

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

This Guide was produced at the request of NHS England at the start of the pandemic. It is written by specialists in the procedures listed and is updated every month. It sets out what clinicians view as the relative priorities of conditions at the time it is posted.

The Guide is a short term expedient to the pandemic and not for long term use.

Where local arrangements for prioritisation are in place and are working well, they should continue and the Guide used for reference to check if national priorities have changed and local arrangements need to be revised.

It is essential that all patients listed in any category are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising.

The 'RPM' form, included in the footer of the guide, is designed to help review and reprioritise cases in p2-4.

The relative priorities between cases listed in the same time frame must be decided locally in relation to facilities available and local Covid conditions.

P5 and 6 have been added (October 2020) by the NHS as part of the national validation of waiting lists. These are NOT included in the guide because they are administrative categories and not based on the patient's clinical condition. Patient in P5/6 must also be regularly reviewed clinically to asses if they need to be re-prioritised.

Both the Guide and the RPM are available to down load at https://fssa.org.uk/covid-19 documents.aspx

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSG, RCSEd, RCSEng and RCSI

The Association of Surgeons of Great Britain & Ireland

The British Association of Oral & Maxillofacial Surgeons

ENT -UK

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

The Vascular Society of Great Britain & Ireland

Priority 1a - Emerge	ency procedures to b	e performed in <24 ho	ours										
(n.b. This prioritisati	ion is about 'when ar Emergency	nd not by whom' during Appendicectomy -	ng the Covid19 Crisis	Drainage of localised		Acute airway	All solid organ						
(including oesophago-gastric, HPB,	laparotomy -	complicated/ unresponsive to conservative Rx	trauma - unsuitable for/not responding to conservative Rx	sepsis/necrosis - not responding to conservative Rx	stomach - with survivable	obstruction - thyroid	transplants						
coloproctology, breast, endocrine, bariatric)	Perforation			(antibiotics/ Interventional radiology)	mediastinitis/ peritonitis								
	Ischaemia Necrotising fasciitis												
	Small and large bowel obstruction												
	with concerning features of incipient ischaemia/												
	perforation Post-operative												
	complications (e.g. anastomotic leaks)												
	Bleeding - not suitable for/ responding to												
	endoscopic/control/ interventional radiology												
OMFS			Orbital Compartment	Jaw Dislocation - not responding to									
	trauma not responsive to conservative Rx	conservative Rx and threat to life/airway/ sight/brain.	Syndrome/Muscle Entrapment - threat to sight	conservative Rx									
Reconstructive plastic surgery	(reduction + IR) Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially		Washout open wound/fractures/	Removal of prosthesis/expander						
including burns and hands	management/ resuscitation/ escharotomies/	Hydrofluoric acid >2%	- any site	closed compartments/ joints/prostheses)	failing free flap - any site		for fulminant infection						
	amputations/Toxic Shock			not responding to conservative Rx		contaminated) wounds - any site							
Urology	Renal obstruction with infection - not	Renal/ureteric trauma requiring	Bladder trauma requiring open	Genital trauma/ testicular torsion/	Fournier's gangrene	uncontrolled	Insertion of catheter under GA						
	responding to conservative Rx	open surgery	surgery	amputation/priapism (>24hrs)		haemorrhage - causing haemodynamic							
						instability and unresponsive to conservative Rx							
Trauma and orthopaedics	Fractures -	Infection -	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and or	Acute spinal cord compression - with	Cauda Equina Syndrome -						
(including spinal surgery)	Open Neurovascular +/-	Septic arthritis - (natural or prosthetic joint)			neurological dysfunction	neurological dysfunction - including MSCC	Clinically and radiologically confirmed.						
	Skin compromise Hip/femoral shaft	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in	-											
ENT	Airway obstruction - Cancer/Foreign	Neck trauma with vascular/visceral/	Nasal/ear button battery removal	Life threatening middle ear	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending						
	body/Sepsis (including adenotonsillectomy for	airway injury	Removal of sharp foreign body from	conditions			catastrophe/failure to respond to medical Rx						
	cardiopulmonary compromise/ inability to intubate.)		throat										
Neurosurgery (including spinal surgery)	Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to	Acute raised Intra cranial pressure/ Hydrocephalus	Cauda Equina Syndrome - Clinically and	Myelomeningocoele								
,		conservative RX	(recoverable stroke/ tumour) - not suitable for	radiologically confirmed.									
