

# NELA

## What still needs fixing?

Dave Murray  
NELA Project Chair

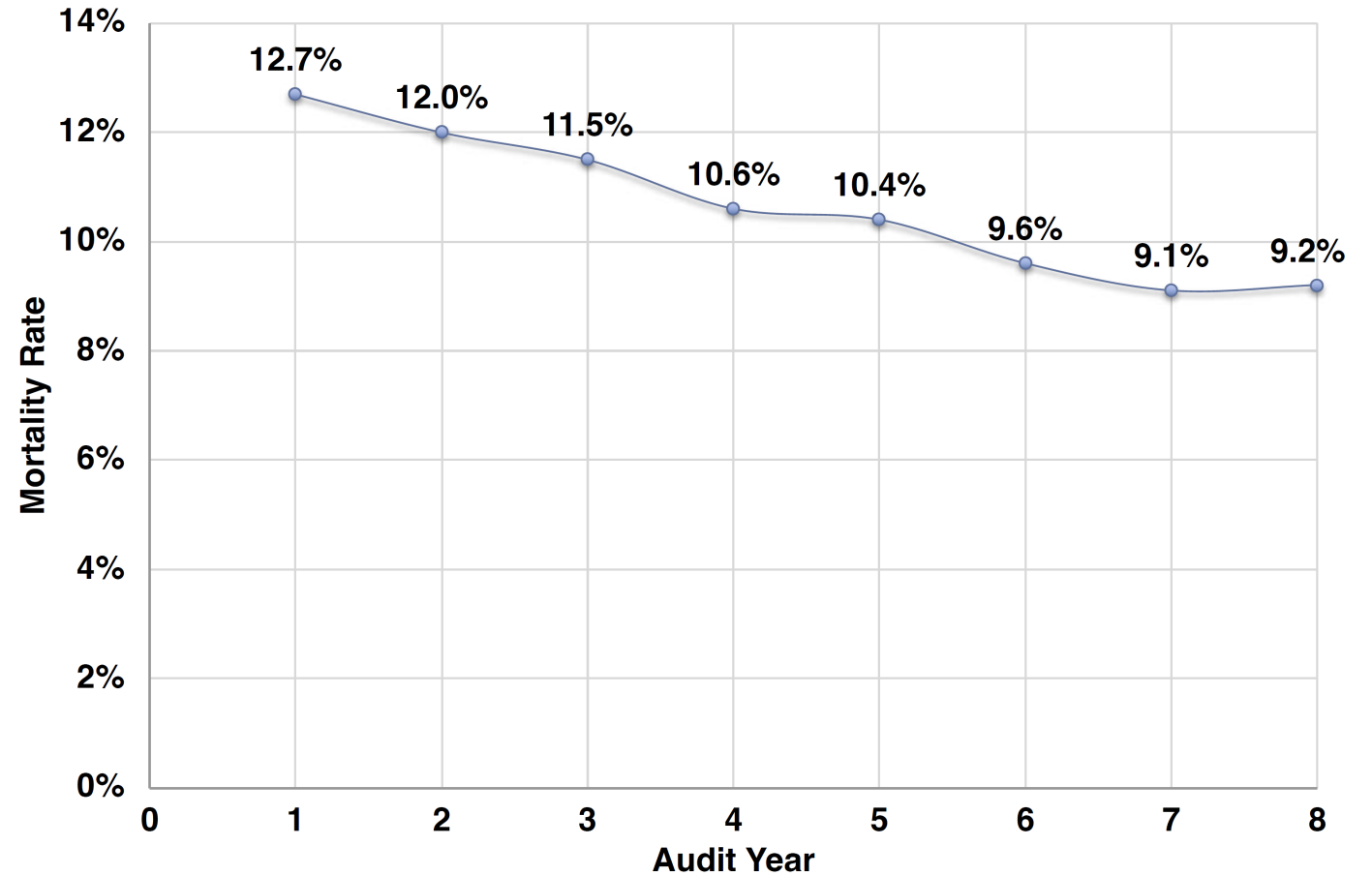
[dave.murray1@nhs.net](mailto:dave.murray1@nhs.net)



# The good

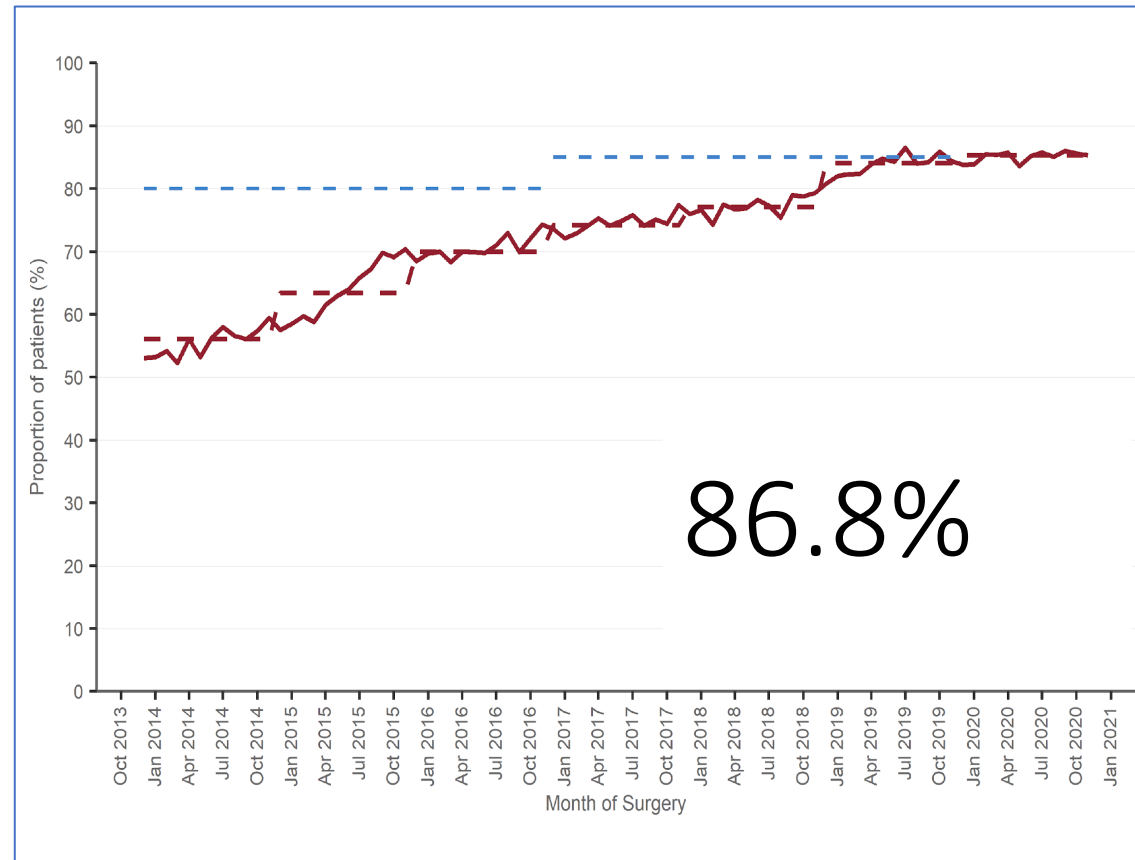
- **Mortality**
- Risk assessment
- Consultant presence
- Critical care?

Figure 3. In-hospital mortality over time



# The good

- Mortality
- Risk assessment
- Consultant presence
- Critical care?



