

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

This Guide was first 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.

Whenever possible, elective surgical patients should have been vaccinated at least 2 weeks before their planned procedure to reduce peri-operative Covid related risks and general anaesthesia avoided for at least 7 weeks after any form of Covid infection..

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 revised 'RPM' form, included in the footer, is available for download at https://fssa.org.uk/covid-19 documents.aspx and is designed to help reprioritise patients in p2-4 when they have their specified clinical reviews. 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.

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

(n.b. This prioritisat General surgery (including	tion is about 'when ar Emergency laparotomy -	Appendicectomy - complicated/	Intra-abdominal	- see notes below). Drainage of localised sepsis/necrosis - not		Acute airway obstruction - thyroid	Solid organ transplants						
ncluding esophago-gastric IPB, coloproctology,		unresponsive to conservative Rx	for/not responding to conservative Rx	responding to conservative Rx (antibiotics/	stomach - with survivable mediastinitis/	a a a a a a a a a a a a a a a a a a a	(including islets) -						
reast, endocrine, olid organ				Interventional radiology)	mediastinitis/ peritonitis		Follow NHSB1 guidance but if local MDT directed;						
ransplant, pariatric)	Ischaemia Necrotising fasciitis						i) Deceased donor						
	Small and large						ii) Deteriorating recipient with living						
	bowel obstruction with concerning features of incipient						donor.						
	ischaemia/ perforation												
	Post-operative complications (e.g.												
	anastomotic leaks) Bleeding - not												
	suitable for/ responding to endoscopic/control/												
	interventional radiology												
OMFS (including paediatric dental	maxillary/mandibular		Orbital Compartment	Jaw Dislocation - not responding to	Oro-facial swelling requiring surgery								
treatments requiring GA)	trauma (including dental) not responsive to	unresponsive to conservative Rx and threat to life/airway/	Entrapment - threat	conservative Rx	associated with systemic infection unresponsive to								
	conservative Rx (reduction + IR)	swallow/sight/brain.	lo oigin		conservative management								
Reconstructive plastic surgery	Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	- any site (especially	re-implantation/	Washout open wound/fractures/	Removal of prosthesis/expander						
including burns and hands	management/ resuscitation/ escharotomies/	Hydrofluoric acid >2%		closed compartments/ joints/prostheses)	failing free flap - any site	infected/grossly contaminated (human/animal/	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	Haematuria/ uncontrolled	Insertion of catheter under GA						
	responding to conservative Rx	open surgery		amputation/priapism (>24hrs)		haemorrhage - causing	under art						
						haemodynamic instability and unresponsive to							
Trauma and	Fractures -	Infection -	Dislocated joints	Compartment	Spinal Trauma with	conservative Rx Acute spinal cord	Cauda Equina						
orthopaedics (including spinal	Open	Septic arthritis -	·	syndrome	instability and or neurological	compression - with neurological	Syndrome - Clinically and						
surgery)	Neurovascular +/- Skin compromise	(natural or prosthetic joint)			dysfunction	dysfunction - including MSCC	radiologically confirmed.						
	Hip/femoral shaft	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in												
ENT	polytrauma Airway obstruction -		Nasal/ear button	Life threatening	Orbital cellulitis	Uncontrolled	Sinus surgery for						
	Cancer/Foreign body/Sepsis (including adeno-	vascular/visceral/ airway injury	battery removal Removal of sharp	middle ear conditions		epistaxis	impending catastrophe/failure to respond to						
	tonsillectomy for cardiopulmonary		foreign body from throat				medical Rx						
Neurosurgery	compromise/ inability to intubate.) Traumatic Brain	Intra-cranial	Acute raised Intra	Cauda Equina	Myelomeningocoele								
(including spinal surgery)	injury - unsuitable for conservative RX	haemorrhage - not responding to conservative RX	cranial pressure/ Hydrocephalus (recoverable stroke/	Syndrome - Clinically and radiologically									
			tumour) - not suitable for	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/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis									
	occlusion - i) Limb (incl.	external haemorrhage - any site/source			acute ischaemia.								
