

View from the frontline of anaesthesia during COVID-19

July 2020 membership survey results*

KEY FINDINGS



44% of respondents

are not confident in their hospital's ability to provide planned surgery safely while managing COVID-19 demand during future surges.



Nearly two-thirds of respondents (64%)

have, to some extent during the last month, suffered mental distress because of additional work related stress due to COVID-19.



Nearly nine in ten trainees (89%)

strongly agree that the pandemic is affecting their training opportunities, career and professional development.

KEY FINDINGS

SPACE

- 44% not confident in their hospital's ability to provide planned surgery
- 39% don't feel their hospital has space to provide elective surgery safely

Recommendations

- Sustainable locations needed to manage planned surgery or the care of COVID-19 patients e.g.: independent hospitals and Nightingale hospitals
- Further expansion in critical care facilities may be needed if COVID infection rates increase or there's seasonal illness demand

STAFF

- 64% suffered mental distress because of COVID-19 work
- 34% say low/very low level of team morale
- 89% of trainees say training opportunities affected

Recommendations

- NHS People Plan with teeth and investment to address welfare, wellbeing, resilience, inequality
- Expansion of critical care staffing and training of cross-specialty 'reservists'
- Anaesthetic, theatre, perioperative care and ward staff must be supported to return to routine activities

STUFF (EQUIPMENT)

- 20% report lack of IPC measures to prevent staff infecting surgical patients
- 17% report lack of IPC measures to prevent surgical patients infecting staff

Recommendations

- IPC measures for current and increased ward and ICU management must be available before planned surgery restarts

SYSTEMS

- 38% say rapid COVID testing is only to a small or to no extent available for staff
- 67% say procedures for surgical services, operating theatres and critical care need review

Recommendations

- Additional investment in resources, facilities and staff, are needed to support a return to pre-COVID levels of activity
- COVID positive and negative pathways must be created created using revised patient flows, pre-admission patient shielding and testing

KEY RECOMMENDATIONS

1

A new NHS People Plan supporting staff welfare and wellbeing.



2

Trained, cross-specialty 'reservists' to support future surges.



3

Additional investment in staff, resources, and facilities.



4

A 'clean' hospital approach for managing planned surgery.



5

Support hospital staff to return to their routine work.



6

A flexible approach to re-scheduling assessments and teaching.

