Royal College of Anaesthetists

Chapter 1

Guidelines for the Provision of Anaesthesia Services (GPAS)

Introduction and next steps

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Editorial Board

Chapter development technical team

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Declaration of interest

All editorial board members were asked to declare any pecuniary or non-pecuniary conflict of interest, in line with the GPAS conflict of interest policy as described in the GPAS Chapter Development Process Document (available on request). Declarations are available on request.

The nature of the involvement in all declarations made was not determined as being a risk to the transparency or impartiality of the GPAS document. Where a member was conflicted in relation to a particular chapter, piece of evidence or recommendation, they were asked to declare this and remove themselves from the discussion pertaining to it.

Introduction and background to GPAS 2020

The Guidelines for the Provision of Anaesthetic Services (GPAS) form the basis of recommendations produced by the Royal College of Anaesthetists (the College) for anaesthetists with managerial responsibilities for service, and for other healthcare managers. It was first published in 1994 and entitled 'Guidance for Purchasers'. It was revised under the current title in 1999, 2004 and 2009. Since 2012, it has been revised yearly, and published in electronic format only on the College website.

The 2016 edition of GPAS, for the first time, included three chapters developed using a rigorous, evidencebased process, which was accredited by the National Institute for Health and Care Excellence (NICE) in May 2016. These were the chapters describing services for effective delivery of preoperative and postoperative care, as well as the chapter concerned with emergency anaesthesia care. The Editorial Board is very grateful to the authors and chapter development groups of these 'pilot' chapters for embracing this new methodology and for their invaluable feedback to allow for improvements in the process and its implementation in coming years.

As of 2019 all the GPAS chapters have been updated using the NICE accredited process.

Medicolegal implications of GPAS guidelines

GPAS guidelines are not intended to be construed or to serve as a standard of clinical care. Standards of care are determined on the basis of all clinical data available for an individual case, and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or as excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

Scope of the GPAS document

All chapters included in this document, particularly those developed using the NICE accredited process, include recommendations that describe the requirements for the provision of a high quality anaesthetic service for patients. In particular, each chapter contains recommendations on the staffing, equipment, training and education, organisation and administration and patient information that are required, while highlighting financial considerations, areas for research, and audit and quality improvement projects.

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When considered as a whole, the GPAS document includes the provision of anaesthetic services for the entire perioperative pathway, as well as the services provided by the recognised subspecialties of anaesthesia.

Under the NICE accredited process, the scope of each chapter is agreed by the authors of that chapter and the GPAS Editorial Board.

Target audience

The primary audience of the guidelines are clinical and non-clinical managers of anaesthetic services. Recommendations within this document are therefore written for local implementation.

Exclusions

The GPAS document does not contain recommendations that could only be implemented at a national level. If the authors of individual chapters, through the development of that chapter, identify any such recommendations, these are referred to the Editorial Board for discussion with the Clinical Quality and Research Board (CQRB), but are not included in the GPAS document.

The general provision of critical care is outside of the scope of the GPAS document. Recommendations on the provision of critical care services can be found in Guidelines for the Provision of Intensive Care Services – Intensive Care Society & Faculty of Intensive Care Medicine.

The GPAS document does not include recommendations on the provision of anaesthetic services by other specialities. Where non-anaesthetists provide such services, they are advised to follow the guidance of their own College.

The scope of each chapter details any further exclusions.

Clarification of common terminology in GPAS

Policies – Whilst the GPAS document utilises the term 'policies', it should be noted that the term is used as an umbrella term to refer to some sort of process that is maintained, kept up-to-date (reviewed as a minimum every three years), can be used as a reference and is used during staff induction. This could be in the form of a policy document, practice document or even a piece of software that fulfils the function of the standard. The important criteria is that everyone knows the reference point exists and where to find it, and that the reference point is kept up to date in accordance with the hospital policies.

