



To all SBNS Members

18 March 2020

Dear SBNS members

We are all working in incredibly challenging circumstances currently and we felt it appropriate to write to our membership to offer our support and some guidance. In doing so, we are deliberately being quite generic, as each of your trusts will have rapidly evolving plans based on national guidance and these should be followed carefully. In addition, the SBNS are working with sub-specialty groups to provide more specific guidance related to certain common conditions, for example, see attached Traum and Cancer recommendations.

Resources will become seriously compromised so consider:

- Daycase surgery wherever possible e.g. biopsy.
- Short length of stay as a routine i.e. single night only for most procedures.
- Not using critical care beds for routine post-operative observation, only for cases requiring ventilatory support or invasive monitoring.

Prioritisation is a vital and urgent matter so consider:

- Each team to work through their waiting list and anyone who does not have life, limb or vision threatening conditions should be considered postponed for 3-6 months.
- Urgent electives should be prioritised and a plan made for how they can be delivered, possibly without access to ICU and with limited beds (see above). Some trusts may be able to segregate from Covid-19 affected areas, others may benefit from looking to provide this service at private providers.

Emergency cases will be compromised:

- Threshold for acceptance is likely to change with time.
- Follow guidelines from sub-specialty areas e.g. neurotrauma.

Decision making will be challenging so consider:

- Sharing difficult decisions e.g. 2 consultants.
- MDTs should be reduced to essential senior decision makers only.
- Contacting SBNS for further advice on particularly challenging situations as they arise.

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Workforce will be compromised so consider:

- There will come a time when we have to fill extra shifts so take time off where possible.
- Staff on non-clinical duties stay at home and work from home where possible (even if staff are self-isolating, if they are well they can contribute virtually, taking calls, supporting decision making etc.).
- Backup or second on-call rotas at each level.
- How you will manage sub-specialty services with small teams e.g. neurovascular (surgeons and INRs). Networking with neighbouring units could be very valuable – clinical leads should contact each other and discuss how to support one another.
- Sub-specialty working will likely change and we may be expected to work outside our comfort zone, either within or outside of neurosurgery. Follow local and national guidance and support one another.

Out-patients will already be changing but consider:

- Moving all routine follow-up to telephone, if not already.
- Moving as many new patients to telephone/video consultations, perhaps then triaging those we must examine or see, and delaying those, as above, that do not have life or limb/vision threatening pathologies.

Infection prevention and neurosurgery:

- Please follow PHE and local trust guidelines, taking the level of PPE precautions currently advised.

It has already been amazing to see teams pulling together and supporting one another and sharing new ideas. Please continue in this spirit – follow us on twitter @The_SBNS as many units are already sharing great ideas and make contact with other units in your networks to establish how you might most effectively support each other.

Yours sincerely



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SBNS Honoray Secretary,



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Surgeons