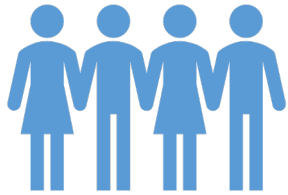


Anaesthesia and Critical Care COVID-19 Activity Tracking Survey

**ACCC-Track
Round 1
October 2020**

Round 1: Summary response rate



Number of responses: 257



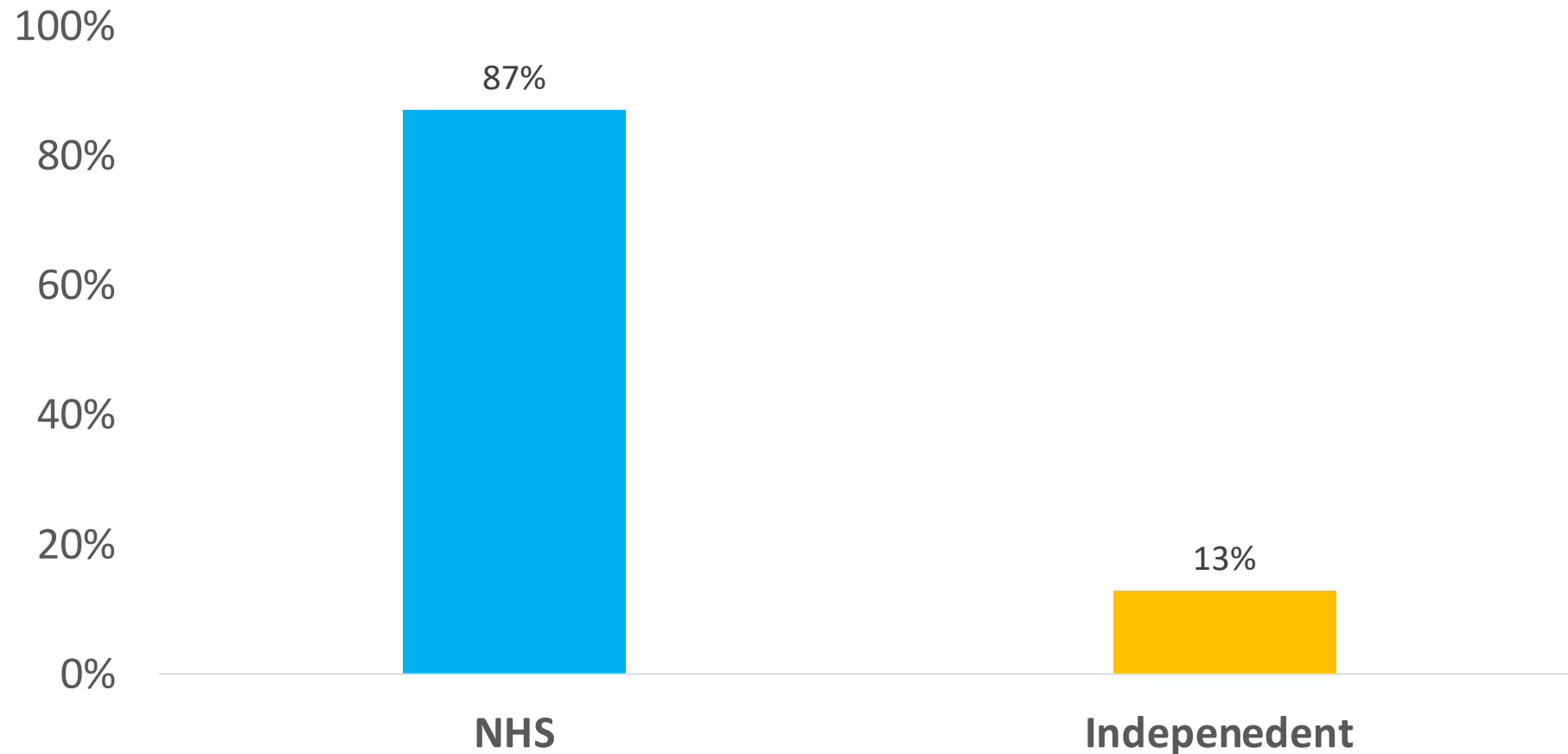
Excluded: 55

Duplicates: 39

Unknown: 14

Incomplete submissions: 2

Responses: NHS or independent hospital?



Round 1: NHS response rate



Total number of responses
included: 176



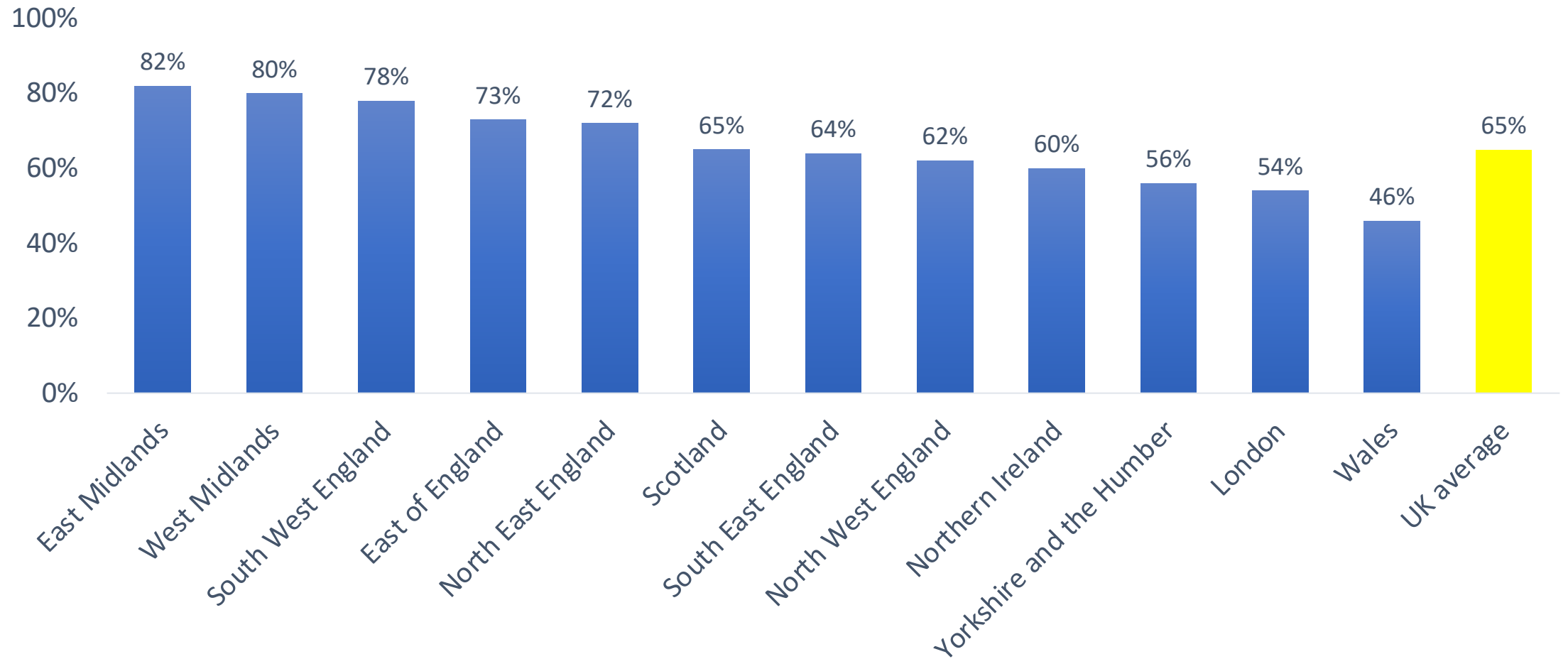
Responses by
Local Coordinator: 64%



Responses by
hospitals: 65%

Return rate –NHS hospitals by region

- somewhat lower rates in most stressed areas



Space, staff, stuff (equipment) and systems for restarting elective surgery

Space

RED

- Critical care occupancy close to expanded capacity.
- Patients in temporary ICUs in operating theatres scheduled for elective use or in other locations to be used in the surgical pathway, eg PACU or surgical ward.
- No planning for creating COVID-19-positive and COVID-19-negative patient separation in critical care facilities to accommodate planned and unexpected admissions after elective surgery.