Cardiothoracic	Ruptured bronchus	Myocardial infarction -	conservative Rx Empyema with	Aortic dissection	Acute presentation	Acute mitral valve	Chest Trauma						
surgery		imminent death	sepsis		of ventricular septal defect	disease							
Vascular surgery	Vascular injury/ occlusion -	Uncontrolled external	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
	i) Limb (incl. compartment	haemorrhage - any site/source											
	ii) mesenteric												
	iii) AV fistula												
Paediatric general and urological surgery (see also	Neonatal Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant, child)	unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted	inguinal hernia	Acute Scrotal Exploration (suspected	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	i) Infection/pain - not	Bladder outlet or urethral obstruction	Urosepsis - not responding to conservative Rx.
urology)	Oesophageal Atresia,	Necrotising Entero- Colitis (NEC),	Peritonitis	conservative Rx	Thorascopic Surgery (VATS) for Empyema		Testicular Torsion)				responding to conservative Rx		
	Gastroschisis, Anorectal	Perforation,	Perforation Intussusception								ii) Impaired renal function		
	Malformations	Malrotation	Ischaemia								iii) Single kidney		
			Necrotising fasciitis Bleeding (not										
			responding to conservative Rx)										
			Post-operative complications (e.g. anastomotic leaks/bleeding)										
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome									
surgery (including spinal surgery)	,	Open Neurovascular											
		compromise +/-Skin compromise											
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions -		Neonate - Mixing lesions -	Neonate - Shunt/ stent -	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Regurgitant lesions -				
	HLHS (restrictive/intact atrial septum)		TGA (hypoxaemia for BAS/Intact IVS for ASO)	Profound hypoxaemia/ occlusion/	CHB not responding to medical Rx.	(cyanotic spells unresponsive to	Aortic (haemodynamically unstable)	MV prosthesis (Thrombosed)	Aortic (haemodynamically unstable)				
	Critical aortic stenosis/coarctation (unresponsive to medical Rx)	PA-VSD Tetralogy of Fallot	TAPVD (clinically obstructed)	thrombosis)		medical Rx) Shunt/stent dependent							
	medical fix)	Critical pulmonary stenosis	Common arterial trunk (excess			pulmonary blood flow (pre BCPC/pre							
		(not responding to medical Rx)	pulmonary blood flow, truncal regurgitation not responding to			biV repair with profound hypoxaemia/ thrombosis/							
Obstetrics and	Laparotomy/	Pregnancy/Delivery	medical Rx) Early pregnancy and		Paediatric/	occlusion)							
Gynaecology (including urogynaecology,	Laparoscopy Miscarriage with	Emergency Caesarean	abortion care - Miscarriage -	medicine - a) <i>Males</i> - sperm	adolescent Imperforate hymen -								
pregnancy, delivery, and reproductive	bleeding requiring surgical control and unstable	Instrumental delivery	bleeding and unstable	storage before acute sterilisation									
medicine)	Torted/ruptured ovary/pelvic mass	Perineal repair Manual removal of	Maternal compromise (e.g., sepsis,	b) Females - before acute sterilisation - i) Oocyte collection									
	Pelvic/genital tract sepsis	placenta Cervical cerclage	chorioamnionitis, severe pre- eclampsia, etc.)	(n.b. must be 36hrs after the trigger) ii) Ovarian tissue									
	Bleeding	Emergency laparotomy/	Approaching legal threshold (23+6	storage									
	Necrotising fasciitis Genital tract trauma	hysterectomy	weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks										
	- (e.g. vaginal tear/ pelvo-vaginal haematoma)		[Scotland] for medical abortion at home)/ 12-14 weeks										
	Ectopic pregnancy		where procedure not provided by local NHS beyond this)										
	Complications of TOP		Cases where cervica preparation has	ı									
	Molar pregnancy - (heavy bleeding requiring evacuation) hysterectomy)	/	been administered (misoprostol/osmotic dilators/mifepristone										
	hysterectomy)		Feticide (approaching legal limit)										
Ophthalmology	Acute risk to sight/	Oncology -	Vitreoretinal										
	life (e.g. penetrating injuries/globe rupture/orbital	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection - suspected										
	haemorrhage/burns infection/fractures/ lid lacerations)		endophthalmitis										
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	b) Any delay in treatment,	c) Safeguarding issues must be	d) Other specialist surgery in									
specialty specific guidance can be found on the NHSE	BE REVIEWED MONTHLY	especially of cancers, trauma and life threatening	considered in all those attending	paediatric patients is included in the guidance above.									
website https://www.england.nhs.uk/coronavirus/	This Prioritisation is about 'WHEN and not BY Whom'.	conditions, may lead to adverse	acute surgical problems (e.g. NAI/domestic violence/	,									
publication/ specialty-guides/	Space does not allow every procedure to be		abuse of the vulnerable)										
	listed under every specialty performing it and it												
	DOES NOT indicate primacy of ANY specialty												
	legitimately performing any procedure within												
	their listed competencies.												

