



BOA Position on the NHS England document “Operating framework for urgent and planned services within hospitals”

22 May 2020

We welcome the national guidance and steer provided by last week’s NHS England document,¹ and note that in many areas it ties in with our own thinking about how to resume routine T&O care.²

However, in our view there are a number of areas in which greater clarity is needed and we have today written to NHS England to express our concerns about areas that need further clarification and coverage. We are particularly aware that where members have started holding clinics with patients there are often many questions raised about what is expected in the lead up to surgery in terms of a 14-day isolation period, and we feel there is an urgent need for more guidance on this.

We provide here for our members the key points from our letter to NHS England, and welcome further feedback from members.

Patient self-isolation and testing issues

Some of our members have begun holding pre-assessment clinics and there are a lot of questions and uncertainties for patients. We have the following key issues to raise:

1. For the scheduled admissions, the guidance stipulates that “patients should isolate for 14 days prior to admission along with members of their household.” We are concerned that this may not be possible for some families. Patients attending pre-operative appointments are already asking questions about what this means and how to do it. We have the following particular areas of concern:
 - Could a second option be given for individuals to shield within their household (distancing themselves from other household members), in a similar way to those individuals advised to shield longer term³ due to vulnerability to the virus? We recognise that this may slightly increase the chances of coming into contact with the virus but it may be much more achievable for some patients. We are concerned at the possibility of having to decline care for patients who cannot manage to meet the currently stated requirements. The whole household self-isolating is particularly challenging where other adults are employed and cannot work from home, and especially where they are working on zero-hours or other forms of precarious employment; in these cases it may not be reasonable to expect the whole household to self-isolate. A ‘shielding within a household’ approach would clearly need to be carefully considered alongside the risk of the procedure and the overall

¹ Available online at: <https://www.england.nhs.uk/coronavirus/publication/operating-framework-for-urgent-and-planned-services-within-hospitals/>

² Based on the guidance we had issued on 12 May 2020, available at: <https://www.boa.ac.uk/resources/boa-guidance-for-restart---summary---final-pdf.html>

³ <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#living-with-other-people>



health and other health conditions for each patient. Ultimately, we are concerned about equity of access to healthcare if in general it is only the better-off who are able to afford for the whole household to cease work or work from home and can therefore take on the practical requirements in order to undergo surgery. In our view surgical treatment should be available to all who can benefit from it, and not on the basis of personal circumstance, income or postcode.

- National guidance is urgently needed for patients giving instructions about how to achieve the necessary isolation, aiming to answer commonly asked questions. We would be happy to help with the formulation of any such guidance but feel this needs to be released at a national level, for all specialties and be readily available e.g. on the NHS website. There is already existing guidance for patients about other aspects of preparing for surgery in the Covid-19-era,⁴ but there does not appear to be anything covering the 14 day isolation period.
 - Where the patient to receive surgery is a child, there are likely to be additional requirements that apply, for example infection control regarding the parent that will stay with them in hospital (e.g. swab testing prior to admission). Children may also find it particularly challenging to isolate at home for two weeks especially if they have no access to outside space. We suggest specific guidance is needed where the patient attending is a child.
 - Many patients undergoing orthopaedic surgery are disabled and functionally impaired and rely on carers, e.g. to prepare meals and/or wash. Carers performing such tasks should still be able to visit, although with appropriate PPE, as it is important that the individual remains well prior to surgery. This is an example of an issue where national guidance would greatly help.
2. Specific guidance is needed for employers and individuals who are self-isolating ahead of surgery regarding eligibility for Statutory Sick Pay (SSP) if they cannot work from home. We note that the Coronavirus Statutory Sick Pay Rebate Scheme⁵ and the 'isolation note'⁶ function on the Gov.uk website both do not include this situation. This needs to be urgently rectified as patients are already beginning periods of self-isolation and have uncertainty about these issues. We believe it is important that SSP provision is in place, to support patients financially if they cannot work and to ensure there is equitable access to treatment (rather than easier access for those in a stronger financial position). Though we also recognise that some working people are not eligible for SSP which is a wider issue.

Definition issues

3. We have a concern about the phrase 'elective care', which can be interpreted in terms of the necessity of the procedure, its timing or both. Likewise "planned care" may imply the preparation made for a case as well as its timing. We prefer the term "Scheduled care" which clearly relates to timing.
4. In the slide 1, the two types of hospital attendance are classed as 'admission' and 'outpatient', with definitions of the infection prevention/control measures. On slide 2, however an additional category is introduced of 'Other day interventions', which is not

⁴ E.g.: <https://cpoc.org.uk/sites/cpoc/files/documents/2020-05/CPOC-FAQ.pdf>

⁵ <https://www.gov.uk/guidance/claim-back-statutory-sick-pay-paid-to-employees-due-to-coronavirus-covid-19>

⁶ <https://111.nhs.uk/isolation-note/>



defined. It then states that 'testing and isolation to be determined locally' for this group and we feel it would be helpful if these interventions could be defined. This is not clear to clinicians. For example, we feel that day cases undertaken under local anaesthetic and in standalone clinical areas not used for 'green' pathways (such as a dedicated day surgery unit), could follow such an approach – is this what is meant here?

Infection prevention and control (IPC) issues

5. Different IPC measures are required for admission (significant IPC measures) and outpatient attendance (patients should be asymptomatic). Some outpatient attenders may be asymptomatic Coronavirus carriers and we are concerned about overlapping pathways for these two groups. Could further guidance be given? We believe that asymptomatic outpatients may represent the same level of risk as asymptomatic patients presenting to A&E with acute non-Covid problems. The document suggests that they would be handled differently. It may be adequate for outpatients to be screened for symptoms, contact history, have their temperature recorded and if clear be given a mask for the duration of their outpatient visit. Could this be clarified?
6. "Reduce movement of staff and the crossover of care pathways where feasible between Planned & Elective care pathways and Urgent & Emergency care pathways." We are concerned that this does not go far enough, and that if patients are undergoing a 14 day self-isolation plus testing, then they should expect to be treated in a setting where staff crossover with other pathways is avoided entirely or absolutely minimal if this is not possible. It would be preferable for there to be guidance as to what interval should be in place between staff working on a blue pathway before they work on a green one.
7. We are concerned about the statement on treating all patients to be Covid-negative when they self-isolate for 14 days and test negative prior to admission. Firstly it is not possible to definitively prove at that point that they are Covid-negative (given that there is a known (c.20-30%) false-negative rate for these tests and that there may be cases in which the patient does not fully and effectively self-isolate.) Secondly, we are unsure exactly what level of PPE and IPC is required for a 'Covid-negative' case as this does not appear to be explicitly covered in this or other documentation. We would in particular be concerned about downgrading the PPE requirements in operating theatres from that which is currently used as prescribed for 'possible or confirmed cases'. For operating theatres, and especially for aerosol-generating procedures, downgrading PPE would risk the transmission of the virus from any patients who in fact are Covid-positive, to the healthcare staff involved in their care.