



Centre for
Perioperative Care

How to get change

Prof Scarlett McNally BSc MB BChir FRCS(Tr&Orth) MA MBA FAcadMed Hon MFPH

@scarlettmcnally

Consultant Orthopaedic Surgeon, East Sussex Healthcare NHS Trust

Deputy Director, Centre for Perioperative Care

Honorary Clinical Professor, Brighton and Sussex Medical School

President, Medical Women's Federation

BMJ columnist

I have no conflicts of interest

- Part-time NHS surgeon



- 1/2 day Deputy Director



- I donate £ from my



column to charity:



- £0





The Royal College of Surgeons - Council April 2012

You can change culture & behaviour

- Money/project/prizes
- Information
- Education
- Empowerment
- Photo-ops
- Websites
- Listen
- Bring people with you



Doctors' Assistants in East Sussex

National award Skills for health
Runner-up BMJ Award 2017
Finalist HSJ Award



Doctors' Assistants:

- 44% doctors' time on admin
- 61% exception reports on tasks
- 84% tasks speed patient flow
- 2 transport refusals without them (no paperwork)
- Two-week induction

Job Description on www.scarlettmcnally.co.uk

@scarlettmcnally www.scarlettmcnally.co.uk

Clinical leadership team
of the year finalists 2017

PILOT OF DOCTORS'
ASSISTANTS



Doctors' Assistants in East Sussex



Brief report



OPEN ACCESS

Developing a 'Doctors' Assistant' role to ease pressure on doctors and improve patient flow in acute NHS hospitals

Scarlett McNally,¹ Jörg Huber²

ABSTRACT

Introduction The UK is short of doctors, whose workloads have increased. The new role of Doctors' Assistant has been evaluated with the aim of addressing workload and patient-flow issues.

Methods Five Doctors' Assistants were introduced at two busy acute hospitals, recruited from the healthcare assistant workforce. We devised a 2-week induction,

by doctors on the wards, freeing up doctors to do more complex tasks or engage in training-relevant activities. We initially aimed to assess safety, training issues, usefulness, acceptability and potential workload. The project changed to assessing financial sustainability.

METHODS

¹Trauma & Orthopaedics, East Sussex Healthcare NHS Trust, Eastbourne, UK
²School of Health Sciences, University of Brighton, Brighton, UK

Correspondence to
Scarlett McNally, Trauma & Orthopaedics, East Sussex

Band 3 Doctors' Assistants Tasks we CAN do include:

- Blood tests
- Cannulation (drips)
- Blood cultures
- Drafting discharge summaries
- Finding results
- Taking radiology requests
- Taking referral requests
- Making phone calls
- Writing in notes
- Preparing notes
- Writing ward round notes
- Dementia/VTE screening
- Blood glucose
- ECGs
- Giving information
- Chaperoning patients
- Helping patient comfort
- Encouraging Drs to take breaks
- Allow Drs to get to education

Tasks we cannot do:

- NO medication
- NO prescribing
- NO requesting Xrays or scans
- NO operating
- CANNOT make Medical decisions

	Individual	Society/ governments
Why		
How		

Change:

1. Patients

2. Team behaviours

- Every moment matters
- Every person matters
- (Especially new people – to belong)

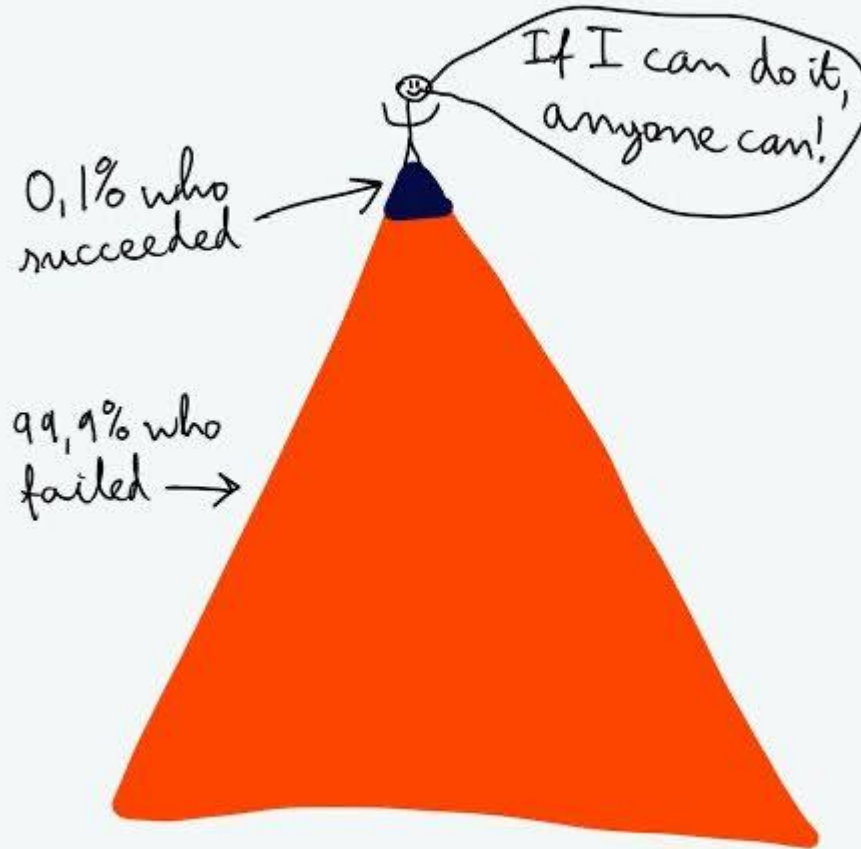
- Get skills
- Be clear
- Have a minimum standard



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We have the wrong leaders (no offence...)

SURVIVORSHIP BIAS



© thedecisionlab.com

Surgery is highly competitive

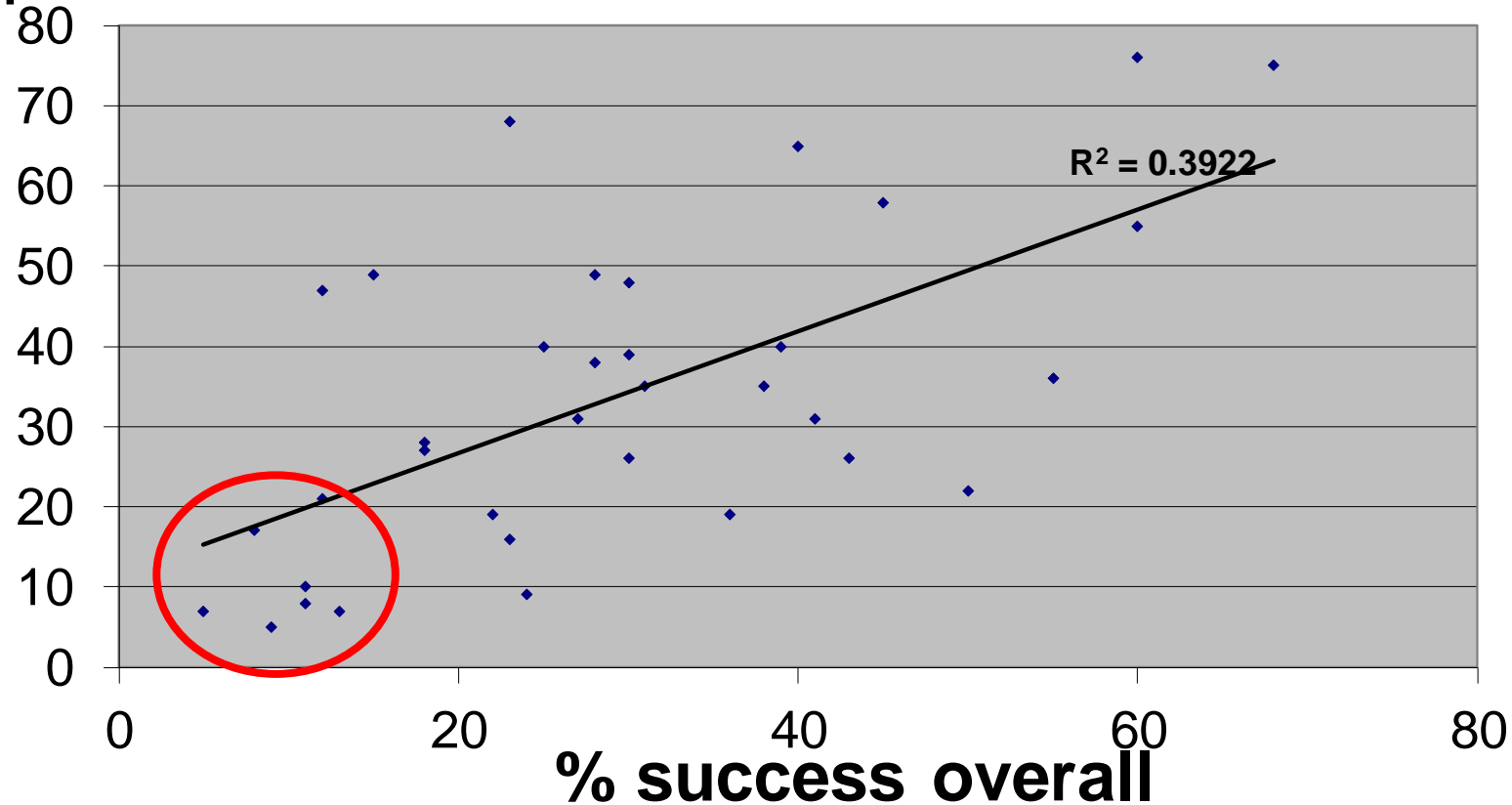
McNally, 2008, JRSM(2005 data)
McNally, 2012, RCSEng

