

President's update 4th May 2020

We are now entering the sixth week of the CV19 lockdown and although we continue to face challenging times, the initial peak incidence of CV19 appears to have passed and we are now entering the next phase. Although there has been a marked variability in the regional incidence of the disease, many units appear to be beginning to plan how they should approach resuming a more 'normal' service. Our patients with vascular disease continue to require our input both for emergencies but also for urgent or some elective work.

We held another weekly extraordinary virtual meeting of the Vascular Society Executive Council on Monday 27th April.

The agenda included:

1. VS ASM 2020
Discussion around the 2020 Brighton ASM in November was led by Louis Fligelstone, and in particular the potential impact of CV19. Currently, the plan remains for a normal meeting to be held with no restrictions. This will be reviewed on a regular basis.
2. Discussion was had around the first trainee virtual education meeting.
3. The standing COVID-19 agenda item was mainly used to discuss a document on the resumption of vascular surgery following the CV-19 crisis. We agreed on presenting a final document to the VS Executive Council within 48 hours for approval. This has subsequently been posted on-line with a growing body of advice:
<https://www.vascularsociety.org.uk/userfiles/pages/files/Newsletters/2020/VS%20V6%20Resumption%20of%20elective%20vascular%20surgery.pdf>
It should be noted that these guidelines will be updated and amended as the CV19 situation evolves.
4. Chair of the Audit Committee will be elected at the Council meeting on 15th May.
5. The Cover Study was discussed and members and units are encouraged to participate:
<https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/>

Personal view

On a personal/unit note, Coventry is now entering the next phase of the CV19 pandemic, as we plan for the re-introduction of urgent and elective surgery. The re-introduction is clearly far more complex than just listing patients, and a multi-faceted approach is required. We are exploring a twin site 'green' unit for our 'intermediate level cases' such as EVARs and carotids. We hope to use the private unit which is only 200m from UHCW NHD Trust. Despite the proximity, the governance issues to ensure safe transition of these services is complex.

The vascular workforce is working at least as hard as prior to the CV19 outbreak, but in different ways. I remain concerned about the resilience of our vascular workforce, and the sustainability of our response through the next phase, particularly when one factors in sickness, shielding, covering sickness etc. The VS has issued initial guidance to the key components. Individuals need to think how they will sustain their efforts, as we need to remain strong for ourselves, our families and our patients. We must also continue to support colleagues and friends from other specialities.

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).

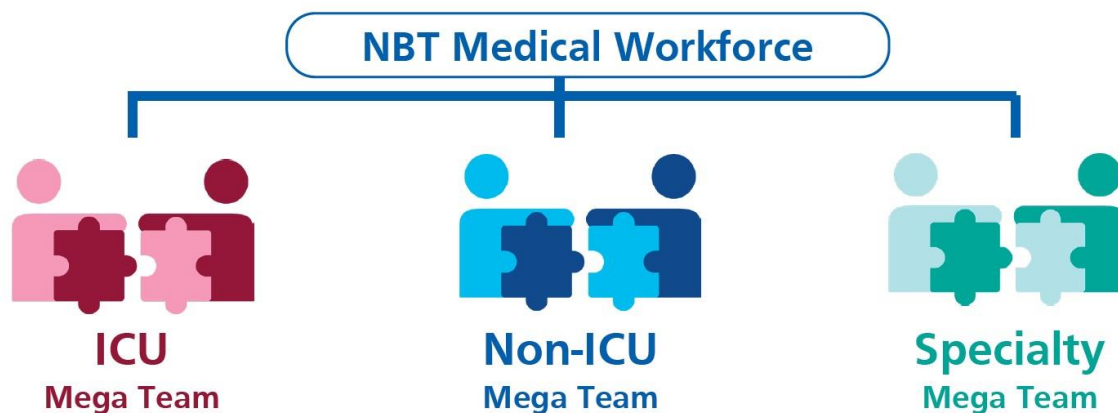
Yours sincerely and stay safe

A handwritten signature in blue ink, appearing to read 'C. H. Ince', with a long horizontal stroke underneath.