	compartment syndrome)												
	ii) mesenteric												
Doodietvie veneval	iii) AV fistula (incl. dialysis)	Emergeney		Appendicactomy	They actomy/Chest	Ctrongulated	Acute Scrotal	Trauma	Trauma Lanaratamy	Removal of Infected	Panal Obstruction	Diadday outlet or	Uracanaia nat
Paediatric general and urological surgery (see also	Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant/ child)	unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted	inguinal hernia	Exploration (suspected	Thoracotomy	Trauma Laparotomy	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,	Perforation,	Perforation								ii) Impaired renal function		
	Anorectal Malformations	Malrotation	Intussusception 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)	osteomyentis	Open		syndrome									
		Neurovascular compromise +/-Skin compromise											
Paediatric cardiac surgery		Neonate - Right	Neonate - Mixing lesions -	Neonate - Shunt/	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Regurgitant lesions -				
Surgery	HLHS (restrictive/	lesions -	TGA (hypoxaemia	Profound	CHB not responding	Tetralogy of Fallot	Aortic	MV prosthesis	Aortic				
	intact atrial septum) Critical aortic	PA-IVS PA-VSD	for BAS/Intact IVS for ASO)	hypoxaemia/ occlusion/ thrombosis)	to medical Rx.	(cyanotic spells unresponsive to medical Rx)	(haemodynamically unstable)	(Thrombosed)	(haemodynamically unstable)				
	stenosis/coarctation (unresponsive to medical Rx)	Tetralogy of Fallot	TAPVD (clinically obstructed)	,		Shunt/stent dependent							
	meuical HX)	Critical pulmonary stenosis	Common arterial trunk (excess			pulmonary blood flow (pre BCPC/pre							
		(not responding to medical Rx)	pulmonary blood flow, truncal regurgitation not			biV repair with profound hypoxaemia/							
		,	responding to medical Rx)			thrombosis/ occlusion)							
Obstetrics and Gynaecology (including	Laparotomy/ Laparoscopy	Pregnancy/Delivery Emergency	Early pregnancy and abortion care -	Reproductive medicine -	Paediatric/ adolescent								
urogynaecology, pregnancy,	Miscarriage with bleeding requiring	Caesarean	Miscarriage - bleeding and	a) <i>Males</i> - sperm storage before acute	Imperforate hymen - incision and								
delivery, and reproductive medicine)	surgical control and unstable	Instrumental delivery Perineal repair	unstable Maternal	sterilisation b) Females - before	drainage								
1	Torted/ruptured ovary/pelvic mass	Manual removal of	compromise (e.g., sepsis,	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		[Scotland] for medical abortion at										
	haematoma) Ectopic pregnancy		home)/ 12-14 weeks where procedure not provided by local										
	Complications of TOP		NHS beyond this) Cases where cervical										
	Molar pregnancy -		preparation has been administered										
	(heavy bleeding requiring evacuation/hysterectomy)	,	(misoprostol/osmotic dilators/mifepristone)										
			Feticide (approaching legal limit)										
Ophthalmology	Acute risk to sight/	Oncology -	Vitreoretinal										
	life (e.g. penetrating injuries/globe	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection -										
	rupture/orbital haemorrhage/burns		suspected endophthalmitis										
	infection/fractures/ lid lacerations)												
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL BE REVIEWED	b) Any delay in treatment,	c) Safeguarding issues must be	d) Other specialist surgery in									
specialty specific guidance can be found on the NHSE		especially of cancers, trauma and life threatening		paediatric patients is included in the guidance above.									
website https://	This Prioritisation is about 'WHEN	conditions, may lead to adverse	acute surgical problems (e.g. NAI/										
	and not BY Whom'. Space does not allow every	outcomes.	domestic violence/ abuse of the vulnerable)										
www.england.nhs.uk/coronavirus/ publication/ specialty-guides/			,										
k/coronavirus/ publication/	procedure to be listed under every specialty												
k/coronavirus/ publication/	listed under every specialty performing it and it DOES NOT indicate												
k/coronavirus/ publication/	listed under every specialty performing it and it												
k/coronavirus/ publication/	listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty												

Priority 1b - Proced	ures to be performed	l in <72 hours.										
General surgery	ion is about 'when ar Laparotomy -	Perianal abscess/	Urgent nutrition	Failed conservative	Breast sepsis -	Upper GI endoscopy	Bariatric surgery -					
(including oesophago-gastric, HPB,	Small bowel obstruction - not	other infection - not responding to conservative Rx.	compromise. Enteral nutrition	management of localised intra-peritoneal infection	without necrosis unresponsive to conservative Rx	for foreign body removal	Acute gastric band slippage/erosion.					
coloproctology, breast, endocrine,	responding to conservative Rx.		access	P • • • • • • • • • • • • • • • • • • •			Acutely symptomatic	,				
solid organ transplant,	iColectomy for acute		Revision Bariatric Surgery				internal hernia.					