SURGICAL TRAINING:
STILL HIGHLY
COMPETITIVE BUT STILL
VERY MALE



SA McNally Consultant Orthopaedic Surgeon
Eastbourne District General Hospital, Eastbourne

% female applicants



You are special

Specialty	Applications	Posts	Competition ratio
ACCS Emergency Medicine CT1/ST1	1803	361	4.99
Anaesthetics CT1	2604	545	4.78
Anaesthetics ST4	640	399	1.60
Intensive Care Medicine ST3	392	178	2.20

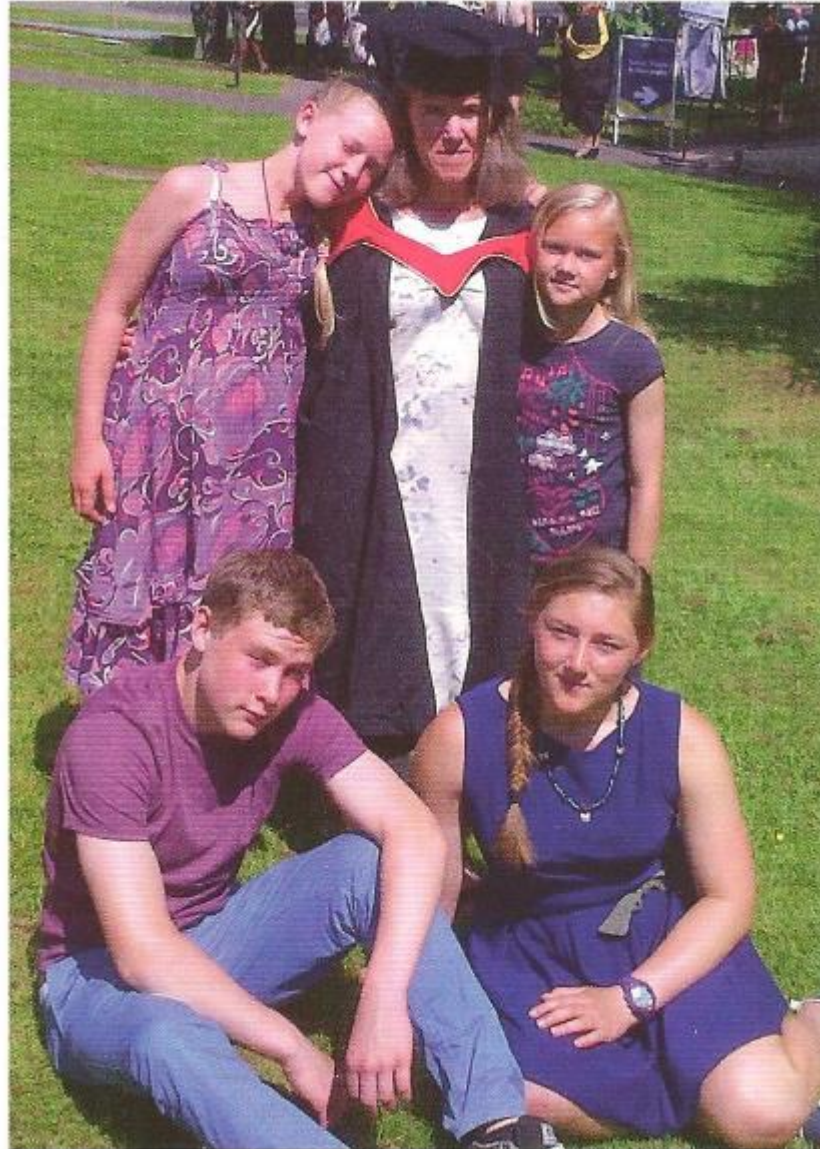
Competition ratios for 2023

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios/2023-competition-ratios>

My BMJ articles



- MBA
- Surgeon
- Woman
- Mother
- Patient





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How to get change

	Individual	NHS staff	Society/ governments
Why			£
How	Personalised Practicalities		



How to get change

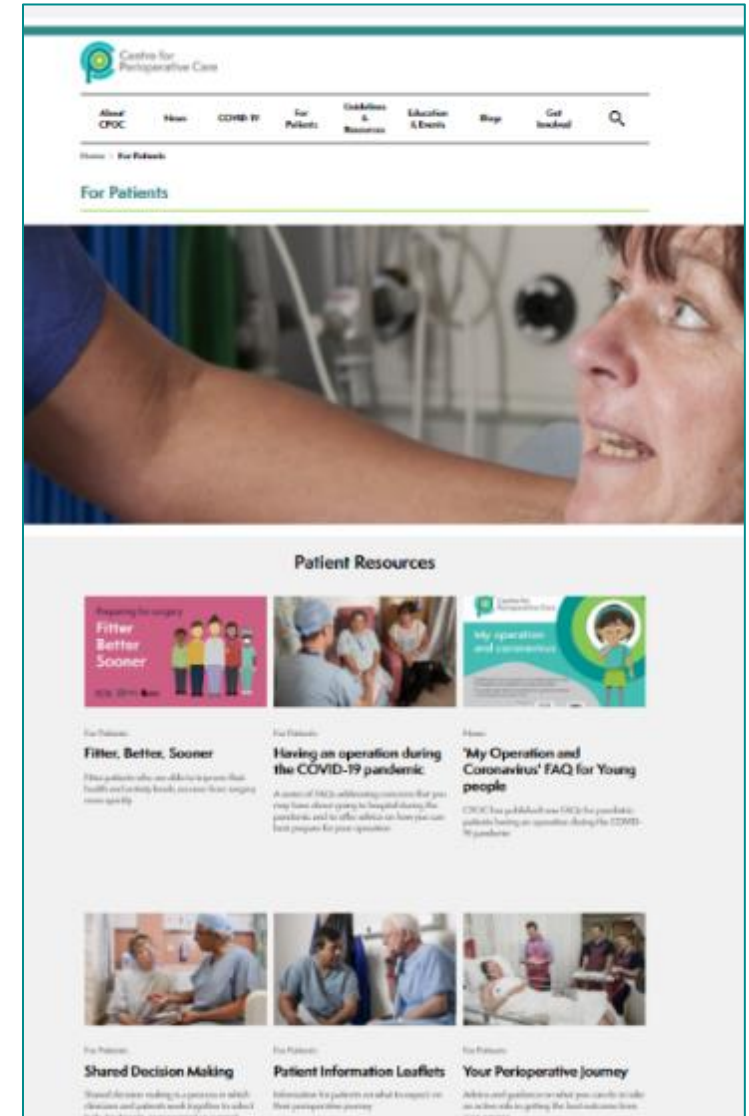
- Data
- Images
- Stories
- Practicalities
- Information
- “Normalising”
- NHS as anchor institution
- Carrot + Stick



