

# Consultant Anaesthetist Individual Survey Results

## Responses Overview

Closed

Responses

416

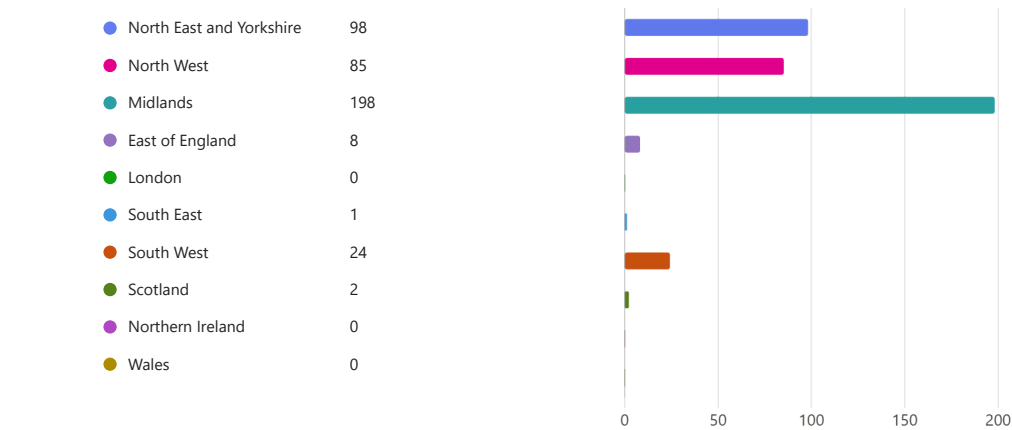
Average Time

11:07

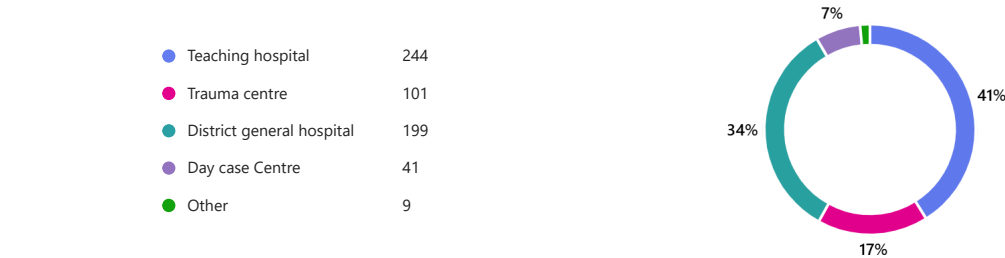
1. What is the name of hospital where you are working ?

- Luton & Dunstable Hospital
- Manchester Royal Infirmary + Saint Mary's Hospital
- Calderdale and Huddersfield NHS Trust
- Darlington Memorial Hospital
- Doncaster and Bassetlaw Hospitals NHS Trust
- George Eliot Hospital
- Heartlands, good hope, Solihull hospital (uhb Birmingham)
- Huddersfield Royal Infirmary
- James Cook University Hospital
- Kettering general hospital
- King mill hospital
- Lancaster
- Leicester General Hospital UHL
- Leicester Royal Infirmary
- Lincoln County Hospital
- Luton and Dunstable University hospital
- Manchester Royal Infirmary
- Manchester University Hospital NHS Foundation Trust
- Manor hospital
- Northern General Hospital
- Northumbria
- Nottingham City Hospital
- Queens Medical Centre
- Royal Hallamshire Hospital
- Royal Lancaster Infirmary
- Royal United Hospital Bath
- Salford Royal Hospital
- Sandwell & West Birmingham NHS trust
- Sheffield Teaching Hospitals
- South Tees University Hospitals
- Stepping Hill Hospital
- Stockport NHS Foundation Trusts
- SWB NHS trust
- United Lincolnshire Hospitals
- University Hospitals Birmingham NHSFT
- University hospitals of Morecambe Bay
- Walsall Healthcare NHS Trust
- Walsall Manor Hospital

2. What is the region of UK is this?



3. What type of hospital you work at?

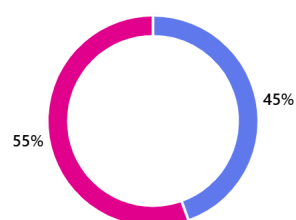


4. In which anaesthetic subspecialties did you routinely use intrathecal diamorphine before the diamorphine shortage?



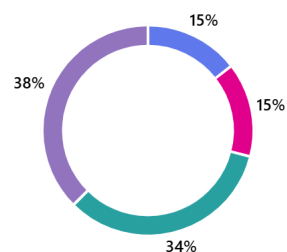
5. Have you changed your anaesthetic practice due to recent diamorphine shortages?

