“...and there are no more surgeons, urologists, orthopaedists, we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us...”
Dr Daniele Macchine, Bergamo, Italy. 9 March 2020

As doctors we all have general responsibilities in relation to coronavirus and for these we should seek and act upon national and local guidelines. We also have a specific responsibility to ensure that essential care continues with the minimum burden on the NHS. We must engage with those planning our local response. We may also need to work outside our specific areas of training and expertise and the General Medical Council has already indicated its support for this in the exceptional circumstances we may face [www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus](http://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus)

**Background**

Spinal emergencies remain time critical conditions during the coronavirus pandemic. In response to pressures on the NHS, spinal surgical services across the country may be under increasing pressure, due to limited bed capacity, limited theatre access and staffing issues. However, these services will need to continue to deliver care. We should seek the best regional and national solutions to continue the proper management of our patients while protecting resources for the response to coronavirus. In addition, we need to consider the possibility that the facility for patients may be compromised due to a combination of factors including staff sickness and supply chain shortages.
**Summary**
On the 20 March the following guidance clearly outlining the expectation of each spinal unit during the coronavirus pandemic was created and published:


One ongoing area of concern is around pathways for urgent and emergency spinal surgical cases across each network. As the coronavirus pandemic increases pressure across the system, there will increased pressure on existing pathways and timely access to theatre. Any delay in surgical intervention for some conditions, such as cauda equine, can lead to permanent neurological deficit.

**Recommendations**

- Existing pathways for assessment and imaging of urgent / emergency spinal pathways will be followed.
- Each spinal unit will have a clinical lead each day to assess and coordinate care for urgent referrals from primary care and referrals from emergency departments and partner hospitals.
- Imaging, including MRI, should take place at the presenting hospital. The movement of patients should be minimised to only those requiring specialist input or urgent / emergency spinal surgery.
- In the situation where capacity across the network becomes a specific issue, a dedicated single unit will be identified as the overarching spinal hub centre.
- No patient with a potential neurological deficit across any network should be denied surgery due to a lack of bed or theatre capacity.

**Review of this guidance**
This guidance will be reviewed on a regular basis. We will update patients, their carers, clinicians and all other stakeholders should anything in this guidance change.

**Safeguarding**
It is our understanding that Community Services Prioritisation Plan, the Coronavirus Act 2020, Coronavirus (COVID-19): Changes to the Care Act 2014 and variety of COVID-19 Guidance are all indicating that safeguarding children and adults is as critical during COVID-19 as it is statutory at other times. Staff across the health and care sector are advised to:

1. download the free NHS Safeguarding App [http://www.myguideapps.com/projects/safeguarding/default/](http://www.myguideapps.com/projects/safeguarding/default/), which has local safeguarding contacts
2. follow #COVIDSafeguarding via @NHSsafeguarding, who will be posting daily updates and key messages

Example pathway (To be modified as per network with defined centre)

Primary care urgent /emergency referral

Emergency department

Referral as per existing pathways and imaging as appropriate at presenting centre

Positive scan

Consultant / Consultant referral and electronic referral to spinal surgical centre as per existing pathway

Patient in independent sector with urgent / emergency condition

Adequate capacity in spinal hub centre

Spinal Hub centre accept and treat patient

Inadequate capacity in spinal hub centre

Referral to network identified spinal centre