bariatric)	severe ulcerative colitis - not responding to											
	conservative Rx											
	Bowel obstruction not suitable for											
OMFS (including		Complex trauma to	Severe dental pain									
paediatric dental treatments	suitable for conservative Rx	the primary and permanent dentition	(primary and permanent dentition)									
requiring GA)		unsuitable for treatment under local anaesthesia	1) Unresponsive to conservative Rx									
			2) Patients with									
			special needs (including metabolic)									
Reconstructive plastic surgery	Burns - requiring resuscitation.	Burns - full thickness/deep	Burns - mid/deep dermal with	Soft tissue infection - all sites (especially	Delayed primary closure of open	Primary tendon/ nerve repair - all	Unstable closed fractures or joint	Secondary closure of washed out open	Finger tip/nail bed repair/terminalisation	Major limb trauma	Brachial plexus/ major peripheral	
including burns and hands		dermal requiring debridement and	exposure of deep structures likely/	closed compartments/	wound/fracture - any site		injuries - unsuitable for conservative Rx	wound/ fracture -	, opan, communication	unsuitable for conservative Rx	nerve injury -	
		closure	infection	joints/prostheses) not responding to conservative Rx							Associated with major vessel injury	
Urology	Upper urinary tract	Renal stones - pain/	Penile fracture	Infected prosthesis -	Peritoneal Dialysis							
	obstruction	impairment not responsive to conservative Rx		penile/testicular/ ureteric stent	Catheter Insertion							
T & O (including	Tibial fracture - high		Unstable articular	Non-hip lower limb	Spinal Trauma							
spinal surgery)	energy/displaced, unstable shaft/	pathological and peri-prosthetic	fractures that will result in severe	frailty fractures requiring fixation to	requiring stabilisation without							
			disability without operative fixation	mobilise patient	neurological involvement							
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear	Traumatic injury to facial nerve palsy.	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where	Head and neck sepsis - not	MDT directed cancer debulking/biopsy -	medialisation for	Compound/complex fractures of the	Choanotomy for bilateral atresia	Cholesteatoma with complications
			conditions not responding to conservative Rx			core biopsy inadequate.	responding to conservative Rx.	Microlaryngoscopy +/- laser	severe aspiration	nose and sinuses		
Neurosurgery (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	hydrocephalus (recoverable stroke/	epilepsy stimulators/pumps	tumour surgery						
		neurological compromise		tumour) - no longer responding to conservative Rx								
Cardiothoracic	Empyema not	Coronary Artery	Aortic Valve Disease	Mitral Valve Disease	Myxoma - Emboli/	Chest Trauma						
surgery	responding to Rx	Disease - Unstable/ Rest ECG changes and not reposing to	- Deteriorating Symptoms / Haemodynamically	- Deteriorating Symptoms / Haemodynamically	Haemodynamically unstable							
		conservative Rx	unstable	unstable								
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or	Symptomatic AAA	Aortic dissection - Type B	Vascular Access -					
				end organ failure (Renal/Hepatic)			Revision of AV fistula (dialysis)					
							Central Venous Line insertion for					
							Oncology/Enteral nutrition/Access for					
_							antibiotics/Dialysis					
Paediatric general and urological	Neonatal Malformations -	Laparotomy - small bowel obstruction	Laparotomy - Colectomy for colitis (Ulcerative Colitis/		Central Venous Line insertion for	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Exstrophy - Primary bladder	Hydronephrosis -	
surgery (see also urology)	Duodenal Atresia,	not responding to conservative Rx	Hirschsprung's) not responding to	conservative Rx	Oncology/Enteral nutrition/Access for antibiotics/Dialysis				valves	closure	Rapid progression	
	Small bowel obstruction		conservative Rx									
	Large bowel											
	obstruction Congenital											
	Diaphragmatic Hernia											
	Congenital											
	Pulmonary Airway Malformations (CPAMS) -											
	respiratory compromise											
Paediatric	Slipped Upper	Fractures -	Exposed metalwork									
orthopaedic surgery (including spinal surgery)	Femoral Epiphysis	Displaced articular/ peri-articular										
opinion congery,		Forearm										
		Femoral										
Paediatric cardiac surgery												
Obstetrics and Gynaecology	Laparotomy/ Laparoscopy	Incision + drainage/ marsupialisation -	Miscarriage -	Abortion -	Fistula repair -	MDT Directed EUA and insertion of	Hysteroscopy -					
(including urogynaecology,	Pelvic collection/ tubo-ovarian	Bartholin's abscess	Patient stable - case selection	All cases -NOS (From NICE 2019:	Recto-vaginal/ Bladder-vagina	fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
pregnancy, delivery, and reproductive	abscess (not responding to			ensure minimum delay and provide			outpatient sampling					
medicine)	conservative treatment, incl.			within 1 week)								
	interventional radiology)											
	Ectopic pregnancy (stable patient)											
	Evacuation of											
	haematoma/Repair wound dehiscence/ Evisceration/											
	Incisional hernia											
	Pelvic pain >48 hours											
	v) Bowel obstruction - Cancer not											
	responding to conservative Rx.											