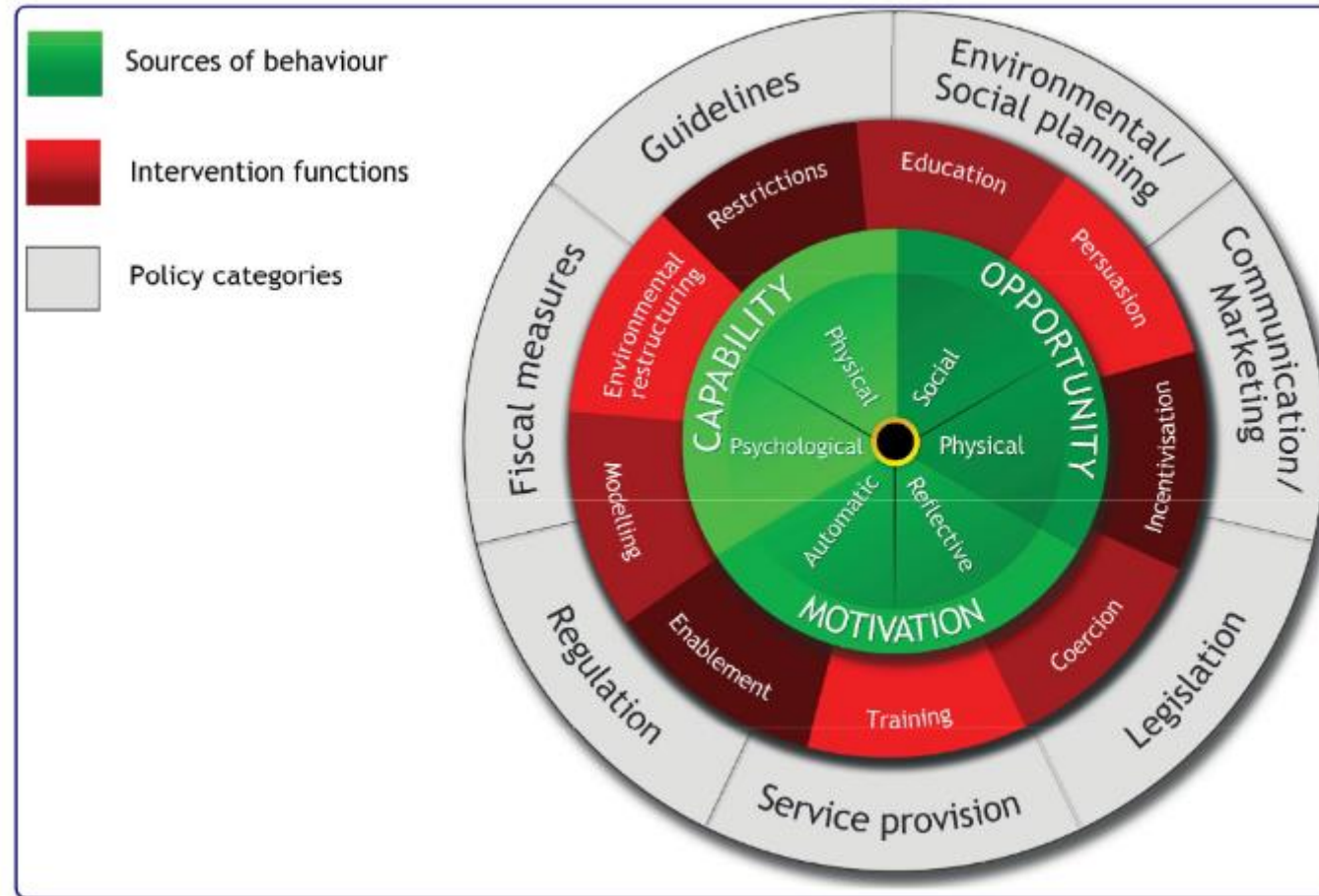
Patient-centredness

www.cpoc.org.uk/patients

A teachable moment



Nudges, etc



The behaviour change wheel: A new method for characterising and designing behaviour change interventions
Michie et al.

BioMed Central

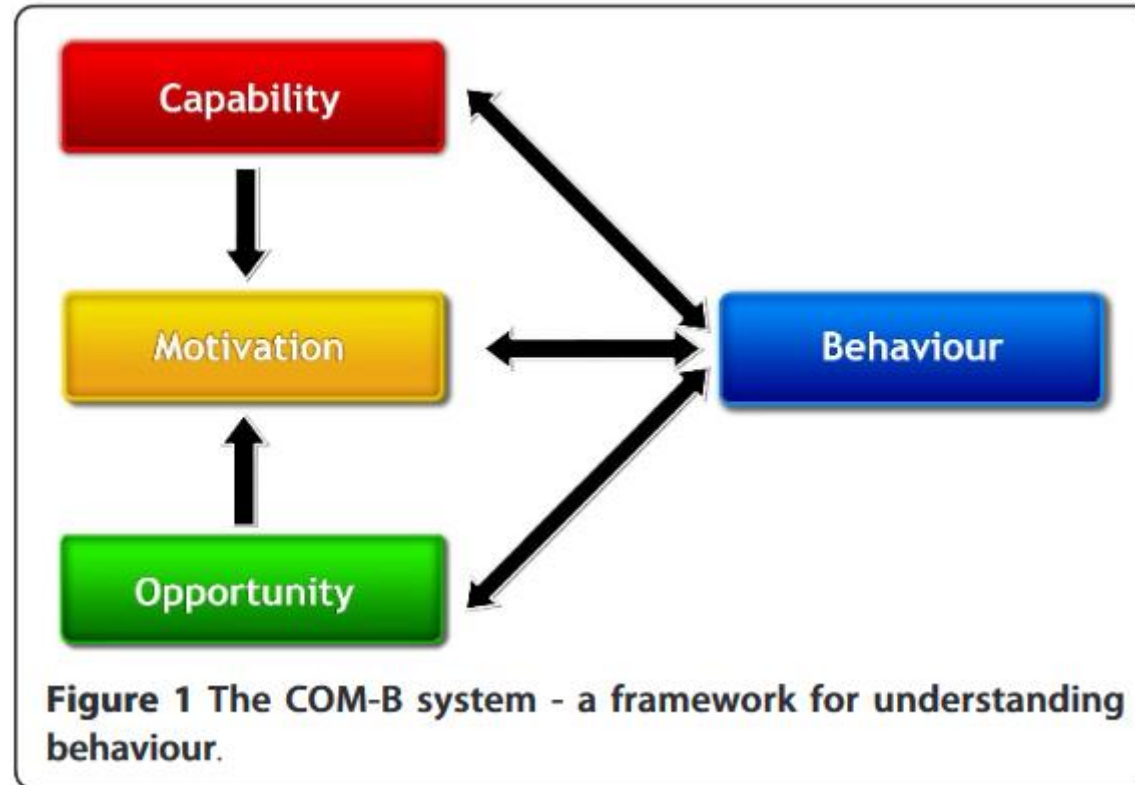
Healthcare Research Promotion

The COM-B model

The behaviour change wheel: A new method for characterising and designing behaviour change interventions
Michie et al.



