EP.WE.82**Positive impact of COVID-19 pandemic on future of Surgery in the NHS**

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Aim: To assess how surgical units innovated and adapted to meet the Lockdown challenges and highlight best practice development

Methods: Look at the Royal Surgical Colleges and national surgical society Guidelines during the pandemic and recovery phase of the Lockdowns. To assess how to local trust level modifications made in the first lockdown were reinforced during the second lockdown.

Results: During the first lockdown all elective surgical activity was suspended from 14th March. Day case urgent elective work restarted after 6 weeks, during this period only life and limb saving emergencies were performed on CEPOD theatres. Full PPE, aerosol generating precautions and thorough cleaning between cases ensured that no healthcare worker developed COVID-19 from occupational exposure in Theatres. Remote access from home has been a boon. The outpatients rapidly moved to online appointments. No routine follow up scans were done. Endovascular interventions increased. The telephonic clinics have reduced footfall, allowed routine follow-ups to be permanently put on telephonic clinics and patients too seem to be satisfied that they do not have to waste a day for a 10 minute appointment to come and be told that we will see you again in 12months time. Non-essential surgery has stopped,

Conclusion: Pandemic has been a time for surgeons to reflect on their practice. Instead of going back to old ways-outpatient clinics, day surgery units and main theatres have seen rapid adaptation of newer ideas. Pandemic has fast forwarded innovation in the NHS.