# The good

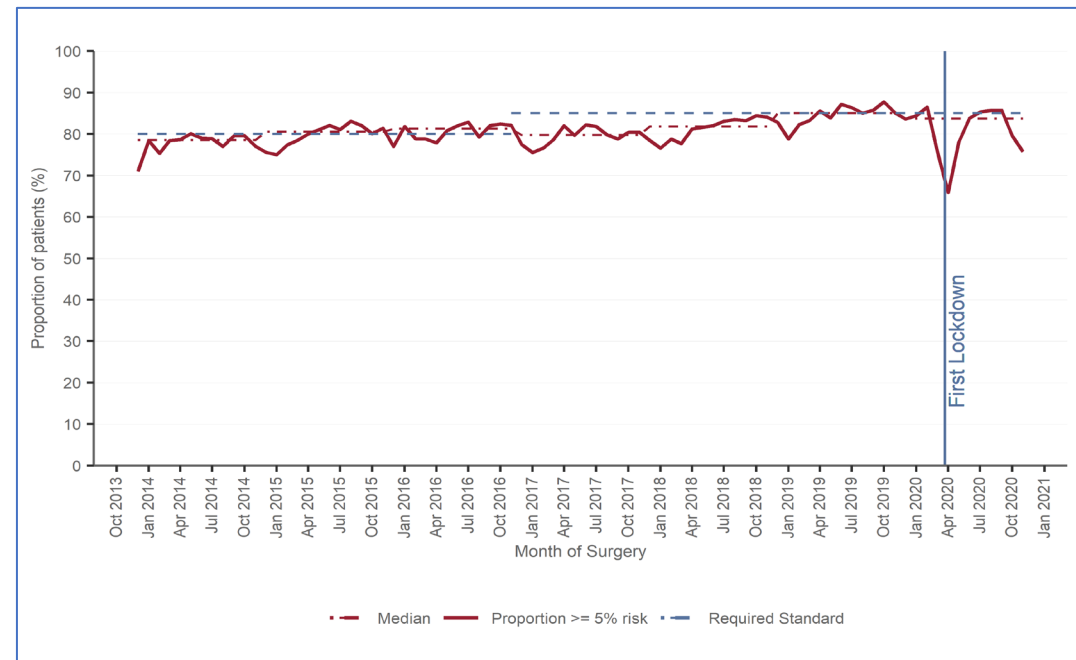
- Mortality
- Risk assessment

- Consultant presence
- Critical care?