<https://doi.org/10.1186/s12916-011-1001-2>



	Individual	Society/ governments
Why		
How		



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Case study – exercise pre-op

Exercise: The miracle cure and the role of the doctor in promoting it

February 2015

- I was lead author for this
- Academy of Medical Royal Colleges = ALL specialties & GP & Public Health
- at www.scarlettmcnally.co.uk

Reduction in risk with DOSE = 150 minutes/week		Treats ?
Dementia	30%	✓
Stroke	30%	✓
Bowel cancer	40%	✓
Breast cancer	25%	✓
Type 2 Diabetes	30-80%	✓
Heart disease	30-80%	✓
High Blood Pressure	up to 50%	✓
Lung diseases	30%	✓
Depression	30%	✓
Osteoporosis	up to 50%	✓
Falls	30-50%	✓

ACADEMY OF
MEDICAL ROYAL
COLLEGES

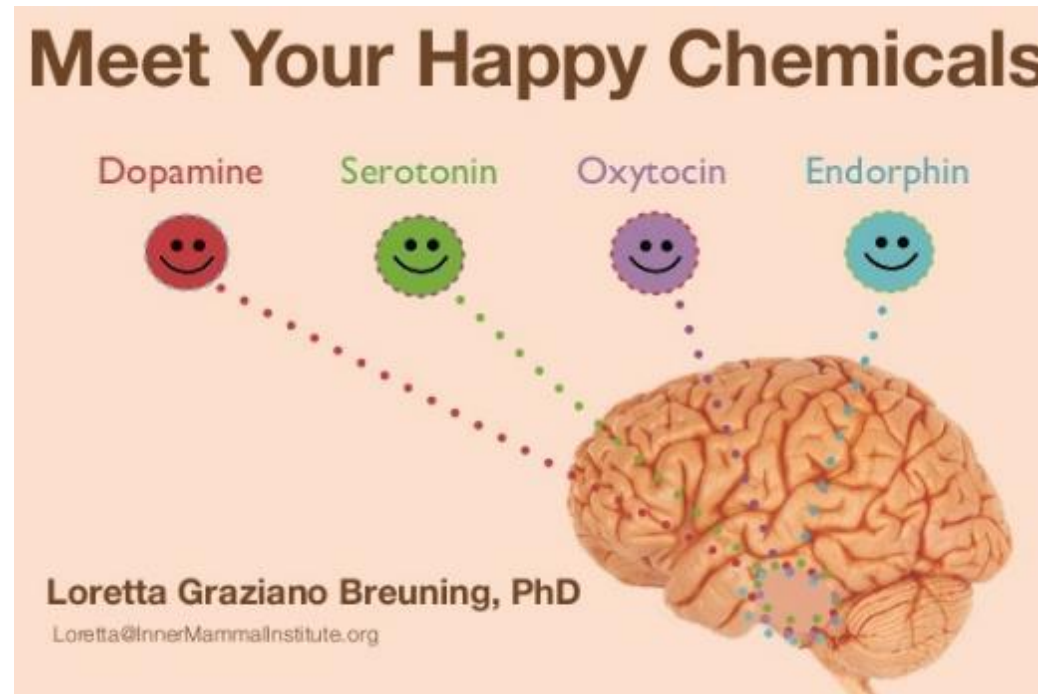
Exercise:
The miracle cure and
the role of the doctor
in promoting it

February 2015

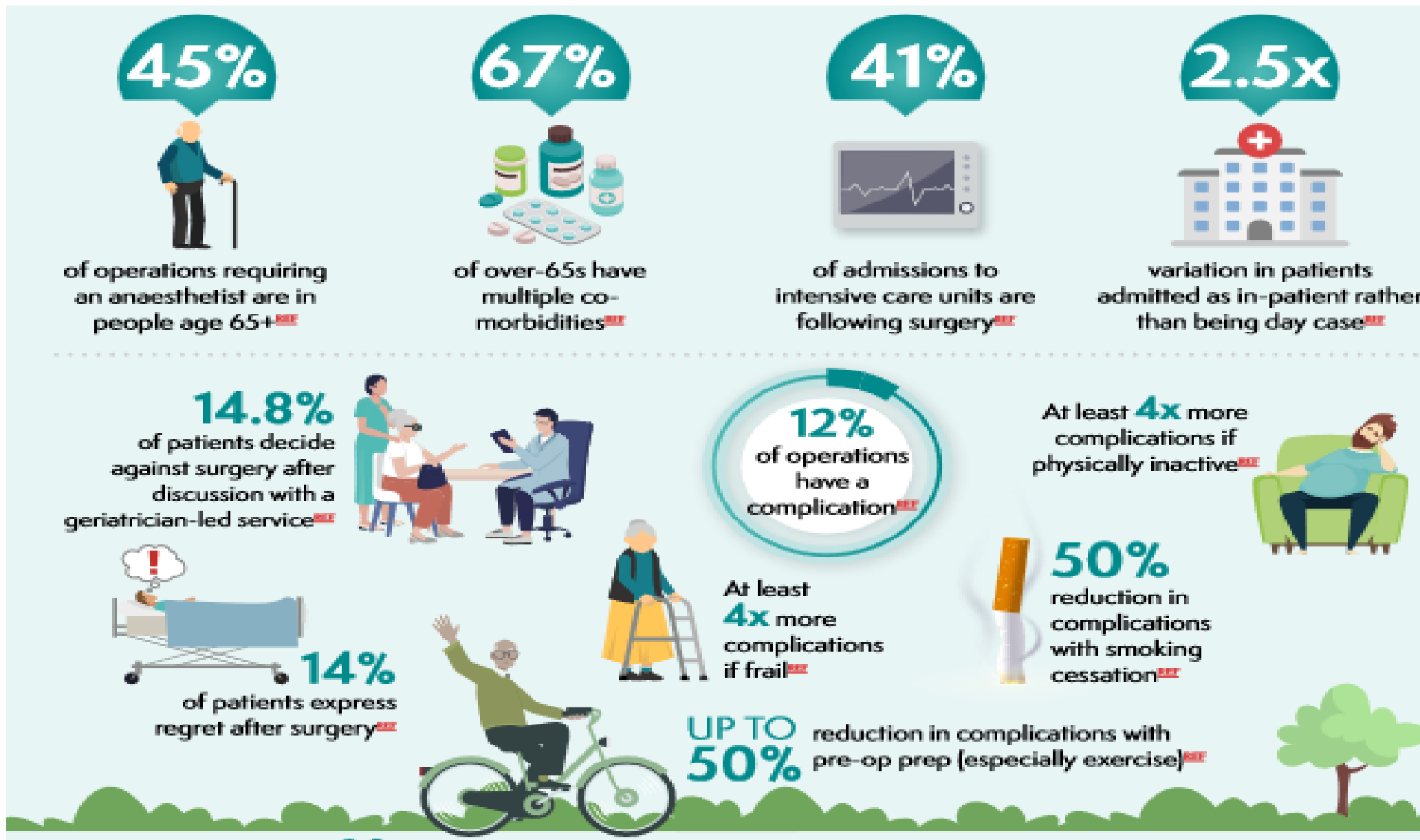


Why do we ever do anything?