Yes	184
No	229



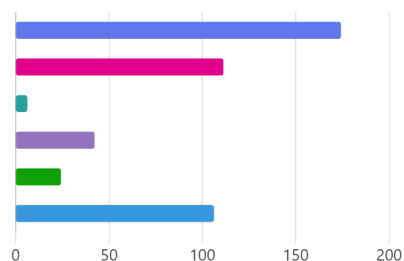
6. How has this practice changed? Please select all that apply

Voluntarily reduced use of diamorphine to help preserve limited stock	58
Required to change practice due to formal departmental policy	58
Forced to change practice as no available stock	134
Other	150



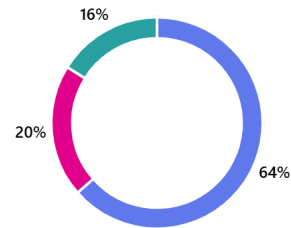
7. What changes have you made to your intrathecal practice as a consequence of the diamorphine shortage ?

Intrathecal morphine	174
intrathecal fentanyl	111
Other intrathecal opioids - please name below	6
Local Anaesthetic without opioids	42
Stopped intrathecal analgesia	24
Other	106



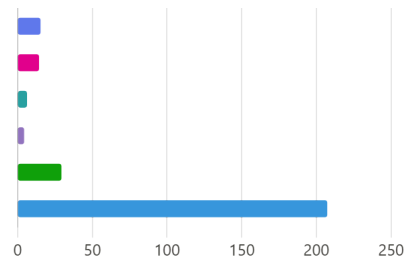
8. If diamorphine stocks improve, will you return to your previous practice?

Yes	244
No	78
Maybe	62



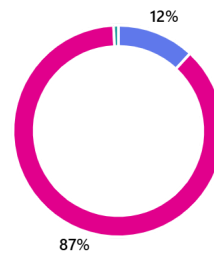
9. If you stopped using intrathecal analgesia what was the reason for this:

Unfamiliarity with alternative intrathecal opioids	15
Lack of departmental policy	14
Lack of national guidance	6
Lack of evidence	4
Patient safety concerns / Lack of adequate postoperative care facilities	29
Other	207



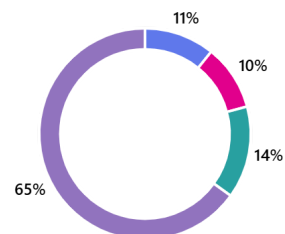
10. Has there been a change in local policy in the postoperative destination of patients?

Yes	47
No	345
If yes, please specify	3



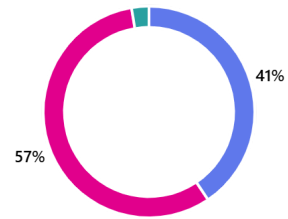
11. What change in local policy in the postoperative destination of patients?

Extended stay in recovery	29
Increased admissions to high dependency areas	27
Specific surgical wards with trained staff	38
Other	175



