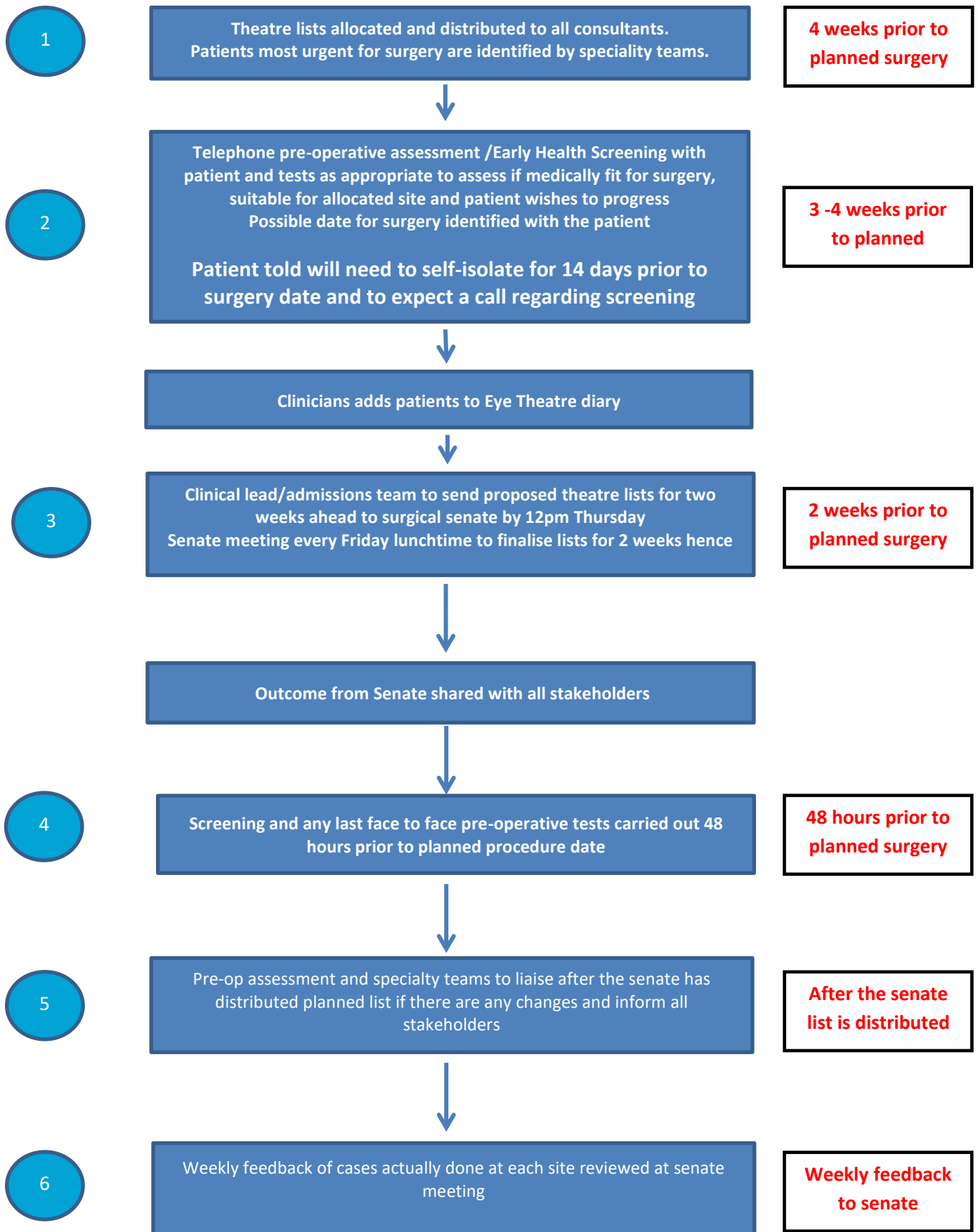


## Ophthalmology Standard Operating Protocol for urgent/priority surgery: Prioritisation and Pre assessment



## 1. Four weeks prior to planned surgery

- a. Eye theatre allocations will be determined and distributed to ophthalmology consultants at least 4 weeks prior to planned lists taking place.  
**The Ophthalmology clinical lead/admissions team is responsible for this.**

- b. Patient's priority order is to be determined by clinical teams. A single clinical lead should be identified to adjudicate for each team which cases are to take priority and to ensure equity of provision. The Chief of Surgery will act as a final arbiter if necessary.

Patients allocated space in the IS theatres should be proposed in line with reference to the early health screening proforma (EHS) below.