1. **Dopamine**: set goals, mini-rewards (vs. procrastinate)
2. **Serotonin**: be included + sun/UV **Sign up for charity walk/run/cycle!**
3. **Oxytocin**: gifts, hugs, sex, memories, doing a good deed
4. **Endorphins**: exercise, comedy, laughter **TAKES 20 minutes to work!**



Reduce complications by 50%. Be a “day case” www.cpoc.org.uk



Complications

10-15%	of operations have a complication	https://link.springer.com/article/10.1007/s10353-018-0551-z#Tab1
x5	if frail	https://doi.org/10.1093/ageing/afy110
x4	if physically inactive	https://pubmed.ncbi.nlm.nih.gov/23534776/
30%-80%	Decrease with daily exercise	www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care
14%	patients express regret	https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.146
10%	Ops cancelled (most due to lack of beds)	Wong et al, 2017
47%	Ops (requiring an anaesthetist) are in over 65s	https://www.gettingitrightfirsttime.co.uk/medical-specialties/anaesthesia-perioperative-medicine/
50%	UK population have multi-morbidity at 65	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext
26%	UK adults do no exercise at all	Sport England https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2023-04/Active%20Lives%20Adult%20Survey%20November%202021-22%20Report.pdf

Standardise + individualise

Standard pathway

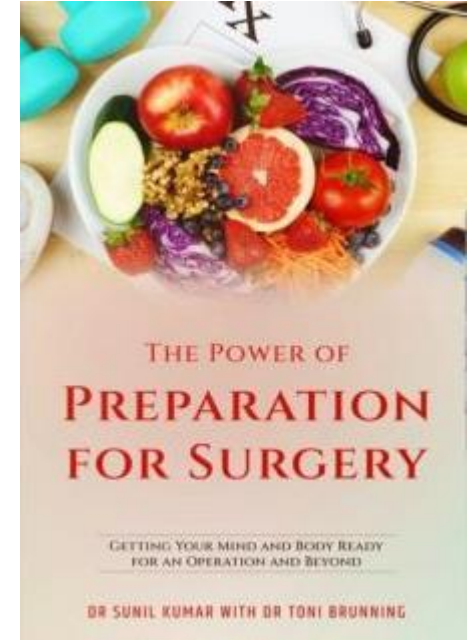
- Nurse-led
- Optimise
- Protocolise
- Bring steps earlier
- Anticipate
- Risk stratification

Complex

- Senior clinician
- Complex optimisation / medication / treatment
- Shared Decision Making

7 things proven to reduce complications by 50%

1. **Smoking**
2. **Exercise**
3. **Nutrition**
4. **Medication review + Senior review**
5. Alcohol/drugs
6. Mental health & psychological preparedness
7. Practical preparedness



<https://www.amazon.co.uk/Power-Preparation-Surgery-Getting-Operation/dp/B0CTTKY6LF>

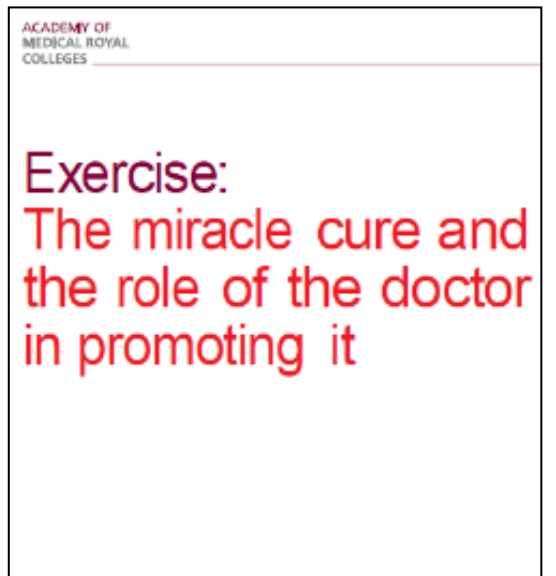
AND may make day case-able

Everybody should get something

- Big fancy service
 - Leaflets
 - “go for a walk every day”
 - Sit to stand exercises
 - Give permission

Changing behaviour

- Fitting it into your schedule.
- Make the right choice the easy choice.
- Knowledge
- A trigger to start
- Practical things and skills
- A back-up plan for when you fail / motivation
- Attitudes / Seeing it as OK / normal / role models
- Infrastructure
- MONEY www.movingmedicine.ac.uk
- Regulation MECC <https://www.e-lfh.org.uk/programmes/making-every-contact-count/> @scarlettmcnally www.scarlettmcnally.co.uk



February 2015



Moving Medicine

Make Every
Contact Count

Pre-Course Reading for Health Professionals



Perioperative care is better: www.cpoc.org.uk

- Better for patients
- Better for costs
- Better for staff



My new hip



- Home next day





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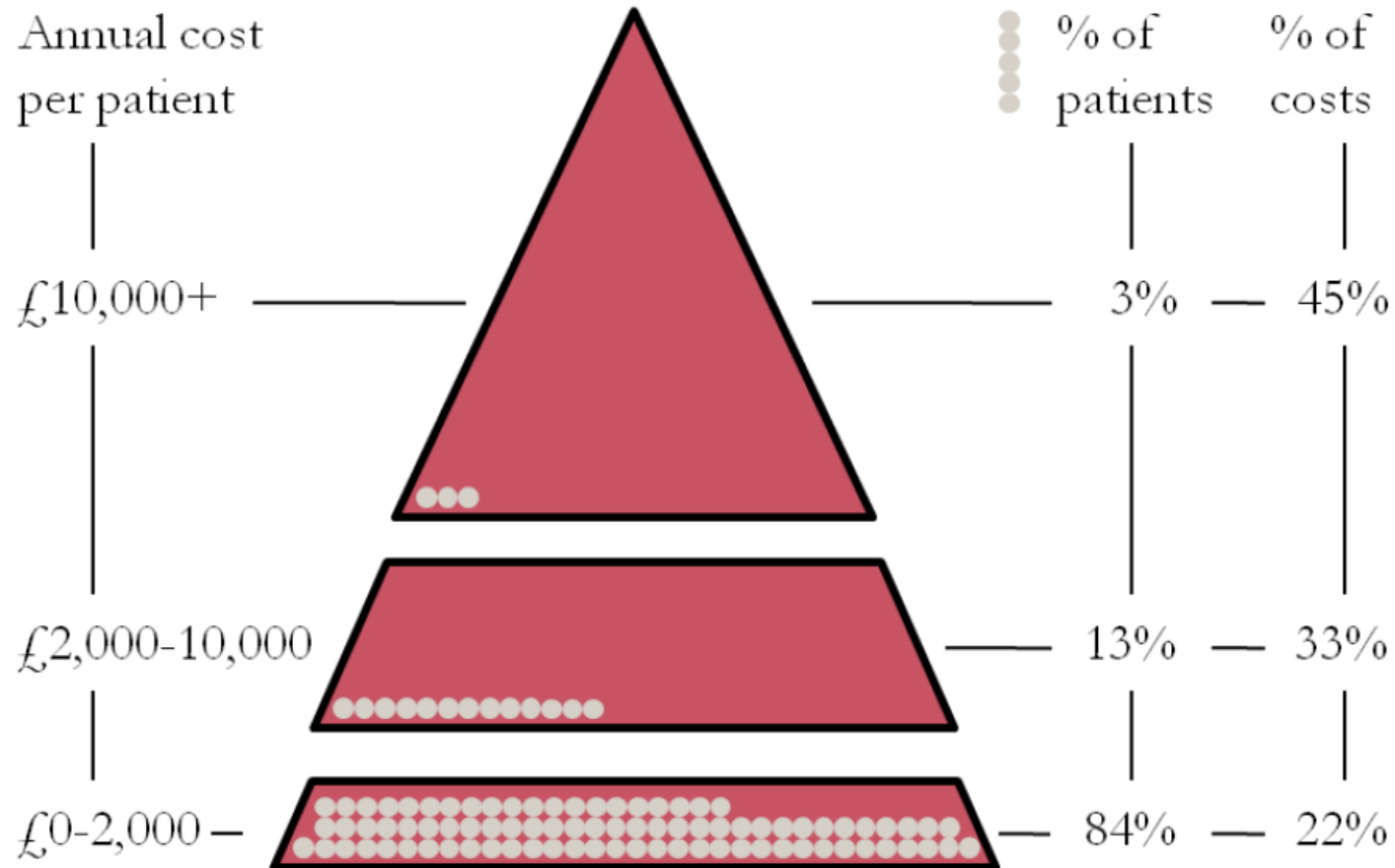
For institutions / governments

