**Standard Operating Procedure Template for**

**New Surgical Procedures at**

**NHS Golden Jubilee National Hospital**

**Procedure(s): XXXXXXXXXX**

**Referring Health Board(s): XXXXXXXXX**

**Version control**

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| --- | --- | --- | --- |
| **Version** | **Date** | **Change** | **Name or group** |
| 0.1 | 10/04/2020 | First draft | Christine Divers  Mark MacGregor |
| 0.2 | 21/04/2020 | * Sections 4 and 5 swapped round * Points 4.3 and 4.4 added * Points 5.3, 5.4 and 5.7 added * Point 7.1 expanded * Points 10.6 and 10.7 added * Point 13.1 changed to mandate use of ICP * Column added to Key Contacts table | Claire MacArthur |

**Approval**

(minimum list – others may be required)

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| **Date** | **Name** | **Role** |
|  |  | Operating surgeon |
|  |  | Referring board’s Clinical Director |
|  |  | Referring board’s General Manager |
|  |  | Referring board’s Clinical Nurse Manager |
|  |  | Clinical Director, Anaesthesia, GJNH |
|  |  | Associate Medical Director, National Elective Services, GJNH |
|  |  | Theatre CNM, GJNH |
|  |  | Ward CNM, GJNH |
|  |  | Deputy Director, National Elective Services, GJNH |

1. **Patient Population**
   1. Which patient group or groups is this pathway for?
   2. Are there any exclusions?
   3. What is the expected number of patients? Detail any assumptions.
2. **Clinical Pathway**
   1. Briefly describe the diagnostic pathway(s).
   2. Briefly describe the MDT. Will the MDT continue as normal, or are modifications required?
   3. At which point in the pathway is the patient referred to the GJNH for listing?
3. **Procedure(s)**
   1. Brief description of proposed procedure(s).
   2. Typical operative duration from theatre entry to theatre exit, with key parameters causing longer or shorter procedures (eg open v laparoscopic).
4. **Pre-operative Assessment**
   1. Confirm if pre op assessment will be undertaken at base hospital or GJNH.
   2. If done at the GJNH, which specific tests or assessments are required?
   3. NHS GJ Anaesthetic team will have responsibility for any pre-operative medication plan including any stoppages of medication – and will confirm instructions with the booking office.
   4. All pre-operative clinical information will be made available by the referring board via their clinical portal.
5. **Planning of Lists**
   1. The referring Board’s clinical team will inform GJNH of cases and desired timescale for operations.
   2. GJNH will liaise with the clinicians to arrange a suitable list date.
   3. NHS GJ Booking Office will be responsible for all patient scheduling booking and communication via phone and letter
   4. NHS GJ Booking office will ensure any new procedures and consultant & GMC numbers are added to NHS GJ Opera and TRAK systems to support patient scheduling and booking processes
   5. Lists will include the following details:
      1. Timing and location of admission
      2. Investigations required on admission
      3. Specialist equipment and consumables required
      4. Specific positioning required
   6. Lists will be circulated to the surgical consultant(s), surgeon’s secretary, GJNH lead manager (who will circulate to GJNH Admin, Theatres, Anaesthetics, Ward).
   7. Pathology specimens: this can follow NHS GJNH usual pathway with specimens transported to NHS GGC pathology laboratory, or specimens can be sent to base health board’s pathology laboratory – to be agreed
6. **COVID Screening**
   1. During the COVID-19 Pandemic, the following screening will take place:
      1. All patients are advised to self-isolate for 14 days before the date of operation.
      2. Patients will be telephoned 48 hours before the operation to confirm that they or household members have not been symptomatic of COVID-19. If symptomatic, surgery will be deferred for 7 days. If a household member is symptomatic, surgery will be deferred for 14 days.
      3. Nasal and oropharyngeal swabs will be taken for COVID-19 PCR testing, which will be done the day before the operation at the GJNH in the pre-op clinic area. Admission to the ward will only take place after the negative result is available (typically < one hour).
      4. A positive PCR for COVID-19 will lead to deferral of the surgery for 7 days, and will require a further negative set of swabs.
7. **Specialist Equipment and Consumables**
   1. Please detail any specialist equipment, implants or consumables that will be required. This should be confirmed after discussions between the theatre managers of the referring board and GJNH, in liaison with the operating surgeon, stating what ( if any) will be transferred / provided by the referring hospital together with the lead time required to support NHS GJ sterilisation.
   2. Visiting staff should bring their own FFP3 masks if required, to ensure appropriate fit testing has occurred.
8. **Staffing**
   1. All visiting staff must wear NHS identity badges while on the GJNH site. Visiting doctors must provide their GMC number to the lead GJNH manager prior to arrival. It is expected that all visiting staff will comply with GJNH policies (which are aligned with the general approach across NHS Scotland). In particular morning brief and surgical checklist must be followed.
   2. Visiting theatre staff will be met by the GJNH theatre manager for orientation and briefing on local theatre policies. This can be arranged prior to the first list if desired.
   3. **Surgeon.** The surgeon will be provided by the referring Board.
   4. **Surgical assistant.** GJNH will provide a surgical care practitioner as first assistant, unless otherwise specified.
   5. **Anaesthetist and assistant.** GJNH will provide the anaesthetist and anaesthetic nurse, unless otherwise specified. The anaesthetist will be given the opportunity to discuss the planned procedure, patient details and list with the surgical team in advance.
   6. **Theatre nursing staff.** GJNH will provide the theatre nursing staff, unless otherwise specified. Any additional training required will be specified here.
   7. **Ward nursing staff.** GJNH will provide the ward nursing staff, unless otherwise specified. Any additional training required will be specified here.
   8. **AHPs and other specialist staff.** GJNH has provision of physiotherapists, occupational therapists, dieticians and speech & language therapists. If subspecialist skills are required or other specialists not listed (eg specialist nurses) cover of these should be agreed in advance.
9. **Pre-operative Care**
   1. Antibiotic prophylaxis – please detail the preferred approach.
   2. VTE prophylaxis – please detail the preferred approach.
   3. Medication – are any other medication changes required before operation e.g. cessation of clopidogrel, bridging of warfarin with heparin?
10. **Post-operative Care**
    1. Critical Care. Estimate how many days of L3 and L2 care are required. This should ideally be informed by data from the referring Board’s actual activity.
    2. Ward. Estimate how many days’ length of stay. This should ideally be informed by data from the referring Board’s actual activity.
    3. Detail approach to ERAS.
    4. Any other special requirements for the post-operative phase?
    5. Daily ward review by ANPs and surgical fellows (typically orthopaedic trained) will be provided. It is expected that there will be daily ward review by the operating consultant or delegate, unless otherwise specified.
    6. NHS GJNH will provide post-operative rehabilitation support (physiotherapy, SALT, occupational therapy or clinical nutrition support) if required. Any specific rehabilitation requirements will be discussed and agreed with the referring hospital in advance in liaison with the Head of Rehabilitation at NHS GJNH.
    7. Information and Training for patients and relatives prior to discharge – referring health Board will provide all patient information leaflets and inform on training and advice given to relatives before discharge.
11. **Escalation and Out of Hours Cover** 
    1. Immediate cover will normally be provided by the GJNH staff. This normally comprises ANPs and surgical fellows.
    2. The operating consultant will provide on call cover via telephone in the first instance and attend to review the patient if required (as agreed), unless an alternative arrangement is agreed. Hotel accommodation (4-star) can be provided for these consultants if desired.