Ophthalmology	Trauma -	Vitreoretinal -	Cornea -	Adnexal -	Glaucoma -	Paediatrics -	Medical -					
	Intraocular - foreign	Laser/cryotherapy -	Corneal transplant/	Orbital	Acute - i) Laser PI	Retinopathy of	Retina - Periocular/intravitreal					
	body Paediatric orbital	retinal tear Vitrectomy -	glueing iAmniotic membrane		ii) Laser PI ii) Unresponsive to medical Rx/laser	prematurity - retinal -laser/intravitreal injection	steroids for inflammatory eye					
	floor fracture with muscle entrapment	i) Dropped lens nucleus after	graft - threat to sight	Drainage of orbital	Secondary -	Examination under	disease					
		cataract surgery ii) Detachment -		abscess Eve removal -	Drainage/diode laser - imminent risk to sight	anaesthesia - potential threat to sight	Temporal artery biopsy					
		ii) Detachment - macular on/recently off		Eye removal - serious risk to health (e.g. sepsis)	Signt	(see also trauma)						
PLEASE NOTE:	a) THIS	b) Any delay in	c) Patients in p1b	d) Safeguarding	e) Other specialist							
More detailed specialty specific	DOCUMENT WILL BE REVIEWED	treatment, especially of	MUST be regularly reviewed clinically	issues must be considered in all	surgery in paediatric patients							
guidance can be found on the NHSE	MONTHLY This Prioritisation	cancers, trauma and life threatening	and re-prioritised to;	those attending with trauma and	is included in the guidance above.							
website https://www.england.nhs.u <a a="" href="https://www.england.nhs.u<a href=" https:="" www.england.nhs.u<=""><a hre<="" td=""><td>This Prioritisation is about 'WHEN and not BY Whom'.</td><td>conditions, may lead to adverse outcomes.</td><td>i) p1a if their clinical condition</td><td>acute surgical problems (e.g. NAI/ domestic violence/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>	This Prioritisation is about 'WHEN and not BY Whom'.	conditions, may lead to adverse outcomes.	i) p1a if their clinical condition	acute surgical problems (e.g. NAI/ domestic violence/								
publication/ specialty-guides/	Space does not allow every		deteriorates.	abuse of the vulnerable)								
	procedure to be listed under every		ii) p2 If their clinical condition improves									
	specialty performing it and it DOES NOT indicate		and stabilises.									
	primacy of ANY specialty											
	legitimately performing any											
	procedure within their listed											

General surgery (including oesophago-gastric HPB, coloproctology,	MDT Directed cancer surgery Hepatobiliary	nd not by whom' duri MDT Directed cancer surgery Thyroid/parathyroid cancer pathway patients (including diagnostic lobectomy)	surgery - Colon cancer - incl. liver metastases	MDT Directed breast cancer surgery and	stricture/fistula not responsive to endoscopic/medical Rx	responding to conservative Rx.	calcium >3.0mmol/l and/or not responding to		Goitre - mild moderate stridor	MDT directed bariatric surgery As part of cancer/transplant treatment	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed;				
pariatric)	Neuroendocrine tumour Metastases - NOS progressing on scan at 3/12.	Adrenal cancer including adrenal metastases	polyps; liver metastases Multi-visceral resections for locally advanced colon cancer Salvage surgery for recurrent anal cancer	ER, node +ve)			admission.				i) Living donor				
OMFS (including paediatric dental reatments equiring GA)	MDT Directed oropharyngeal/tonsi tongue cancer resection +/- reconstruction.	Facial fractures/ I/ trauma - 1) Causing diplopia/ occlusal problems 2) Delay will seriousl worsen prognosis. 3) Primary dentition likely to effect permanent dentition requiring GA	conservative Rx AND unsuitable for tracheostomy - adults and children	treatment - Adult/		with pre-existing									
Reconstructive plastic surgery ncluding burns and nands	Burns - Mid/deep dermal/otherwise d unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction i) Eyelid closure problems ii) Severe microstomia iii) Joint and neck contracture	MDT Directed Major soft tissue tumour resection - All sites	Primary resection directed by appropriate skin cancer specialist MDT Directed further resection	Brachial plexus/majo peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment	Eyelid closure/ ectropion/entropion	Neonate accessory digit excision (narrow pedicle/vascular compromise/infection/pain)	Primary cleft palate repair - child breaching 13 month of age	non-cleft speech					
Jrology	MDT directed testicular cancer surgery - non-metastatic.	MDT directed penile cancer surgery including inguinal node surgery.	MDT directed bladder cancer surgery - invading bladder muscle.		iv) ILP MDT directed upper tract transitional cell cancer surgery			Acute Urinary Retention Bladder neck stenosis post RARP. Catheter/Stent change	Partial Nephrectomy - single kidney	/ Visible haematuria - investigation	Ureteroscopy for stones	PD Catheter Insertion and hernia repair, if necessary, pre-dialysis.			