Money

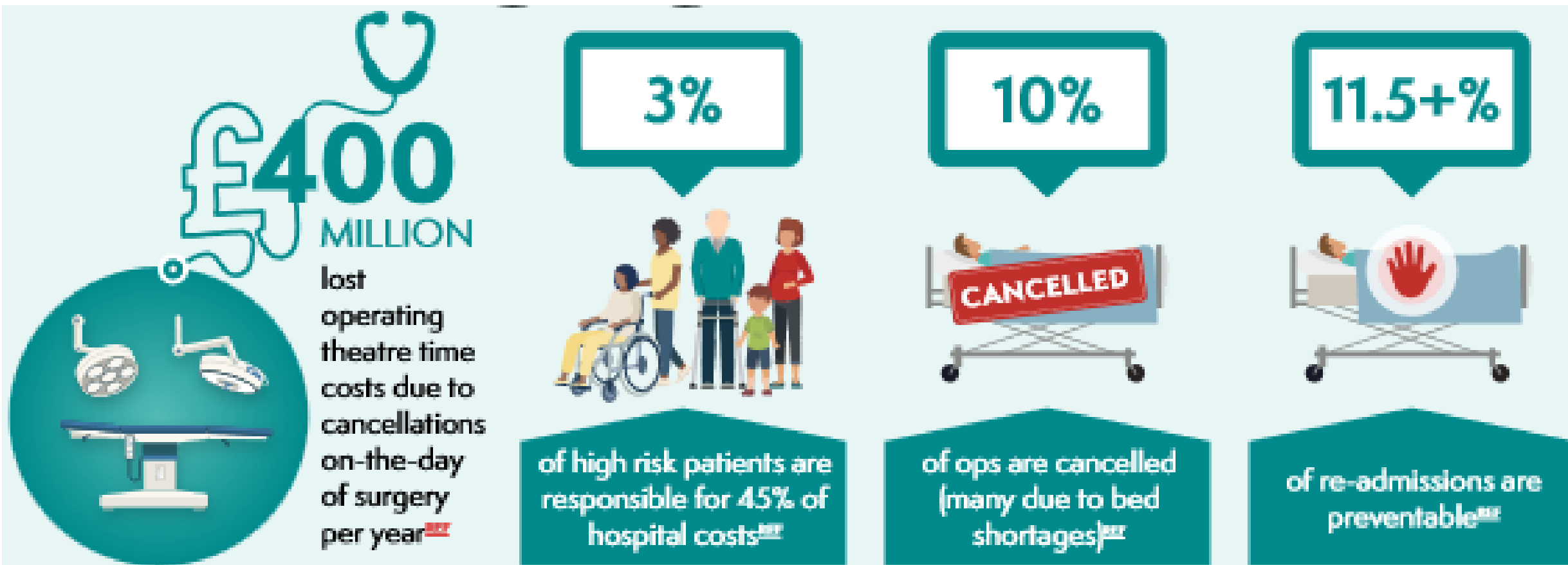
Get a business case

Money – Poor health is Unaffordable for NHS

3% of patients cost 45% costs



Why? £



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info@cpoc.org.uk

cpoc.org.uk



Prevent the need for social care



BMJ 2017;359:j4609 doi: 10.1136/bmj.j4609 (Published 2017 October 17) Page 1 of 4



ANALYSIS

Focus on physical activity can help avoid unnecessary social care

A concerted effort to provide support and opportunities for physical activity can help older adults maintain independence and lessen the costly burden of social care, argue **Scarlett McNally and colleagues**

Scarlett McNally *consultant orthopaedic surgeon*¹, David Nunan *senior researcher*², Anna Dixon *chief executive*³, Mahiben Maruthappu *health executive*⁴, Kenny Butler *health and wellbeing lead*⁵, Muir Gray *public health doctor*⁶

- Ageing is different from lack of fitness
- Start exercise:
 - Can “drop a decade”
 - Reduce need for social care
- £100bn spent on social care for 65+
- Only 20% of ill-health is genetic
- Environments and expectations must:
 - make exercise possible
 - open spaces and
 - facilities for active travel

How to get change? (different audiences)

		People	Organisations Governments Funders Regulators
WHY	Knowledge	Personalised risk ?science ?celebrity	Cost implications Demographic changes
HOW	Starting Continuing	Practicalities Culture	Funding Infrastructure Regulations



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Change behaviours in surgical teams



Avoiding unconscious bias

A guide for surgeons

I notice you're stressed, is there anything the team can do to help?



Association of Anaesthetists



Centre for Perioperative Care

Skills

- YOU: Slow down. Set clear tasks. Be aware of stressors. Team brief - prepare
- EVENT: First Aid / crisis / stress vs. chat later

Have some words:

