

Dear Members

**President's update – Friday 3<sup>rd</sup> April 2020**

These continue to be very difficult times and all colleagues are working under huge pressures to look after all vascular patients. Our patient demographics make them amongst the most vulnerable to COVID-19 (CV-19). Some of our workforce are already ill, and very sadly the first deaths from CV19 of healthcare have occurred.

We held the second of our weekly extraordinary virtual meetings of the Executive VS Council on Monday evening.

The agenda included:

**Annual Scientific Meeting:** Although discussion around possible cancellation or deferring the Brighton meeting 25<sup>th</sup>-27<sup>th</sup> November were discussed, the strong feeling was that we should continue on the basis the 2020 ASM would take place as planned.

**COVID PPE:** Discussions around both availability and the appropriateness of staff PPE took place. The Vascular Society contributed to a detailed joint submission by the Federation of Surgical Specialty Association to the Royal College of Surgeons of England.

A statement was made yesterday <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/updated-ppe-guidance-our-response/> in response to updated NHS Eng PPE guidelines

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

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. And so long as patients are not being tested, we have to consider the likelihood that any patient could be infected. If this is the case in your Trust – do not put yourself, colleagues or patients at unnecessary risk."*

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

**COVID Individual unit reporting:** Further updates from around the country were given, and there are clear emerging patterns. London and the West Midlands appear a couple of weeks ahead of the rest of the country in terms of numbers of patients presenting. This may be further accentuated by the government's recent lockdown. Lessons learnt by units at the forefront of exposure are helping the rest of us plan.

**COVID Cover Trial-** Phase 1 of the VERN/VS led study has started. There is already strong support the UK and also internationally ( <https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/> ). The Study is already providing real time data on changes in service configuration, changing access for patient care, NAASP Screening and availability of PPE.

If your unit has not started to participate please, consider doing so by completing the Survey Monkey form found at <https://www.surveymonkey.com/r/CoverStudy>

**NAAASP:** The possible temporary cessation of the NAAASP was discussed. A stance was agreed with unanimous support and the view was communicated to the Director of Public Health. We believe Public Health expect to issue guidance shortly.

**Future of virtual meetings:** The Executive Council agreed these should continue on a weekly basis for the foreseeable future. Each meeting would have a main topic for discussion and members are welcome to suggest them. The main topic next week will be PPE, and we plan to invite Prof Cliff Shearman (RCSEng) and representatives from the SVN and the SVT

**NICE Guidelines:** Mike Jenkins and I reported on recent helpful discussions with NICE regarding implementation plans for the new guidelines. Discussions are planned to continue in September.

**Future Agenda items-** We are keen to discuss pertinent problems facing colleagues and patients and please feel contact Sophie Renton ([secretary@vascularsociety.org.uk](mailto:secretary@vascularsociety.org.uk)) if you feel there are issues that we should discuss.

#### **Personal view**

*On a personal/unit note, I have just completed my final week on a standard on call rota. This is likely to be the last one for quite a while, and we have now moved to single days on call with an operating consultant and a ward consultant. Our most junior doctors have been asked to join other teams working for other specialities. We currently retain a middle grade tier. Only urgent cases are being done, although this week this included 4 AAAs- one of which was an open rupture and the others were stented.*

*Training in appropriate PPE and FIT testing is almost complete, and we have all been asked what alternative medical speciality work we, as consultants, would consider if required. The preparation continues as the number of ventilated patients in our hospital starts to exceed its normal bed base.*

*The lockdown impacts on all of us in different ways, and I am already scheming and planning for my next trip to the mountains. In the meantime, I am concerned I may be developing mild cabin fever as a night under canvas in the garden is beginning to look attractive!*

*There are increasingly severe clinical resource limitations, meaning I am now making decisions I have never had to make before. Open, honest and supportive discussions with colleagues of all specialities is so important. A flexible, pragmatic approach, and where possible a positive outlook have so far helped me.*

*These are defining times and I am sure all of you will do your utmost to rise to the occasion.*

Yours sincerely



Professor Chris Imray, President of the Vascular Society of Great Britain and Ireland