Previous BPT metrics

Consultant Presence 2020 – 90%

2013 – 70%



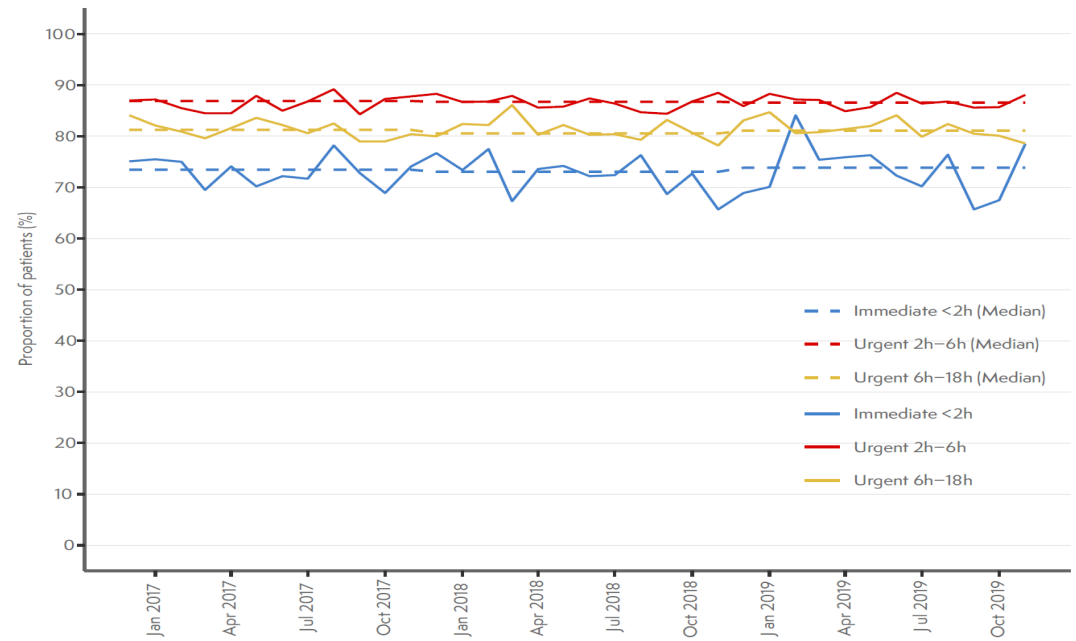
# The not so good

- Antibiotic administration
- Timely access to theatres
- Input by geriatricians



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- Timely access to theatres

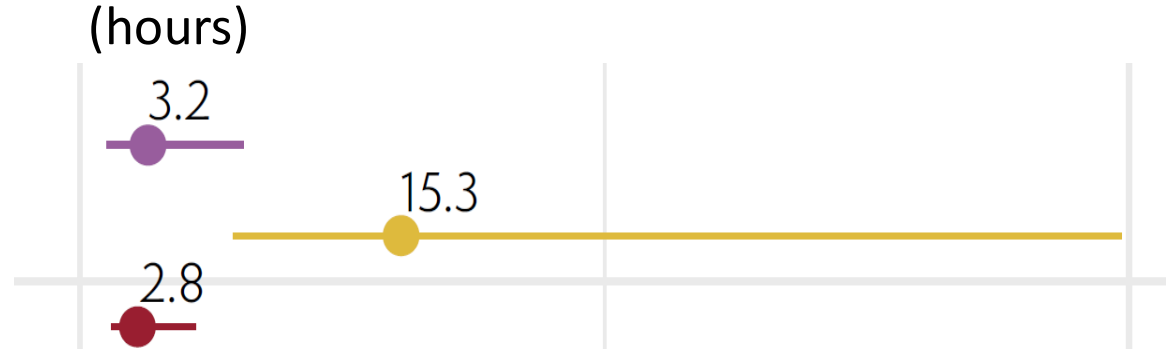


## Sepsis on admission

Admission to abx

Admission to theatre

Decision to theatre





# The not so good

- Antibiotic administration
- Timely access to theatres

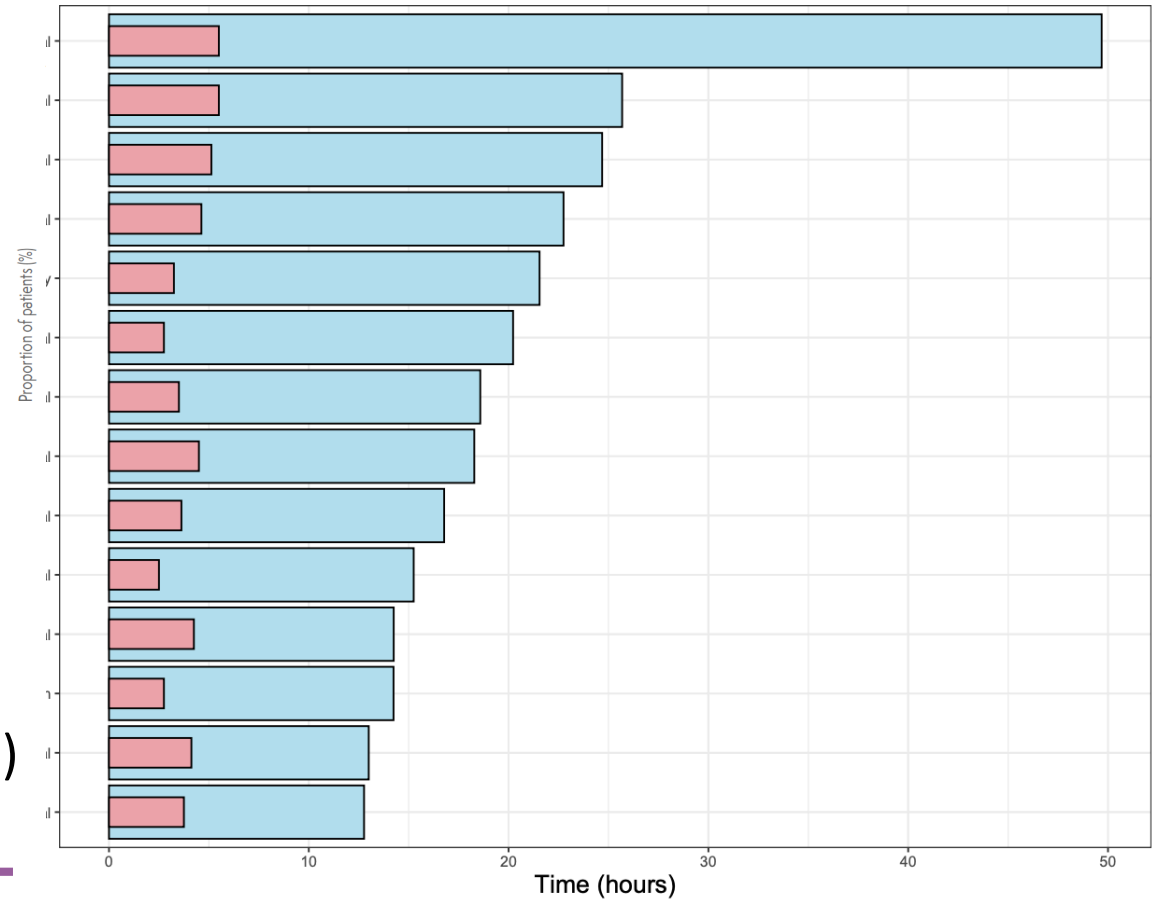
Sepsis on admission

Admission to abx

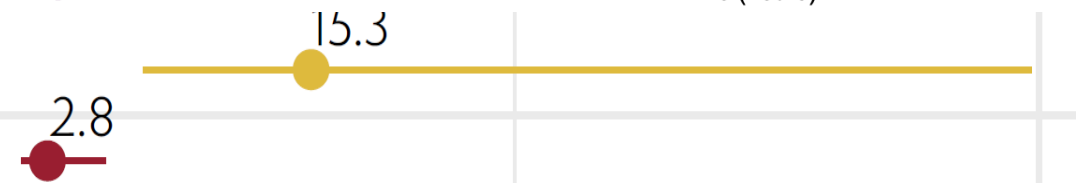
Admission to theatre

Decision to theatre

Suspected Sepsis: Median Times  
 Pink = Decision-to-Operate to Arrival-in-Theatre  
 Blue = Arrival-in-Hospital to Arrival-in-Theatre



(hours)  
3.2



# The not so good

- Antibiotic administration
- Timely access to theatres
- **Input by geriatricians**

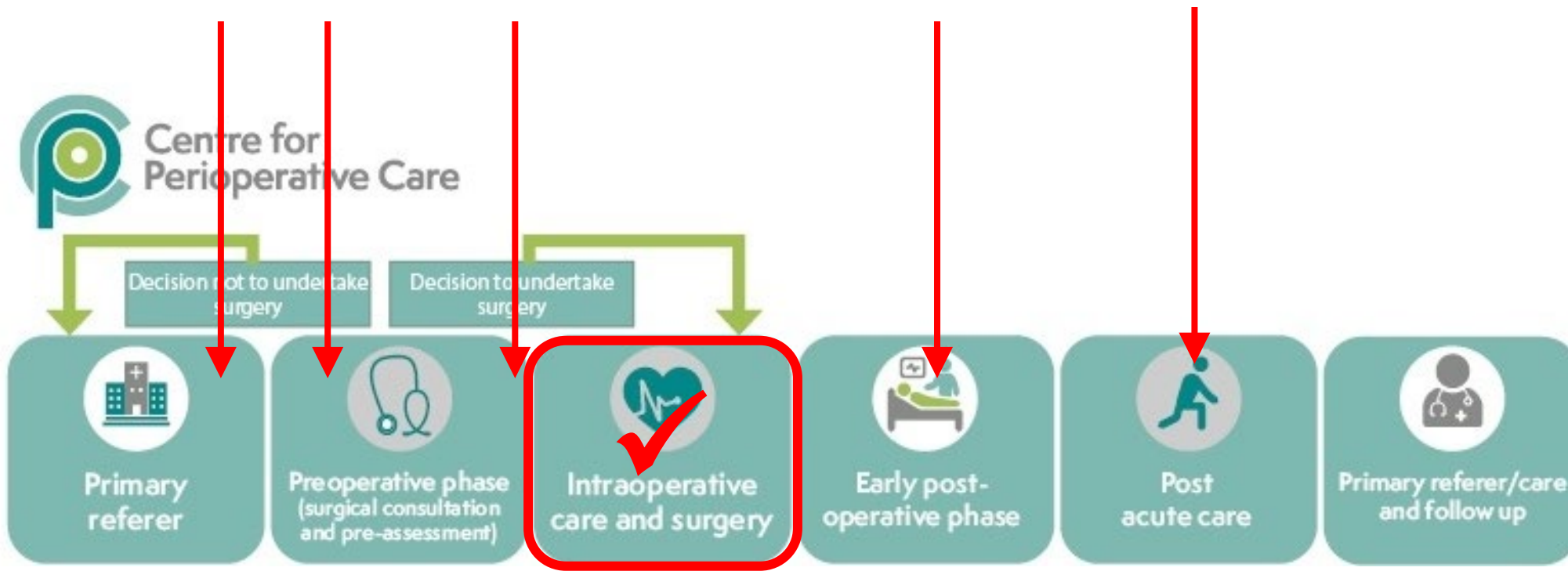
**55.3% of patients** were over the age of 65 and **17.7% of patients** were over the age of 80. **Only 31.8% of patients** 80 or over, or 65 and frail, had geriatrician input (26.8% in Year 7).





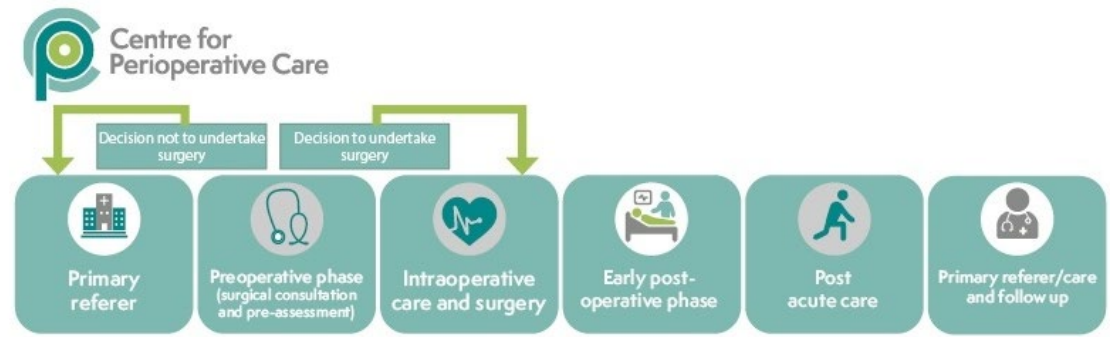
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# Your Challenge



Perioperative care is the integrated multidisciplinary care of patients from the moment surgery is contemplated through to full recovery.