T & O (including spinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)	Displaced, intra-	Knee extensor disruption (including fractured, displaced patella)		Locked joints - any site	Peripheral Nerve Decompression - an	site where there is a	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit					
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery fo malignancy	MDT directed oropharyngeal r surgery for malignancy	Specified MDT directed otological cancer surgery.		Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary cancers.	MDT directed treatment of sinus cancers threatening sight	Treatment of pharyngeal/oesophageal/airway stricture		Complex nasal obstruction with severe sleep disordered breathing	Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity	i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to conservative Rx.	- NOS (including tracheostomy for weaning)	Cholesteatoma with impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx												
Cardiothoracic surgery	MDT directed treatment of resectable Non- Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis	Unstable coronary	heart condition	Pneumothorax not responding to conservative Rx									
Vascular surgery	Chronic severe limb ischaemia - no neurology	i) >7cms diameter ii) >5.5cm if already waited >3/12	Diabetic foot surgery - NOS	Vascular access - i) Arteriovenous graft (AVG)											
and urological surgery (see also urology) Paediatric orthopaedic	Stoma Closure to manage intestinal failure with liver disease / complications MDT Directed Suspected bone or		Inguinal hernia under 3/12 of age Meniscal repair	surgery for	stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	•	e Removal/Exchange	Vesico-ureteric reflu - case selection	x Circumcision for severe BXO/meatal pathology	Recurrent UTIs - renal scarring/ hypertension	Non-functioning renal tract with infection – not responding to conservative Rx	Neuropathic bladder - high risk of renal deterioration	Renal Calculi - recurrent symptoms/ renal impairment	MDT directed bariatric surgery As part of cancer/ transplant treatment
Paediatric cardiac surgery	tumours	heart obstructive lesions - PA-IVS (case selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal	Neonate - Mixing lesions - TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Neonate - Arrhythmia - CHB (decision for pacing)	Rx)	Infant - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired function)	dependent pulmonary blood d flow (pre BCPC	VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR >6 months of age)	Infant - Regurgitant lesions - Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	Child - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/symptoms) MV prosthesis (increased gradient/raised RVP)	Child - Right heart obstructive lesions - RV-RA conduit (impaired function/>systemic RVP)	Child - Regurgitant lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)	Child - Fortan candidate - (increasing cyanosis/symptoms) prioritise >5yrs years old		
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery and reproductive medicine)	MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according		Paediatric and adolescent – i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality												
Ophthalmology	to local fitness criteria and HDU/ITL capacity Oncology - MDT directed treatment for; Ocular/ocular surface tumours Enucleation - advanced melanoma/other malignancies/ tumours Intravitreal injections - radiation maculopathy +/- ocular tumours PDT/External beam Radiotherapy - ocular metastases - threat to sight	Vitreoretinal - Re-do retinal detachment Vitrectomy - i) Retinal detachment - macular off > 2 weeks ii) Acute vitreous haemorrhage - suspected retinal break/unknown iii) Dislocated lens implant with poor	Adnexal - i) Protect ocular surface ii) MDT directed treatment for eyelid orbital tumours	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	i) Intumescent extraction	Cornea - Amniotic membrane graft - non-healing ulcer (see also paediatrics)	Paediatrics - i) Congenital catarac ii) Keratoplasty for congenital corneal opacity iii) Superficial keratectomy - atopic plaque iv) Drainage surgery glaucoma (< 2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of developing amblyopia	injections for wet, age related macular degeneration >2/52 ii) Laser for active/ progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular oedema	Strabismus – Sudden loss of binocularity						
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	s conditions, may lead to adverse outcomes.	who have not been	issues must be 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.	aesthetic surgery procedures should be considered on merit and on a	g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.	9							

Priority 3 - Procedur (n.b. This prioritisation	-	n < 3 months. d not by whom' durin	g the Covid19 Cricic	- see notes below)							
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine,	Colectomy/ proctectomy for	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and		Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have previously settled with conservative Rx	Hernia - presenting with complications that have previously settled with conservative Rx	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery i) Significant/multiple end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; i) Stable recipient with living donor	Thyroid / Parathyroid Hyperparathyroidism with progressive end organ changes Thyrotoxicosis Graves) with active eye disease
paediatric dental treatments requiring GA)	MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	MDT directed salivary gland tumours (low grade).	surgery in gene carriers. Cleft lip - Alveolar bone grafting - before canine root 2/3 formed.	Dental extractions/ treatment - Adult/ paediatric. 1) Medical condition with special risk if dental infection develops. 2) Age 3yrs or older					loss/comorbidities.		