AMBER

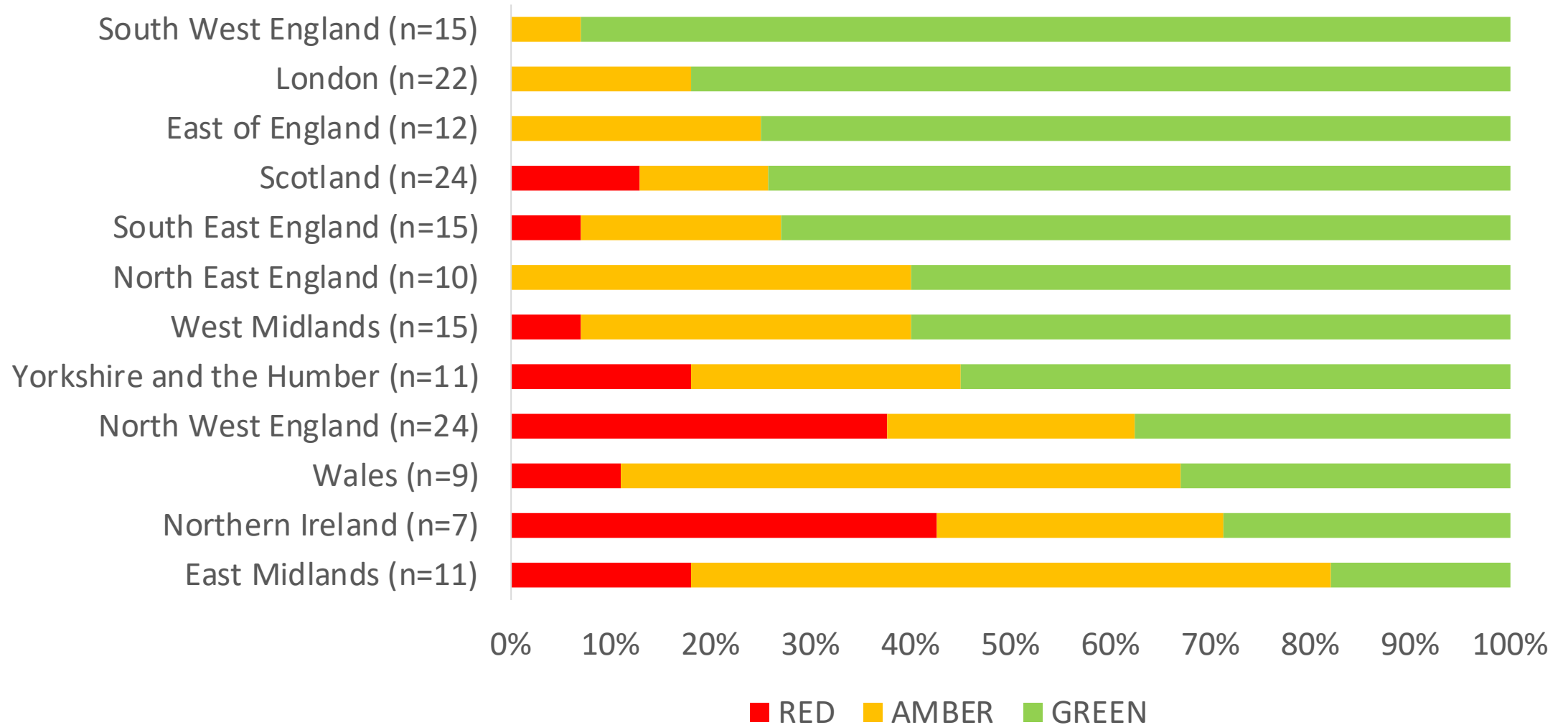
- Critical care occupancy reduced from expanded capacity and approaching baseline capacity.
- Other hospitals in the regional ICU network still using temporary ICU facilities, including the use of paediatric ICUs for adult patients.
- Plans for COVID-19-positive and COVID-19-negative critical care beds and pathways in development but not complete.

GREEN

- Critical care occupancy close to 85% of baseline capacity.
- COVID-19-positive and COVID-19-negative critical care bed and pathway separation enacted and effective.

Space

Proportion of respondents



Staff

RED

- Theatre staff, perioperative care staff and anaesthetists still significantly committed to critical care duties.
- Critical care staffing ratios significantly higher than prepandemic levels and reliant on non-ICU staff.
- Out-of-hours resident on call duties being performed by consultant and SAS anaesthetists.
- Shielded and higher-risk anaesthetists not performing patient-facing activities.

AMBER

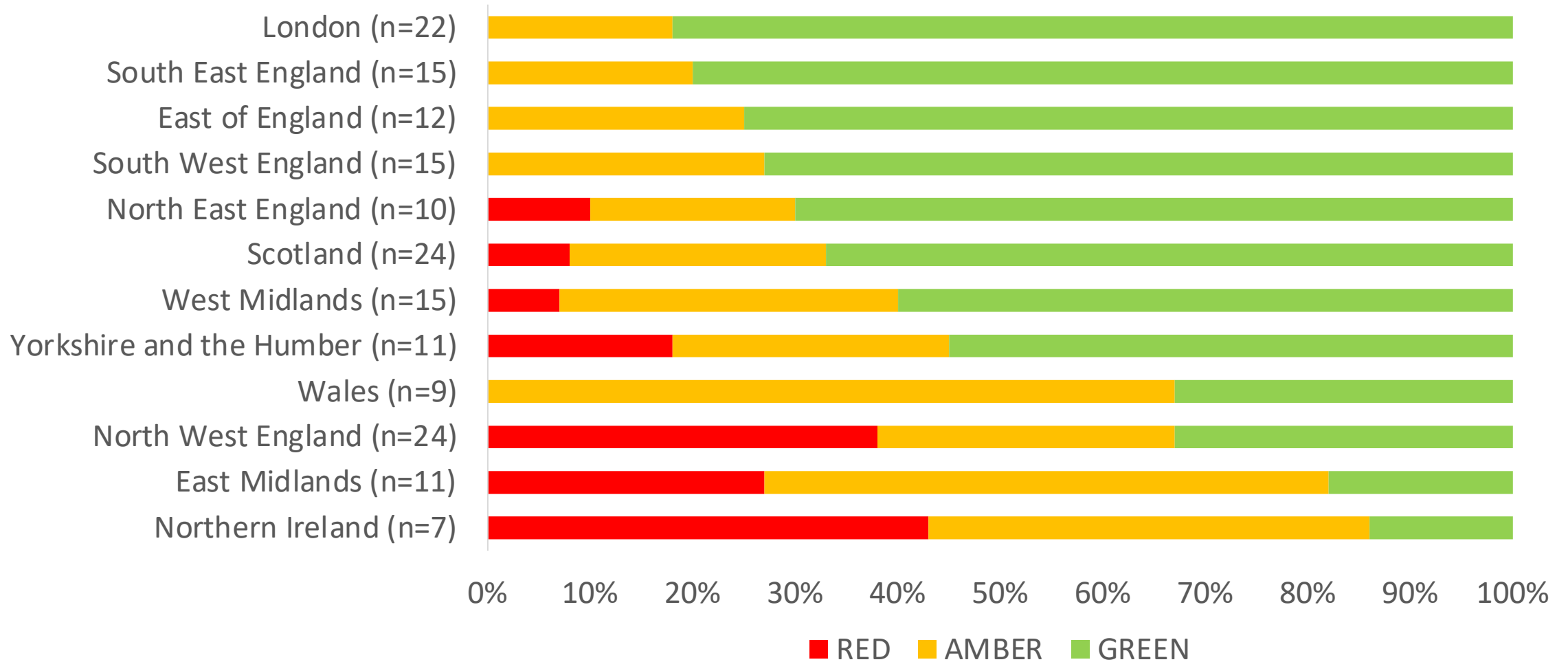
- Working patterns of anaesthetic, theatre and perioperative care staff of all professions still significantly impacted by pandemic surge conditions and recovery from these.
- Critical care staffing ratios above prepandemic levels or reliant on non-ICU staff.
- Trainee on call rotas restored but less than normal number of trainees available for work.
- Plans in place for sufficient numbers of consultant and SAS anaesthetists to be available to provide cover for planned surgical activity, but not yet fully in place.
- Planning for adequate staff numbers to restart non-theatre anaesthetic activities such as preoperative assessment, acute pain rounds and perioperative medicine activity but adequate numbers not yet available.
- Planning for returning higher-risk anaesthetists to patient-facing activities after appropriate risk assessments but not yet implemented.

GREEN

- Elective surgical pathways fully staffed by intact theatre and perioperative care staff rotas.
- Critical care staffing ratios at or near prepandemic levels.
- Trainee on call rotas restored with normal numbers of trainees.
- Sufficient numbers of consultant and SAS anaesthetists available to provide normal staffing levels for the planned surgical activity to be delivered.
- Non-theatre activities ready to be restarted.
- Higher-risk anaesthetists returned to patient-facing activities where appropriate.

Staff

Proportion of respondents



Stuff

RED

- Equipment used in surgical pathways still in extensive use for critical care patients, eg anaesthetic machines and infusion pumps.
- Shortages of PPE and other equipment necessary for effective infection control.
- Non-availability or low stock levels of key drugs used in critical care and anaesthesia such as first-line choice of neuromuscular blocking drugs, opioid analgesics, hypnotics, sedatives, inhalational anaesthetics, inotropes and vasopressors.
- Non-availability of postoperative critical care equipment either in general ICU capacity or for specific forms of support such as RRT or non-invasive ventilation.