-	ires to be performed										
General surgery	on is about 'when an Laparotomy -	d not by whom' durin	Urgent nutrition	Failed conservative	Breast sepsis -	Upper GI endoscopy					
(including besophago-gastric,		responding to	compromise.	management of localised intra-	without necrosis unresponsive to	for foreign body removal	slippage/erosion.				
coloproctology,	obstruction - not responding to	conservative Rx.	Enteral nutrition access	peritoneal infection	conservative Rx		Acutely symptomatic internal hernia.				
pariatric)	conservative Rx. Colectomy for acute		Revision Bariatric Surgery								
	severe ulcerative colitis - not		dargery								
	responding to conservative Rx										
	Bowel obstruction										
	not suitable for stenting.										
	Facial fractures - not suitable for										
	conservative Rx Burns - requiring	Burns - full	Burns - mid/deep	Soft tissue infection	Delayed primary	Primary tendon/	Unstable closed	Secondary closure	Finger tip/nail bed	Major limb trauma	Brachial plexus/
including burns	resuscitation.	thickness/deep dermal requiring	dermal with exposure of deep	- all sites (especially closed	closure of open wound/fracture - any	nerve repair - all sites.	fractures or joint injuries - unsuitable	of washed out open wound/ fracture -	repair/terminalisation	unsuitable for	major peripheral nerve injury -
and hands		debridement and closure	structures likely/ infection	compartments/ joints/prostheses)	site		for conservative Rx	any site		conservative Rx	Associated with
				not responding to conservative Rx							major vessel injury
	Upper urinary tract obstruction	Renal stones - pain/ impairment not	Penile fracture	Infected prosthesis - penile/testicular/	Peritoneal Dialysis Catheter Insertion						
		responsive to conservative Rx		ureteric stent							
•	Tibial fracture - high energy/displaced,	Fractures - pathological and	Unstable articular fractures that will	Non-hip lower limb frailty fractures	Spinal Trauma requiring						
	unstable shaft/	peri-prosthetic	result in severe disability without	requiring fixation to mobilise patient	stabilisation without neurological						
ENT	Other foreign body	Orbital	operative fixation Acute mastoiditis	Traumatic/	involvement Traumatic injury to	Lymph node biopsy	Head and neck	MDT directed cancer	Vocal Cord	Compound/complex	Choanotomy for
	in nose/Airway	decompression	and other middle ear conditions not	cholesteatoma related facial nerve	the pinna	- lymphoma where core biopsy	sepsis - not responding to	debulking/biopsy - Microlaryngoscopy	medialisation for severe aspiration	fractures of the nose and sinuses	bilateral atresia
			responding to conservative Rx	palsy/labyrinthine fistula		inadequate.	conservative Rx.	+/- laser			
(including spinal	Depressed skull fracture	Traumatic brain injury - not	Intracranial haemorrhage - no	Acute raised Intra cranial pressure/	Battery change for spinal/deep brain/	MDT directed paediatric brain					
surgery)		responding to conservative Rx -	longer responding to conservative Rx	(recoverable stroke/	epilepsy stimulators/pumps	tumour surgery					
		neurological compromise		tumour) - no longer responding to							
	Empyema not	Coronary Artery	Aortic Valve Disease	conservative Rx Mitral Valve Disease	Myxoma - Emboli/	Chest Trauma					
surgery	responding to Rx	Disease - Unstable/ Rest ECG changes	- Deteriorating Symptoms /	- Deteriorating Symptoms /	Haemodynamically unstable						
		and not reposing to conservative Rx	Haemodynamically unstable	Haemodynamically unstable							
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or							
				end organ failure (Renal/Hepatic)							
	Neonatal Malformations -	Laparotomy - small bowel obstruction	Laparotomy - Colectomy for colitis	Soft tissue infection - any site not	Central Venous Line insertion for	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral	Exstrophy -	Hydronephrosis -
surgery (see also	Duodenal Atresia,	not responding to conservative Rx	(Ulcerative Colitis/ Hirschsprung's) not	responding to conservative Rx	Oncology/Enteral nutrition/Access for	Lymph hode biopsy		Catheter insertion	Valves	Primary bladder closure	Rapid progression
	Small bowel		responding to conservative Rx		antibiotics/Dialysis						
	obstruction										
	Large bowel obstruction										
	Congenital Diaphragmatic										
	Hernia										
	Congenital Pulmonary Airway Malformations										
	(CPAMS) - respiratory										
	compromise										
	Slipped Upper Femoral Epiphysis	Fractures - Displaced articular/	Exposed metalwork								
spinal surgery)		peri-articular									
		Forearm									
Paediatric cardiac		Femoral									
surgery Obstetrics and	Laparotomy/	Incision + drainage/	Miscarriage -	Abortion -	Fistula repair -	MDT Directed EUA	Hysteroscopy -				
(including	Laparoscopy	marsupialisation -	Patient stable - case	All cases -NOS	Recto-vaginal/	and insertion of fiducial markers -	PMB with thickened				
pregnancy,	Pelvic collection/ tubo-ovarian	Bartholin's abscess	selection	(From NICE 2019:	Bladder-vagina	Cervical cancer	endometrium + not amenable to				
reproductive	abscess (not responding to			ensure minimum delay and provide		staging and planning	outpatient sampling				
,	conservative treatment, incl. interventional			within 1 week)							
	radiology)										
	Ectopic pregnancy (stable patient)										
	Evacuation of haematoma/Repair										
	wound dehiscence/ Evisceration/										
	Incisional hernia										
	Pelvic pain >48 hours										
	Bowel obstruction - Cancer not										
	responding to conservative Rx.										
Ophthalmology	Trauma -	Vitreoretinal -	Cornea -	Adnexal -	Glaucoma -	Paediatrics -	Medical -				
	Intraocular - foreign body	Laser/cryotherapy - retinal tear	Corneal transplant/ glueing	Orbital decompression/	Acute - i) Laser Pl	Retinopathy of prematurity - retinal	Retina - Periocular/intravitreal				
	Paediatric orbital floor fracture with	Vitrectomy -	Amniotic membrane graft - threat to sight	lesion debulking - threat to sight	ii) Unresponsive to medical Rx/laser	-laser/intravitreal injection	steroids for inflammatory eye disease				
	muscle entrapment	i) dropped lens nucleus after cataract surgery	g.a.c uneat to signt	Drainage of orbital abscess	Secondary - Drainage/diode laser	Examination under anaesthesia -	Temporal artery				
		ii) Detachment -		Eye removal -	- imminent risk to sight	potential threat to sight	biopsy				
		macular on/recently off		serious risk to health (e.g. sepsis)		(see also trauma)					
	a) THIS DOCUMENT WILL	b) Any delay in	c) Patients in p1b	d) Safeguarding issues must be	e) Other specialist						
specialty specific	BE REVIEWED MONTHLY	treatment, especially of cancers, trauma	MUST be regularly reviewed clinically and re-prioritised	considered in all those attending	surgery in paediatric patients is included in the						
found on the NHSE website https://	This Prioritisation	and life threatening conditions, may	to;	with trauma and acute surgical	guidance above.						
www.england.nhs.u k/coronavirus/	is about 'WHEN and not BY Whom'.	lead to adverse	i) p1a if their clinical condition	problems (e.g. NAI/ domestic violence/							
specialty-guides/	Space does not allow every		deteriorates.	abuse of the vulnerable)							
	procedure to be listed under every specialty		ii) p2 If their clinical condition improves and stabilises.								
	performing it and it DOES NOT indicate		Olubingosi								
	primacy of ANY										
	specialty										