Supervision – many chapters in GPAS make general statements about consultants supervising other doctors. It is expected that trainees will be supervised in accordance with the College's curriculum. Other non-consultant, non-trainee anaesthetists will be supervised in accordance with the College's guidance, but local governance arrangements will determine the level of supervision required by an individual. This will vary according to their competence, and take into account patient age, comorbidity, and the location and complexity of the procedure or surgery. Some non-consultant, non-trainee anaesthetists will have the expertise and ability to take responsibility for patients themselves, without consultant supervision, under certain circumstances and these circumstances should be agreed at a local level on an individual basis.

GPAS guidelines in context

The GPAS document is updated on an annual basis, using any new evidence uncovered during the year. For chapters that have gone through the NICE accredited process, this is likely to be through the annual literature search conducted by the GPAS research scientist.

The GPAS chapters should be viewed as 'living documents'. The GPAS guideline development, implementation and review should be seen not as a linear process, but as a cycle of

interdependent activities. These in turn are part of a range of activities to translate evidence into practice, set standards and promote clinical excellence in patient care.

Each of the GPAS chapters should be seen as independent but interlinked documents. Guidelines on the general provision of anaesthetic services are detailed in the following chapters of GPAS:

- chapter 2: Guidance on the provision of anaesthesia services for preoperative assessment and preparation
- chapter 3: Guidance on the provision of anaesthesia services for intraoperative care
- chapter 4: Guidance on the provision of anaesthesia services for postoperative care.

The guidance in these three chapters applies to all patients who require anaesthesia or sedation, and are under the care of an anaesthetist. For urgent or immediate emergency interventions, this guidance may need to be modified as described in chapter 5: Guidance on the provision of emergency anaesthesia services.

The rest of the chapters of GPAS apply only to the population groups and settings outlined in the 'Scope' sections of these chapters. They outline guidance that is additional, different or particularly important to those population groups and settings included in the Scope. Unless otherwise stated within the chapter, the recommendations outlined in chapters 2–5 still apply.

Guidelines alone will not result in better treatment and care for patients. Local and national implementation is crucial for changes in practice necessary for improvements in treatment and patient care.

The Editorial Board welcomes comments about the practicality and cost-effectiveness of these guidelines at any time, particularly during the public consultation period. Equally, the Editorial Board understands that certain recommendations may be met in diverse ways at a local level, and therefore the aim is that the recommendations are general enough to be flexible while being specific enough to be practical and clear. It is understood that this is a fine balance, and any comments on this from stakeholder groups or members of the public on this point is encouraged and welcomed.

Promoting equality and addressing health inequalities

The Royal College of Anaesthetists is committed to promoting equality and addressing health inequalities. During the process of developing these guidelines, particularly those going through the NICE accredited process, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services, and the need to ensure services are provided in an integrated way where this might reduce health inequalities.

Methodology

The manner by which each chapter following the NICE accredited process has been developed has been documented within the GPAS Chapter Development Process Document.

The Editorial Independence of GPAS

The development of GPAS is solely funded by the Royal College of Anaesthetists. However, only the GPAS technical team and the GPAS researcher are paid directly by the College for their work on

GPAS, the GPAS Editor's employing organisation receives 2 programmed activities (PA) backfill funding. All funding decisions by the College are made by the chief executive officer, in collaboration with the senior management team and College Council.

The authors of the chapters are all Fellows of the Royal College of Anaesthetists. Members of College Council cannot act as chair of any chapter development group, as this individual has the deciding vote under the consensus method of decision making used in the chapters. Where College Council members have been involved in chapter development, this has been declared and recorded.

All persons involved in the development of GPAS are required to declare any pecuniary or non-pecuniary conflict of interest, in line with the GPAS conflict of interest policy as described in the GPAS Chapter Development Process Document. Any conflicts of interest are managed on a case-by-case basis to maintain the transparency and impartiality of the GPAS document. The conflicts, and the way they were managed, are outlined at the beginning of each chapter.

The role of the GPAS Editorial Board and CQRB

The overall development of the entire GPAS document is overseen by the CQRB of the Royal College of Anaesthetists, which includes representatives from all grades of anaesthetist, clinical directors and lay representation.