AMBER

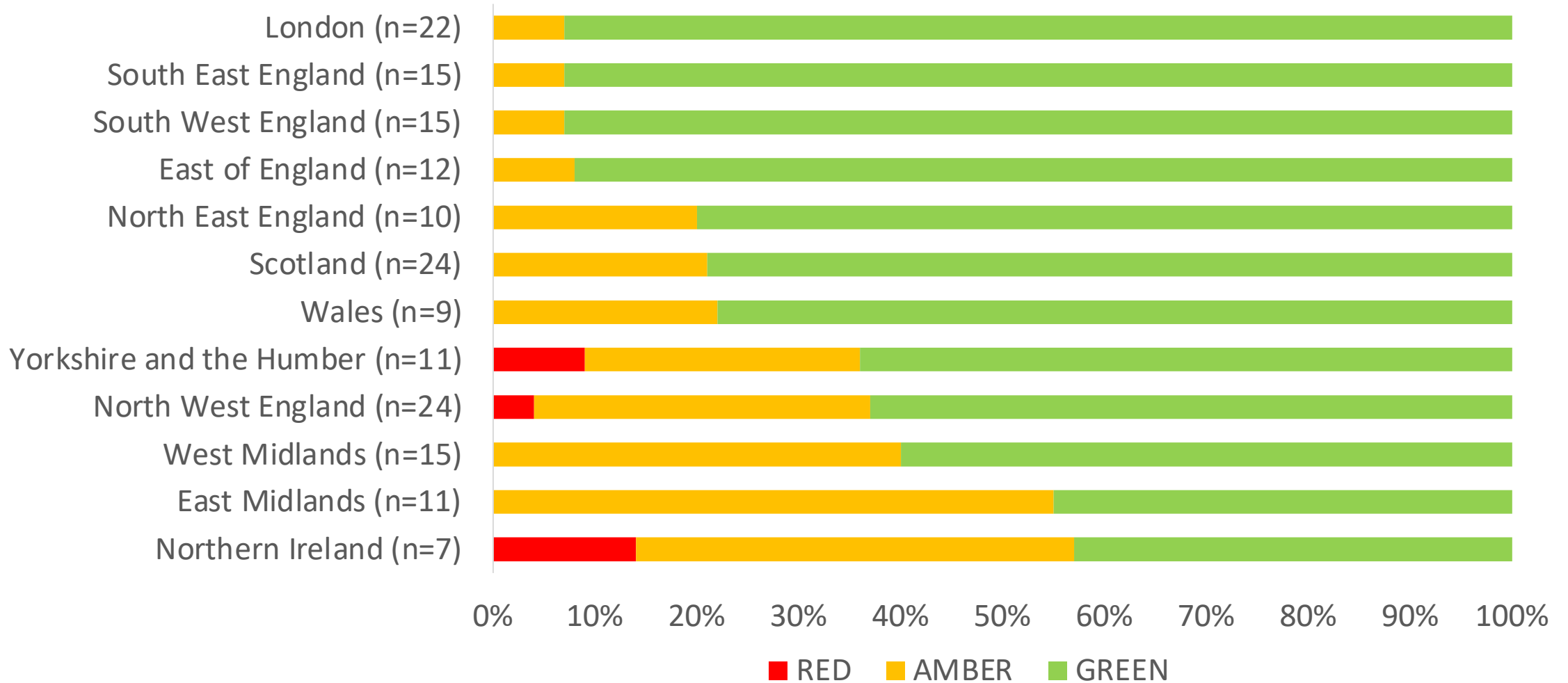
- Adequate numbers of anaesthetic machines and infusion pumps available but insufficient in reserve in case of damage or machine malfunction.
- Stocks of PPE and other equipment necessary for effective infection control adequate for potential increases in critical care activity and increasing surgical activity but supply chain not assured.
- Stocks of key drugs used in critical care and anaesthesia adequate but uncertain resupply through normal supply chain routes.
- Postoperative critical care capacity limited and in competition with ongoing COVID-19 requirements.

GREEN

- Minimal equipment usually used in the surgical patient pathway in use in critical care, with adequate equipment in reserve in case of damage or machine malfunction.
- Adequate stocks of PPE and other equipment necessary for effective infection control for potential critical care and planned surgical activity with assured supply chain.
- Adequate supplies of key drugs used in critical care and anaesthesia with secure supply chain identified.
- Good availability of critical care capacity and all relevant organ support modalities.

Stuff

Proportion of respondents



Systems

RED

- COVID-19-positive and COVID-19-negative pathways for surgical care not developed or implemented.
- COVID-19 testing not sufficiently available for patients and staff.
- Anaesthetic services key to supporting theatre activity not active, eg preoperative assessment, acute pain service and perioperative medicine activity.

AMBER

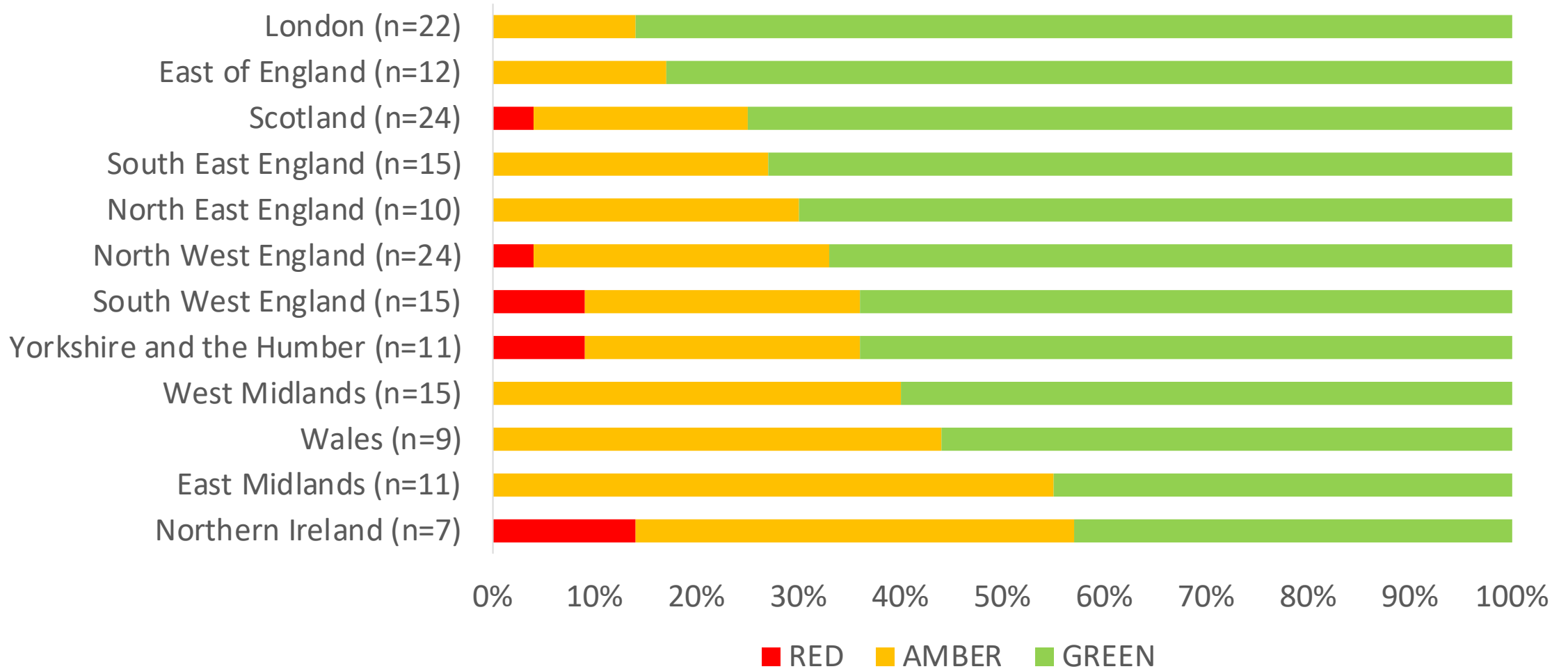
- COVID-19-positive and COVID-19-negative pathways for surgical care planned but not yet implemented.
- COVID-19 testing available for patients and staff, with clear policies in development for how testing can protect staff, protect patients and facilitate efficient surgical services.
- Staffing and facilities for anaesthetic services key to supporting theatre activity available.
- Policies in development for the rational prioritisation of surgical patients as theatre capacity becomes available but does not yet fully match demand.
- Policies in development for the rational prioritisation of surgical patients as critical care capacity becomes available but does not yet fully match demand.

