

Existing guidance for resuming elective care services

As services resume, a number of resources have been developed to help guide services and their staff through complex decision-making as COVID-19, its impact on patient and staff safety, and service capacity need to be considered. Here are a number of tools and resources identified by our team to help with remobilisation, including checklists which can help teams navigate their transition to a 'new normal'.

General (not service specific) guidelines



Royal College
of Surgeons
of England

The Royal College of Surgeons of England have developed guidance on the 'recovery of surgical services during and after COVID-19'. The [main guidance document](#) outlines principles, recommendations and considerations for resuming surgery, and ensuring that services do not have to stop again. All guidance has been categorised into nine key themes:

1. **Key considerations before resuming elective services** (such as timing, testing coordinating local services and adequate PPE)
2. **Developing cohesive leadership and process of frequent communication** (for example, developing local recovery management teams which are multidisciplinary and rolling-out virtual meeting facilities)
3. **Assessing surgical workload and patient population** (with staff keeping records of deferred cases, making use of NHS and population data to understand capacity and potential length of delays and making use of prioritisation protocols)
4. **Ensuring adequate hospital capacity and facilities** (this could be achieved through revising job plans, modifying scheduling and identifying ways to enhance facilities and capacity such as using independent sector or nightingale hospitals)
5. **Enhancing workforce capacity** (teams could consider options such as short-term workforce expansion or even reassigning staff)
6. **Reconfiguring services** (such as measures to allow a physical separation of COVID-19 and non-COVID-19 patients)
7. **Supporting the surgical workforce** (for example, securing PPE and testing and considering staff well-being)
8. **Patient communication** (measures such as local system-level coordination of key messages and instructions to patients)
9. **Supporting training** (creating a plan to support the next generation of surgeons)

In addition to this guidance, further tools have also been developed:

- **Tool 1:** [Checklist for restarting elective services](#) (PDF) to help staff tick off key criteria for resuming their planned surgery services
- **Tool 2:** [Safety considerations and risk assessment](#) for staff to minimise the risk of patients and service staff contracting COVID-19
- **Tool 3:** [Information for patients](#) outlining what is different about having their surgery during COVID-19



NHS England have developed an [‘Operating framework for urgent and planned services in hospital services in hospital settings during COVID-19’](#).

The framework covers five key areas:

1. **Careful planning, scheduling and organisation of clinical activity**
2. **Scientifically guided approach to testing staff and patients** (to minimise transmission of COVID-19 in hospitals)
3. **Excellence in Infection Prevention and Control (IPC)**
4. **Rigorous monitoring and surveillance**
5. **Focus on continuous improvement**

Academy of
Medical Royal
Colleges



Academy of Medical Royal Colleges have identified [six principles](#) for services to consider to ensure they can respond to population healthcare needs effectively and efficiently. They focus on preventing infection risk and spread as well as offering recommendations to help reduce patient anxiety. For each of the principles the academy also link to further specialty and college advice and guidance.

The six principles are:

1. There should be clear messaging to the public stressing the need to seek medical help for serious conditions whilst encouraging appropriate self-care
2. Patients should be offered virtual or remote care where safe and appropriate
3. Through a shared decision making process patients should be offered evidence based alternative management options, where practical
4. Patients must feel safe and be protected when they need to access direct healthcare in all settings. Further guidance suggests:
 - Zoning areas of the hospital
 - Environment (such as adequate space to ensure social distancing, co-ordination of care so one appointment covers all requirements and reduces length of visit or regularly reviewing space and flow by considering scheduling)
 - Safety of patients (for example provision of evidence-based rapid testing protocols and testing asymptomatic staff/patients)
 - PPE provision
 - Delivery of care to provide maximum benefit to the whole population
5. Staff should be enabled, safe and protected to deliver equitable and clinically prioritised care
 - Conduct risk profiles of staff
 - Availability, capability and welfare of staff
 - Acknowledgement and inclusion of the cross cutting nature of all specialities/sectors and professions
 - Impact of addressing the backlog of work on staff and ensuring that staff take leave and use support facilities
 - Identify and develop pathways which are reviewed to retain beneficial ways of delivering care, removing unnecessary processes
 - Protection of staff

6. Staff should be supported and provided with training and education that will ensure adequate preparation of current and future staff to deliver services that meet the needs of the population
 - Consider new and safe ways to deliver education, training and assessment
 - Provision of training which includes the new ways of delivering care (such as virtual care, new job plans)
 - Addressing a backlog of trainee/trainer input stopped due to COVID-19
 - 'Future proofing' training (for the event of a further surge)
 - Provide support to trainees and trainers



AMERICAN COLLEGE OF SURGEONS
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American College of Surgeons have issued a ['Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic'](#) which aims to guide teams resuming care.

