

President's update 9th April

These continue to be very difficult times and all colleagues are working under huge pressures to look after vascular patients. Some of our workforce are already ill, and very sadly the first deaths from CV19 of healthcare have occurred, and these now include those from within our vascular community. We extend our sincere condolences to their next of kin.

We held the third of our weekly extraordinary virtual meetings of the Executive VS Council on Monday 6th April. The agenda included:

Report from Professor Cliff Shearman the VS RCS liaison representative: Cliff updated us on the ongoing work the RCS Eng is undertaking to look after both surgical patients and surgical in all specialities. The VS contributed to the FSSA representation to RCS Eng on PPE and urgency of surgery, and the RCS Eng in turn fed into Public Health England. Their guidelines were published 7th April:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Cliff also updated Executive Council on a helpline for surgeons (Health Assure) and a mentorship scheme, to which VS Council will contribute.

COVID-19 update: This standing agenda item was discussed including-

PPE: The VS and the new Public Health England guidelines were discussed. Further updates of the PPE advice, in addition guidelines for ward and other clinical work will be issued shortly.

COVER Study: A brief update of the ongoing VERN/VS Cover study was given. Units are encouraged to participate- 48 units within the UK and over 128 worldwide have registered interest. Please consider participating.

<https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/>

Cascading information: We discussed how we cascade information in these challenging times.

Our next Monday 13th will include Elected Council.

We also feel a weekly unit report that could be submitted by any unit would keep colleagues informed. We enclose a report from Mike Jenkins at St Mary's this week.

Regional and local linkups may also help. The RCS Eng mentorship scheme may be beneficial and many of the Executive Council are both providing and happy to provide telephone advice.

There was support for a brief podcast to be posted on the VS website covering common questions.

NAASP: A decision is still awaited but the VERN COVER Study would suggest that only 80% of units have temporarily suspended screening.

Personal view

On a personal/unit note, Coventry continues to prepare for the expected rise in CV19 patients, but we remain less busy than many units in London and elsewhere in the West Midlands. This week, I volunteered for additional training in ITU and I await to see if that will be required. The preparation continues as the number of ventilated patients in our hospital now exceeds its normal bed base.

Research active Trusts have better outcomes, and with my R&D hat on, can I ask you to consider recruiting to CV19 related research. Currently there is no proven therapeutic intervention and studies like the RECOVERY Trial may help.

Vascular surgeons, nurses and technologists will have a crucial role to play over the next few weeks, as severe clinical resource limitations begin to bite. Difficult decisions will have to be made and good open and honest communication is so important. Colleagues and friends from all specialities will need support. There is a long way further to go on this challenge, and we need to think about and understand the implications so we can remain strong for ourselves, our families and our patients. As I have said before these are defining times and I am sure all of you will do your utmost to rise to the occasion.

There is a useful article on compassionate leadership from the Kings Fund which is well worth a read:

<https://www.kingsfund.org.uk/blog/2020/03/covid-19-crisis-compassionate-leadership>

So far, a night in the garden under canvas remains only a thought, although with Easter weekend just around the corner, I may yet crack.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'C. H. Ince', with a long horizontal stroke underneath.

President of the Vascular Society

Vascular Surgical Unit Review: St Mary's

As of Monday 6/4/20, we have 352 Covid 19 positive patients at Imperial with 96 level 3 ventilated patients. ITU is already well beyond its normal bed base in the current Surge 1 phase of up to 143 ventilated beds. Over the next two weeks there are plans to expand by another 157 ventilated beds. Other areas including PICU, theatres, recovery and the endoscopy unit will be brought on stream as needed. A&E has been divided into a Red (known or suspected Covid +ve) and a Green zone for other cases and as an MTC we remain open to trauma from within the region. Our anaesthetists continue to cover 4 emergency theatres and man a "Covid intubation team" with resident Consultants round the clock. On a more positive note, 406 Corona virus patients have recovered and been discharged over the last few weeks.

From a vascular perspective, we are running an emergency service with our current on call and Consultant of the week systems in place. SPRs remain attached to vascular, but other juniors have been re-deployed to a wider pool. We have now got authority to perform urgent NHS vascular surgery at the Bupa Cromwell hospital with Crown indemnity and will encourage our SPRs to attend to maintain training. Individual outpatient clinics are telephone only with the provision of having one or two "hot clinics" per week for patients who need to attend in person for all to use as needed. Some surgeons (mostly vascular in fact) have volunteered to help the ITU effort and are currently going through training and induction with a plan to commence taking responsibility for ITU shifts (4 day week and 3 day weekend the following week) later this week pending need.

On a lighter note, there are some advantages to the current situation – only essential meetings continue; there is a feeling of camaraderie in the hospital; local restaurants are donating and delivering food and there is much less traffic!

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