GREEN

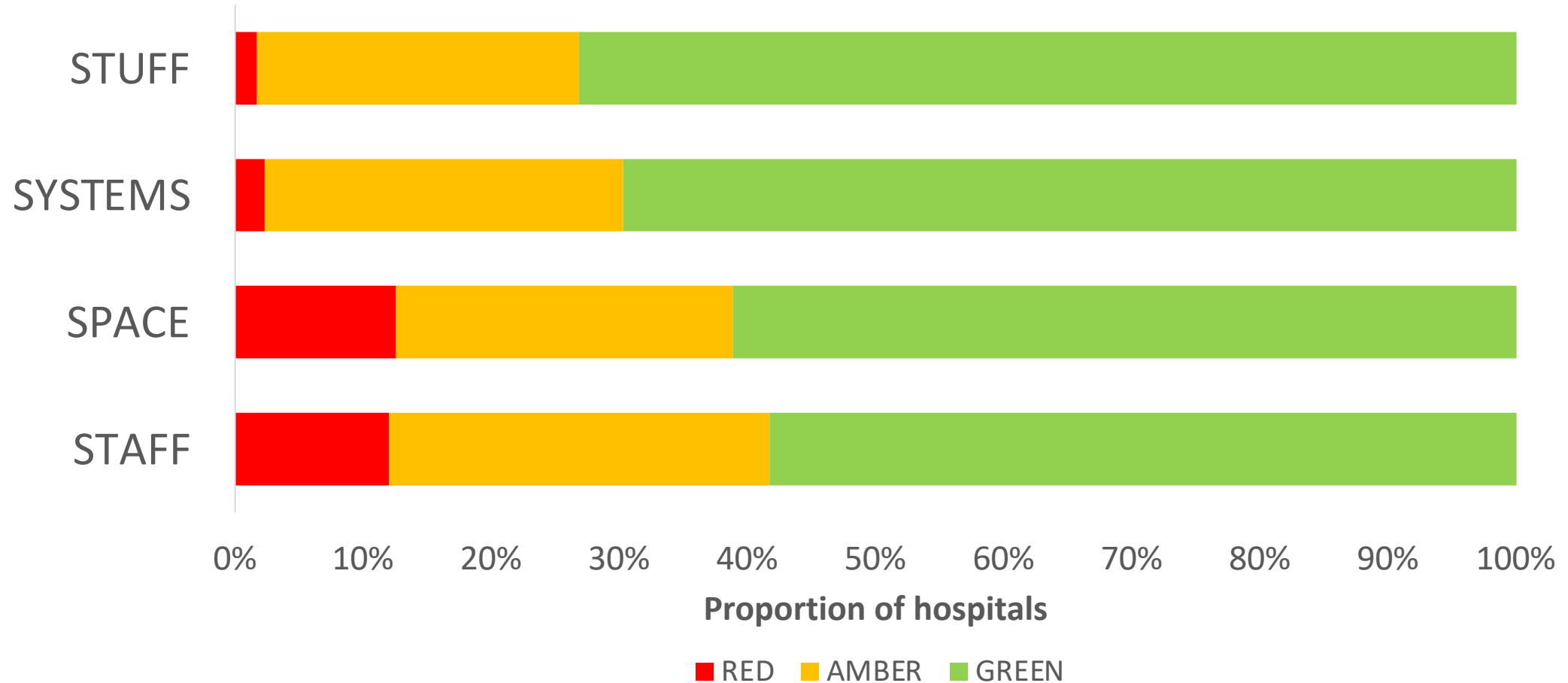
- COVID-19-positive and COVID-19-negative pathways for surgical care fully implemented.
- Anaesthetic services key to supporting theatre activity functioning well.
- COVID-19 testing available for patients and staff, with clear policies in place for how testing will protect staff, protect patients and facilitate efficient surgical services.
- Policies for the rational prioritisation of surgical patients as theatre capacity becomes available are fully implemented.
- Policies implemented for the rational prioritisation of surgical patients as critical care capacity becomes available.

