



APAGBI position statement regarding the delivery and recovery of Children's Surgery during the coronavirus pandemic

The Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) recognises that the current situation, due to the COVID-19 pandemic, is unprecedented, and this will have a major impact on the delivery of healthcare across the country. A significant reorganisation of all aspects of health care has been required and is ongoing. This reorganisation has included changes to the peri-operative care of children and the care of children with critical illness, both directly and indirectly related to manage the impact of COVID-19.

We are very mindful of the importance of central planning of the health services response, to meet the needs of all patient groups, and that these plans will evolve rapidly as the true impact of this disease becomes apparent.

During the pandemic, infants, children and young people have continued to present with severe illnesses requiring urgent surgery and critical care. It is vital that these children are properly considered and cared for. The consequences of failing to maintain these services will be preventable deaths and permanent harm in these populations. We are concerned that children may present to hospitals later than usual, due to the fear of exposure to COVID-19 by parents and carers, resulting in the need for more urgent medical and surgical interventions and that this might increase the risk of poor outcomes.

As anaesthetists, and specialists in peri-operative care, we are well placed to understand the needs of these children. Anaesthetists work in every hospital supporting the delivery of all surgical care to children, both specialist and non-specialist. We are also, often the key clinicians in the stabilisation, transfer and critical care of children.

The APAGBI has considerable experience and expertise in supporting such anaesthetists across the United Kingdom and Ireland, using well established communication pathways and a network of clinical leads from each hospital.

Based on this experience, we feel that the following are crucial issues that must be addressed in order to continue to provide safe and timely services for children needing surgery or critically ill children requiring stabilisation:

- Robust arrangements for communication between local paediatric secondary care providers (District General Hospitals (DGHS) and specialist children’s centres must be maintained or established. The APAGBI has supported the development of networking between clinical staff for many years. These networks remain available for planning and clinical communication.
- Robust arrangements for the stabilisation and transfer of sick children requiring surgery or critical care. Delays in surgical treatment can result in significant harm. This can result in poor outcomes for these children and create additional pressure on critical care resources.
- Whilst acknowledging the need to re-organise care of all patients, to a degree not previously experienced, excessive centralisation of surgical and critical care of children into specialist centres in each region will result in increased demands on transport services and long transfers for families. This may lead to further delays in emergency care and also overburden regional specialist centres.
- The ability to initiate treatment and provide appropriate diagnostic services for children with surgical disease or critical illness in local hospitals must be maintained throughout this period.
- Specific arrangements should be made to provide care for neonates requiring surgery and for children and neonates requiring urgent cardiac surgery or interventions.
- Specific arrangements should be made for children presenting with the consequences of trauma and involve the paediatric trauma networks already in existence in each region.

As we pass through the peak of this pandemic, planning to re-establish non-urgent surgery is underway including consideration of the management of the backlog of children requiring surgical treatment. This should be managed with care to avoid further harm to these children. The Royal College of Anaesthetists, in partnership with the Faculty of Intensive Care Medicine, Intensive Care Society and Association of Anaesthetists has developed a strategy document to help guide the resumption of surgery. This may be found here:

<https://icmanaesthesiacovid-19.org/restarting-planned-surgery-in-the-context-of-the-covid-19-pandemic>

In the coming weeks the APAGBI will share examples of good practice as we all seek to establish “return pathways” for surgery in children.

It is likely that the organisation of healthcare will be altered following this pandemic. The APAGBI, in partnership with other professional bodies, has long advocated that surgical services for children should be delivered as locally as possible, and that clinicians should be supported to provide this care. Highly specialist care should continue to be appropriately centralised and resourced.

We acknowledge that the consequences of COVID-19 will be with us for the foreseeable future and that a safe manner of working, supported by robust clinical networks, is our aim. It is important to recognise that many paediatric surgical teams in DGHs will have been re-purposed to deal with adult COVID-19 demands and that they will need to return to their usual area of work to allow paediatric surgical care to restart.

Pandemics such as this are rare but there is no reason to suppose it unique. For the future it is already clear that there is a need for greater resilience in our healthcare systems. This must mean greater reserve capacity and improved coordination and communication between healthcare providers.

Finally, many APAGBI members are already working long hours and outside of their normal areas of expertise. The commitment of these individuals and the host of other healthcare workers in numerous roles is absolutely recognised and applauded. The APAGBI is committed to supporting its membership during this period. We fully support the advice given by the Association of Anaesthetists (AoA) and the Royal College of Anaesthetists (RCoA). Where it is necessary to modify approaches, to account for a unique patient population, we will issue appropriate advice to our membership in cooperation with these and other partner organisations.

APAGBI Council

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