12. Did you use intrathecal morphine in your personal anaesthetic practice prior to the Diamorphine shortage?

● Yes	168
● No,	235
● Other	11




# Acute Pain Lead Survey Results

## Responses Overview

Closed


Responses


20



Average Time

09:36



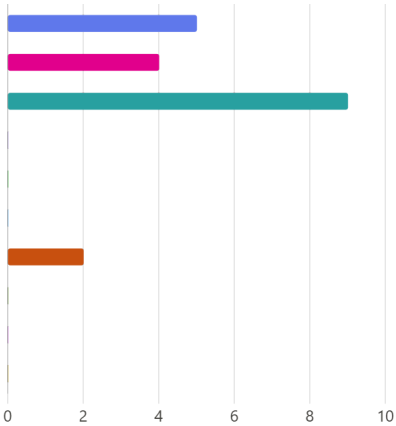


1. What is the name of hospital where you are recruiting?

- Kings Mill Hospital
- Stockport NHS Foundation Trust
- Heartlands, Good Hope, Solihull Hospitals (part of UHB)
- SHEFFIELD TEACHING HOSPITAL
- Sandwell general hospital and west Birmingham NHS trust
- Leicester Royal Infirmary and Leicester General Hospital
- Manor Hospital Walsall West Midlands
- Doncaster and Bassettlaw Teaching Hospitals
- Royal Lancaster Infirmary
- Salford Royal Hospital
- Northumbria
- George Eliot Hospital
- Manchester Royal Infirmary
- James Cook University Hospital
- Royal united hospital Bath
- Darlington memorial hospital
- Lincoln County Hospital
- ULHT
- Leicester General Hospital (UHL)
- Nottingham University Hospitals

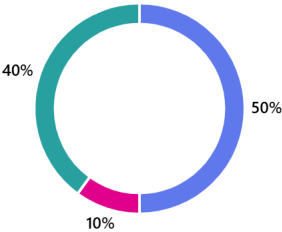
2. What is the region of UK is this?

North East and Yorkshire	5
North West	4
Midlands	9
East of England	0
London	0
South East	0
South West	2
Scotland	0
Northern Ireland	0
Wales	0



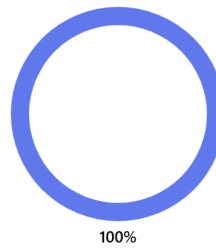
3. What type of hospital you work at?

Teaching hospital	10
Trauma centre	2
District general hospital	8
Day case Centre	0
Other	0



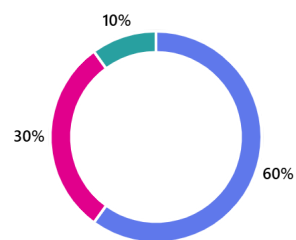
4. How many total number of consultant anesthetists do you have at your site?

Other 20



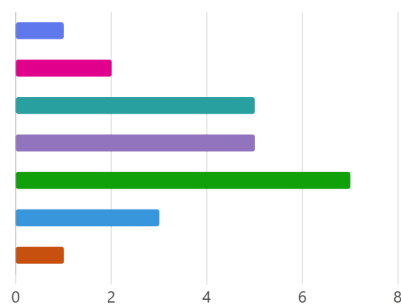
5. Has your department been affected by the shortage of intrathecal diamorphine?

Yes 12  
No 6  
Maybe 2



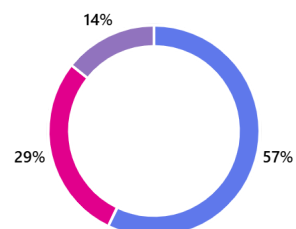
6. If yes, has the impact been significant enough to change departmental practice? Please tick all that apply.

Not currently 1  
No, Monitoring stock levels 2  
Restricted use of intrathecal diamorphine to specific areas 5  
Informal advice of alternatives to diamorphine 5  
Formal departmental advice via email 7  
New guideline/ Standard Operating Procedures (SOP) in place 3  
Other 1

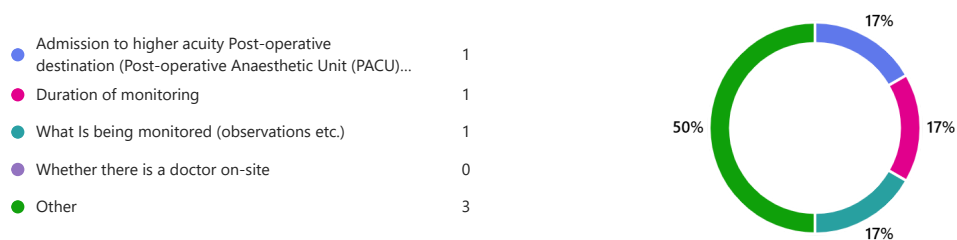


7. Has the post-operative monitoring of patients altered specifically due to a change in intrathecal opiates used in your trust in the context of diamorphine shortage?