Systems

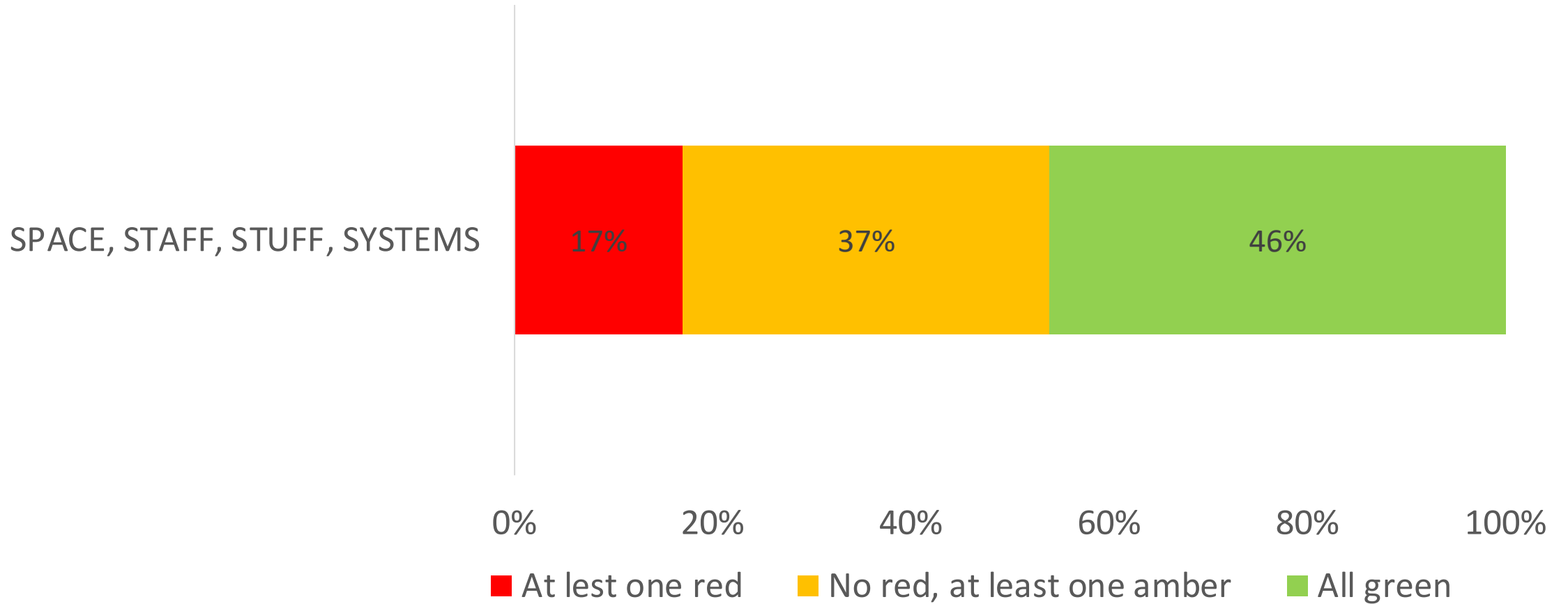
Proportion of respondents



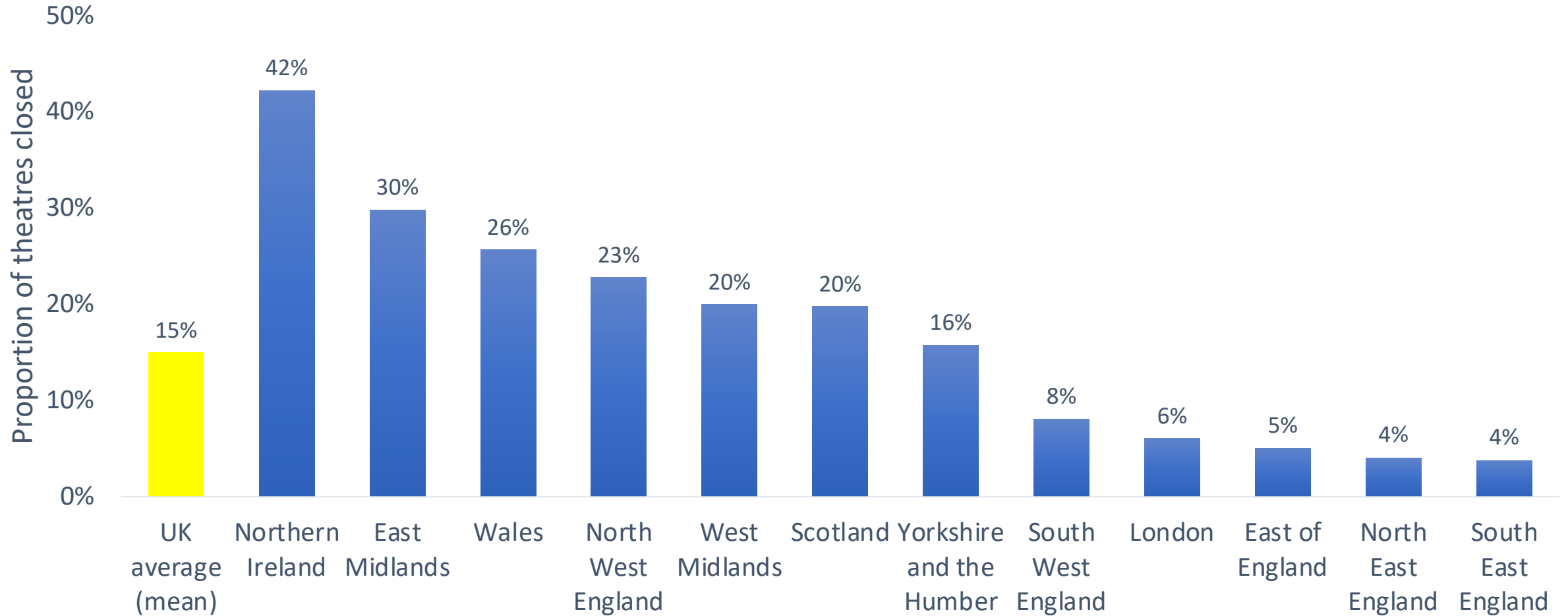
Restarting elective surgery UK picture



State of the nation



Proportion of theatres* closed



*excluding non-theatre sites

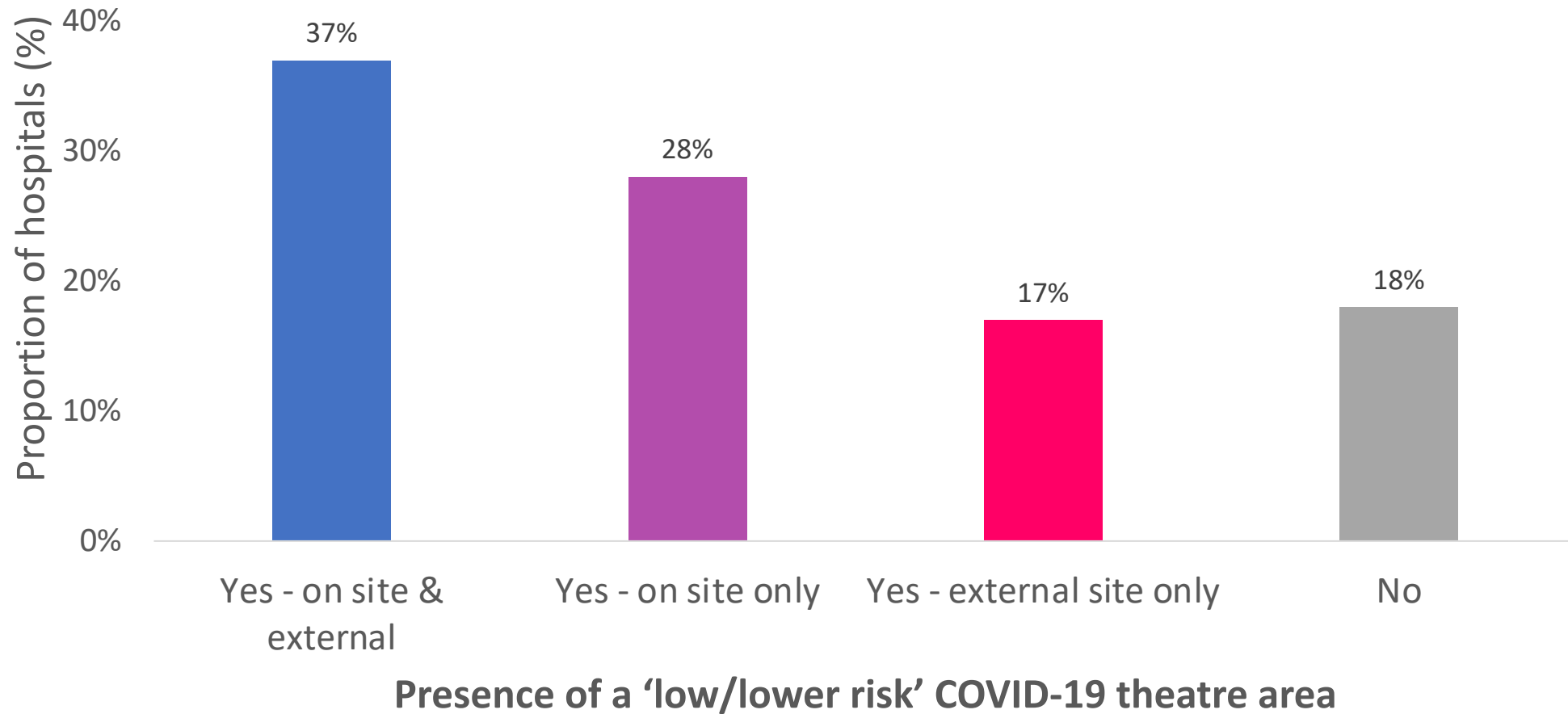
Use of other locations for surgery
e.g. independent sector, external sites

