



BHS Executive Meeting

Thursday 14th May 1900- 2030 – Zoom call

Minutes

- 1) Present: JH, AM, DM, MW, VK, AG, AH
- 2) Apologies: TB, SJ, NW
- 3) Re-starting Elective Work: where should the BHS position itself?
 - a) Brainstorming
 - i) VK suggested option of developing consensus guidance for members, possibly as combined guidance with BASK for joint replacement. The alternative is to follow national policy
 - (1) AH raised concern that guidance from PHE would take priority
 - (2) JH supported developed of a best practice guidance for joint replacement and **will contact Andrew Price (BASK) to discuss**
 - ii) AG suggested offering advice about PPE in AGP. JH felt this would sit better with PHE.
 - iii) VK shared a draft of a consensus paper he has co-authored on practice and policy.
 - (1) Suggested running a formal DELPHI process to develop consensus guidance for best practice for joint replacement in COVID-19 era.
- 4) Surgical Prioritisation: BHS advice on hip surgery
 - a) Scope
 - i) JH shared the BASK prioritisation exercise they have drafted.
 - (1) Agreement that this may be of use to members
 - (2) MW suggested survey monkey to members to see if they would find this useful with survey of options allowing members to categorise
 - (3) VK suggested brief DELPHI would be easy to run
 - (a) Exec to develop preliminary list to circulate
 - b) Timeframe
 - i) Short term, within a week, for prioritisation
 - ii) Longer term for consensus document. VK to lead.
 - c) Assignment of tasks and next steps
 - (1) **AJ, MW to review primary and NAHS and circulate**
 - (2) **AG and AH to review revision options**
 - (3) **VK to prepare methodology and circulate**
- 5) To Webinar or not to webinar
 - a) JH has reviewed costs of webinar costs
 - b) All agreed that, in light of lack of evidence and following the BOA webinar there is no need for this at present
- 6) Covid related research and audit

- a) For review at away-day
- 7) AOB
- a) MW has received request to advertise free webinar from surgeon in Hamburg. Agreed to offer a tweet!
 - b) The meeting was recorded on Zoom and circulated to those not present for information and comment

Matt Wilson
Hon. Secretary
May 2020

Post note meeting from SJ via email

On 15 May 2020, at 09:43, Stephen A Jones wrote:

Thanks Matt – just reviewed the zoom recording really very useful addition to have that.

Priority by diagnosis definitely adds value in my opinion

Not just for us as surgeons in orthopaedics to actually manage the issues but for conversations with our patients and locally for resource allocation (especially in units where they are limited to a single site) how this stacks up against other specialities.

For example – locally with urology they have classified 80% of their waiting list as P2 & have quite rightly been called-out for that, when we do start doing some cases that have to be prioritised alongside cancer to have some external validation would be very useful. In our Trust there is a massive land grab looking for “green” areas which of course a stand-alone elective Orth unit typifies – Cardiac Surgery has just been given a chunk of our footprint for the next 1 year. I’m sure these scenarios are just being repeated around the country & so this will be helpful to many.

In terms of identifying other contributors to generate the 25 “experts” required I’d certainly suggest our Professional affairs committee & maybe in addition our two NJR representatives.