President of the Vascular Society

Bristol Bath Weston Vascular Network

Marcus Brooks, Consultant Vascular Surgeon, North Bristol NHS Trust



From last Tuesday vascular consultants were redeployed into a 'Speciality Mega Team' with two consultants each week allocated to the 'Non-ICU Mega Team (NIMT)'. All but one vascular junior doctor has been re-deployed to a Mega Team. The specialist vascular ward has closed. Vascular outpatient clinics have been cancelled or are conducted over the telephone. Vascular inpatients now looked after by a NIMT consultant with input from a vascular surgeon. Urgent vascular cases are seen on the surgical admissions unit or in a Monday to Friday 'hot clinic'. The diabetic foot service continues to deliver face-to-face reviews with specialist nursing, podiatry and vascular specialist input.

We recognised how essential teamwork, communication and staff well-being are in a constantly changing situation. We have Mon-Fri meeting using Microsoft Teams which is accessed remotely if not needed in the hospital. These meetings are joint with interventional radiology, podiatry and specialist vascular nurses. These meetings replace the weekly network face to face MDT. Discussions are documented using 'refer-a-patient', which was introduced into the Trust in response to COVID-19. Refer-a-patient also allows us to document the management of all of our acute referrals and urgent operative planning.

The South West has not seen the surge of COVID-19 cases experienced in some regions. Southmead Hospital Bristol at the end of last week had 90 COVID positive patients at with 15 patients intubated. Gloucester and Exeter are the regions hospitals most affected by COVID-19. In other SW units, operating is on emergency cases only, the junior team has been reallocated and inpatients have been moved into shared surgical wards. Most units have had consultants self-isolating, the majority now returned to work.

We are perhaps starting to see an impact of delayed hospital presentations. Our patients don't want to come into hospital. In Bristol, whilst the 'hot clinic' is busy, however, referrals from the stroke team are significantly reduced. Other SW similarly report a reduction in vascular admissions, most carotid work has ceased, and CLTI patients are presenting late.

Special mention must go to Andy Weale, Rebecca Winterborn and Rob Hinchliffe for the enormous effort they have put in to ensure the continuity of the specialist vascular service, reorganisation of wider surgical services and creation of a package of well-being support. The importance of mental health was driven home last week when a junior doctor at a network

hospital took their own life. We are all working outside our normal practice and share concerns regarding the safety and health of ourselves, family, friends and colleagues.

The huge positive for me has been seeing the vascular team responded to this challenge. Despite re-deployment to other wards our fabulous nursing team remain upbeat and look forward to when they can return to specialist vascular nursing. The flexibility of colleagues and willingness to take on new commitments has been inspiring. At a Trust level whilst plans have been slow to evolve at times there is a real sense of purpose, combined with care for patients, their families and staff. Both ICU and Medicine have run staff education packages and we have PPE stations across all patient areas.

There has been improved joined up working across SW healthcare organisations. This is most evident in the creating of the NBT led Nightingale Hospital at the University of West of England, which is staffed from across the South West.

This pandemic may yet impact on our waistlines. The Trust provided an Easter egg for all staff, Krispy Crème have delivered donuts and the 'Jolly Hog' provide sausage sandwiches and pork rolls at weekends. Many staff are baking and bringing in cakes. We have at least had lovely weather for getting out on the bike or running on the Downs!

Our thoughts in the South West are with colleagues working in regions more severely affected by the pandemic. We are enormously grateful for the advice and learning that they have shared. It looks at the moment that in the SW social distancing has been effective. This is perhaps due to its timing, the rurality of many of our communities and limited public transport networks. Our challenge may therefore be more how we manage patients who are presenting later and how best deliver our specialist vascular services during a prolonged recovery period during which further COVID-19 spikes occur.

Please feel free to send your 15-20 line unit update to the VS Secretary