private practice but prepared for NHS work. Non Covid ICU was moved to PACU. Theatre nurses and ODP's were trained to work on ICU. Consultant anaesthetists also received ICU refresher training.

We run 4 theatre lists per day: Emergency list, Surgical CEPOD, Vascular CEPOD and Trauma. There are theatre meetings every morning at 8.30 am and 3.30 pm chaired by the lead Covid surgeon of the day. The Covid surgeon is one of the more senior surgeons who will not have any other commitments that day. He effectively referees. At the 3.30pm meeting a decision is made as to whether there will be space on one of the lists to perform a cancer case the next day.

In vascular we have split into 3 teams of 2 consultants with 2 middle grade surgeons. The teams do not meet to reduce the chances of everyone becoming unwell at the same time. 3 of us have had Covid (but not tested). We work on a 3 weekly rota. Handover by Zoom on Monday am.

Team 1: Based on the ward for emergencies. Emergency OPD in York everyday with one clinic/ward visit in Scarborough and Harrogate per week.
Team 2: Office based. Checks all correspondence, referrals and results. Conducts telephone follow up.
Team 3: Rest week

We have set up a Virtual Ward to manage emergencies as outpatients with urgent imaging and endovascular intervention as required.

We are still performing carotid surgery according to our usual practice of local anaesthetic, no critical care, 24hr stay. However, we are being more selective. We are performing bypass for critical ischaemia, foot debridement and amputation at a slightly reduced rate compared to normal but the service for critical ischaemia is better than normal due to emergency clinics every day and improved radiology capacity.

We have repaired one 8cm with EVAR who was readmitted 1 week later and died of Covid.

Our Trust is following PHE Guidelines for PPE (7th April). Therefore, we are only using PPE 2 for surgeons and nurses in theatre. Anaesthetists use PPE 3 for intubation and extubation.

We have not been required to assist on ICU as yet and it is more likely that we will be required to assist on Covid wards if the situation escalates

Overall our Trust responded early to the threat of Covid with a very well-coordinated plan led by some very capable clinical colleagues. Testing for Covid has been almost impossible to access for staff, we are short of theatre scrubs and PPE is being rationed.

Paddy McCleary
Consultant Surgeon

Please feel free to send your 15-20 line unit update to the VS Secretary
secretary@vascularsociety.org.uk