An outline list of patients for each list will be compiled and passed to the relevant pre-operative assessment team in good time for notes to be retrieved for the telephone pre-operative assessments. Specialities to identify to the pre-op assessment team which patients may be suitable for the IS. The pre-op assessment team will carry out the EHS on proposed patients. If the EHS is flagging any patient as not suitable for IS they will convert to a full pre-operative assessment.

**Consultants and their patient access managers for each specialty are responsible for this with oversight from Directorate Managers**



Early Screening  
Proforma.xlsx

## 2. Three weeks prior to planned surgery

- a. The usual pre-operative assessment team for each specialty will carry out telephone pre-assessment on all patients identified as priorities for surgery to be carried out on BSUH sites. The usual processes will be used to assess medical fitness for the surgery planned and all usual pre-operative assessments/tests will be organised by the pre-operative team. It may be necessary to bring patients in for particular tests likely to be critical to decision making on suitability for surgery.

**The SEH pre-op teams are responsible for this.**

- b. Patients proposed for surgery in the IS will have a telephone pre-assessment carried out by their teams. Any unsuitable patients will be highlighted to the BSUH teams as soon as possible and alternative patients proposed if feasible.

**The IS pre-op teams are responsible for this.**

- c. Simple queries regarding anaesthetic fitness for surgery for patients having surgery on BSUH sites might be resolved by discussing on the day with the starred anaesthetist on Dect phone 62043. If further anaesthetic work up is required the patient should not be progressed to surgery at that stage but should be escalated to the ARC team and worked up as quickly as possible. Any patients not suitable to

process should be highlighted to the specialty team so they are returned to the list for future prioritisation and tracking.

**The SEH pre-op team are responsible for this.**

- d. The telephone assessment should ensure particularly that:
- Patients on anti-coagulation medication must have a plan for whether the medication should be stopped for surgery or an identified safe level for surgery has been agreed e.g. INR for warfarin. Arrangements for testing should be made.
  - MRSA screening must be carried out as per the latest BSUH policy. Patients at high risk should be given suppression therapy to start 5 days prior to surgery. This should be supplied by post prior to self-isolation.
  - Patients requiring hospital transport are given instructions on how to book this  
**The SEH and IS pre-op teams are responsible for this for their own cohorts of patients.**
- e. If the pre-operative team feel, after the telephone pre-assessment, that the patient should be fit to proceed to the next stage the patient will be told their provisional date for surgery. The patient will also be told to self-isolate for 14 days prior to that date and to expect a call for pre-operative screening 48 hours prior to their surgery.
- f. Patients having cataract surgery under local anaesthetic will have 14 days isolation but do not need a swab.
- g. For cataract surgery biometry will be done on the day of surgery, unless identified in advance that the outcome of biometry will result in the need to order a special lens, in which case biometry should be performed prior to the 14 days of isolation

**The SEH and IS pre-op teams are responsible for their own cohorts of patients.**

### **3. Two weeks prior to planned surgery**

- a. The Ophthalmology clinical lead/admissions teams will submit a complete set of theatre lists for the eye hospital to the surgical senate by 12pm Thursday. The lists will be planned for two weeks ahead of the Friday meeting, to allow for self-isolation.  
**The Ophthalmology clinical lead/admissions team is responsible for this.**
- b. The BSUH surgery senate will consist of:
- a. Programme Director for Planned Services
  - b. Chief of Surgery Division
  - c. Surgery Senate administrative team

Surgery Senate ToR:



ToR surgery senate  
120620.docx

- c. The surgery senate administration team will be responsible for ensuring all specialty teams submit theatre lists in a timely fashion for the weekly senate meetings.  
**BSUH surgery senate administration team will be responsible for this.**
- d. The surgery senate team will meet at 12 o'clock on Friday to review and finalise the submitted theatre lists and collate data for onward submission to the region/NHSE.
- e. The outputs of the surgery senate will be:
  - a. Confirmed theatre lists for each site at BSUH
  - b. Confirmed theatre lists for each IS operating BSUH NHS lists

These outputs will be distributed to all key stakeholders who will, in turn, cascade to all team members.