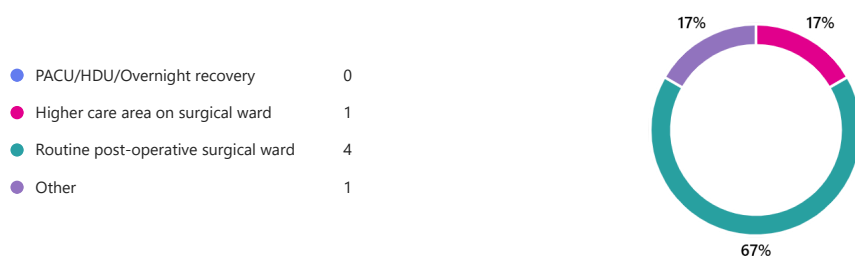
Not applicable 8  
There is a change in practice but not how we monitor patients 4  
Yes – please provide details below 0  
Other 2



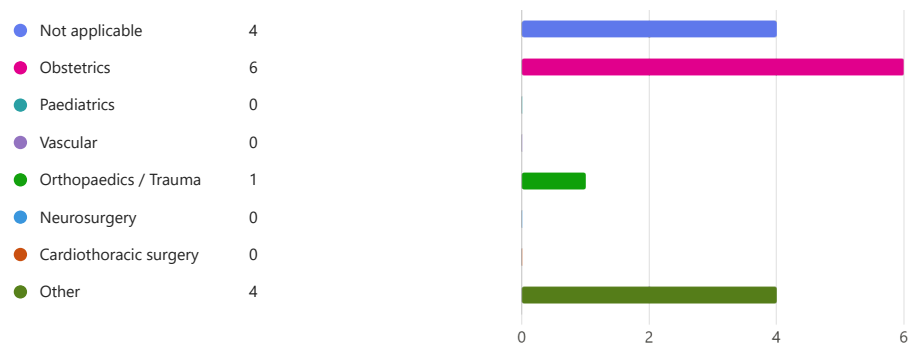
8. Have you changed how or where post-operative patients are monitored after new practice?



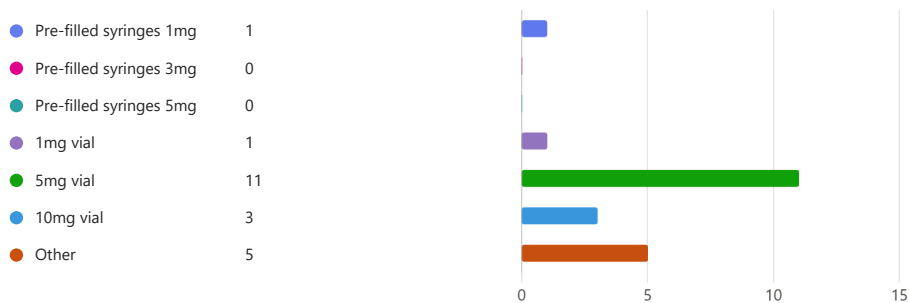
9. Prior to diamorphine shortage, where would majority of your patients with intrathecal opioids be cared for in the post-operative period?



10. Have any specific surgical specialities continued to use diamorphine during shortage?



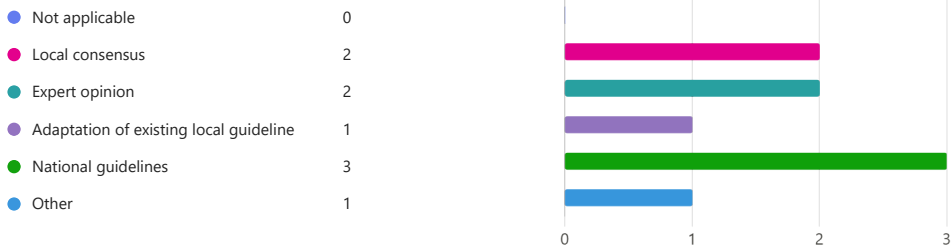
11. What preparation of diamorphine does your department have available? Please tick all that apply



12. Have you developed any guidelines/Standard Operating Procedures because of the shortage of diamorphine? (excluding obstetric anaesthesia)



13. What evidence have was considered to inform these guidelines/Standard Operating Procedure documents?



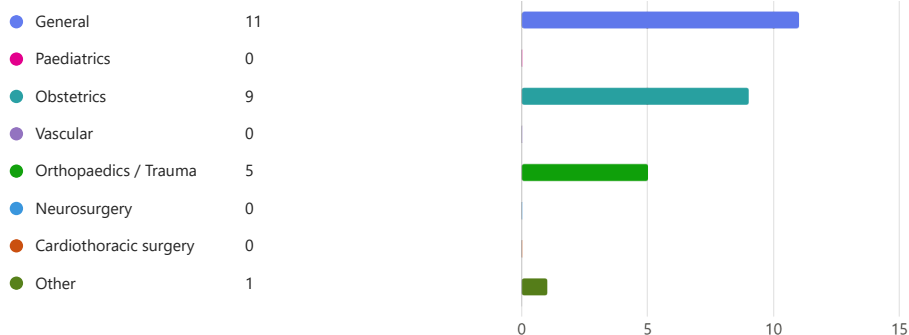
14. Does your hospital have a local policy for ward-based monitoring of patients who have received intrathecal morphine or diamorphine?