Teams of professionals can make sure you are as **fit as possible** for surgery and **manage any other conditions** you may have

to ensure that after your operation you can **recover as quickly** as possible and **reduce the risks of complications** leading to longer hospital stay / reduced quality of life /delay returning to daily life

# Your Opportunity... to develop periop services

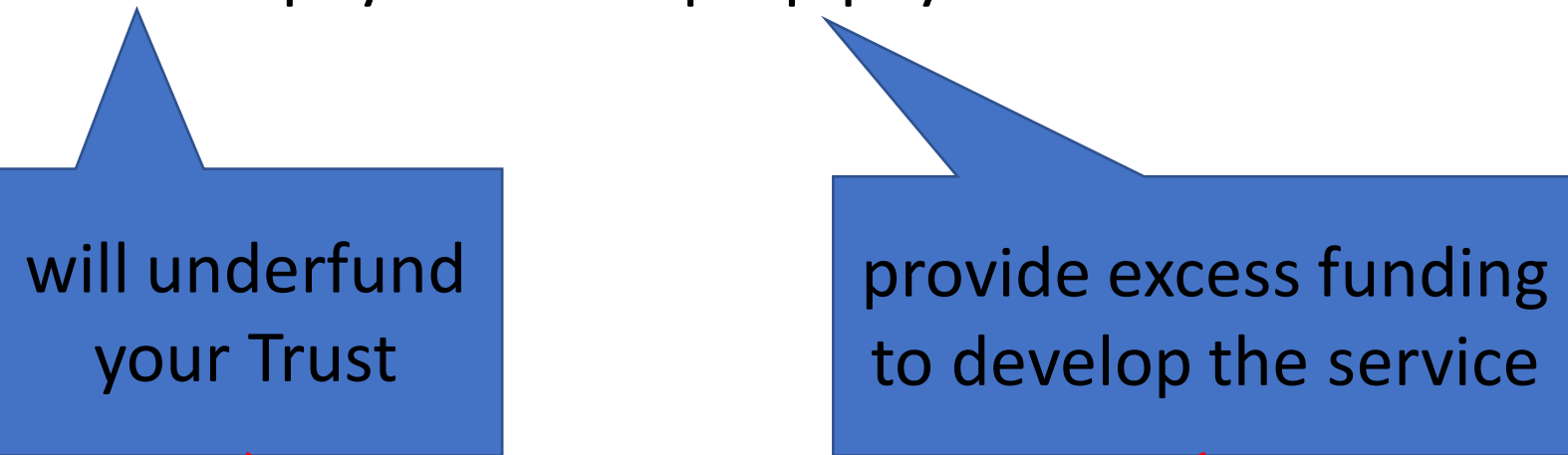
## Emergency Laparotomy Best Practice Tariff 2023-25

- Set by NHS England
- Performance of Trusts (not hospitals) will be measured by NELA
- Payment made by commissioners
  
- Pre-condition: providers must have agreed multidisciplinary pathways of care

# What is a BPT?

Split tariff

Baseline payment + top-up payment if criteria met

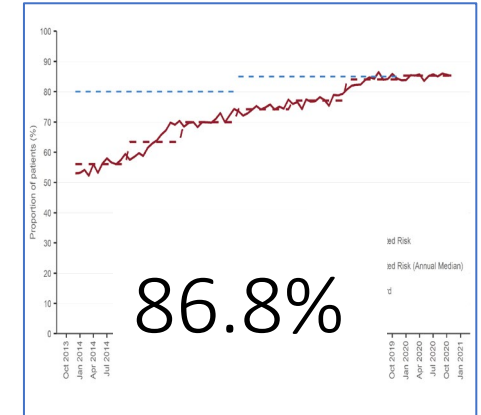


Overall: cost neutral to NHS

# BPT standards – **both** are needed

**1. Risk Assessment:** as part of the decision to operate

Target – 85% of all patients.



- Needs to be a formal mortality risk assessment ie NELA risk tool
- Frailty assessment alone is not adequate

**NELA** Parsimonious NELA Risk Calculator

Patient name

Hospital Number

Age on arrival?

Hospital / Ward

<https://data.nela.org.uk/riskcalculator/>

# BPT standards – **both** are needed

**2. Peri-operative team input:** experienced in the management of older patients

Target - 40% in 2023/24, increasing over subsequent years.

**Only 31.8% of patients**



# BPT standards – **both** are needed

## 2. **Peri-operative team input:** experienced in the management of older patients

Target - 40% in 2023/24, increasing over subsequent years.



Centre for  
Perioperative Care



British Geriatrics Society  
Improving healthcare  
for older people

Guideline for  
Perioperative  
Care for People  
Living with Frailty  
Undergoing Elective  
and Emergency  
Surgery

September 2021

## Multidisciplinary expertise in CGA

- Streamlined care with other specialties
- Optimisation of frailty, multimorbidity
- Prognostication and shared decision making
- Postop medical complications, deconditioning
- Rehab, discharge planning

# BPT standards – Perioperative teams experienced in the management of older patients

For patients aged 80 and older, or aged 65+ and frail (CFS $\geq$ 5), did the patient receive postoperative input from a member of a perioperative frailty team?

- Yes, by geriatrician-led service
- Yes, by perioperative medicine-led team with established referral pathways to geriatrics
- No, intensivist and/or anaesthetic review whilst on critical care/PACU/outreach service
- No input
- Unknown



# How much is this worth?

**Average £900 uplift**

HRG code	HRG name	Best practice tariff: (£)	Non-best practice tariff:	Price Differential
FF31A	Complex Large Intestine Procedures, 19 years and over, with CC Score 9+	15,679	14,142	1,537
FF31B	Complex Large Intestine Procedures, 19 years and over, with CC Score 6-8	12,706	11,460	1,246
FF31C	Complex Large Intestine Procedures, 19 years and over, with CC Score 3-5	10,905	9,836	1,069
FF31D	Complex Large Intestine Procedures, 19 years and over, with CC Score 0-2	9,363	8,445	918