Key stakeholders who will receive the senate output are:

- All clinical specialty leads
- Pre Assessment Co-ordinators for each specialty
- IS co-ordinators for each site
- Patient Access managers for each specialty
- Directorate Managers for each specialty
- Lead Consultant for Anaesthetics/rota leads
- Directorate Manager for Perioperative Services
- Theatre managers all BSUH sites
- Divisional Director of Operations, Surgery
- Clinical Administration & Booking ([bsuh.igmanagement@nhs.net](mailto:bsuh.igmanagement@nhs.net), [g.harries@nhs.net](mailto:g.harries@nhs.net), [kate.plavenieks@nhs.net](mailto:kate.plavenieks@nhs.net), [anne.king5@nhs.net](mailto:anne.king5@nhs.net), [l.wescott@nhs.net](mailto:l.wescott@nhs.net))
- Surgical DLNS and Matrons

**BSUH surgery senate administration team will be responsible for this.**

- f. The screening/physical pre-op assessments will be cohorted as follows:
 

a. Cardiac surgery/cardiology requiring a GA	MFH
b. Gynae surgery (RSCH site)	MFH
c. Gynae surgery (PRH site)	PRH
d. LGI/UGI (RSCH site)	MFH
e. LGI/UGI (PRH site)	PRH
f. Vascular surgery	MFH
g. Neurosurgery	MFH
h. Spinal lists Nuffield Brighton	Nuffield Brighton
i. Sussex Eye patients (BSUH site)	Sussex Eye
j. Sussex Eye patients (Nuffield Brighton site)	Nuffield Brighton
k. Children's Hospital	Children's Hospital
l. Urology	PRH
m. T&O (PRH site)	PRH
n. ENT (PRH site)	PRH

- |   |                         |
|---|-------------------------|
| o. ENT (QVH site)                               | QVH                     |
| p. Breast (QVH site)                            | QVH                     |
| q. OMFS (PRH site)                              | PRH                     |
| r. OMFS (QVH site)                              | QVH                     |
| s. Patients having surgery at MFH               | MFH                     |
| t. Patients having surgery at Nuffield Brighton | Nuffield Brighton       |
| u. Patients having surgery at Nuffield HH       | Nuffield Haywards Heath |

**NB - Patients just having a Covid swab for a minor procedure and who do not otherwise need any sort of face to face physical pre-operative assessment should not follow this pathway. They should be directed to the Amex community screening hub.**

- g. Standard actions following Senate

The following actions are expected to be completed by the nominated person by the latest close of play Monday following the Friday lunchtime Surgery Senate meeting:

Action	Person responsible	Notes
Confirm surgery with patient	IP Admissions Team	Confirmed surgery patients: Confirm date and location of surgery, Send letter and self-isolation instructions to all patients (see below)
Provisional Theatre Lists	Senate admin	Confirmed at Friday lunchtime meeting
Medway Updated - TCI inputted onto Medway by location	IP Admissions Team	TCI to be reflected on Medway under correct location according to Senate outcomes



COVID pre surgery instructions - v1 25.0

- h. The SEH pre assessment team will be responsible for contacting their cohort of patients regarding their time slot for screening and arranging all necessary remaining face to face tests at the same time, to minimise the patient's time away from self-isolation.  
All tests to be performed at SEH

**Each screening site team will be responsible for this.**

#### 4. 48 hours prior to planned surgery

- a. The patient attends their planned physical face to face pre-operative assessment and all necessary tests are carried out, including Covid swabbing.

**The sub-specialty teams are responsible for this.**

- b. Patient details of those unfit to proceed after this assessment should be reported back to the specialty PAMs for further action.

**The screening site teams are responsible for this.**

## 5. After the Senate list is distributed

- a. The specialty teams, access managers and pre-operative assessment teams will liaise closely in the two weeks after the senate list is distributed to make any last minute changes/cancellations as necessary. All such changes will be cascaded out to all key stakeholders by the patient access managers.

**Each specialty team is responsible for this.**

- b. The specialty should ensure all standard processes for cancellation of surgery are followed:
  - Cancellation on the day of surgery needs to follow the standard BSUH procedures for cancellation.
  - Cancellation on the day of surgery in the IS must also follow the BSUH process. The relevant form must be completed by the IS team and returned to the BSUH Central Information Unit at BSUH on the same day. The IS team must also inform the relevant specialty manager, the senate admin team and the BSUH IQ team.

**Each surgical theatre site is responsible for this.**

## 6. Weekly feedback to Senate

- a. The surgical senate team will compile a report each week from Medway regarding which patients actually had their surgery carried out in the preceding week i.e. the week prior to the Monday before that senate meeting.

**The surgical senate administrative team will be responsible for collating this.**

## Additional Information

### Patient Transport (PTS)

Patient transport for BSUH admissions will be arranged as per usual processes.

Patient transport to IS hospitals – patients book PTS themselves when date for surgery confirmed. Details of PTS to be provided by Pre Assessment team during face to face pre-assessment.

### Interpreter Services

MFH has access to the BSUH interpreter services as they apply to during this period with limitations on face to face contact.

### Language Line

For telephone interpreting for overseas languages. Guidance and access codes provided to MFH.

### Overseas languages

For remote face-to-face video appointments. Guidance and access codes provided to MFH.