1. **Follow-up after Discharge**
   1. Once discharged from the GJNH, all follow-up arrangements are the responsibility of the referring Board and operating surgeon, unless otherwise agreed.
   2. GJNH is committed to measuring patient relevant outcomes. Discussion of relevant validated scores and timing of collection are welcome (e.g. Oxford Hip score and EQ5D at pre-op and 6 months). Any such data will be shared with the operating consultant, together with anonymised data for all surgeons if available.
2. **Documentation**
   1. An ICP will be used throughout the patients admission - confirm if GJNH or referring board ICPs to be used.
   2. Operating notes will be done using GJNH winscribe dictation, typed up by NHS GJ medical secretary and available on clinical portal
   3. IDLs will be created by the GJNH ward staff. A copy will be sent to the referring Board (in addition to the GP).
   4. FDLs if required will be generated by the operating surgeon using GJNH systems. A copy will be sent to the referring Board (in addition to the GP).
3. **Clinical Governance**
   1. Any incidents or complaints relating to the GJNH portion of care will be managed through the GJNH Datix system. If appropriate they will be shared with the referring Board clinical governance team.
   2. Any other clinical governance issues can be discussed with the Associate Medical Director for Elective Services at the GJNH, and the approach agreed. For example, an M&M discussion might be best taking place in the parent team, but might benefit from input from GJNH team.

Key Contacts

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| **Name** | **Title** | **Mobile** | **If Operating Consultant or Registrar, 2nd contact number (e.g. home tel no/ alternative mobile no)** | **Email** |
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