				with recurrent pain/infection. 3) Delay in treatment detrimental to eruption/outcome of permanent dentition. 4) Learning needs +/- autism.							
	Burns - Reconstruction i) Microstomia ii) Joint contracture iii) Neck contracture	Limb contractures	Primary cleft repair - i) Cleft lip repair - child 3-6 months of age ii) Cleft palate repair - child <12 months of age	Secondary cleft and non-cleft speech surgery - child less than 5 yrs 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 for major functional	Facial Palsy - i) 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			
	MDT directed prostate cancer surgery - high/ intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible (including paediatric)	MDT directed bladder cancer surgery (not invading muscle)	impairment. MDT Directed penile cancer surgery (low grade and premalignant).	Bladder outflow obstruction in catheterised males.					
	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 i) Loosening without impending fracture. ii) 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	Mucocoele/Sinus surgery - NOS	Adeno-tonsillectomy - OSA (NOS)	Tympanoplasty for progressive retraction	Vestibular surgery with significant disability	Suppurative otitis media with impending complications/loss of function.
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery	Stable Non ST Elevation MI										
	AAA i) >5.5cm (within 8/52)	Vascular access - i) AVF (2-3/12 before starting dialysis)									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.	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 end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal.
orthopaedic surgery (including spinal surgery)	Hip subluxation/ dislocation (including Developmental Dislocation of the Hip (DDH) and neuromuscular conditions) Primary joint surgery	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotmies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity							iv) Revision to stop excessive weight loss/comorbidities.
Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - i) Suprapubic catheter change ii) Prolapse - bleeding/ulceration/ proci dentia/vault inversion iii) Genitourinary fistula	MDT Directed cancer treatment - Cervical Low volume cervical cancer completely excised at loop excision. Uterine Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	ii) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric	BSO/salpingectomy - i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS ii) Complex ovarian cyst - low risk of malignancy	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - i) Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.	Paediatric and adolescent – MDT directed i) Laparoscopic excision of obstructed uterine horn ii) Vaginal reconstruction for agenesis with menstrual obstruction				
	Vitreoretinal - Some Macular holes Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal - i) Large mucocele ii) Entropion/ Ectropion - ocular surface damage iii) Eye removal - Non-malignant/low threat to health iv) Botulism injections for disabling blepharospasm	obstruction - failed/ unsuitable for stenting) Glaucoma - i) Drainage - not otherwise specified ii) 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	Paediatrics - i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions ii) Capsulotomy - visual axis opacity following congenital cataract surgery iii) Removal of loose corneal sutures in children (see also strabismus)	Medical – Diabetic macula/ retinal vein/branch vein occlusion i. Intravitreal injections ii.Macular laser Photodynamic laser for central serous chorioretinopathy	Strabismus – i) Development binocularity in infantile squint ii) Surgery or botulinum injection for severe diplopia (e.g. cannot work)			
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every 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.	b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	c) Patients in p3 who have not been treated MUST be reviewed clinically at most 3/12 from being listed and re- prioritised as necessary. The RPM matrix is to be used ONLY to assess patients in the SAME priority band. https:// fssa.org.uk/ covid-19 documen ts.aspx	d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	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 resources.	g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.				