Hello

I don't think you can say that

I am sorry

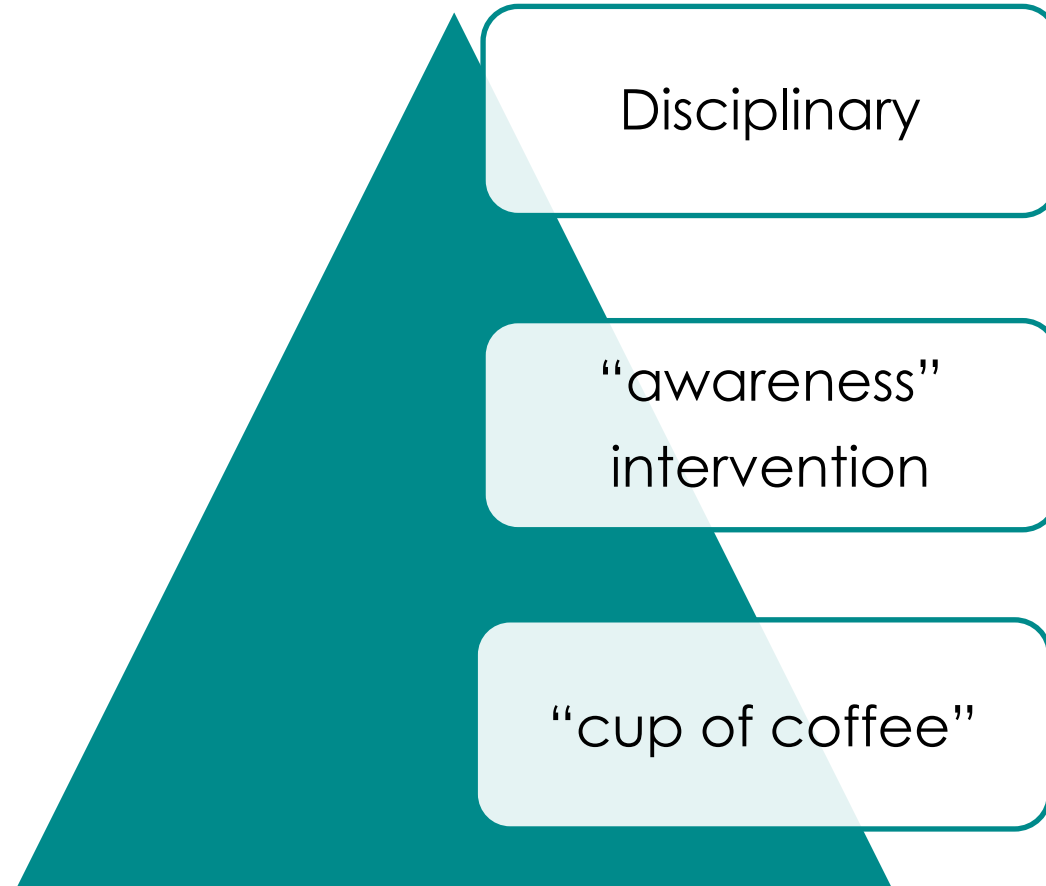
Let's focus on the patient

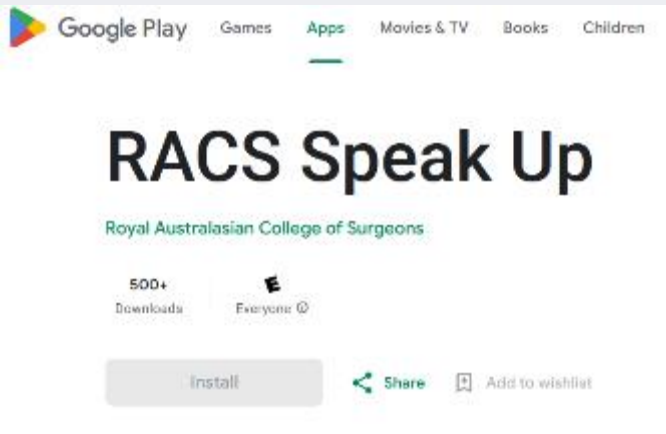
Can we discuss this later?

SAFETY CRISIS: I have some concerns now

- OTHERS/PEER: Taking peer for a Vanderbilt cup of coffee. Ask how they are?

Bad behaviours and “van der Bilt cup of coffee”



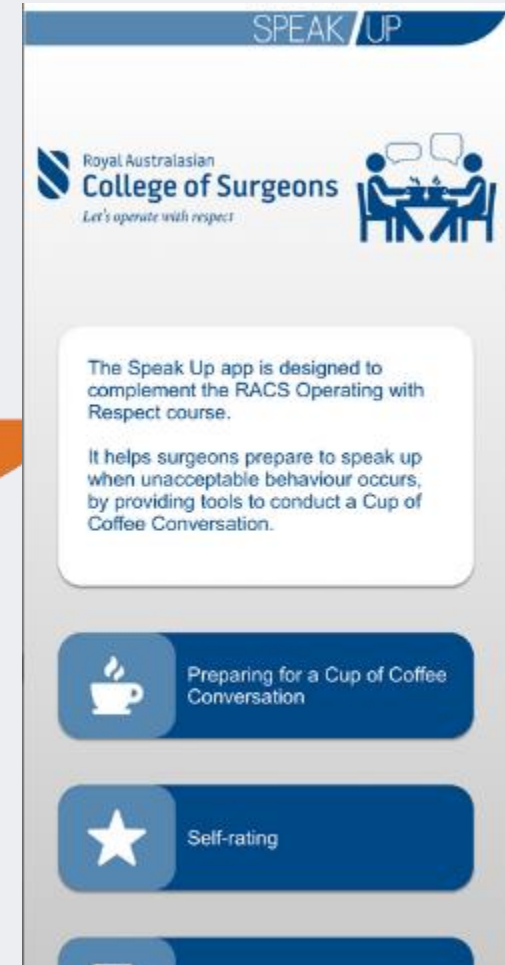


RACS

LET'S OPERATE WITH RESPECT

Find out more: www.surgeons.org/respect

- 48% surgeons in training had witnessed bullying
- They recommend: "Call it out"
- Most alleged perpetrators didn't realise how they were perceived.



Vanderbilt cup of coffee skills:

- Your role: To report an event / let them know behavior/action was noticed
- It's not a control contest. ("I am coming to you as a colleague...")
- Don't expect thanks (acknowledgement)
- Know message and "stay on message"
- Know your natural default (your communication style; your "buttons")
- Offer appreciation (if you can): "You're important, if you weren't, I wouldn't be here"
- Use "I" statements: "I heard..." "I saw..." "I received..."
- Ask: "Are you OK?"
- Review incident, provide appropriate specifics
- Ask for colleague's view...pause...
- Respond briefly to questions, concerns...

SET the RULES:

so ALL operating theatre staff help students / Postgrad doctors



If you are invited to scrub:

- Try to meet the patient first. Aim to follow them up, in recovery and back on the ward.
- Practice scrubbing and gowning in advance, before you have to do it for real
- If given instruments to pull, pull with exactly the tension you are given
- Say if you are going to move.
- Keep a logbook if training (you should not keep confidential information unless registered)

www.rcseng.ac.uk/study

Get them to scrub in!

www.rcseng.ac.uk/learning-in-operating-theatres

@scarlettmcnally www.scarlettmcnally.co.uk



www.rcseng.ac.uk/career
www.rcseng.ac.uk/study



British Orthopaedic
Association

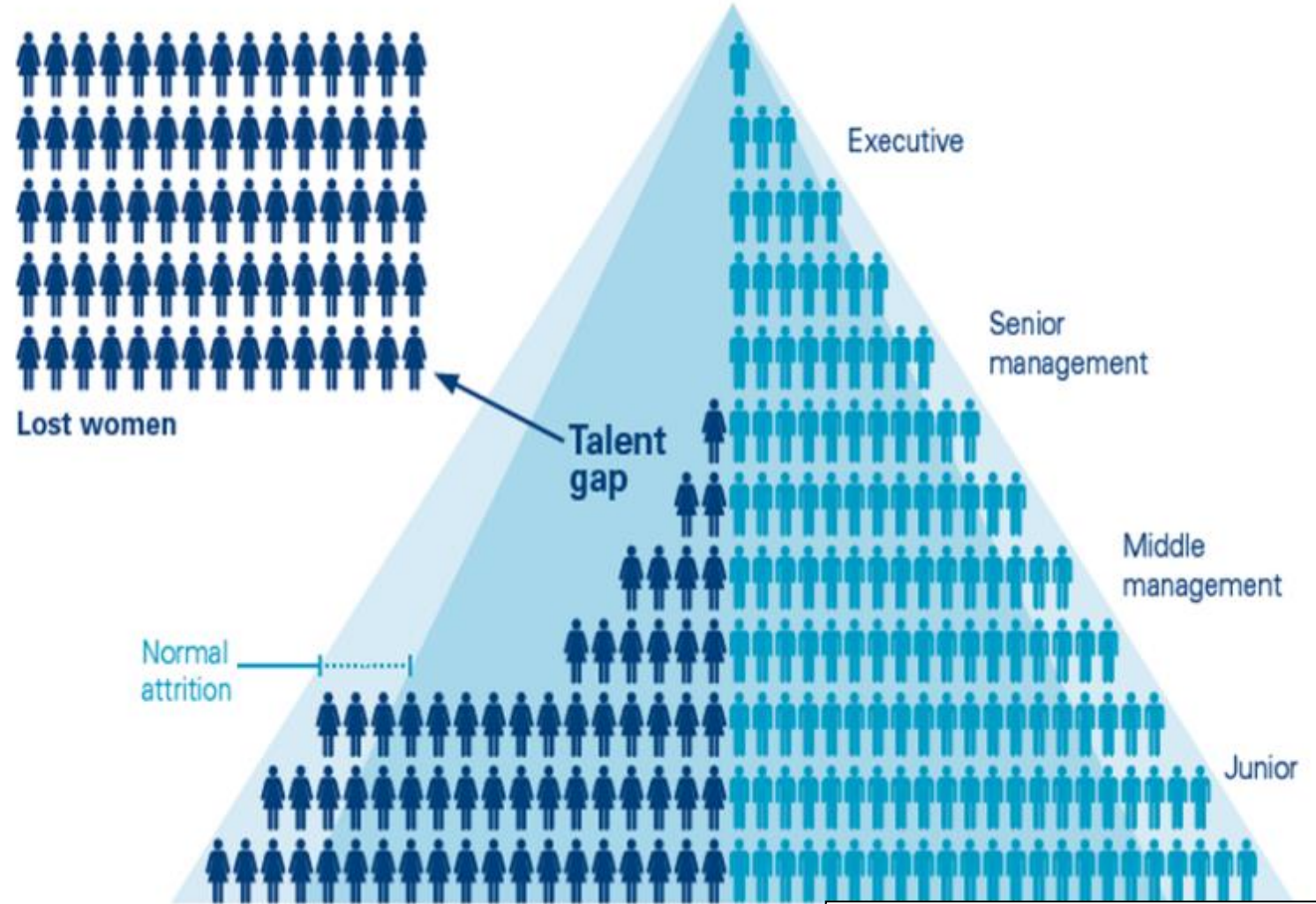
Supporting Trainees through Pregnancy, Maternity,
Shared Parental or Adoption Leave and Returning to
Work