Theatre capacity increase* at other locations



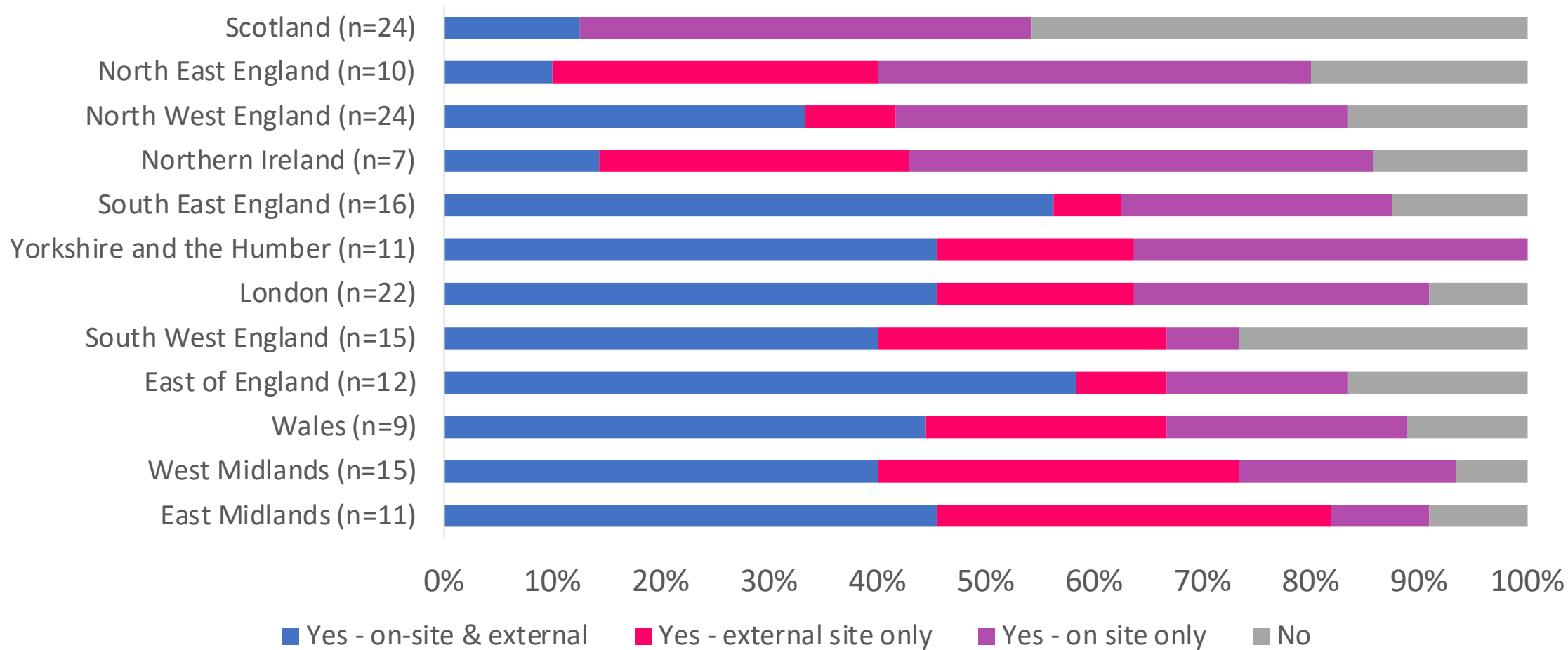
*compared to theatres open in 2019

Designated 'low risk' COVID-19 theatre area - external sites used by 54%

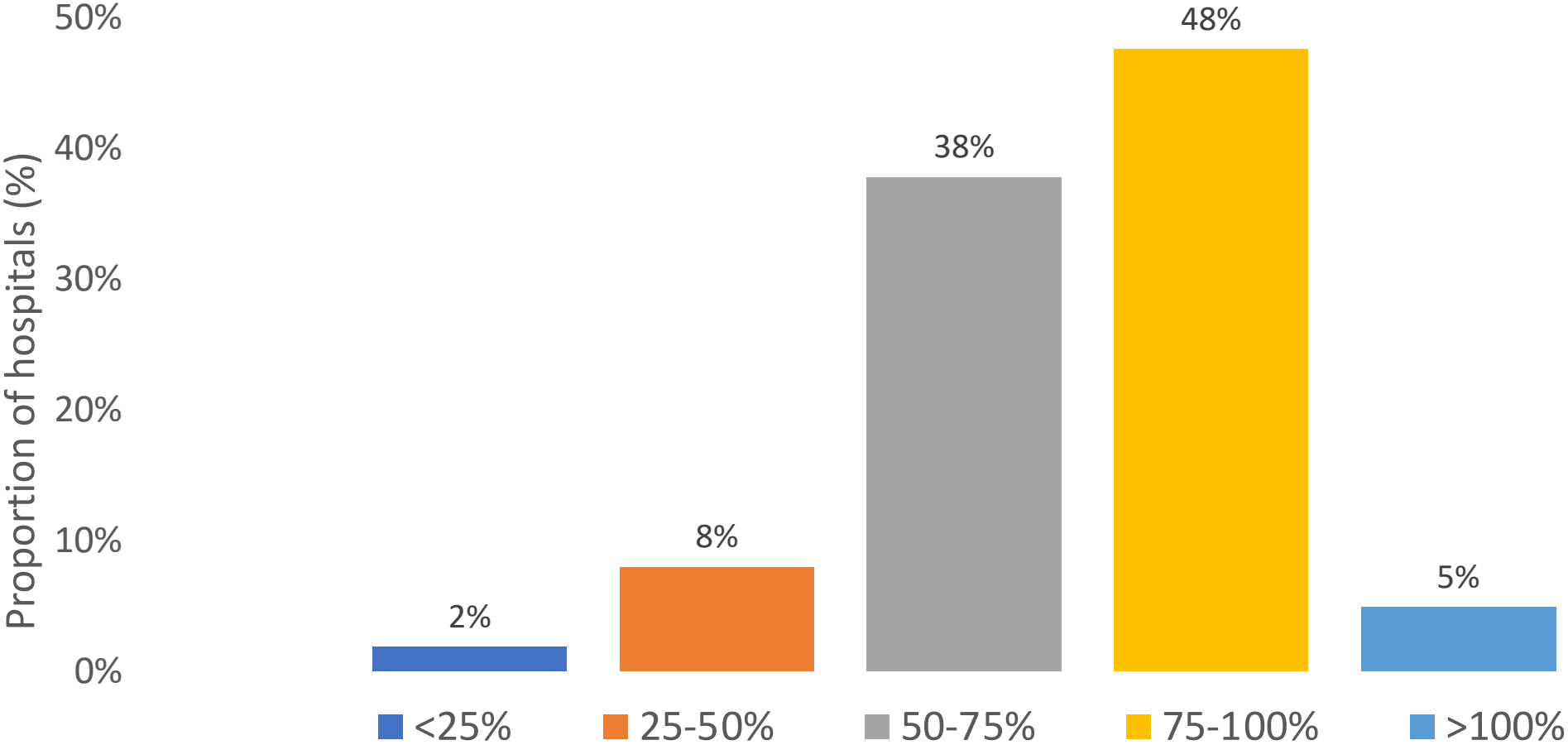


Designated 'low risk' COVID-19 theatre area

Proportion of hospitals

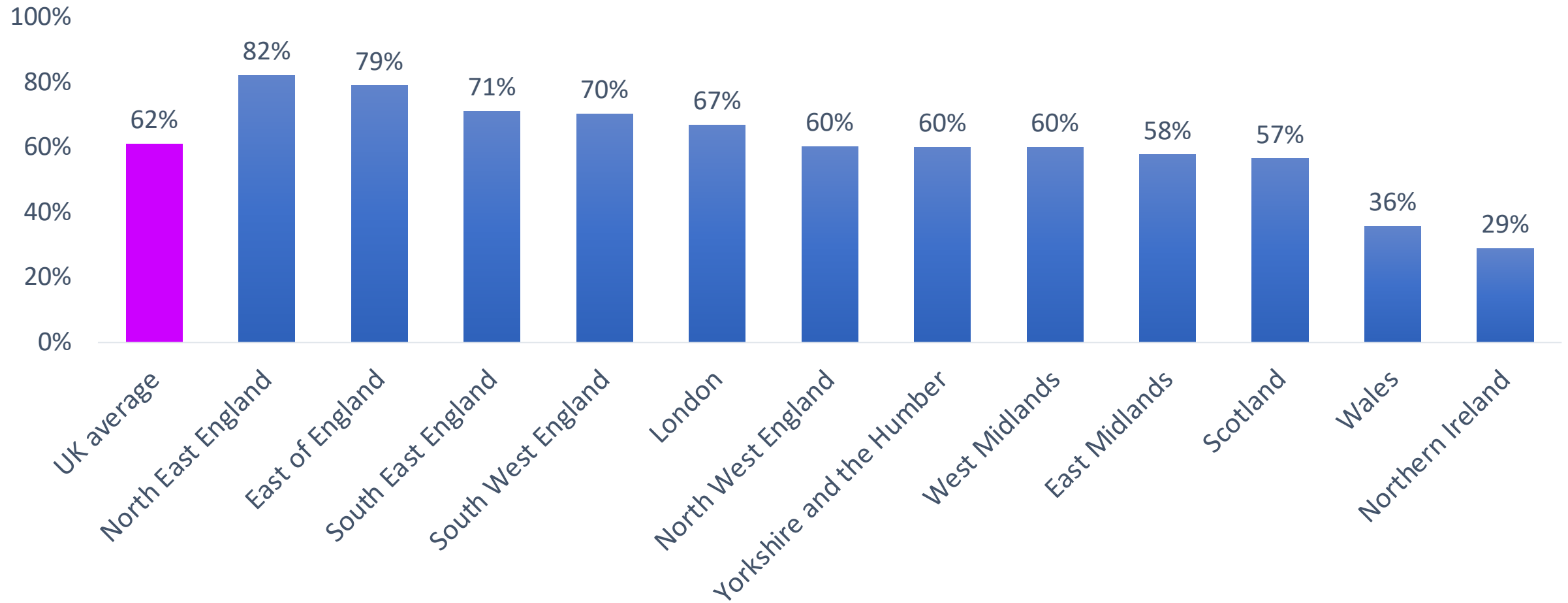


Theatre productivity in open theatres



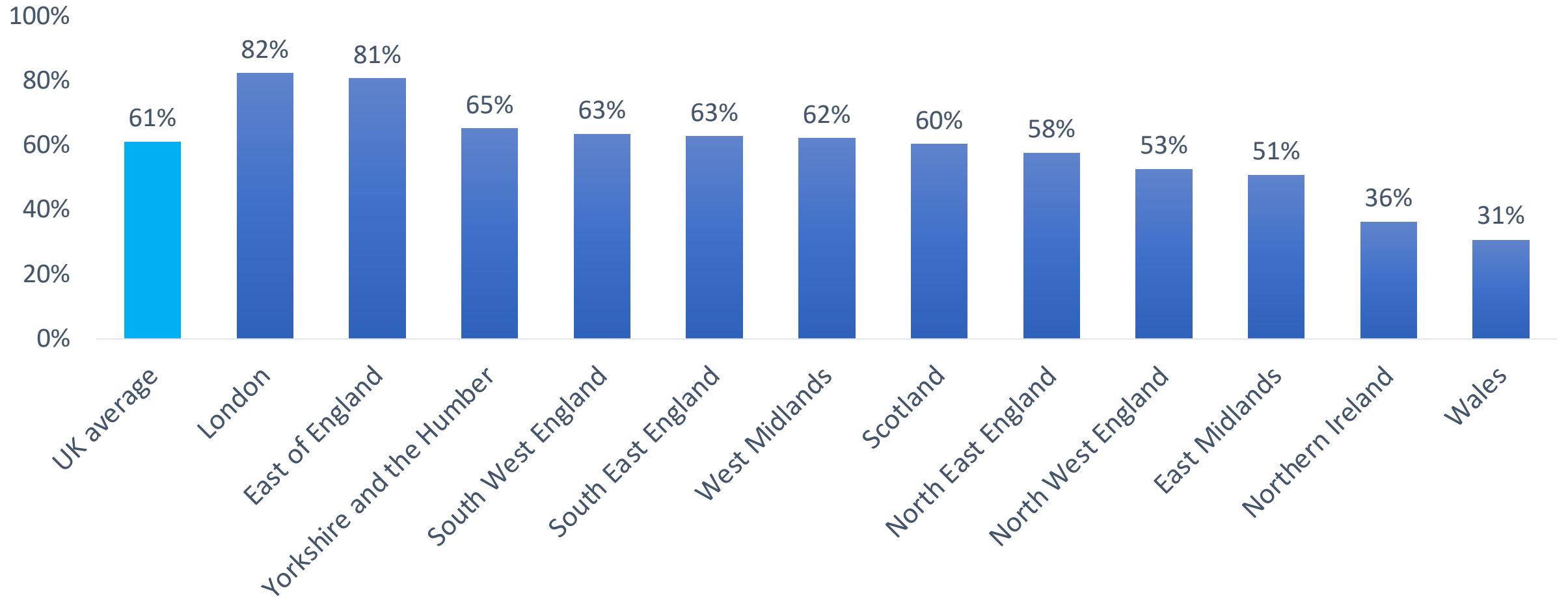
Proportion of cases completed in each theatre compared to October 2019

