Association of Anaesthetists

'Anaesthetic Practice in the Independent Sector'

Supplementary Notes in relation to the COVID-19 pandemic and redeployment of medical staff

August 2020

Introduction

In March 2020 the NHS was placed on an emergency footing in response to the SARS-CoV-2 (COVID-19) pandemic. Elective surgery was postponed in order to reduce viral spread and free up capacity. Independent providers were centrally contacted to contribute theatre capacity – initially for urgent procedures and subsequently for elective care. It is likely this arrangement will continue throughout the remainder of 2020 and into 2021.

Each independent provider and each Trust/Board will have its own arrangements of how to staff these theatres and how patient journeys are organised. We have issued these notes to highlight important issues about equitable working and delivering high-quality care to all patients.

Patients

Clinical care must be to the same standard available in any NHS hospital.

Systems should be available to ensure that appropriate pre-assessment can take place to minimise the risk of 'on the day' cancellation. Pre-assessment will often take place by telephone or using a web-based resource. For high-risk cases, however, there should be facilities to allow 'face to face' pre-operative consultation and investigation before the day of surgery. If pre-assessment occurs at a different site to the location of surgery, robust processes are required to ensure that medical records, investigation results and blood transfusion support are available on the day of surgery.

Pre-procedure COVID-19 screening has and will continue to evolve. It is essential that the most up-to-date guidance from Public Health England (PHE), NHS England and NHS Improvement (NHSE/I) and NICE (or their equivalents in the devolved nations and Ireland) are accessed and followed. Providers may wish to further enhance the recommendations (as determined by local factors such as case-mix, and location in the event of a local surge), but precautions should not be less than the nationally mandated requirements.

Patients should receive clear and careful documentation and confirm that they understand the additional risks of undergoing surgery during the pandemic and the requirement to self-isolate and to report onset of a new cough, fever or anosmia.

Pre-operative preparation and planning

Clear guidelines on suitability for elective surgery at the independent facility should be available and should be as robust as standards in NHS facilities.

Clear description of the responsibility for postoperative ward care should be agreed and documented.

We recommend a rota of those providing out-of-hours anaesthetic cover be published. In many locations this could be added to the rotas published by the host (or local) NHS anaesthetic department (see below for contractual arrangements).

If critical care facilities and staff are not available in the independent hospital, transfer arrangements should be agreed and in place in the event that escalation of care is required. The independent provider may have a Service Level Agreement in place for this.

Medical staff

Clear and precise contractual arrangements need to be agreed. Normally these will be negotiated on a departmental or Trust-level basis. We recommend that members do not agree to individual, private arrangements.

Redeployed staff should ensure they stay within their professional scope of practice. Association and RCoA Joint statement on winter pressures.

On 16 July 2020 the BMA stated the expectation that NHS staff will return to their base job plans with standard terms and conditions prevailing at the end of any redeployment during the pandemic. Variation can only occur following negotiation and with the agreement of all parties.

Shielding

Employers have a legal responsibility to provide a safe environment for employees. During the pandemic some doctors have been advised to shield. These employees have a responsibility to mitigate risks if they plan to return to work. Following appropriate risk assessment, some doctors may be deployed to work in the independent sector, where they may not have worked before. As well as the necessary adjustments to work pattern these doctors will require induction and support at the new workplace and may require additional support from the employing organisation for a transition period. Protection of staff should be equitable, non-discriminatory and focused on delivering safe patient care. Further guidance is available here.

Undertaking NHS cases during programmed NHS activity time

It is important to establish what responsibilities anaesthetic staff have for postoperative care and any complications or problems that may occur; for example, confirmation that the hospital's Resident Medical Officer will contact the surgeon in the first instance?

We recommend that written confirmation is obtained to show that the NHS indemnity scheme (e.g. the NHS Resolution Clinical Negligence Scheme for Trusts, and its equivalent in other parts of the UK) is providing cover for the NHS work undertaken.

The Association recommends that members also have their own cover in place via one of the medical defence organisations (or other providers).

