President's update 17th April 2020

We are now entering the fourth 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.

Some of our workforce are already ill, and very sadly the first deaths from CV19 within the vascular of healthcare community have now occurred. I extend my sincere condolences to their next of kin.

We held the fourth of our weekly extraordinary virtual meeting of the Vascular Society Council on Monday 13th April- the first ever Bank Holiday VS Council meeting? Both Executive and Elected Council were invited and the Zoom conference system seemed to cope pretty well.

The agenda included:

1. **A report from Mark McCarthy on the impact of the CV19 crisis on trainees:**

Mark updated the VS Council on the delayed trainee selection process and steps that might be introduced, and the deferral of the FRCS Vascular exit exam. He also spoke about the introduction of a new non-prejudicial ARCP outcome (Grade 10) to reflect the reduced training opportunities offered in the current situation. Discussion took place around the introduction of potential virtual lectures or learning opportunities. This concept will be explored further. Keith Jones outlined some progress on the recent and ongoing BSIR / SAC discussions regarding the new curriculum.

2. **The standing COVID 19 update:**

a. ***Personal Protective Equipment*****:** Public Health England (PHE) updated their PPE advice on 12th April.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7

The advice in Section 8.1 on Aerosol Generating Procedures is that in these situations:

'*A long-sleeved disposable fluid repellent gown (covering the arms and body) or disposable fluid repellent coveralls, a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during AGPs on possible and confirmed cases, regardless of the clinical setting*.'

Whilst the highest AGPs relate to intubation and airway manipulation, surgery and the use of saws and high speed drills are also included as being AGPs. The risk of (pressurised) blood spillage and as a consequence aerosol generation (AGP) is an ever present risk in vascular surgery.

The VS advice remains using full PPE for all arterial surgery and amputations (all potential aerosol generating procedures or AGPs) where the patient CV19 status is positive or unknown.*

https://www.vascularsociety.org.uk/_userfiles/pages/files/Newsletters/2020/Presidents%20update%2003_04_20(1).pdf

''COVID PPE: A statement was made yesterday in response to updated NHS Eng PPE guidelines President of the Royal College of Surgeons of England, Professor Derek Alderson said: *"The updated guidance – published today – is certainly an improvement. Its encouragement to use full gowns rather than aprons, and clear acknowledgement of the need for protection in dental settings, are both welcome. We continue to urge our members to wear the highest appropriate grade of facial protection, especially where procedures generate spray or 'aerosol'. "Now government must ensure that PPE kit reaches our colleagues, so they are able to follow the guidance. So long as there are shortages of protective equipment in some hospitals, my warning still holds true."*

It appears, based upon those present at Elected Council on Monday, that most of the trusts represented are following these guidelines.

However, there were a couple of trusts where there appeared to be a slightly different interpretation of the PHE guidelines. As a consequence there was a reluctance to use of full PPE for vascular procedures. In view of increasingly apparent risk to all healthcare workers working with COVID patients, appropriate PPE must be worn.

The Vascular Society's original position ***** is in full agreement with PHE's latest advice. Elected Council unanimously agreed the advice issued was appropriate.

b. ***Deaths:*** Tragically CV19 related deaths of vascular healthcare workers have occurred. This is desperately sad news, and our condolences go out to next of kin. In order to appropriately remember them it at the ASM, it would be helpful if colleagues could report these tragic events to the Secretary.

c. ***Temporary suspension of NAASP:*** We are led to believe a decision is due any moment.

d. ***VS Covid 19 Resource:*** We will start to collect and collate CV19 information on the website, so it can be accessed more easily.

3. **RCS England Council elections**

We are delighted to announce Stella Vig and Fiona Myint were re-elected to the Council and that Ian Loftus, Frank Smith and Lasantha Wijesinghe were elected to Council. With Cliff Shearman remaining on Council, vascular surgery is well placed to influence debate.

4. NICE AAA Guidelines

The Vascular Society's statement in response to the recently published NICE AAA guidelines was discussed and unanimously approved. The response is published elsewhere on the VS website. https://www.vascularsociety.org.uk/professionals/news/120/vs_comment_on_nice_aaa_guidelines

Once again, I would like to thank all the stakeholders for their concerted hard work over the last few years. In particular our patient representatives, Ian Loftus for the VS, Mike Horrocks for GIRFT and Rob Sayers for the CCG deserve special mention.

Personal view

On a personal/unit note, the situation in Coventry is relatively quiet compared to many units in the country, although we continue to prepare for the expected rise in CV19 patients. There is currently talk of transferring patients from more pressed units to ours, but currently that has not occurred. This week, I had my first training in ITU but hope that actually working as an intensivist is not going to be required.

Research active Trusts have better outcomes, and with my R&D hat on, can I ask you to consider recruiting to CV19 related research. The Tier 1 of the VERN/VS Cover Study is up and running in many units and if you have not already registered please consider doing so. Tier 2 is starting recruitments in some units. We are still managing some urgent work in the form of large aneurysms and symptomatic carotids but patients with CLI seem to be presenting so late that amputation is the most common intervention in this scenario.

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

Vascular surgeons, nurses and technologists are playing a crucial role in this CV19 crisis. As severe clinical resource limitations begin to bite, difficult decisions are having to be to be made. Good open and honest communication is so important and colleagues and friends from all specialities will need support. There is a long way further to go on this challenge, and we need to think about and understand the implications so we can remain strong for ourselves, our families and our patients.

Thank you all for your continued support for the ongoing Vascular Society work. VS Council works incredibly hard and meeting weekly (including on a Bank Holiday) is unprecedented.

Each week messages come in from the across the UK and also as far afield as USA, Australia and New Zealand. There is usually positive support for the weekly updates, but occasionally there are questions which we do our best to address. 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 the Black Country

With accelerating levels of COVID in the Midlands, those of us working here have a level of trepidation looking at London. We have stopped our routine work and share an emergency and urgent theatre with other specialties. Although there has been some confusion around the use of PPE we are seeing adequate supplies, although conversations with our senior managers outline the strain on the supply chain.

We have changed our practice going to largely virtual clinics and seeing a small number of patients in person and having a rota that assumes some of us will be ill or self-isolating. I am sure we are all having those anxiety provoking conversations around critical limbs where the patients are sitting at home not wanting to come in or having a conversation around the additional risk of attending the hospital. On a personal note I will share the anxiety of having what I think was the virus although before widespread testing, so there is that doubt around have I actually had it?

I spent a strange week last week on my return covering a colleague who was forced to self-isolate his wife, also a clinician, having been ill. I found the performance of surgery, even an amputation, in full PPE an uncomfortable challenge.

We are now starting to think that we are seeing the effects of self-isolation with numbers of patients coming in at a high steady but manageable level. Now, we are even talking in our local consultant meeting on zoom around how we might restart urgent elective surgery as the COVID crisis stabilises. Changes look to be upon us for a while to come.

I hope you all remain well out there and I like your other members are happy to talk.

Andy Garnham, VS Treasurer

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