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General surgery including	Breast surgery	Colonic resection -	Ileoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Hartmann's	Non-urgent proctology		Benign breast disease	Cholecystectomy - after biliary colic/	Other benign upper UGI conditions (e.g.,	Oesophagogastric reflux surgery	Other benign thyroid/parathyroid	Other adrenal disease -	Abdominal wall reconstruction	MDT Directed bariatric surgery
esophago-gastric, PB,	DCIS (intermediate and low risk)	Benign colonic polyp				procedure	procedures	rectal polyps.	Delayed breast	cholecystitis.	gallstones/other Benign disease).		disease - uncomplicated	uncomplicated		Lesser degrees
oloproctology,	,	Completion							reconstruction, if		Berngir diocase).		uncomplicated			end organ failur
reast, endocrine, olid organ	Benign breast disease	proctocolectomy for IBD							appropriate according to local							
ansplant, ariatric)	Delayed and revision								fitness criteria.							
•	breast reconstruction, if								Revision of breast reconstruction,							
	appropriate								reconstruction,							
	according to local fitness criteria															
	All orthognathic	Dental extractions/	MDT Directed	Facial deformity -	Benign dental	Temporo-mandibular										
paediatric dental treatments	Surgery	treatment - Adult/ paediatric - NOS	Salivary Gland Tumours - benign.	Post-traumatic/ Cancer treatment	lesions - mandible/ maxilla	joint surgery										
requiring GA)			l and a sering in													
Reconstructive	Burns - other	Limb trauma	Breast	All cleft lip and	Basal Cell	Excision of benign	NHS Cosmetic									
plastic surgery including burns	contractures/scars	sequelae/scarring - other reconstruction	reconstruction - NOS	palate surgery - NOS	Carcinoma - any site not compromising	lesions	Surgery									
and hands					vital structures											
Urology	Female urology for benign conditions	Andrology/GU Surgery	Endourology -	MDT directed prostate cancer	MDT directed bladder cancer	Renal -	Uncomplicated small/intermediate	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic						
			Uncomplicated	surgery (low risk)	surgery - superficial	i) Uncomplicated	testicular lesions	30.9								
	(e.g. incontinence/ prolapse/Sacral				transitional cell cancer	small/intermediate renal lesions										
	Nerve Stimulator/ fistula/urethral	Male fertility surgery	Percutaneous nephrolithotomy/			ii) Polycystic										
	diverticulum)	Urethral stricture	Pelviureteric			nephrectomy										
		Gender	obstruction													
		reassignment.														
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not	Hand and Upper limb surgery - Not	Metalwork removal	Degenerative spinal disease - no	Adult spinal deformity surgery											
spinai surgery)		otherwise specified		neurological	with progression											
				compromise/ refractory pain												
FNT	All other Dhin-Le	Suppurative state	All Ossioudan		Grommoto	Mestoplasti	Veetibular Comme	Non-organic feet	Micro Longer	V Januagool free	rk Routing pasts	noomplicate -	Adena tensilis st	,		
ENT	All other Rhinology	Suppurative otitis media - NOS	All Ossicular Surgery/Middle ear	Tympanopasty -NOS	o Grommets	Meatoplasty	Vestibular Surgery - NOS	body (except button	- benign vocal fold/		rk Routine neck ') surgery procedures	Uncomplicated nasal fracture	Adeno-tonsillectomy			
	(septoplasty/ septorhinoplasty/		implants					batteries/sharp FBs)	cord conditions (e.g. polyp/cyst/	(unless significant aspiration)	Pharyngeal pouch		- recurrent tonsillitis as per EBI criteria			
	turbinate surgery)								ectasia/paralysis)	aspiration						
											Benign and congenital					
Neurosurgery (including spinal	Congenital spinal deformity - no	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no	Slow growing spinal tumours - no	Benign intracranial arteriovenous	Paediatric craniofacial surgery -								
(including spinal surgery)	neurological	impiants	surgery	nydrocephalus	neurological	neurological	malformations/	not compromising	-							
	compromise/ refractory pain				compromise	compromise	tumours) - no neurological	vision/neurology/ raised ICP								
							compromise									
Cardiothoracic	Stable coronary															
surgery	disease	Theresis subjet	Clavediaetiae	l la consulia et e d	Vennylar anna											
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs	Vascular access -											
					AV fistula ligation/ removal with well											
					functioning renal allograft											
Paediatric general	Anoplasty/Posterior	Inguinal hernia (> 12	Splenectomy for	Cholecystectomy -	Stoma Closure	Benign lesion	Hypospadias repair	Cosmetic foreskin	Epispadias	Gender dysphoria	Daytime urinary	Asymptomatic	MDT Directed			
and urological surgery (see also	Sagittal Ano- Rectoplasty (PSARP)	mths of age)	haemoglobinopathy			excision	(around 12 mths of age)	issues/ritual circumcision.			incontinence - all children >7yrs	hyrocoele	bariatric surgery			
urology)	- after obstruction	Other hernias -		chologydinic			490)	on carrieren.			ormaron 27 yro		Lesser degrees of			
	relieved	uncomplicated hernias (e.g.,											end organ failure.			