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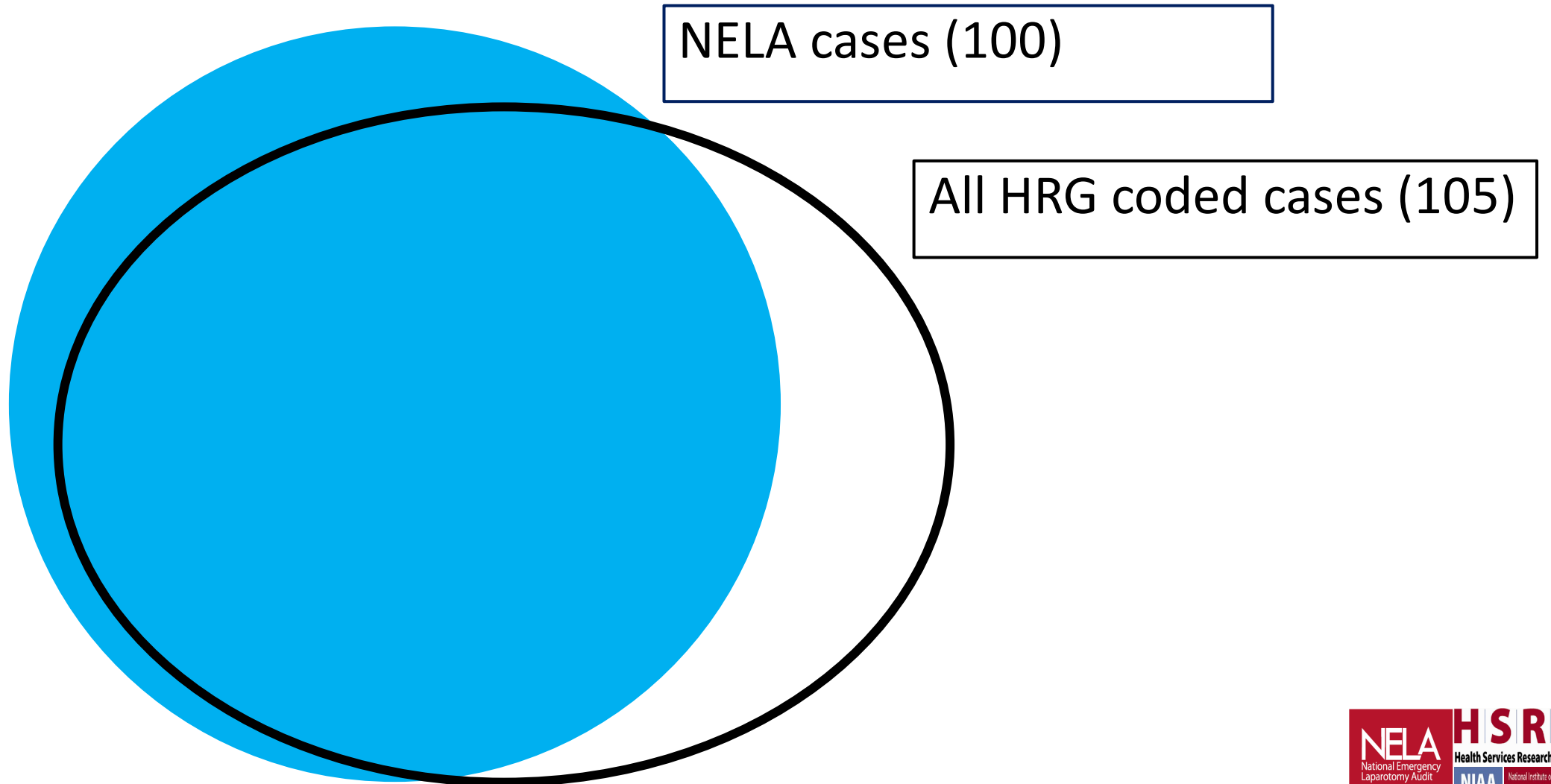
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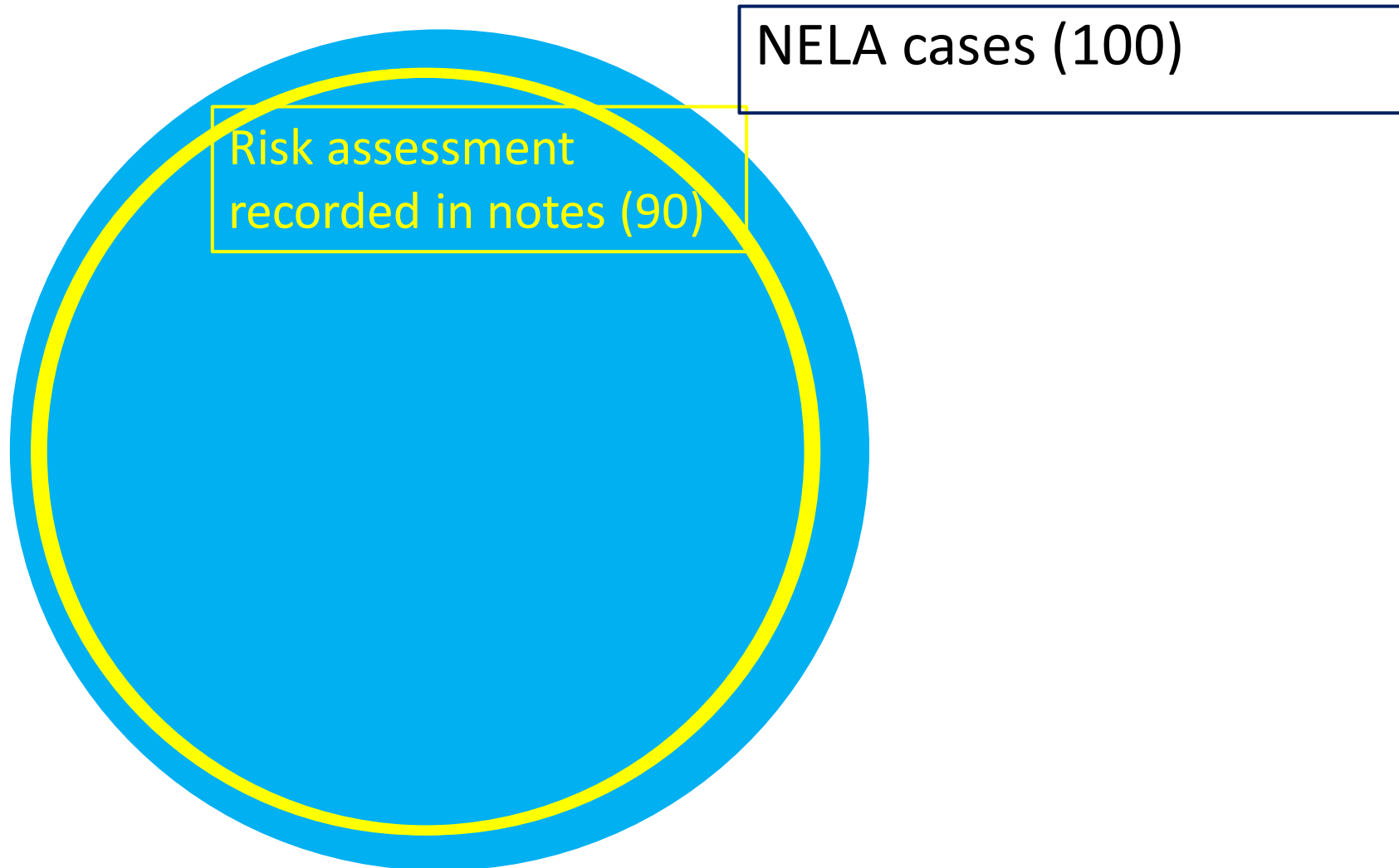
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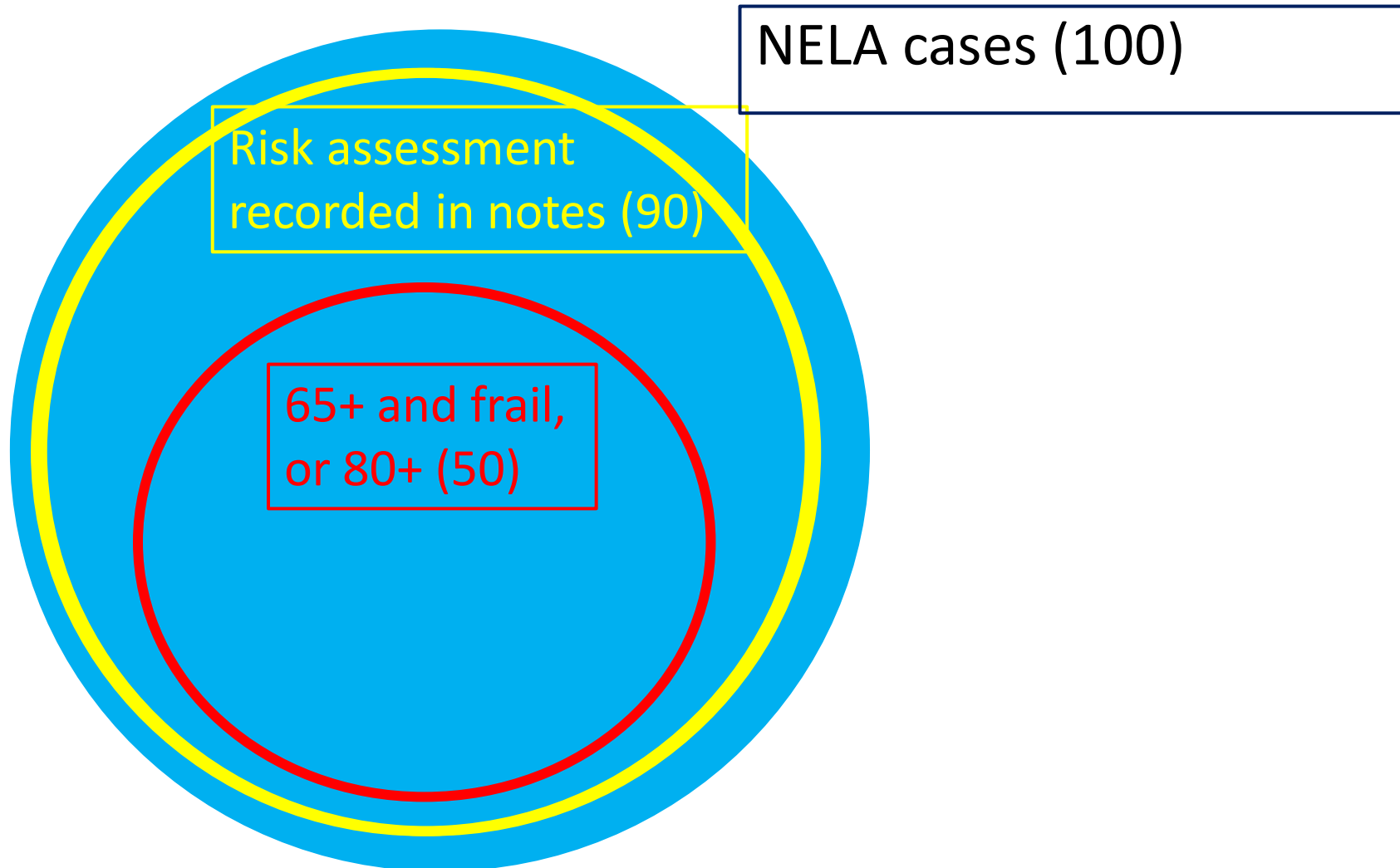