Metastas progress at 3/12. MFS	T directed brain four surgery - non-tastatic. T Directed coma surgery - site T directed detent of extent	Facial Fractures causing diplopia/ occlusal problems Removal of prosthesis - unresponsive to conservative Rx. MDT directed penile cancer surgery including inguinal node surgery. Solitary metastasis surgery - any site. MDT directed masopharyngeal/ laryngeal surgery for malignancy MDT directed masopharyngeal/ laryngeal surgery for malignancy	orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture MDT directed bladder cancer surgery - invading bladder muscle. MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour) MDT directed oropharyngeal surgery for malignancy	ER+ with higher risk (i.e., Grade 3, Low ER, node +ve) To Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/infection) MDT Directed Major soft tissue tumour resection - All sites MDT Directed Major soft tissue tumour resection - All sites Fractures - Displaced, intra-articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise Specified MDT directed otological cancer surgery. Unstable coronary	Craniofacial - ocular complication/Raised Intracranial Pressure Skin cancer - Primary resection directed by appropriate skin cancer specialist MDT directed upper	Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy ILP r MDT directed bladde Cancer surgery - high risk carcinoma-insitu. Tendon rupture - any sites	Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention 1) Bladder neck stenosis post RARF 2) Catheter/Stent change Peripheral Nerve Decompression - ai	compromise/infection/pain) Partial Nephrectom - single kidney Arthroplasty/ Arthrodesis - any site where there is a risk of serious adverse consequences of delay, e.g. patient going off their legs Treatment of pharyngeal/	y Visible haematuria - investigation Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit Mucocoele with recurrent infection/ visual disturbance	severe sleep		Cochlear implant - i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to conservative Rx.	Airway compromise - NOS (including tracheostomy for weaning)	
MFS MDT Dire or ophary to group are cresection reconstructive astic surgery cluding burns and ands MDT Dire staticular surgery metastat surgery including spinal surgery) MT EUA/biop malignan hypopha MDT dire testicular surgery metastat surgery metastat metastat surgery including spinal surgery metastat surger	T directed properties and states are solved. T Directed pharyngeal/tonsil/ gue cancer ection +/- construction. T directed pharyngeal/tonsil/ gue cancer ection +/- construction. T directed ficular cancer gery - non-tastatic. T Directed coma surgery - site T directed testable Non-all Cell Lung noer solved in the states of the ectable Non-all Cell Lung noer concerned in the states of the ectable Non-all Cell concerned in the states of the ectable Non-all Cell concerned in the states of the ectable Non-all Cell concerned in the states of the ectable Non-all cell concerned in the states of the ectable Non-all cell concerned in the states of the ectable Non-all cell concerned in the states of the ectable Non-all concerned in the states of the extended in the states of the extended in the states of the states of the states of the extended in the exte	Facial Fractures causing diplopia/occlusal problems Removal of prosthesis - unresponsive to conservative Rx. MDT directed penile cancer surgery including inguinal node surgery. Solitary metastasis surgery - any site. MDT directed masopharyngeal/laryngeal surgery for malignancy Unstable Non ST elevated MI AAA >6cms diameter Infant with Billary Atresia - bladder	advanced colon cancer Salvage surgery for recurrent anal cancer Pelvic exenteration Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture MDT directed bladder cancer surgery - invading bladder muscle. MDT directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour) MDT directed oropharyngeal surgery for malignancy MDT directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour) MDT directed oropharyngeal surgery for malignancy MDT directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)	ER+ with higher risk (i.e., Grade 3, Low ER, node +ve) To Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/infection) MDT Directed Major soft tissue tumour resection - All sites MDT Directed Major soft tissue tumour resection - All sites Fractures - Displaced, intra-articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise Specified MDT directed otological cancer surgery. Unstable coronary	Craniofacial - ocular complication/Raised Intracranial Pressure Intracranial Pressure Skin cancer - Primary resection directed by appropriate skin cancer specialist MDT directed upper tract transitional cell cancer surgery Knee extensor disruption (including fractured, displaced patella) Baro-trauma perilymph fistula	Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy ILP The MDT directed bladded Cancer surgery - high risk carcinoma-insitu. Tendon rupture - any sites Organic foreign bodies in the ear.	major peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment MDT directed inguinoscrotal sarcoma surgery Locked joints - any site MDT directed treatment of small, high grade salivary	Eyelid closure/ ectropion/entropion Acute Urinary Retention 1) Bladder neck stenosis post RARF 2) Catheter/Stent change Peripheral Nerve Decompression - as site (pain/weakness muscle wasting - no responding to conservative Rx) MDT directed treatment of sinus cancers	digit excision (narrow pedicle/ vascular compromise/ infection/pain) Partial Nephrectom - single kidney Arthroplasty/ Arthrodesis - any site where there is a risk of serious adverse consequences of delay, e.g. patient going off their legs Treatment of pharyngeal/ oesophageal/airway	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit Mucocoele with recurrent infection/	Complex nasal obstruction with severe sleep	Reduction of nasal fracture (NOS) - ideally inside 14 days according to	i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to	- NOS (including tracheostomy for weaning)	complications e.g
MFS MDT Dire or or ophary tongue or resection reconstructive astic surgery cluding burns and ands MDT Dire testicular surgery metastat surgery metastat surgery) NT EUA/biog malignan hypopha NT Dire stream of the malignan hypopha Rediatric general argery expensed argery Rediatric cardiac largery Rediatric stream largery Redia	T Directed pharyngeal/tonsil/ gue cancer ection +/- construction. T directed gueled.	Facial Fractures causing diplopia/occlusal problems Removal of prosthesis - unresponsive to conservative Rx. MDT directed penile cancer surgery including inguinal node surgery. Solitary metastasis surgery - any site. MDT directed masopharyngeal/laryngeal surgery for malignancy Unstable Non ST elevated MI AAA >6cms diameter Infant with Billary Atresia - bladder	recurrent anal cancer Pelvic exenteration Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture MDT directed bladder cancer surgery - invading bladder muscle. MDT directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour) MDT directed oropharyngeal surgery for malignancy Acute/chronic pain syndromes - (e.g. Giant cell tumour)	Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/ infection) MDT Directed Major soft tissue tumour resection - All sites MDT Directed renal cancer surgery - not bleeding. Fractures - Displaced, intra- articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise Specified MDT directed otological cancer surgery. Unstable coronary	Skin cancer - Primary resection directed by appropriate skin cancer specialist MDT directed upper tract transitional cell cancer surgery Knee extensor disruption (including fractured, displaced patella) Baro-trauma perilymph fistula	Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy ILP The MDT directed bladded Cancer surgery - high risk carcinoma-insitu. Tendon rupture - any sites Organic foreign bodies in the ear.	major peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment MDT directed inguinoscrotal sarcoma surgery Locked joints - any site MDT directed treatment of small, high grade salivary	Eyelid closure/ ectropion/entropion Acute Urinary Retention 1) Bladder neck stenosis post RARF 2) Catheter/Stent change Peripheral Nerve Decompression - as site (pain/weakness muscle wasting - no responding to conservative Rx) MDT directed treatment of sinus cancers	digit excision (narrow pedicle/ vascular compromise/ infection/pain) Partial Nephrectom - single kidney Arthroplasty/ Arthrodesis - any site where there is a risk of serious adverse consequences of delay, e.g. patient going off their legs Treatment of pharyngeal/ oesophageal/airway	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit Mucocoele with recurrent infection/	Complex nasal obstruction with severe sleep	Reduction of nasal fracture (NOS) - ideally inside 14 days according to	i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to	- NOS (including tracheostomy for weaning)	complications e.g
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failure windisease / complica aediatric	ure with liver ease / nplications T Directed spected bone or	exstrophy		MDT Directed surgery for	Crohn's Disease - stricture/fistula/	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life		Vesico-ureteric reflu-	Circumcision for severe BXO/meatal	Recurrent UTIs - renal scarring/	Non-functioning renal tract with	Neuropathic bladder - high risk of renal	recurrent symptoms	MDT directed bariatric surgery
aediatric stropaedic soft tissus tumours aediatric cardiac soft tissus tumours aediatric cardiac soft tissus tumours Aediatric cardiac selection	T Directed spected bone or			Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	optimise medication nutrition	n/	threatening complication/ repeated aspirations			pathology	hypertension	infection – not responding to conservative Rx	deterioration	renal impairment	As part of cancer/ transplant treatme
thopaedic suspected soft tissus tumours aediatric cardiac suspected obstruction Aortic state (valvulop) valvotom Coarctatis selection	spected bone or	MDT Directed	Meniscal renair	,											,
Acrtic ste (valvulop) valvotom			Weinsour repui												