		umbilical, epigastric)														
Paediatric orthopaedic	Hip subluxation/ dislocation	Congenital Talipes Equino Varus	Spasticity management	Corrective surgery for established	Reconstruction for established joint	Metalwork removal										
surgery (including spinal surgery)	(including Developmental	(CTEV) - Late presenting/relapsed		deformity	instability (e.g. ACL/ Lateral ligament)											
	Dislocation of the Hip (DDH) and				,											
	neuromuscular															
	conditions)															
	Secondary joint surgery															
Paediatric cardiac																
surgery						. 70			E	D "						
Obstetrics and Gynaecology	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	Laparoscopic/Open or Vaginal	cystectomy/	genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –						
(including urogynaecology,	Incontinence surgery	Abnormal uterine bleeding/	Investigation of pelvic pain/	Fibroids not causing	hysterectomy -	Oophorectomy -	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility	MDT directed						
	Prolapse surgery	Reproductive failure (e.g. Levonorgesterol	,	anaemia	Abnormal uterine bleeding	Ovarian cysts > 5 cm with a benign RMI)	,		(e.g., Fibroids/ Hydrosalpinx/	Vaginal reconstruction						
reproductive		releasing intrauterine	Tubal factor infertility	,		with a seriight riving			Endometriosis/	(NOS)						
medicine)		system/endometrial resection/second	tubal disease		Pain				Uterine septum/ Adhesions)	Clitoral reduction fo	or					
		generation endometrial ablation)			Symptomatic fibroids +/-				Couples/individuals	differences in sex development						
		Uterine structural	Superficial +/- deep (without bowel/		endometrial hyperplasia				where the woman has normal ovarian							
		disorders (Polypectomy/	ureteric obstruction/ovarian						reserve <40 years old							
		Myomectomy/ Septoplasty/	endometrioma)						0.0							
		Adhesiolysis/														
Onhthalm - I	Vituo - u-ti - i	Cervical niche)	Cotour -1	Comes	Ongolo -	Doodistal	Medical retina -	Glaucoma –								
Ophthalmology	Vitreoretinal -	Adnexal -	Cataract -	Cornea -	Oncology -	Paediatrics -		PI laser for								
	Vitrectomy - i) Macular epiretinal	Dacrocystorhinosto my	YAG laser capsulotomy	Cross-linking - progressive	Reconstruction/ Debulking - Benign	Strabismus surgery - restoration of visual	Laser for severe pre-proliferative	narrow angles								
	membrane	Other surgery - NOS	Significant binocular	keratoconus	tumours	function/NOS	diabetic retinopathy									
	ii) Silicone oil removal - not		visual reduction	Corneal graft - significant binocular	Other oncology	Other Surgery - NOS										
	otherwise specified (NOS)		Other surgery - NOS		Jungery 1400											
	LIME 17.			Other Surgery - NOS												
	iii) Other surgery - NOS				e) Other specialist	f) Private sector	g) Additional									
PLEASE NOTE:	iii) Other surgery - NOS	b) Any delay in	c) Patients in n4	d) Safeguarding	surgery in	aesthetic surgery	weighting may be									
	iii) Other surgery - NOS a) THIS DOCUMENT WILL	b) Any delay in treatment,				procedures should	given to a patient within their existing									
More detailed specialty specific guidance can be	iii) Other surgery - NOS a) THIS	treatment, especially of cancers, trauma	who have not been treated MUST be reviewed clinically	issues must be considered in all those attending	paediatric patients is included in the	be considered on		1			I	The state of the s	1			1
More detailed specialty specific guidance can be found on the NHSE website https://	iii) Other surgery - NOS a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation	treatment, especially of cancers, trauma and life threatening conditions, may	who have not been treated MUST be reviewed clinically at most 6/12 from being listed and re-	issues must be considered in all those attending with trauma and acute surgical	paediatric patients is included in the guidance above.	merit and on a case-by-case	'P' group to allow them to enter into									
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.u	iii) Other surgery - NOS a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation	treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse	who have not been treated MUST be reviewed clinically at most 6/12 from	issues must be considered in all those attending with trauma and	paediatric patients is included in the guidance above.	merit and on a case-by-case basis.	'P' group to allow them to enter into an approved, time									
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