Responsibility for managing the scope of the document and providing clinical oversight to the project technical team is delegated by the CQRB to the GPAS Editorial Board, which includes individuals responsible for the various internal stakeholders (see above for membership). On the inclusion/exclusion of specific recommendations within each chapter, the Editorial Board can only provide advice to the authors. In the event of disagreement between the authors, the majority rules consensus method is used, with the GPAS Editor holding the deciding vote.

Both of these groups, along with the College's Lay Committee review each chapter and provide comment prior to public consultation and are responsible for signoff before final publication. In the event of disagreement, consensus is reached using the majority rules consensus method, with the chair of CQRB holding the deciding vote.

Implementation Support

The Anaesthesia Clinical Services Accreditation (ACSA) scheme, run by the RCoA, aims to provide support for departments of anaesthesia to implement the recommendations contained in the GPAS chapters. The scheme provides a set of standards, and asks departments of anaesthesia to benchmark themselves against these using a self-assessment form available on the RCoA website. Every standard in ACSA is based on recommendation(s) contained in GPAS. The ACSA standards are reviewed annually and republished approximately four months after GPAS review and republication to ensure that they reflect current GPAS recommendations. ACSA standards include links to the relevant GPAS recommendations so that departments can refer to them while working through their gap analyses.

Departments of anaesthesia can subscribe to the ACSA process on payment of an appropriate fee. Once subscribed, they are provided with a 'College guide' (a member of the RCoA working group that oversees the process), or an experienced reviewer to assist them with identifying actions required to meet the standards. Departments must demonstrate adherence to all 'priority one' standards listed in the standards document to receive accreditation from the RCoA. This is confirmed during a visit to the department by a group of four ACSA reviewers (two clinical reviewers, a lay reviewer and an administrator), who submit a report back to the ACSA committee.

The ACSA committee has committed to building a 'good practice library', which will be used to collect and share documentation such as policies and checklists, as well as case studies of how

departments have overcome barriers to implementation of the standards, or have implemented the standards in innovative ways.

One of the outcomes of the ACSA process is to test the standards (and by doing so to test the GPAS recommendations) to ensure that they can be implemented by departments of anaesthesia and to consider any difficulties that may result from implementation. The ACSA committee has committed to measuring and reporting feedback of this type from departments engaging in the scheme back to the CDGs updating the guidance via the GPAS technical team.

Areas for future development

It is the aim of the Editorial Board that the GPAS document cover all aspects of anaesthesia provided to patients by anaesthetists in the UK. A 'gap analysis' exercise will therefore take place following the publication of the document each year to ensure the appropriate level of detail is present in the chapters and plan further work accordingly.

Resuscitation chapter

In 2016, the GPAS Editorial Board agreed that the chapter 'Guidance on the provision of anaesthesia services for resuscitation' will not be redeveloped using the NICE accredited process. This chapter is based on the guidance produced by the Resuscitation Council (UK). Resuscitation Council (UK)'s guidance is itself developed through a NICE accredited process, so any redevelopment of the GPAS chapter using the College's NICE accredited process would result in a large duplication of effort. The Guidance on the provision of anaesthesia services for resuscitation was removed in GPAS 2019. The GPAS Editorial Board have assurance that any relevant recommendations and references to the Resuscitation Council (UK)'s guidance have been integrated elsewhere in GPAS.

Sedation chapter

In 2016, the GPAS Editorial Board agreed that the chapter 'Guidance on the provision of sedation services' will not be redeveloped using the NICE accredited process. Upon reviewing the scope of all GPAS chapters, the GPAS Editorial Board found that the scope of the sedation chapter was already covered in other chapters, largely the anaesthesia in the non-theatre environment chapter. The 'Guidance on the provision of sedation services 2016' chapter was removed in GPAS 2019. The GPAS Editorial Board have assurance that any relevant recommendations have been integrated elsewhere in GPAS.

Sedation by non-anaesthetists is not within the scope of GPAS. Where sedation services are not provided by the department of anaesthesia, professionals who provide such services are advised to follow the guidance of their own College and the Academy of Royal Medical Colleges' publication *Safe Sedation Practices for Healthcare Procedures 2013*.