Aortic ste (valvulop valvotom Coarctati selection	onate - Left heart	Neonate - Right	Neonate - Mixing lesions -	Neonate - Arrhythmia - CHB	Neonate - ALCAPA (Optimise medical	- Infant - Left heart obstructive lesions -	Infant - Right heart obstructive lesions -		Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Right heart obstructive lesions	Child - Regurgitant	Child - Fortan candidate -		
valvotom Coarctati selection	tic stenosis	lesions -	TGA (Intact IVS for ASO/VSD with	(decision for pacing)		LVOTO (impaired function/symptoms)	Tetralogy of Fallot (Cyanotic spells	VSD (FTT, not responding to	Mitral (not responding to	LVOTO (impaired function/symptoms)	RV-RA conduit (impaired function/	Mitral (not responding to	(increasing cyanosis/ symptoms) prioritise >5yrs years old		
selection	votomy)	selection RF	mixing for ASO+VSD)			Aortic stenosis - (impaired function/	cyanosis <80%) Shunt/stent	medical Rx, >6 months of age)	medical Rx, raised RVP)	Aortic stenosis (impaired function/	>systemic RVP)	medical Rx/raised RVP)	Joyns yours old		
	ection of ` proach and timing) I	PA-VSD (Case	TAPVD (echo evidence of			symptoms)	dependent pulmonary blood	AVSD (FTT, not responding to	Aortic (impaired function)	symptoms)		Aortic (impaired function/symptoms)			
HLHS (N Hybrid)	HS (Norwood/ orid)	stent/shunt)	obstruction) Common arterial			Coarctation (Impaired function)	-increasing cyanosis shunt/stent stenosis	medical Rx, assessment of AVVI >6 months of age)	۲,	MV prosthesis (increased gradient/ raised RVP)					
		(Case selection ductal or RVOT	trunk (excess pulmonary blood flow, truncal				>6 months of age) Shunt/stent								
		Critical pulmonary	regurgitation not responding to medical Rx)				dependent pulmonary blood flow (biV repair -								
		stenosis (balloon valvuloplasty)					increasing cyanosis, shunt/stent stenosis >9 months of age))								
		Ebsteins anomaly (duct dependent blood flow)													
ynaecology cancer so	T redirected locer surgery –	Hysteroscopy +/- endometrial Bx for	Paediatric and adolescent –												
ocluding ogynaecology, egnancy, delivery,	ging		Non-obstructive vaginal septum/												
nd reproductive Vulval/valedicine) Vulval/val	val/vaginal (incl. E for high grade val Intraepithelial		septate hymen EUA/vaginoscopy for	or											
Neoplasi Vaginal	oplasia (VIN),		suspected vaginal abnormality												
Neoplasi	oplasia)														
Cervical Intraepiti	erine/Ovarian/ rvical (incl. raepithelial														
stage ca	oplasia/early ge cancer)														
Recurren Gynaecc cancer	current naecological cer														
	ected treatment		Adnexal - Protect ocular	Glaucoma - Drainage - threat to	Cataract - Intumescent	Cornea - Amniotic membrane	Paediatrics - Congenital cataract	Medical retina – Intravitreal	Strabismus – Sudden loss of						
Ocular/o	ular/ocular	detachment	surface MDT directed	sight (also see cataract)	extraction Angle closure	graft - non-healing ulcer	Keratoplasty for congenital corneal	injections for wet, age related macular	binocularity						
Enucleati advanced	ıcleation -		treatment for eyelid	i) Very high IOP ii) Only eye		(see also paediatrics)	opacity Superficial	degeneration >2/52 Laser for active/							
melanom	lanoma/other lignancies/	- Maculai on > 2 weeks ii) Acute vitreous		Intravitreal injection +/-retinal laser for iris/angle rubeosis			keratectomy - atopic plaque	progressive neovascularisation							
	avitreal injections	haemorrhage -					Drainage surgery - glaucoma (< 2 weeks)	Periocular and intravitreal steroid injection for macula	r						
maculopa	culopathy +/- lar tumours	iii) Dislocated lens implant with poor					Surgery/plaque -retinoblastoma	oedema							
Radiothe	T/External beam diotherapy -						Brow suspension -								
threat to	lar metastases - eat to sight	L) A		-D Q 1	-10"	0.7.	risk of developing amblyopia								
pecialty specific BE REVI	CUMENT WILL 1 REVIEWED 0	treatment, especially of	who have not been treated MUST be	issues must be considered in all		aesthetic surgery procedures should									
uidance can be und on the NHSE	NTHLY	cancers, trauma and life threatening	reviewed clinically	those attending with trauma and	is included in the guidance above.	be considered on merit and on a case-by-case basis									
ww.england.nhs.u coronavirus/ about 'W not BY V	out 'WHEN and BY Whom'.	lead to adverse	prioritised as necessary.	problems (e.g. NAI/ domestic violence/ abuse of the		Procedures with a known functional									
pecialty-guides/ allow every procedu	cedure to be		The control of the co	abuse of the vulnerable)		benefit should be prioritised where									
specialty performi	forming it and it		Manus See See See See See See See See See Se			possible. A detailed risk									
primacy specialty			Marine base limited by the second base limited b			analysis should be undertaken and consideration given									
performi procedu	itimately forming any cedure within					to any potential effect on local NHS resources.									
their list compete	ir listed npetencies.		The RPM matrix is to be used ONLY to assess patients in the SAME priority												