There may be situations when a non-NHS patient (a private case) is listed during NHS contracted time. This could result in double pay. Local agreements need to be transparent and clear as to how this is resolved. For example, a local arrangement can be utilised reflecting the premise set down in the Private Practice Section of the 2003 Consultant Contract, as described in the 2018 Guidelines on Anaesthetic Practice in the Independent Sector.

Undertaking NHS activity in own time

Undertaking NHS activity in a consultant's own time (for additional remuneration) would normally be done when the consultant does not have job planned NHS activity. Alternatively, job planned activity should be demonstrably moved to another time to enable the work to be undertaken. It is good practice to maintain a record to avoid misunderstanding. Such activity should not be undertaken when SPA activity is programmed, except by local agreement.

We recommend that remuneration for all NHS work should reflect pay parity; while surgeons may have more time allocated for some episodes of care, their hourly pay rate should encompass the principles used elsewhere in the NHS – equal pay for equal time.

As above, we recommend that the expected commitment to postoperative care is confirmed in writing. Similarly, written confirmation of NHS-based indemnity arrangements should be obtained.

Non-consultant career grade anaesthetists

Included in the additional capacity supplied by the independent providers is work frequently undertaken by specialty doctor and associate specialist (SAS) anaesthetists who are unlikely to have practice privileges at these hospitals. Local agreement between their employers and the hospital's management (or Medical Advisory Committee) is required to allow these anaesthetists to work in a more isolated environment with appropriate support. Clear standard operating procedures for escalation of clinical issues need to be established. All the other guidance described elsewhere in these notes applies to SAS (and other medical staff) redeployed during the pandemic.

Trainees

Anaesthetic trainees may access NHS training lists in independent hospitals providing they are supported appropriately. Redeployment should only occur after discussion with the Training Programme Director and the hospital in question must have specific Deanery (or equivalent) and GMC approval for anaesthetic training. The working environment may be unfamiliar, trainees should be given a local induction and there must be on-site supervision at all times. Teaching and training opportunities should be preserved including work-based assessments. Senior trainees may work with indirect supervision if the scope of practice is within their competency and there is immediate

supervision with consultant support available at all times. Trainees will need support from their educational supervisor or an appropriate mentor during redeployment to mitigate the risk of burnout and stress. Although care for NHS patients is covered by NHS indemnity, we urge all trainees to ensure they have their own indemnity cover.

Wellbeing of staff

Appropriate PPE must be available in accordance with the most up-to-date guidance from Public Health England (or equivalents).

The Association believes that one anaesthetist per theatre is unlikely to provide the necessary capacity for safe patient care. Anecdotally, wearing PPE (whilst essential to protect staff) reduces dexterity, impairs visibility, impairs communication with other team members and the patient, can cause heat stress and increased fluid loss, and increase fatigue as well as back pain for some individuals.

It is essential that staff have rest facilities that enable social distancing, access to food and drink, and that staffing or caseload allows breaks especially during long cases or protracted shifts.

A suite of theatres is likely to need one or more additional anaesthetists (or Anaesthesia Associates) (one per 3 or 4 theatres). This could be provided by the flexible use of a 'duty' or 'lead' anaesthetist, doubling up (and sharing) in one theatre, or use of an Anaesthesia Associate.

The Association and Royal Medical Benevolent Fund published '*Vital Signs in Anaesthesia: A guide for anaesthetists seeking help and advice during the COVID crisis*' earlier this year; and other wellbeing resources can be accessed via our website.

Resumption of non-NHS work (private practice)

Private hospitals and providers are starting to schedule non-NHS patients for surgery, accepting guidelines established by PHE (particularly for aerosol-generating procedures) and utilising spare capacity in their theatres. Specialists may wish to consider how they address the changes in peri-operative risk when consenting to patients, and also consider the increased time required to accommodate working in appropriate PPE.

We recommended that anaesthetists review the information contained within the 2018 Guidelines on Anaesthetic Practice in the Independent Sector which remains applicable during the pandemic.

The ICM Anaesthesia COVID-19 hub will continue to provide access to guidance and other relevant information.