Specifically, they provide eight recommendations for the reopening of operating rooms and all areas for procedures. The following gives a brief overview of the guidance:

1. **Timing for Reopening of Elective Surgery**
 - Consider the timing of resuming care (should have 14 days of reduced COVID-19 rates in the local area)
 - Get the appropriate authorisation
 - Facilities must be cleaned
 - Ensure enough COVID/non-COVID facilities (bed provision), PPE, ventilators and medical supplies
 - Ensure staff capacity and provide adequate well-being support for staff
2. **COVID-19 Testing within a Facility**
 - Follow current guidelines on testing and ensure accuracy and availability of testing and how testing time affects flow
 - Consider frequency and timing of patient and staff testing
 - Establish protocols for positive patients and staff and those 'under investigation'
3. **PPE**
 - Protocols should include details for adequate provision of PPE (with provision for a further surge), staff training and conservation of PPE (such as intubation teams) and reuse
4. **Case Prioritization and Scheduling**
 - Establish a prioritization policy committee (multidisciplinary membership) that develops a prioritization strategy that includes (but is not limited to): tracking of cancelled/postponed cases, a priority scoring tool (such as [MeNTs](#) instrument), strategies for day and night services, phased opening of rooms, consideration of impact of increased OR/procedural volume, staff training, adequate resources (and sourcing), and includes clearly stated capacity aims/goals
5. **Post-COVID-19 Issues for the Five Phases of Surgical Care**
 - Phase I: Preoperative
 - Phase II: Immediate Preoperative
 - Phase III: Intraoperative
 - Phase IV: Postoperative

- Phase V: Post Discharge Care Planning
- 6. Collection and Management of Data**
 - Collect and use COVID-19 related data to re-evaluate and reassess policies and procedures. Data could include: COVID-19 numbers (such as number of tests, new cases, ICU beds and shielding staff), quality of care metrics, and available resources
- 7. COVID-related Safety and Risk Mitigation surrounding Second Wave**
 - Implement social distancing policies which meet national guidance
- 8. Additional COVID-19 Related Issues**
 - Staff well-being
 - Patient messaging and communication
 - Scheduling processes
 - Patient safety
 - Pre-operative testing
 - Environmental cleaning
 - Processes to ensure facility readiness for invasive procedures
 - Preparation of all areas in the hospital

Additional resources

Here are some additional guidelines and resources identified in our literature scanning which you and your team may wish to refer to

British Orthopaedic Association Evidence based suggestions for the return to elective orthopaedic surgery following the COVID-19 pandemic

- <https://www.boa.ac.uk/policy-engagement/journal-of-trauma-orthopaedics/journal-of-trauma-orthopaedics-and-coronavirus/evidence-based-suggestions-for-the-return.html>

The Association of Coloproctology of Great Britain and Ireland Resumption of Elective Colorectal Surgery during COVID-19 Updated ACPGBI considerations on surgical prioritisation, patient vulnerability and environmental risk assessment

- <https://www.acpgbi.org.uk/content/uploads/2020/05/Updated-ACPGBI-considerations-on-resumption-of-Elective-Colorectal-Surgery-during-COVID-19-v17-5-20.pdf>
- <https://www.acpgbi.org.uk/coronavirus/updated-acpgbi-guidance-on-resuming-elective-surg>

American Academy of Family Physicians Checklist to Prepare Physician Offices for COVID-19

- https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf

Centers for Disease Control and Prevention framework for Healthcare Systems Providing Non-COVID-19 Clinical Care during the COVID-19 Pandemic

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>

Royal College of Surgeons of Edinburgh (RCSEd) webinar on remobilisation and reconfiguration of services

- <https://www.rcsed.ac.uk/professional-support-development-resources/learning-resources/webinars/covid-19/remobilisation-reconfiguration-of-surgical-services>