

RE-ORGANISATION OF HEAD AND NECK SKIN CANCER SURGERY SERVICES DURING THE COVID-19 PANDEMIC: EXPERIENCE WITH IMPLEMENTATION OF ALTERNATIVE STRATEGIC OPERATIONAL WORKFLOW

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Introduction:

The management of patients with skin cancer represents a significant proportion of workload in the NHS head and neck surgical departments. The disruption caused by COVID pandemic in the delivery of healthcare services made it imperative to implement altered treatment pathways with consideration of additional patient assessments, COVID testing, enhanced PPE use and air exchange capabilities, to ensure patient and staff safety. With local anaesthetic (LA) skin cancer surgeries comprising largely of elderly and clinically vulnerable patients, it was necessary to relocate these services away from outpatient departments. This included the relocation and utilisation of services at nearby independent sector hospitals. This study looks at how effective our alternate workflow strategy proved in terms of achieving the target objective.

Objectives:

To assess how efficient and productive was the restructuring of skin surgery services in terms of -

1. Number of cases that were operated
 - a. total number of operated cases
 - b. hospitals-wise distribution of the cases
2. Effect of COVID pre-operative testing including identification of asymptomatic positive patients.

Method:

- Comparative retrospective analysis of the cohort of the cases that were operated in 2019 and 2020 between July – October.
- The case-loads were compared based on hospital sites
- The number of DNAs were reviewed to see how COVID testing has affected the attendance.
- Study excluded case treated under GA

Results: Fig.1: Year-wise comparison of the number of cases listed between period of July – October.

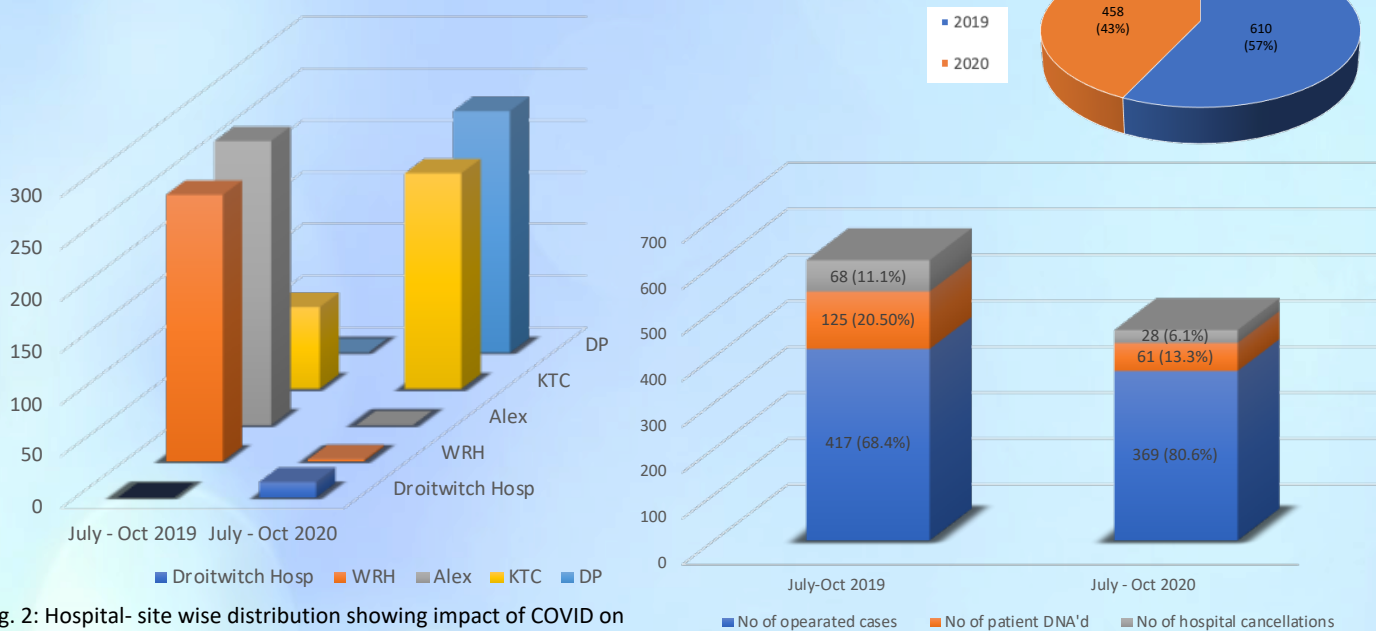


Fig. 2: Hospital- site wise distribution showing impact of COVID on how lists were undertaken at various sites.

Fig 3: No of DNAs during non-COVID times (2019) versus case cancellations due to COVID and DNAs during pandemic in 2020

Year-wise distribution of the operated case shows that during COVID times 75% of the caseload was planned for the surgery compared to pre-COVID. Comparison of the total operated cases showed 80.6% of planned cases were operated on in 2020 whereas only 68.4% of planned cases were operated on in 2019. This calculates to 88.5% yield of operated cases in 2020 compared to 2019. The caseload in both 2019 and 2020 was split between two different pairs of hospital sites, WRH:Alex and KTC:DP, respectively, in a 1:1.1 ratio.

Discussion: Historically LA skin cancer surgery services for Worcestershire were delivered from the OMFS outpatient departments at three sites across the county. Worcestershire Royal Hospital (WRH), Worcester and The Alexandra Hospital (Alex), Redditch both managed COVID admissions and as part of the COVID response skin surgery was stopped at these sites early in the pandemic. Surgery was initially concentrated at Kidderminster Treatment Centre (KTC) which was considered a more COVID secure site, and later introduced at a local Independent Sector Hospital, Dolan Park (DP). Initially urgent (Surgical Priority 2) patients were the focus at Kidderminster with the move to the Independent Sector site allowing for capacity to manage less urgent (Surgical Priority 3 and 4) cases. Both sites are considered COVID secure and should remain so in the event of future surges in COVID prevalence.

The COVID pandemic did initially cause a direct interruption to delivery of skin cancer services. However, due to robust re-organisation of services, embracing new partnerships and pathways including COVID testing it has been possible to deliver an effective service within improved safety parameters (Fig: 4)

Conclusion:

Elective management of skin cancers in elderly and clinically vulnerable patients should and can continue to take place in a COVID secure environment as this study shows. Pre-operative COVID testing can play a role in the measures taken to optimise patient and staff safety and protect the security of the clinical facilities. The results of the study confirm that after the early disruption caused by the initial impact of the COVID pandemic nationally, strategic re-organisation of the services allowed for targets to be achieved safely and gave confidence and quality of care to our patients.

Declaration of conflict of interest for the author(s) – Nil

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