

BOA viewpoint on communications with waiting list patients and those approaching surgery

Introduction and context:

The reduction in number of operations during the COVID-19 pandemic (just 4.9% of normal in May) has had a huge effect on the size of waiting lists across the UK. Many patients have been waiting a significant time for their surgery (18,000 waiting more than 52 weeks as at the end of July and 9000 more at 48-52 weeks in England). This document discusses communication with those patients awaiting surgery.

NHSEngland included the following text in their 'phase 3' letter in July:

"Trusts, working with GP practices, should ensure that, between them, every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change."¹

The BOA viewpoint is that communication with patients across the UK (not only in England) is vital. The recent BODS/BOA survey asked clinical directors whether their hospital had contacted patients on the waiting list: a wide range of responses was seen. Some have contacted all patients whilst others have contacted none. We have also had feedback from patients, some of whom have reported 'feeling forgotten' and only receiving information about delays second hand or delivered in a manner they found difficult.² Many commented how helpful it would be to hear directly from their orthopaedic surgeon or team.

We recognise that it is not easy to reduce the size of the waiting list but we do think it's possible and necessary to be in contact with patients to support them as they wait and to provide them with information about their care. We urge all members to work with their hospital or Trust to ensure that patients who have been on the waiting list since before the COVID-19 pandemic are contacted by the orthopaedic team. We have produced a set of recommendations for our members to follow-up in conjunction with their trust and wider orthopaedic team.

Recommendations

1. General communications: All patients should receive (if they have not already done so) a communication as soon as possible discussing basic details such as:
 - local restart plans
 - how patients are being prioritised for surgery
 - (discussed at point 3 in this document)
 - signposts to sources of support available to them while they wait (some resources supported by the BOA are listed at the end of this document);
 - who to contact if they have concerns about their condition deteriorating.
 - And there should be a process in place for handling contact from patients or their carers in an informed and empathetic manner.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

² An example is patient 'Rob' who gave evidence to the Health Select Committee – <https://parliamentlive.tv/Event/Index/9dcb0e56-5ae5-4566-a1f8-9c7cb5a33c45>



- We know from patients we have heard from that some have deteriorated (sometimes significantly) during the time they have been waiting.
2. Communications with individual patients. Individual patients should be contacted ahead of being given a date for surgery in order to discuss any changes to their care/condition, their risk factors and a shared decision making discussion about whether to proceed. We know some hospitals have undertaken surveys of patients to gain insight into the effects of COVID and the delay to their surgery – e.g. using PROMs to understand deterioration/quality of life, and questions about willingness for surgery. Such surveys can be an efficient way to gather updates from patients and contribute to their care record, but each hospital will have its own approach.
 3. Prioritisation of surgery – there should be a prioritisation system in place that must be transparent and fairly applied to all patients. We have heard from patients who have been concerned about how prioritisation decisions are being made.
 - a. There have been national prioritisation lists of surgical procedures that group patients from level 1 to 4 (and some of the orthopaedic specialist societies e.g. BHS and BASK have created guidance that provides more detail about prioritisation of different procedures).
 - b. For patients with the same condition and needing the same surgery, there will need to be a method for selecting the order of priority.
 - c. From the BOA/BODS survey there is significant variation in prioritisation methods including waiting list order, clinical priority or COVID-risk, with some using a combination of these and other factors. In our view it is important that the process for selecting patients for surgery is transparent along with the reasons behind it and it should involve shared decision making.
 - d. Where COVID-risk is being used as a factor to prioritise surgery, we suggest particular care is needed and this must be discussed with the patient. There are several well established risk factors related to the need for hospital admission or transfer to intensive care if a patient develops COVID-19. These include age, pre-existing lung diseases, high blood pressure, taking medication that suppresses the immune system and obesity. Every patient should be able to discuss their personal situation with their surgeon and the decision to go ahead with surgery must take into account all of the risk factors, the severity and duration of symptoms, and the complexity, risks and outcome of the proposed operation. No patient should be moved down the order of priority based on COVID-risk factors unless this has been discussed with them and age alone should not be used to make these decisions.
 - e. For those who are concerned about their COVID-risk factors and/or about the levels of COVID-19 in the community at the current time and who wish to delay their surgery, this should be respected and they should remain on the list for surgery in the future. They should not be discharged and asked to return to their GP.

Communications and wider issues for patients considering surgery in the COVID-19 era

4. Various aspects of surgery may be different now (in light of the pandemic) than they were when the patient originally decided to proceed with surgery. Surgeons and their teams should consider some of the main questions that patients raise and if possible prepare resources to help explain any changes. We are particularly aware that patients will often be seeking reassurance about the COVID-19 measures in place to reduce the risks of transmission in the clinic and hospital environment.
5. The orthopaedic teams should also consider the wider impacts of COVID-19 measures on the patient journey, e.g. patients with difficulty walking being asked to attend appointments unaccompanied, and handling communications with patients while wearing a mask.
6. During the BOA Congress, we heard a useful presentation from Heather Eardley from the Patients Association about 'what patients want to know', covering many important questions from patients as they approach surgery and issues that they may come across. We encourage members who haven't seen this presentation to view it on our website.³

Additional information: Resources you could consider for your patients awaiting surgery

- Royal College of Anaesthetists' Fitter Better Sooner resources:
<https://www.rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner>
- Joint School App: <https://www.jointschool.app/>. Information, exercises and tools for people who have had hip or knee replacements postponed.
- Escape Pain: <https://escape-pain.org/>
- We are Undefeatable, 5 in 5 – Accessible exercises for a 5 minute workout:
<https://weareundefeatable.co.uk/ways-to-move/five-in-five>
- Versus Arthritis - downloadable exercises sheets for [knee pain](#), [hip pain](#), and [back pain](#).
- Centre for Perioperative Care have some useful FAQs for patients having an operation during the COVID-19 pandemic, to help them know what might be different and how to prepare:
<https://cpoc.org.uk/patients/guidance-adult-patients-having-operation-during-covid-19>
- For mental wellbeing, the charity Mind has many resources on this, including some specific to COVID, such as: <https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/>

³ BOA Congress 2020 Session 'Elective Orthopaedics Restart after COVID-19', available for BOA members at: <https://www.boa.ac.uk/pre-recorded-webinars/recorded-live-sessions.html>.