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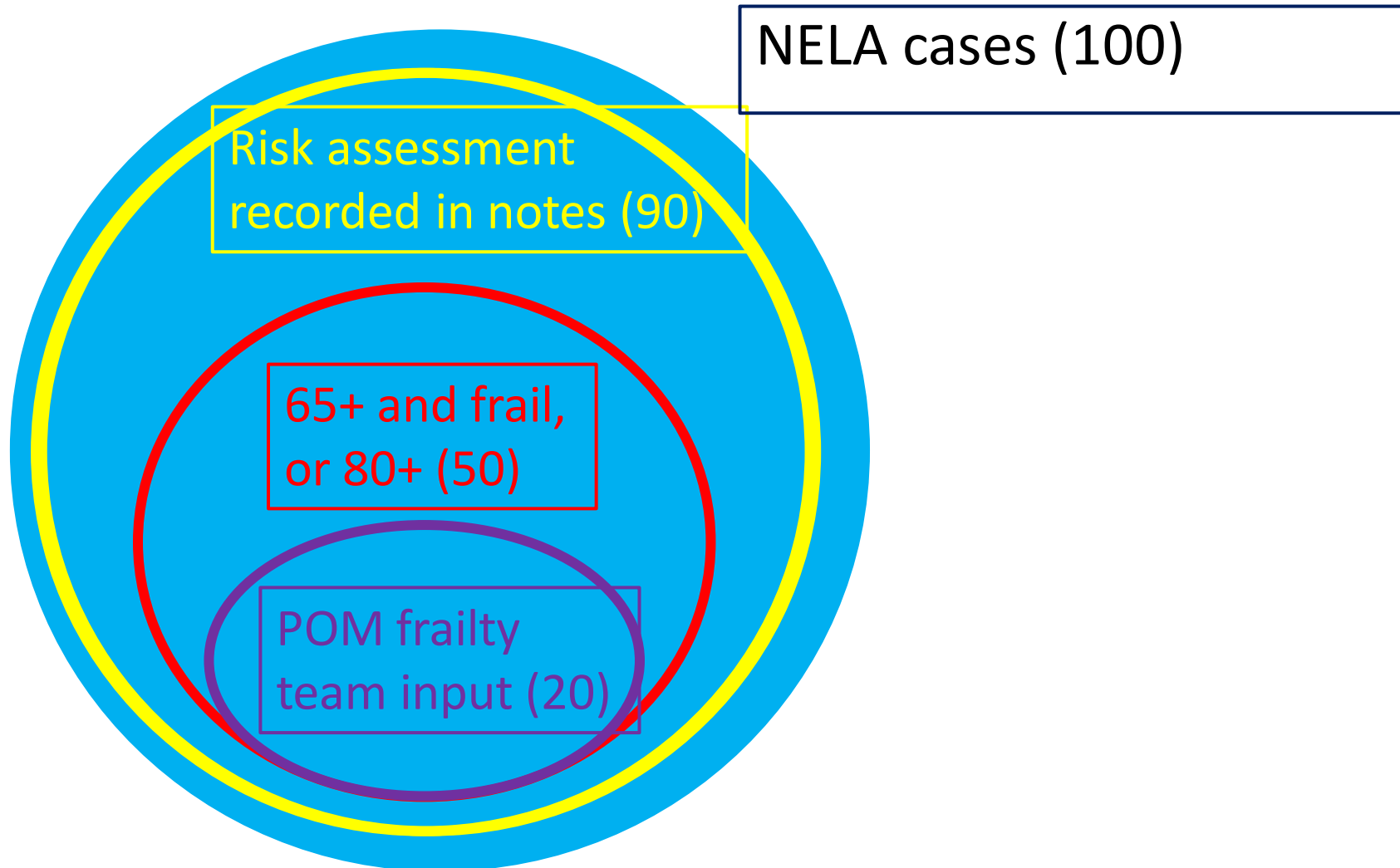
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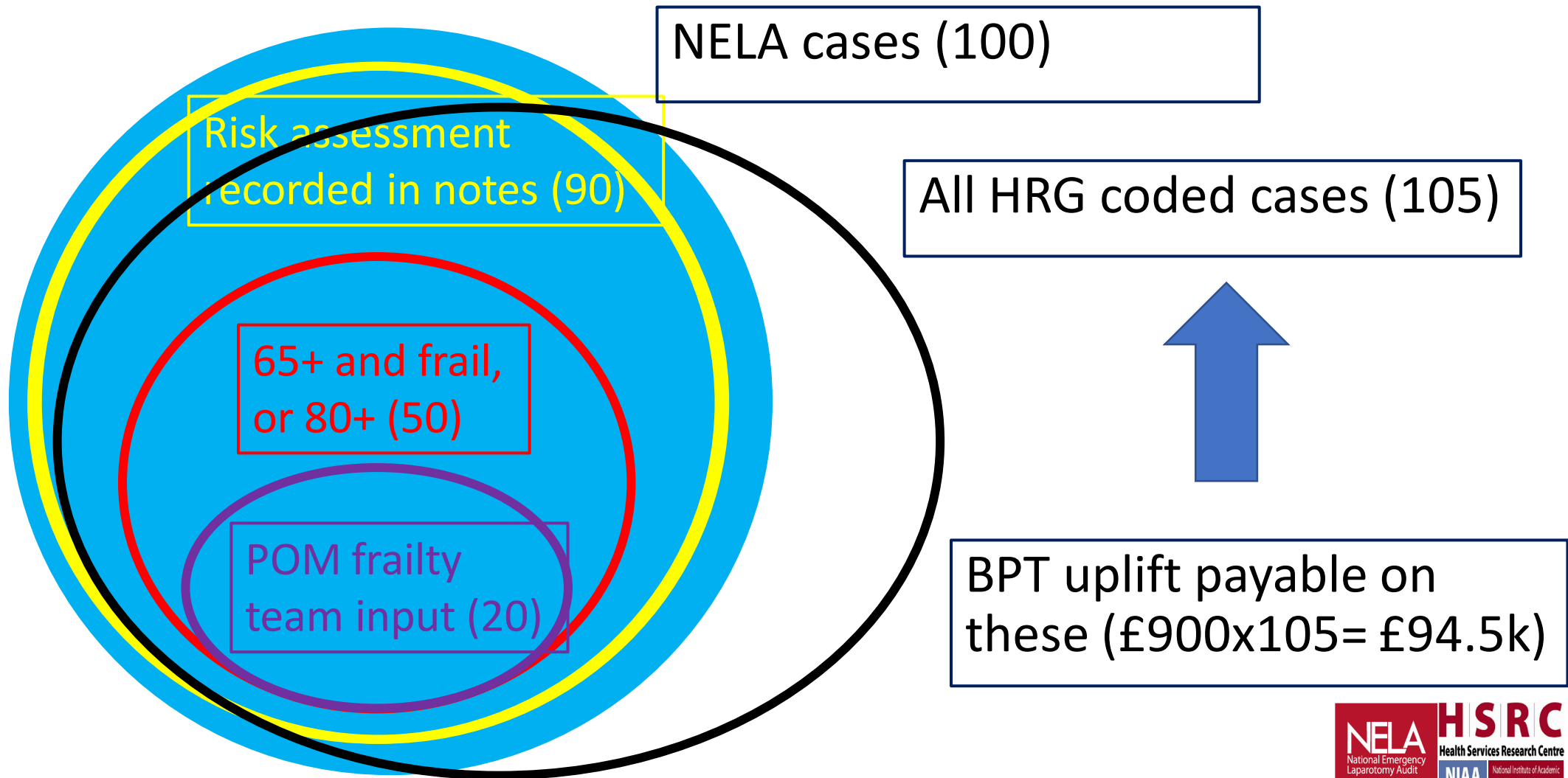
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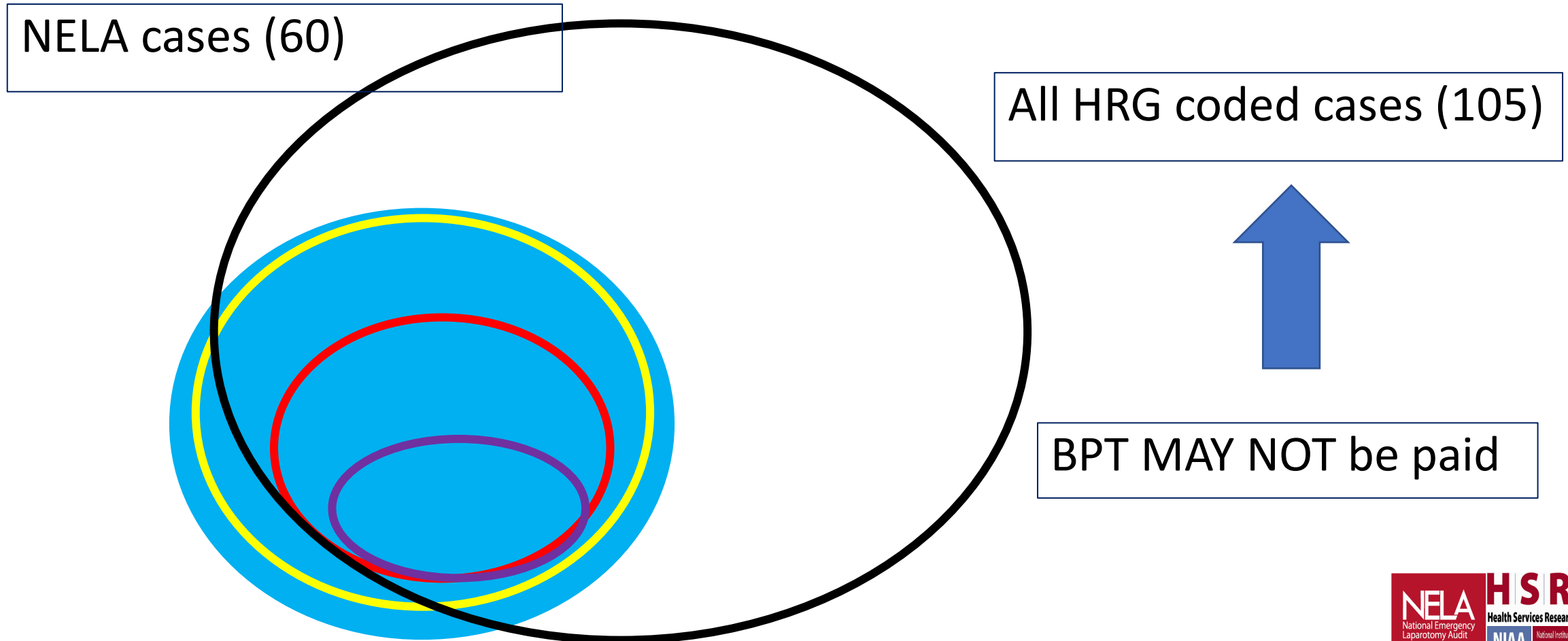


