



Statement from SCOT on T&O Services during COVID-19 crisis – 16th March '20

As Scotland enters the next phase of the COVID-19 response the orthopaedic community has been active in playing its part. We are all now implementing plans to postpone our elective services for all but the most urgent cases and reorganising to ensure we can continue to provide a safe trauma service for the duration of the crisis.

SCOT has formed communication groups to ensure effective communication between CDs and leads across the country. Through this there has already been very useful sharing of ideas and updates on local situations. The following is a summary of the picture for T&O at the moment:

- There are discussions about possible regionalisation for vital trauma surgery such as hip fractures but at present health boards need to plan for managing these patients within their own facilities. It is important for us in T&O to ensure that Boards appreciate the vital nature of preserving trauma surgery which provides quick and effective treatment and minimises in-patient stay.
- Some centres are reporting difficulty having their T&O teams fitted for protective equipment. There has been an issue with central supply and some delays encountered. Any activity involving an intubated patient who is positive for coronavirus is considered high risk and orthopaedic surgical teams must be given sufficient priority for fitting and supply of protective equipment. The BMA has issued a statement offering support where problems are being encountered. SCOT would also like to hear about these issues.
- With the postponement of most elective care some teams are looking at providing a clinic service from previously unused sites remote from the main hospitals. For example, NHS Lanarkshire are tasking the ESP workforce to plan and deliver what they can to ensure that urgent referrals and returns can be seen.
- Many T&O teams have been asked to plan and provide a minor injuries service to remove this burden from the Emergency Departments. This requires a fair amount of planning and will be a particularly useful area for us all to share information such as protocols for certain conditions or safe use of sedation.
- Another useful development adopted by some centres has been planning rotas to cover in-patients and ambulatory trauma but also build in time for teams to work from home for a few days at a time to reduce fatigue and exposure to infection.

This is a rapidly evolving situation to which orthopaedic services need to respond urgently. Sharing of concerns, problems and above all solutions to the challenges we face will be vital in supporting each other and tackling this unprecedented situation in the best way we can.

Al Murray

Chairman, on behalf of SCOT