Non-cancer elective operations: October 2020 vs 2019

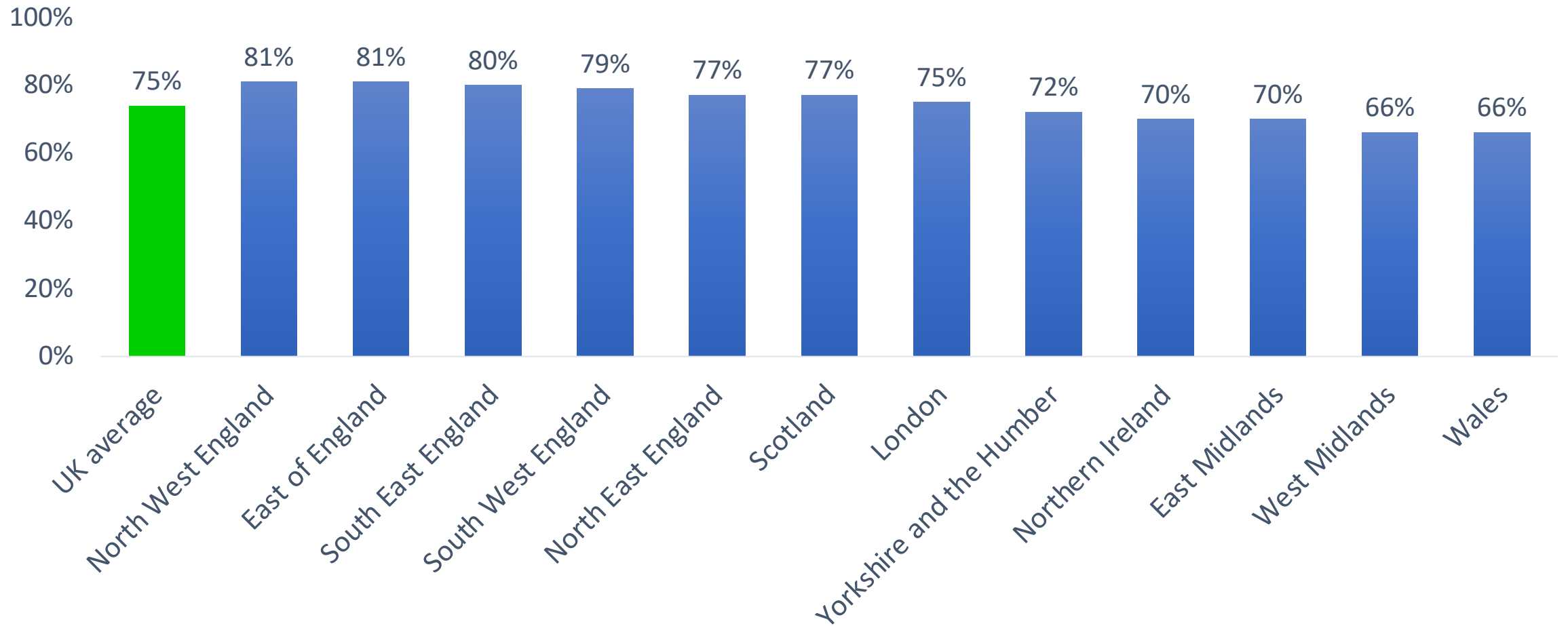


Anaesthesia activity:
October 2020 vs 2019

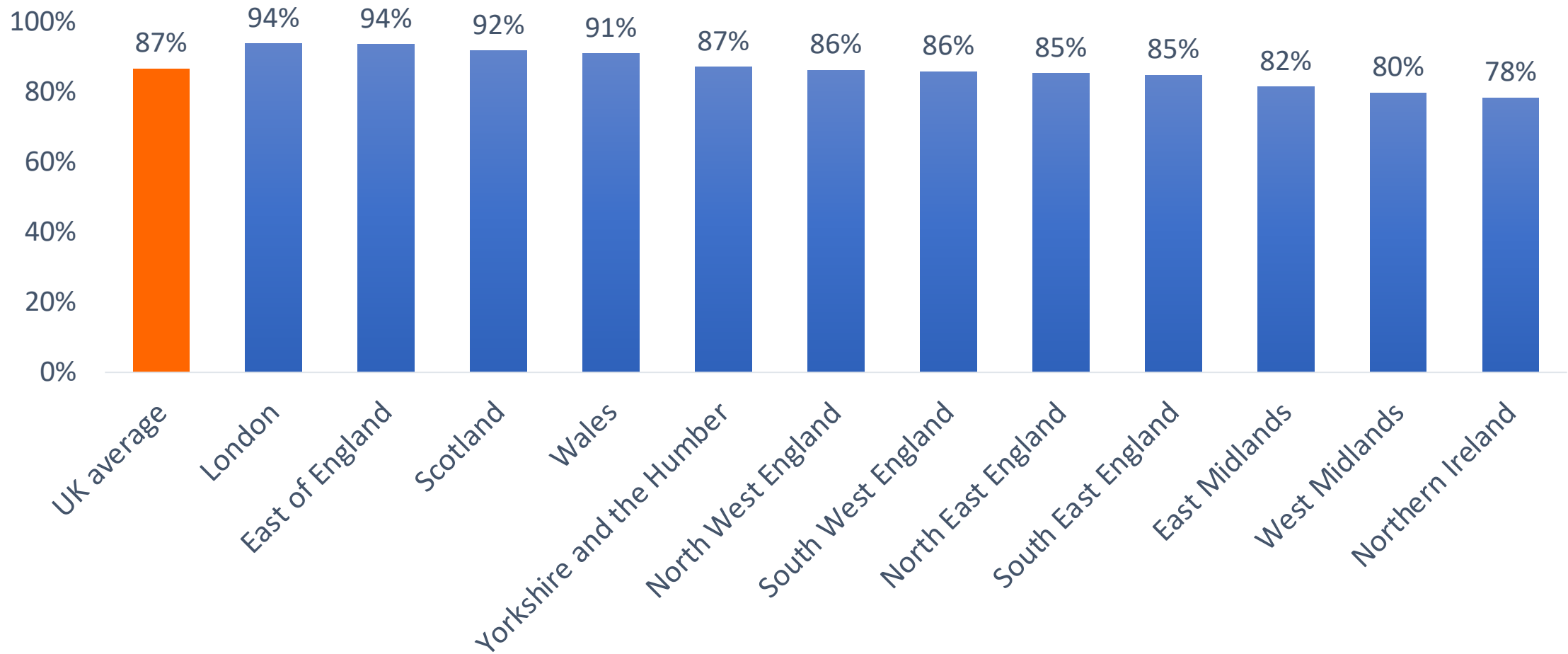
Paediatric surgery: October 2020 vs 2019