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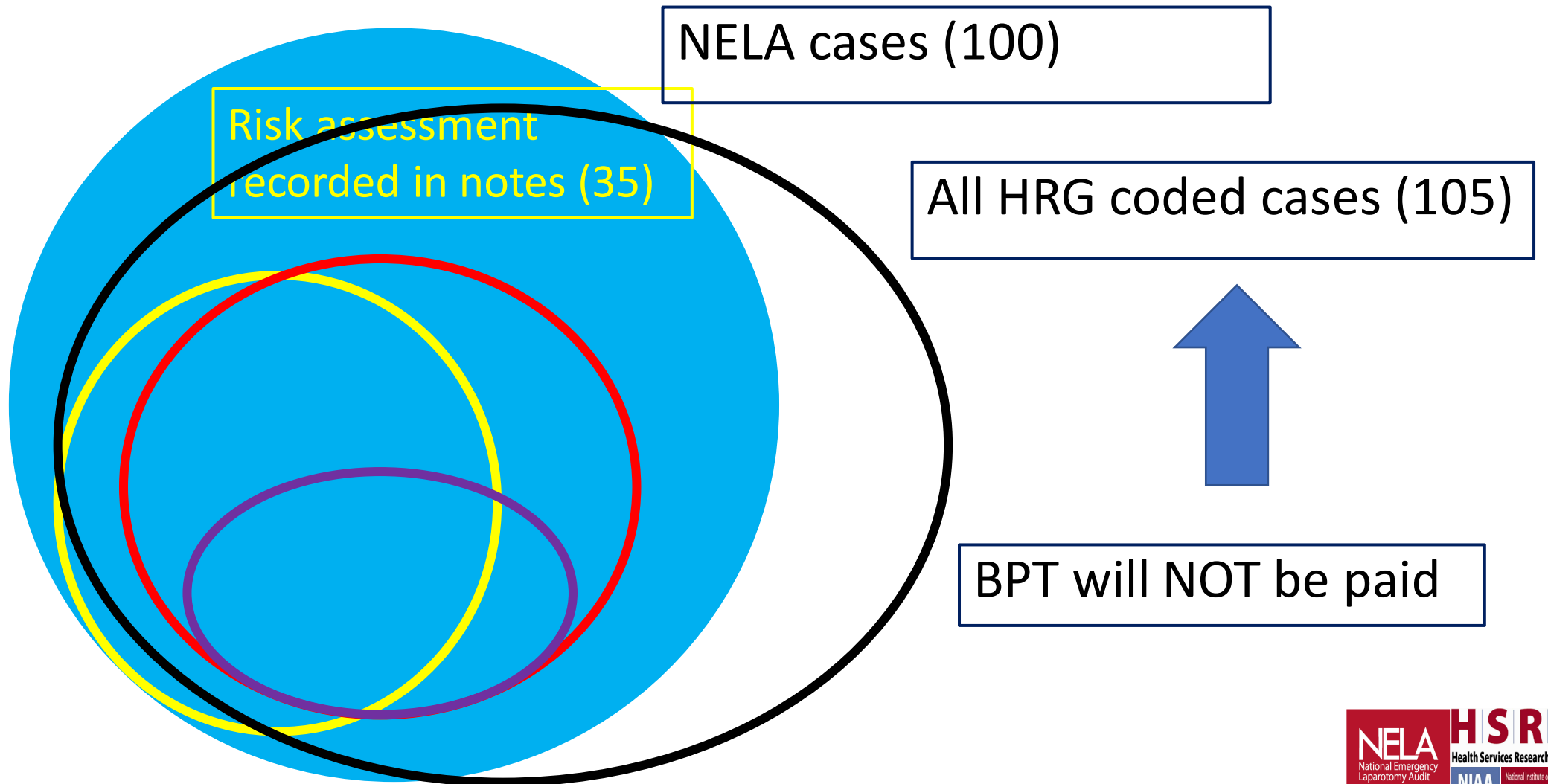