(n.b. This prioritisati	res to be performed in on is about 'when an	d not by whom' durin	ng the Covid19 Crisis	- see notes below)							
General surgery (including oesophago-gastric, HPB,	Colectomy/ proctectomy for colitis refractory to medical Rx	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and IBR, if appropriate according to local	MDT directed adrenal resections - intermediate masses	Cholecystectomy - post acute pancreatitis	with complications that have previously settled with	settled with	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery i) Significant/multiple		
coloproctology, breast, endocrine, bariatric)	(excluding acute, severe colitis treated urgently)		fitness criteria. Pre-menopausal ER+ (Grade 1-2)	>4cm<6cm) with hypersecretion (Cortisol/androgen)		conservative Rx	conservative Rx		end organ failure. ii) To facilitate MSK surgery/Hernia		
			Post-menopausal ER+ with higher risk (i.e., Grade 3, low ER	metastases - progressing on scan at 3/12.					Surgery listed in p3 iii) Overdue balloon removal.		
			or node +ve) High grade DCIS						iv) Revision to stop excessive weight loss/comorbidities.		
			Risk reducing surgery in gene carriers.								
OMFS	MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	MDT directed salivary gland tumours (low grade).	Cleft lip - Alveolar bone grafting (Prior to canine eruption)								
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction Microstomia Joint contracture Neck contracture	Limb contractures	Secondary cleft and non-cleft speech surgery - to avoid breaching 5 yrs of age	Primary cleft palate Repair - to avoid breaching 13 months of age	Brachial plexus/ major peripheral nerve injury - MDT Directed i) re-animation +/- joint stabilisation ii) Exploration for life altering pain not responding to conservative Rx. iii) Revision surgery	Facial Palsy - Dense facial palsy inside 12/12 from injury	Congenital hand anomaly where delay will compromise outcome.	MDT directed surgery for major upper limb functional impairment			
Urology	MDT directed	Stent removal/	Haematuria -	MDT directed bladder cancer	for major functional impairment. MDT Directed penile cancer surgery flow	Bladder outflow obstruction in					
	prostate cancer surgery - high/ intermediate risk	exchange	,	surgery (not invading muscle)	premalignant).	catheterised males.			Domovol of		
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	Tendon reconstruction/ tenodesis - any site	Revision surgery Loosening without impending fracture. Recurrent joint instability	MDT Directed Benign bone/soft tissue lesion excision biopsy - not otherwise specified	MDT Directed primary sarcoma plus metastases surgery	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked Knee - ACL/ other reconstruction	Removal of metalwork e.g. across joints.	Spinal Surgery – Injection/ decompressive surgery for intractable radiculopathy.	Arthroplasty/ Arthrodesis - any site where an extended wait will prejudice outcome
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - Adults - NOS.	Cholesteatoma - NOS	Micro-Laryngoscopy Airway compromise - NOS (including papilloma/RRP/Subglottic stenosis)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Sinus surgery with complication of infection	Adeno-tonsillectomy - OSA (NOS)	EUA middle ear - CSOM unresponsive to medical Rx		
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery Vascular surgery	Stable Non ST Elevation MI AAA >5.5cm (within	Vascular access									
Paediatric general and urological surgery (see also urology)	8/52) Congenital Malformations with delayed Management -	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholesystectomy	Fundoplication for GOR - failure to thrive	Orchidopexy for undescended testis	Daytime urinary incontinence - obstructive cause suspected.	Penile anomalies - (e.g., mega prepuce but not hypospadias.)	Varicocoele/ Hydrocoele - large + symptomatic.	MDT Directed bariatric surgery i) Significant/multiple
	Hirschsprung's Disease initially managed with washouts.										end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotmies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity							loss/comorbidities.
Paediatric cardiac surgery Obstetrics and	Urogynaecology -	MDT Directed	Hysteroscopic/	BSO/salpingectomy	Hysterectomy - risk	Fertility -	Paediatric and				
Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Suprapubic catheter change Prolapse - bleeding/ulceration/procidentia/vaultinversion Genitourinary fistula	cancer treatment - Cervical (Stage Ia1) at 6-8/52 pending MDT outcome Repeat conisation - Any age/High grade pre-cancer with pt. >50 yrs of age) Simple hysterectomy following local conisation (LLETZ) Low volume cancer completely excised at loop excision. Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx) Fibroids/Heavy menstrual bleeding (significant anaemia	Risk reducing for BRCA1/2 + recent,	reducing for Lynch Syndrome	Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)	adolescent – MDT directed Laparoscopic excision of obstructed uterine horn Vaginal reconstruction for agenesis with menstrual obstruction				
Ophthalmology	Vitreoretinal - Some Macular holes Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal -	Glaucoma - Drainage - not otherwise specified Selected laser trabeculoplasty	Cataract - Surgery/YAG laser i) Binocular vision <6/60/severely disabled (e.g. cannot work) ii) limiting management of other conditions - threat to sight	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	intravitreal injections - Retinal vascular conditions	laser for central serous chorioretinopathy	Strabismus – Development binocularity in infantile squint Surgery or botulinum injection for severe diplopia (e.g. cannot work)			
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL BE REVIEWED	b) Any delay in treatment, especially of	c) Patients in p3 who have not been treated MUST be	d) Safeguarding issues must be considered in all	surgery in	f) Private sector aesthetic surgery procedures should					
found on the NHSE	This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every	especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	being listed and re- prioritised as necessary.	considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	paediatric patients is included in the guidance above.	procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional					
	procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.		The RPM matrix is to be used ONLY to assess patients in the SAME priority			benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.					