Further research

Each chapter in GPAS that has been developed using the NICE accredited process outlines areas where the systematic literature search has highlighted a lack of evidence and where further research could be useful to support existing or new recommendations.

Sustainability

The authors of the GPAS chapters consider a wide range of evidence and issues when making their recommendations, which describe the requirements for the provision of a high quality anaesthetic service for patients. The issues considered do not pertain to environmental sustainability; however it is acknowledged that this is an important issue. The GPAS Editorial Board therefore recommends that anaesthetic departments aspire to implement the following suggestions.

Ethos and coworking – Departments should actively encourage sustainable practice amongst clinicians and support the aims of the Trust or Board's Sustainable Development Management Plan.

Staffing, personnel and education – Anaesthesia departments should have a nominated lead responsible for sustainable anaesthesia and should actively follow advice and guidance from the appropriate national body.

Resource utilisation – For inhalational anaesthesia, low flow anaesthesia should be the default position.

Electrical energy use – Departments should actively encourage staff to minimise electrical energy use. Lights should be turned off when rooms and spaces are unused out of hours.

Anaesthesia machines should be placed in low power standby mode when not in use.

Anaesthetic departments should have in place practices to turn off Anaesthetic Gas Scavenging Systems (AGSS) out of hours and safely reactivated as part of the pre use checks prior to the start of the following operation list.

Waste management – The disposal of devices contaminated with drug residue and waste should follow local and national guidelines.

Staffing, personnel and education – Departments should have a number of meetings set aside to address the topic of sustainable anaesthesia within the academic calendar.

Resource utilisation – IT systems should be in place to record and compare trends in drug, inhalational anaesthetic agent and medical gas use.

Anaesthesia departments should support the work of Estates and Facilities departments in their targets for carbon reduction. This may include innovations such as:

1. Installation of energy saving set back processes to minimise energy use running theatre ventilation systems out of hours.
2. Installing low energy lighting, including LEDs, in the clinical and administrative areas.
3. Where appropriate, occupancy sensor activated lighting.

Waste management – Waste streams from the operating room should include; mixed recycling (paper, PET drinks bottles, drinks cans), non-contaminated domestic type waste, microwave or steam treated clinical waste, incinerated waste (including sharps and drug residues), anaesthetic room steel single use items.

Quality improvement – Inherent within the local QI programmes sufficient consideration should be given to the resource implication and the carbon impact of the QI venture.

Research – Departments throughout the country should work collaboratively with industry to define more accurately the carbon footprint of regional and inhalational general anaesthesia, drugs and disposables used in clinical practice. Results should be collated and shared and serve as the basis of future guidance.

Updating these guidelines

All chapters contained in this document will be updated for republication in January 2021.

The chapters will be updated on an annual basis using the following methodology.

1. The researcher will conduct the literature search again using the same search strategy to uncover any new evidence and members of the public will be able to submit new evidence to the GPAS project team. Where new evidence is uncovered, the lead author will decide

whether the recommendations that were originally made are still valid in light of this new evidence.

2 If new evidence contradicts or strengthens existing recommendations, the authors decide whether or not to involve the remainder of the CDG in revising the recommendations accordingly.

3 If new evidence agrees with existing recommendations, then a reference may be added but no further action is required.

4 If there is no new evidence then no action is required.

Every five years guidance will be submitted to a full review involving reconvening the CDG (or appointment of a new, appropriately qualified CDG), and the process described in the methodology section of this chapter begins again. The review date on each chapter indicates the date that it is due for full review.

Two new chapters are being developed for publication in Janaury 2021, guidelines for the provision of anaesthesia services for the perioperative care of elective and urgent patients and guidelines for the provision of anaesthesia services for the good department. Chapter development groups (CDG) have been convened for all of these chapters, and the literature searches have been carried out. If you are interested in peer reviewing any of these chapters or wish to be notified when they commence public consultation, please contact the GPAS project co-ordinator (GPAS@rcoa.ac.uk).

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