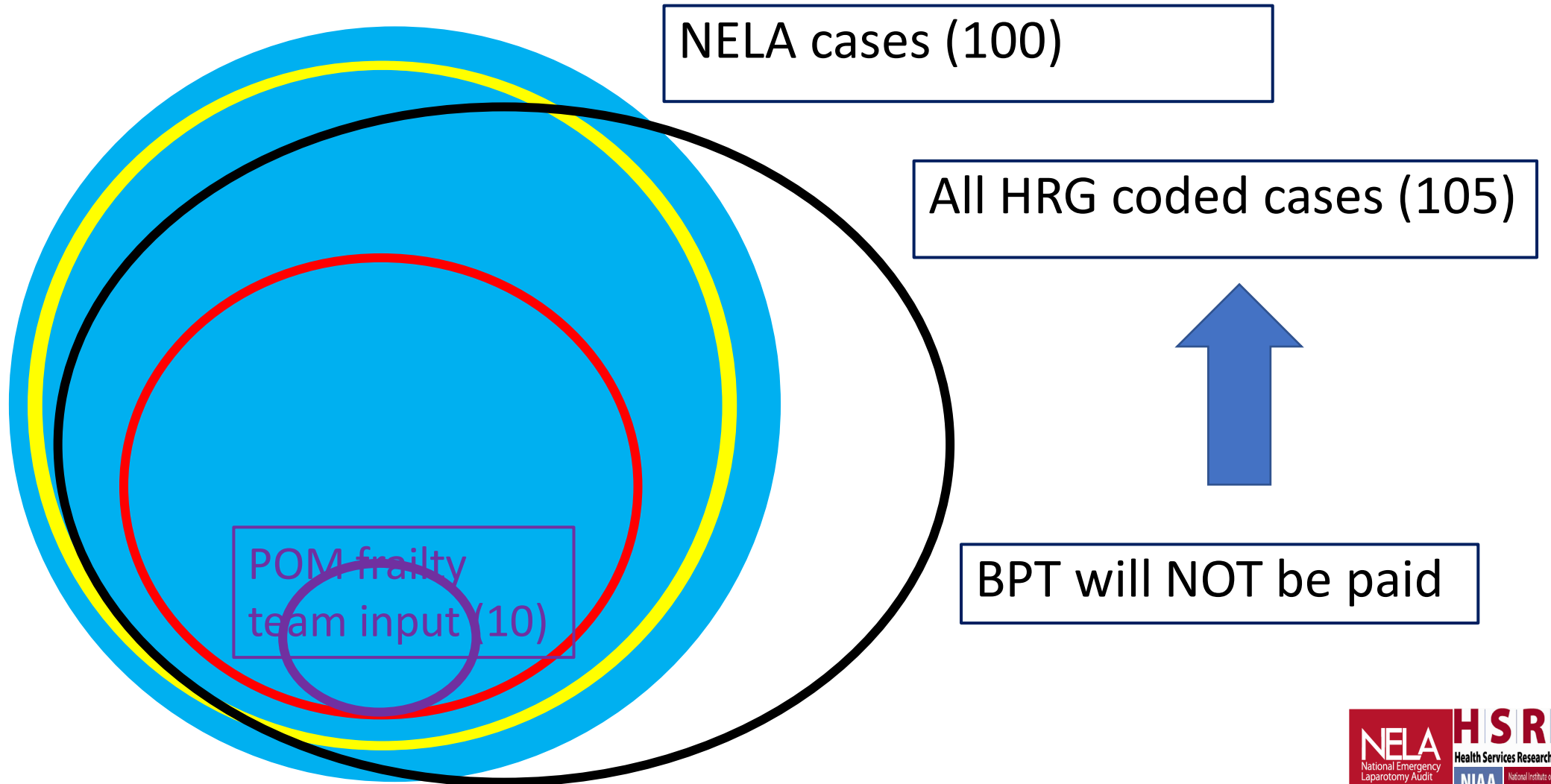
# Poor Case Ascertainment in NELA



# Missing Risk Assessment



# Inadequate Perioperative Frailty Input



# How can I find out how my Trust is currently doing?

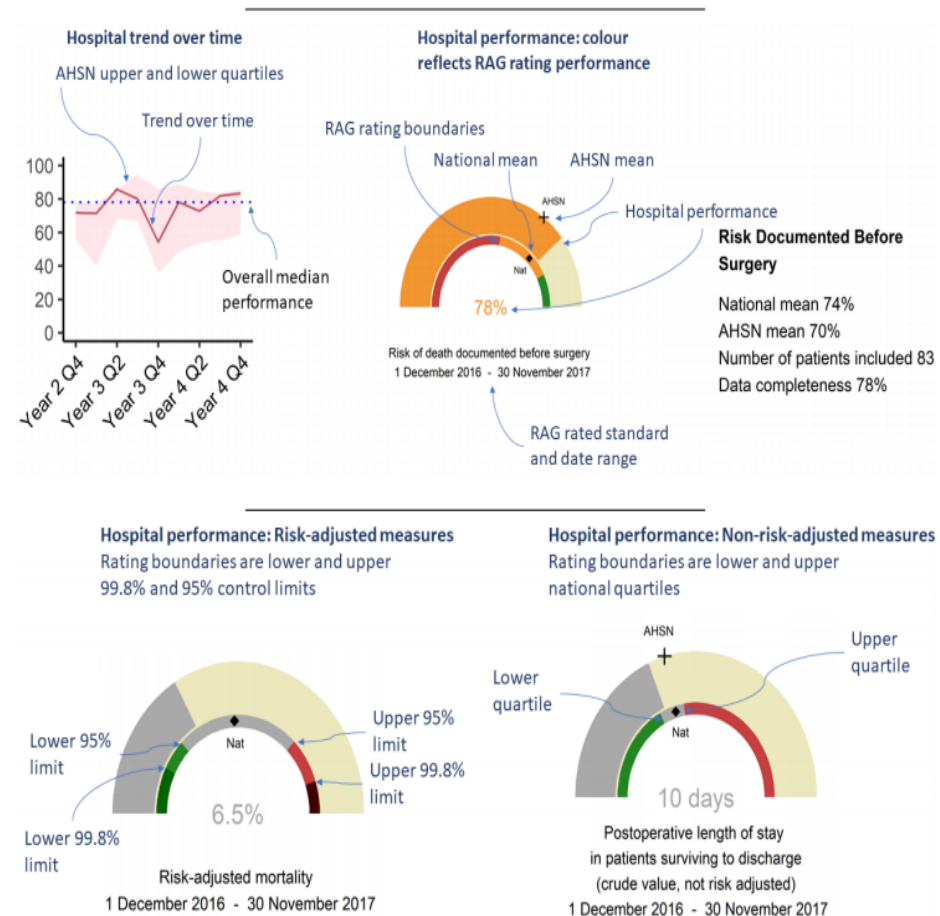
NELA will be producing a specific BPT report for Trusts

## Explanatory Notes

All cases (locked and unlocked) taken to theatre between 1 June 2018 and 31 August 2018 have been included. Only cases where the necessary data are available have been included in the denominator for each individual analysis.

The results for process measures for which fewer than 10 cases have available data will not be reported. Instead the value will be marked as 'Insufficient data'.

At hospital level, runcharts are compared to hospitals within the same AHSN.



# What needs fixing?

- Extended periop care
- Streamlined diagnostic pathway
- Geriatrician input, or periop medicine input with referral pathways
- BPT offers funding potential