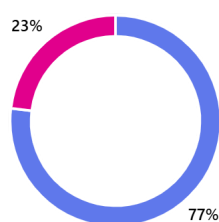
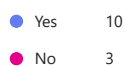
15. Would you be willing to be contacted by the Pain-Train UK team for further communications regarding this study? If yes, please leave your email. (We promise not to spam every week or month, privacy will strictly be followed.)



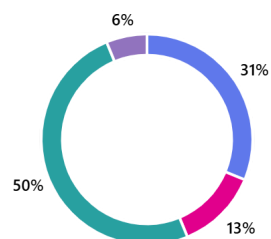
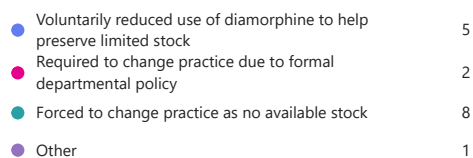
16. In which anaesthetic subspecialties did you routinely use intrathecal diamorphine before the diamorphine shortage?



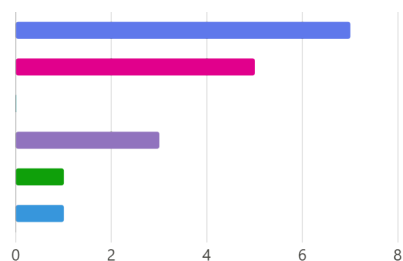
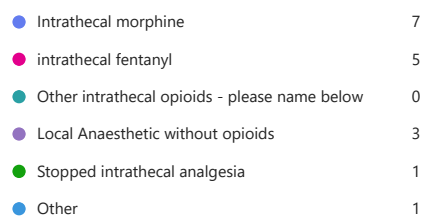
17. Have you changed your anaesthetic practice due to recent diamorphine shortages?



18. How has this practice changed? Please select all that apply

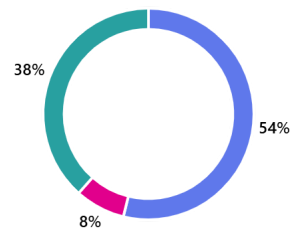


19. What changes have you made to your intrathecal practice as a consequence of the diamorphine shortage ?



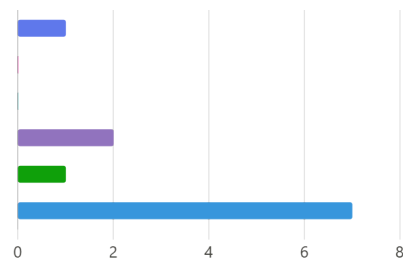
20. If diamorphine stocks improve, will you return to your previous practice?

Yes	7
No	1
Maybe	5



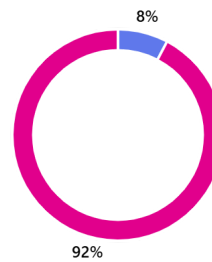
21. If you stopped using intrathecal analgesia what was the reason for this:

Unfamiliarity with alternative intrathecal opioids	1
Lack of departmental policy	0
Lack of national guidance	0
Lack of evidence	2
Patient safety concerns / Lack of adequate postoperative care facilities	1
Other	7



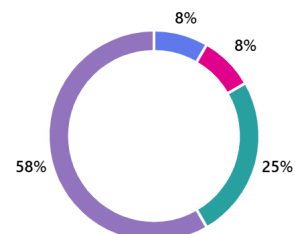
22. Has there been a change in local policy in the postoperative destination of patients?

Yes	1
No	12
If yes, please specify	0



23. What change in local policy in the postoperative destination of patients?

Extended stay in recovery	1
Increased admissions to high dependency areas	1
Specific surgical wards with trained staff	3
Other	7



24. Did you use intrathecal morphine in your personal anaesthetic practice prior to the Diamorphine shortage?