### Virtual Services for Deaf, British Sign Language (BSL)

Guidance and access codes provided to MFH.

### **Medical records**

For the processes outlined above usual medical records arrangements will apply within BSUH (notes available at telephone pre assessment, face to face pre assessment and then sent to admitting ward).

For patients having their surgery in the IS the IS hospital will request notes as one of the standard outcomes from the Senate.

The IS hospitals will ensure a complete and total patient record for the care provided in the IS is included in the BSUH patient notes. This is to ensure that in the event of BSUH needing to respond to a coroner's investigation or subsequent complaint/claim the patient notes contain the total documentation for the care provided in the IS. This will include but is not limited to:

- Pre-operative assessment summary
- Consent to treatment form
- Operation record
- Anaesthetic record
- NEWS2 charts
- Medical staff entries
- Electronic discharge summary

The IS team will complete a discharge summary on Medway which will be printed out prior to the patient discharge. A copy will be put in the BSUH patient record and a copy put into the IS healthcare record. The discharge summary will stipulate follow-up care required so this can be organised by BSUH.

A copy of the discharge summary will go to the patient and GP as part of the automated Medway process at BSUH.

Following discharge medical records will be collected from the IS (to be arranged by IS) and delivered to Clinical Coding at RSCH. Clinical Coding will return to Central Library as per standard practice.

### **BSUH administration processes**

There is a need to ensure BSUH administration systems (PAS Medway) are kept up to date and reflect the patient's journey. This is needed so

- There is an accurate record of care provided in the IS in PAS
- BSUH has all information required to respond to patient queries
- Follow-up care can be arranged following discharge

- Commissioning Data Set is complete

The following actions are expected:

	Action	Action by	Information to
<b>Virtual pre assessment</b>	Pre assessment teams will request patient notes following identification by clinical specialties of priority patients to be assessed	Pre assessment teams	
<b>Virtual pre assessment appointment</b>	Daily confirmation of completion of virtual assessment appointment.  IP Admissions Team to update Medway.	Pre assessment teams  IP Booking Team	<a href="mailto:kate.plavenieks@nhs.net">kate.plavenieks@nhs.net</a> <a href="mailto:g.harries@nhs.net">g.harries@nhs.net</a> <a href="mailto:anne.king5@nhs.net">anne.king5@nhs.net</a> <a href="mailto:l.wescott@nhs.net">l.wescott@nhs.net</a> <a href="mailto:bsuh.igmanagement@nhs.net">bsuh.igmanagement@nhs.net</a>
<b>Admission (at IS sites)</b>	Daily confirmation of admissions at IS sites to IQ Team.  IQ Team update Medway.	Identified lead at each IS site  IQ Team	<a href="mailto:kate.plavenieks@nhs.net">kate.plavenieks@nhs.net</a> <a href="mailto:g.harries@nhs.net">g.harries@nhs.net</a> <a href="mailto:anne.king5@nhs.net">anne.king5@nhs.net</a> <a href="mailto:l.wescott@nhs.net">l.wescott@nhs.net</a> <a href="mailto:bsuh.igmanagement@nhs.net">bsuh.igmanagement@nhs.net</a>
<b>Discharge (at IS sites)</b>	Daily confirmation of discharges from IS to IQ Team.  IQ Team update Medway.	Identified lead at each IS site  IQ Team	<a href="mailto:kate.plavenieks@nhs.net">kate.plavenieks@nhs.net</a> <a href="mailto:g.harries@nhs.net">g.harries@nhs.net</a> <a href="mailto:anne.king5@nhs.net">anne.king5@nhs.net</a> <a href="mailto:l.wescott@nhs.net">l.wescott@nhs.net</a> <a href="mailto:bsuh.igmanagement@nhs.net">bsuh.igmanagement@nhs.net</a>
<b>Discharge summary (at IS sites)</b>	IS team to complete Medway discharge summary, print letter and add to BSUH patient notes.	IS team on ward	
<b>Follow-up appointments</b>	Discharge summary to stipulate follow-up care.  IQ Team to send details to OP Booking Centre to action	IQ Team and OP Booking Centre	<a href="mailto:bsuh.igmanagement@nhs.net">bsuh.igmanagement@nhs.net</a> <a href="mailto:kate.plavenieks@nhs.net">kate.plavenieks@nhs.net</a> <a href="mailto:g.harries@nhs.net">g.harries@nhs.net</a>
<b>Clinical coding</b>	Coding will be completed once patient records sent to Clinical Coding.	Clinical coding team	
<b>RTT</b>	Linked to TCI on Medway so will be updated as steps above are completed.		