	Priority 4 - Procedu	res to be performed	in >3 months.													
General surgery	1		nd not by whom' during	ng the Covid19 Crisis Diverting ileostomy	- see notes below) Uncomplicated	Reversal of	Non-urgent	Transanal/rectal	Benign breast	Cholecystectomy -	Other benign upper	Oesophagogastric	Other benign	Other adrenal	Abdominal wall	MDT Directed
(including oesophago-gastric, HPB, coloproctology, breast, endocrine, bariatric)	cancer surgery including IBR, if appropriate according to local fitness criteria -	Benign colonic polyp Completion proctocolectomy for IBD	surgery	closure	incisional hernias	Hartmann's procedure	proctology procedures	resection of benign rectal polyps.	Delayed breast reconstruction, if appropriate according to local	after biliary colic/ cholecystitis.	UGI conditions (e.g., gallstones/other Benign disease).		thyroid/parathyroid disease - uncomplicated	disease - uncomplicated	reconstruction	bariatric surgery Lesser degrees of end organ failure.
	Post-menopausal ER+ (grade 1-2, High ER, node -ve having neoadjuvant endocrine therapy to downstage DCIS (intermediate								fitness criteria. Revision of breast reconstruction,							
OMFS	and low risk) All orthognathic Surgery	Dental extractions - adult and paediatric	Salivary Gland	Facial deformity - Post-traumatic/	Benign dental lesions - mandible/	Temporo-mandibular joint surgery										
Reconstructive plastic surgery including burns	Burns - other contractures/scars	Limb trauma sequelae/scarring - other reconstruction	Tumours - benign. Breast reconstruction -	All cleft lip and palate surgery - NOS	maxilla Basal Cell Carcinoma - any site not compromising	Excision of benign lesions	NHS Cosmetic Surgery									
and hands Urology	Female urology for	Andrology/GU	Endourology -	MDT directed	vital structures MDT directed	Uncomplicated	Uncomplicated	Bladder outflow	Benign penoscrotal		Uncomplicated					
	benign conditions (e.g. incontinence/ prolapse/Sacral Nerve Stimulator/ fistula/urethral diverticulum)	Surgery Erectile dysfunction Male fertility surgery Urethral stricture Gender reassignment.		prostate cancer surgery (low risk)	bladder cancer surgery - superficial transitional cell cancer	small/intermediate renal lesions	small/intermediate testicular lesions	surgery	surgery	asymptomatic	small/intermediate renal lesions					
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	Hand and Upper limb surgery - Not	Metalwork removal	Degenerative spinal disease - no neurological compromise/ refractory pain	Adult spinal deformity surgery with progression											
ENT	All other Rhinology (septoplasty/ septorhinoplasty/ turbinate surgery/ sinus surgery [NOS])	Chronic suppurative otitis media - including mastoidectomy (NOS)	All Ossicular Surgery/Middle ear implants	Tympanopasty/ Myringoplasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign body (except button batteries/shaprp FBs)		Laryngeal framework surgery (thyroplasty) (unless significant aspiration)		Uncomplicated nasal fracture	Adeno-tonsillectomy - recurrent tonsillitis as per EBI criteria			
Neurosurgery (including spinal surgery)	Congenital spinal deformity - no neurological compromise/ refractory pain	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no neurological compromise	Slow growing spinal tumours - no neurological compromise	Benign intracranial arteriovenous malformations/ tumours) - no neurological compromise	Paediatric craniofacial surgery - not compromising vision/neurology/ raised ICP	-							
Cardiothoracic surgery Vascular surgery	Stable coronary disease Vein surgery	Thoracic outlet	Claudication	Uncomplicated AVMs												
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano- Rectoplasty (PSARP) - after obstruction relieved	mths of age)	haemoglobinopathy	Cholecystectomy - after biliary colic/ cholecystitis	Stoma Closure	Benign lesion excision	Hypospadias repair (around 12 mths of age)	Cosmetic foreskin issues/ritual circumcision.	Epispadias	Gender dysphoria	Daytime urinary incontinence - all children >7yrs	Asymptomatic hyrocoele	MDT Directed bariatric surgery Lesser degrees of end organ failure.			
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Secondary joint reconstruction	Congenital Talipes Equino Varus (CTEV) - Late presenting/relapsed	Spasticity management	Corrective surgery for established deformity	Reconstruction for established joint instability (e.g. ACL/ Lateral ligament)	Metalwork removal										
Paediatric cardiac surgery																
Obstetrics and Gynaecology	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	or Vaginal	cystectomy/	Symptomatic lower genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –						
(including urogynaecology,	Incontinence surgery Prolapse surgery	Abnormal uterine bleeding/ Reproductive failure	Investigation of pelvic pain/ subfertility	Fibroids not causing anaemia	hysterectomy - Abnormal uterine	Oophorectomy - Ovarian cysts > 5 cm	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility (e.g., Fibroids/	MDT directed Vaginal						
pregnancy, delivery, and reproductive medicine)	Prolapse surgery	(e.g. Levonorgestero	Tubal factor infertility +/- symptomatic tubal disease		Pain Symptomatic fibroids +/- endometrial hyperplasia	with a benign RMI)			Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) Couples/individuals where the woman has normal ovarian reserve <40 years old	reconstruction (NOS) Clitoral reduction for differences in sex						
Ophthalmology	Vitreoretinal - Vitrectomy - i) Macular epiretinal membrane ii) Silicone oil removal - not otherwise specified	Adnexal - Dacrocystorhinosto my Other surgery - NOS		Corneal graft - significant binocular	Oncology - Reconstruction/ Debulking - Benign tumours Other oncology surgery - NOS		pre-proliferative diabetic retinopathy	Glaucoma – PI laser for narrow angles								
	(NOS) iii) Other surgery - NOS			Other Surgery - NOS												
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.uk/coronavirus/ publication/ specialty-guides/	This Prioritisation		who have not been treated MUST be reviewed clinically	issues must be considered in all those attending with trauma and	e) Other specialist surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS										
	their listed competencies.		The RPM matrix is to be used ONLY to assess patients in the SAME priority band.			resources.										