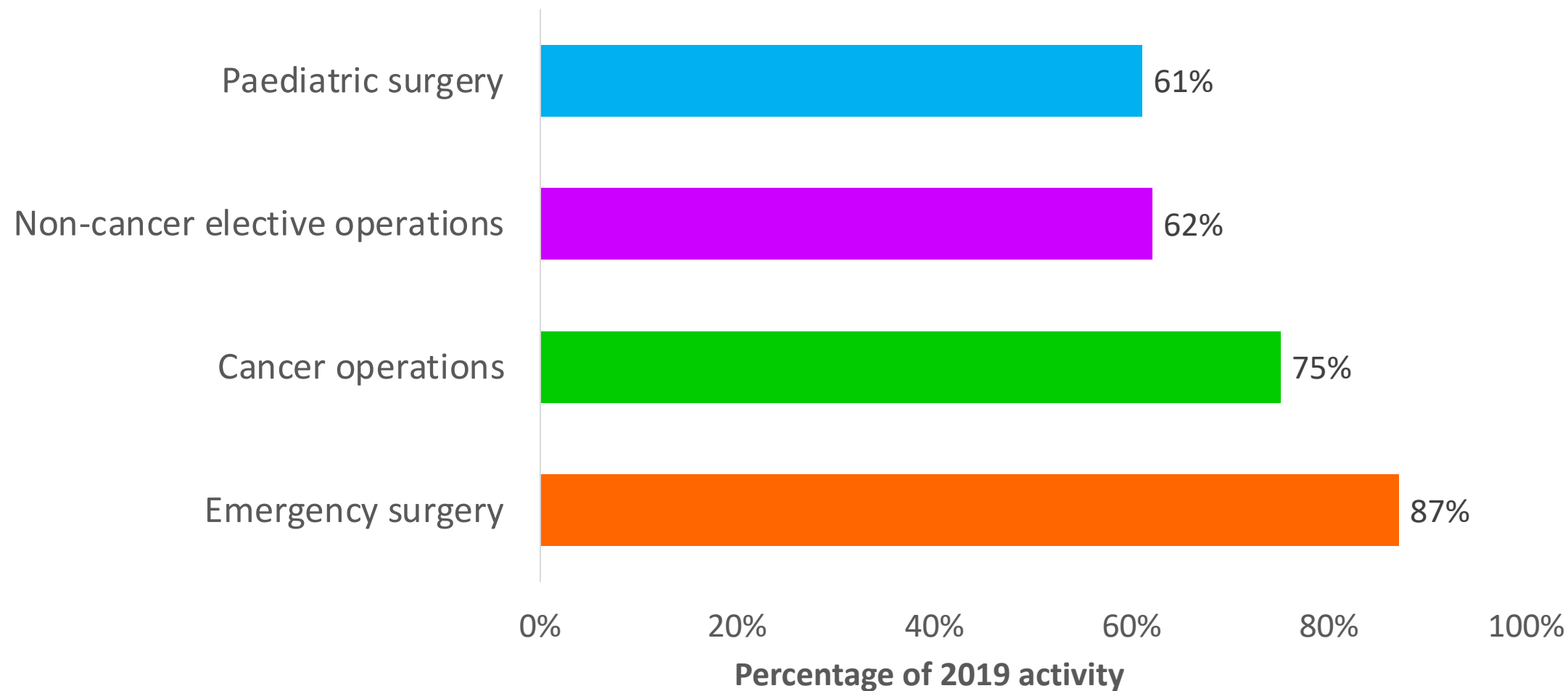
Cancer operations: October 2020 vs 2019



Emergency surgery: October 2020 vs 2019



UK activity: October 2020 vs 2019



The total number of operations
completed in all theatre
locations over 24 hours

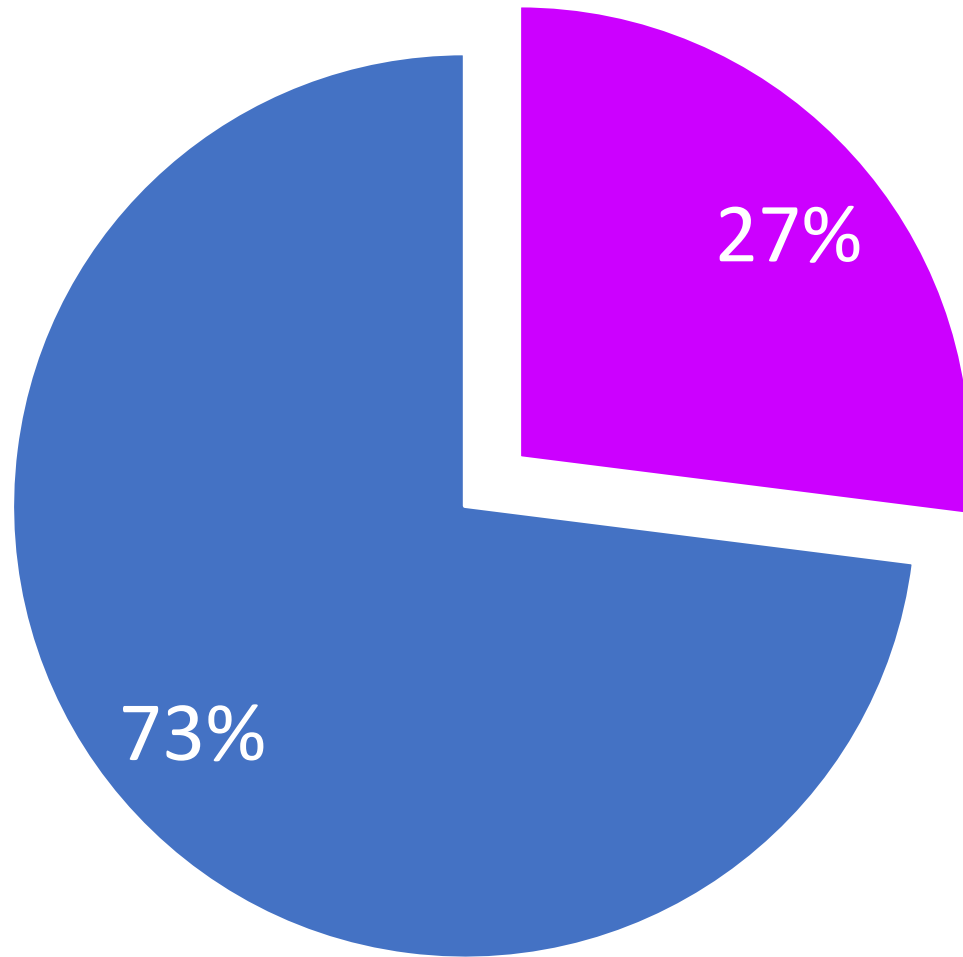
Excluding non-theatre environments.

Round 1: Estimated loss of surgical activity over 24 hours

27% loss of surgery compared to October 2019

2575 operations lost each day in 147 responding hospitals

Estimated **4950 each day** in all UK hospitals

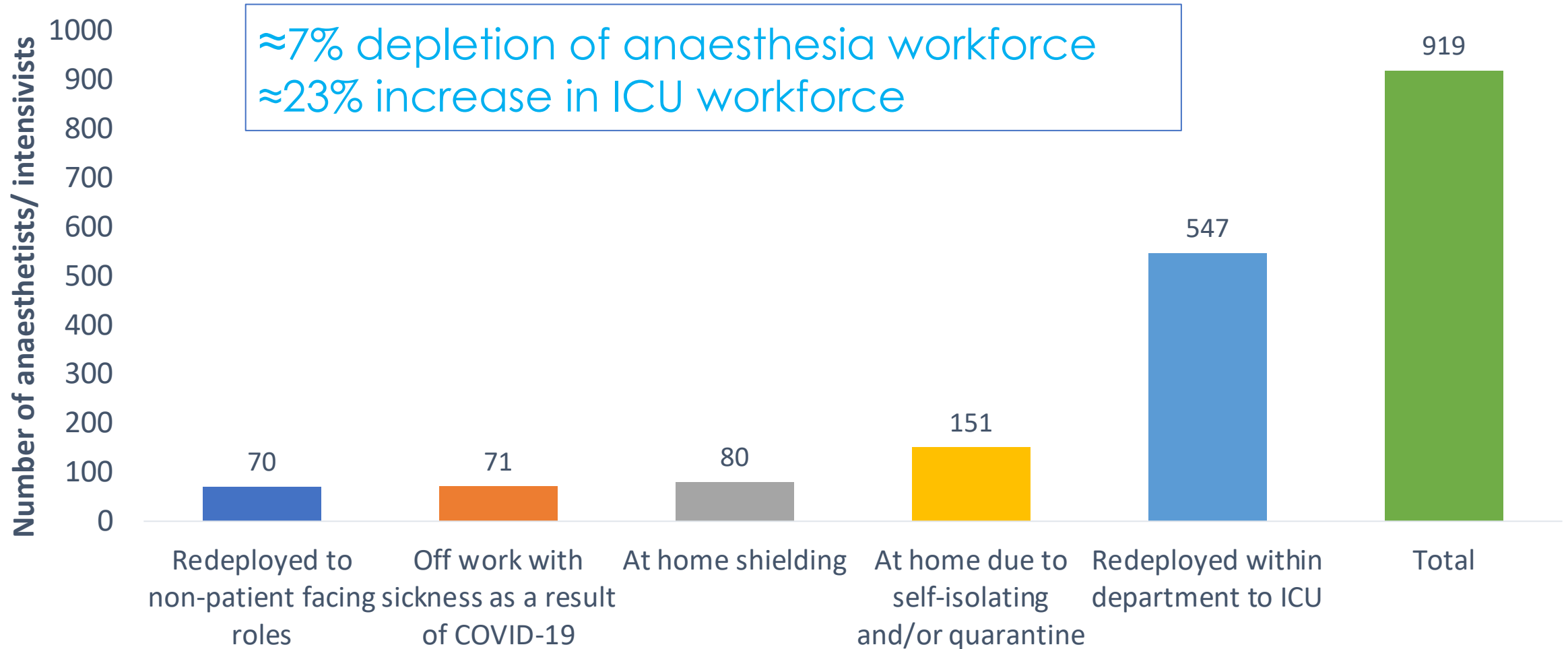


UK staffing – anaesthesia / critical care

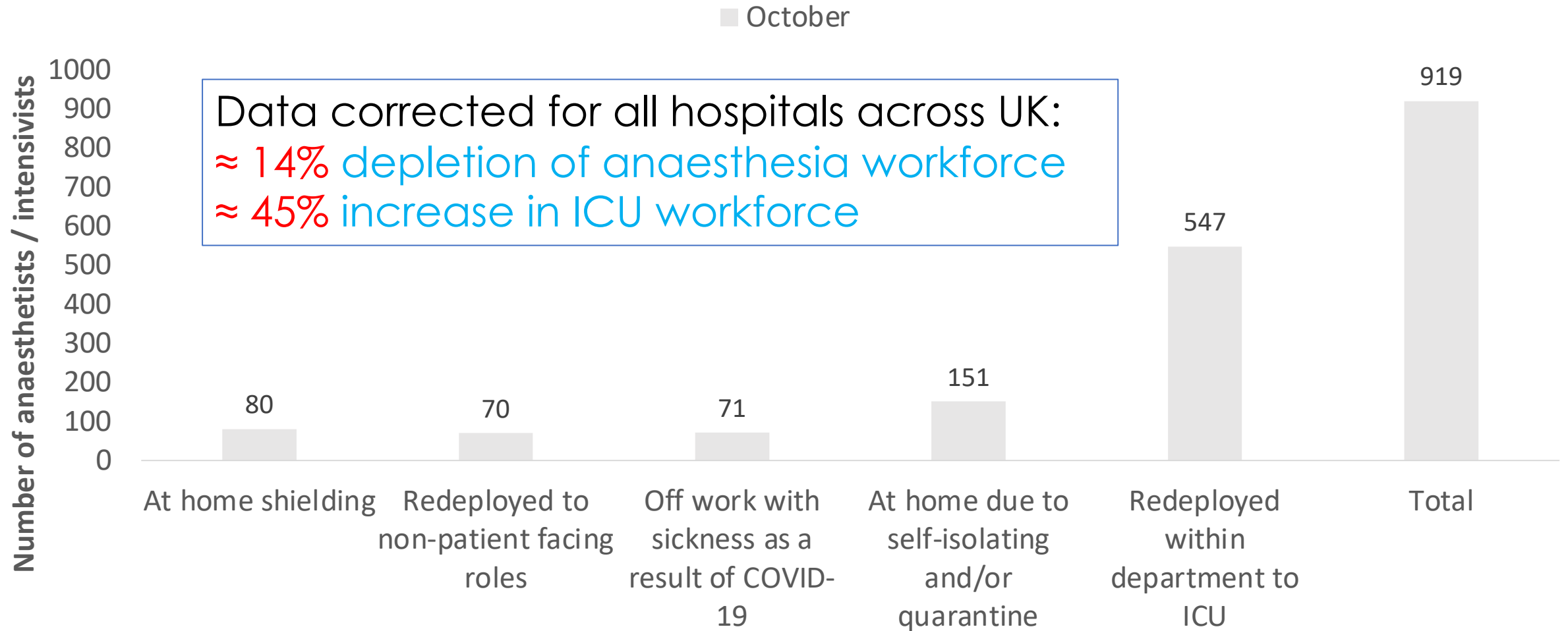
Impact on staffing of anaesthetists/intensivists

- re-deployed to non-patient facing roles
- off work with sickness as a result of COVID-19
- shielding
- self-isolating/in quarantine
- re-deployed to ICU work

UK staffing – anaesthesia/critical care



Round 1: UK staffing - anaesthesia/critical care



Thank you

All local co-ordinators, anaesthetic and
critical care staff completing this survey.

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Health Service Research Centre