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Comment on: COVID-19 pandemic: perspectives on an unfolding crisis – a UK perspective

Editor


It is with great interest that we read the perspectives of surgeons on the crisis in Italy¹. First, we extend our sympathies regarding the situation that has touched all of our lives so dramatically. We note that there are many similarities between the surgical responses in Italy and the UK. The halt of elective surgery, although necessary, quite reasonably, is a concern with over 2 million elective operations scheduled in the third quarter of 2019^{2,3}. The authors also quite rightly highlight likely missed diagnoses due to reduced outpatient appointments or screening; not to mention disease and co-morbidities that may have progressed beyond our operable window. World-wide public opinion regarding health-care workers has improved dramatically, but we believe that in the months that follow this pandemic, when there is this enormous workload to tackle, support

will waiver if there are not clear plans and targets.

There are differences perhaps in workforce planning. Teams are maintaining a healthy reserve with minimum staffing on site; however in UK hospitals, there is a push for redeployment to intensive care roles. Guidance has been issued that advises all surgery to be consultant-delivered care⁴. The more junior doctors have been redeployed first, undergoing varying levels of training depending on the unit. There are plans, should the crisis deepen further, to use current trauma networks and sustain a minimum of two surgeons on site at any one time; one 'cavity' surgeon (general, urology, vascular) and one extremity surgeon (plastics and orthopaedics). Surgeons are, reasonably, concerned about issues that may arise from work outside the normal scope of practice but the General Medical Council (GMC) has given reassurances to the workforce⁵.

We would like to call on surgeons to take the opportunity to be leaders in their departments and hospitals. Medicine changes rapidly; knowledge gained at medical school will likely have changed somewhat. While we may not have directly applicable skills, surgeons are more than good technicians and there are opportunities to provide support; from administrative tasks to family conversations. We hope that the surgical workforce will contribute to

this crisis and after it has passed there will be lessons to learn and positives to take forward.

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DOI: 10.1002/bjs.11673

- 1 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11627> [Epub ahead of print].
- 2 Iacobucci G. Waiting list for elective surgery tops four million for first time since 2007. *BMJ* 2017; **358**: j3861.
- 3 NHS England. *Cancelled Elective Operations*; 2020. <https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/> [accessed 4 April 2020].
- 4 Hettiaratchy S, Deakin D. *Guidance for Surgeons Working During the Pandemic*; 2020. <https://www.rcseng.ac.uk/coronavirus/joint-guidance-for-surgeons-v1/> [].
- 5 General Medical Council. *How We Will Continue to Regulate in Light of Novel Coronavirus (Covid-19)*; 2020. <https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus> [accessed 4 April 2020].