A BOA Guide for Education Supervisors and Trainers



We need to succession plan and develop.

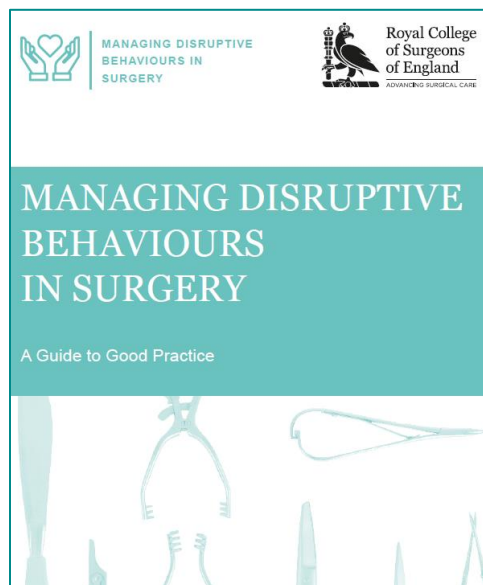
**Figure 5:
The talent gap**



Source:
*Your Loss: How to
Win Back your Female
Talent, 2010*

Teamwork

www.rcseng.ac.uk



<https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/improving-professionalism/>
<https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/managing-disruptive-behaviours/>

@scarlettmcnally www.scarlettmcnally.co.uk

Work across the whole team – develop, nurture



- Transdisciplinary working
- Sharing skills
- Clear goals
- Less duplication
- Clear 'red flags'
- Standardised pathways
- Less 'moral injury' = going against your values

Patient information - can upskill other staff

Patient information

East Sussex Healthcare **NHS**
NHS Trust

Hip Fracture – information for patients and carers

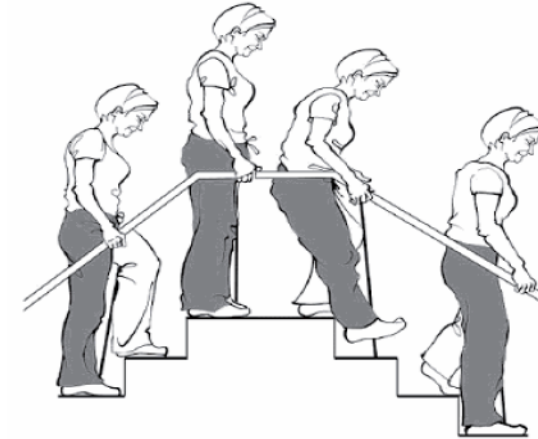
This information is also available at:

www.esht.nhs.uk/leaflet/hip-fractures-information-for-patients-and-carers/

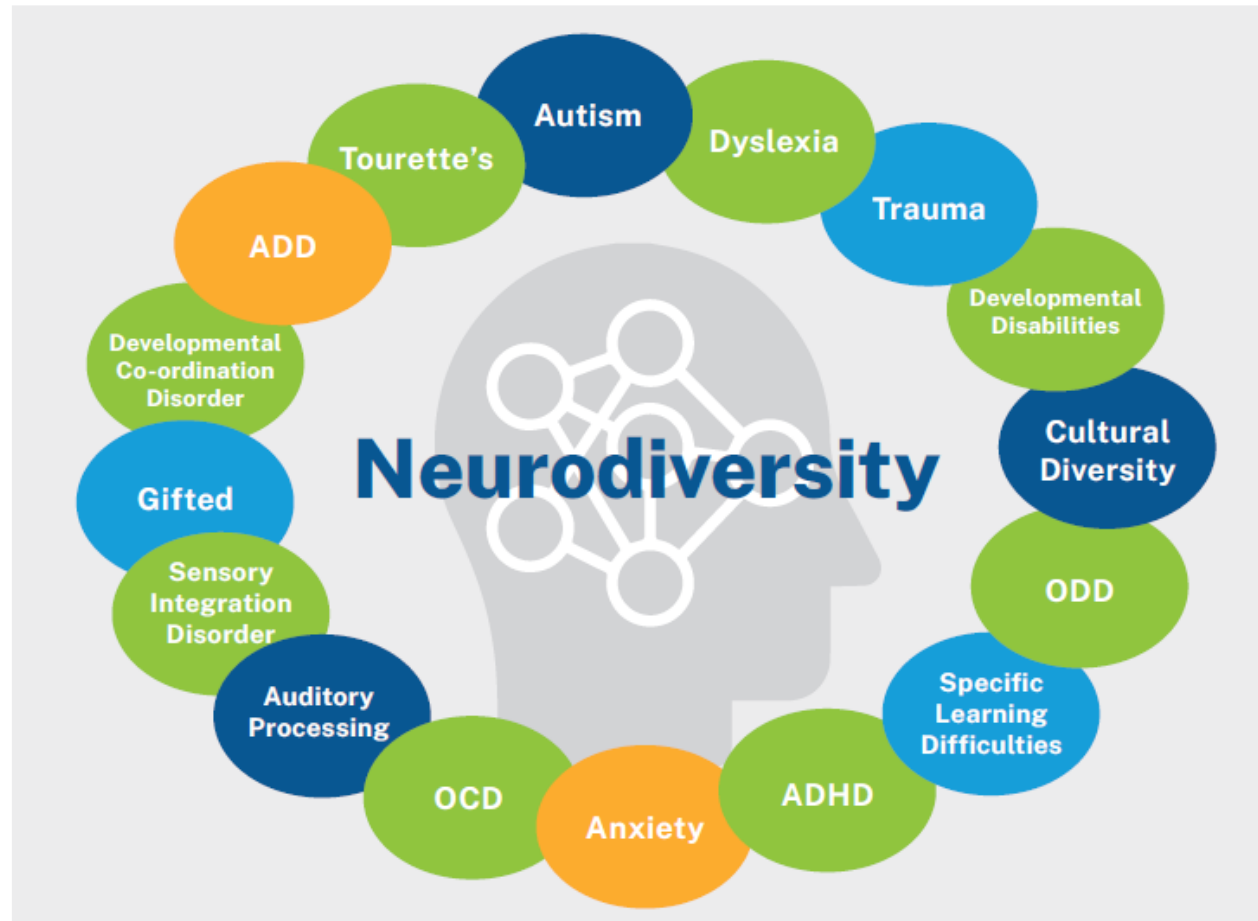
Putting a plastic sheet or carrier bag on the seat often helps as it enables you to slide more easily.

Going downstairs – Take one step at a time. Lead with the leg that **has** been operated on.

“Good leg leads up”
“Bad leg leads going down”

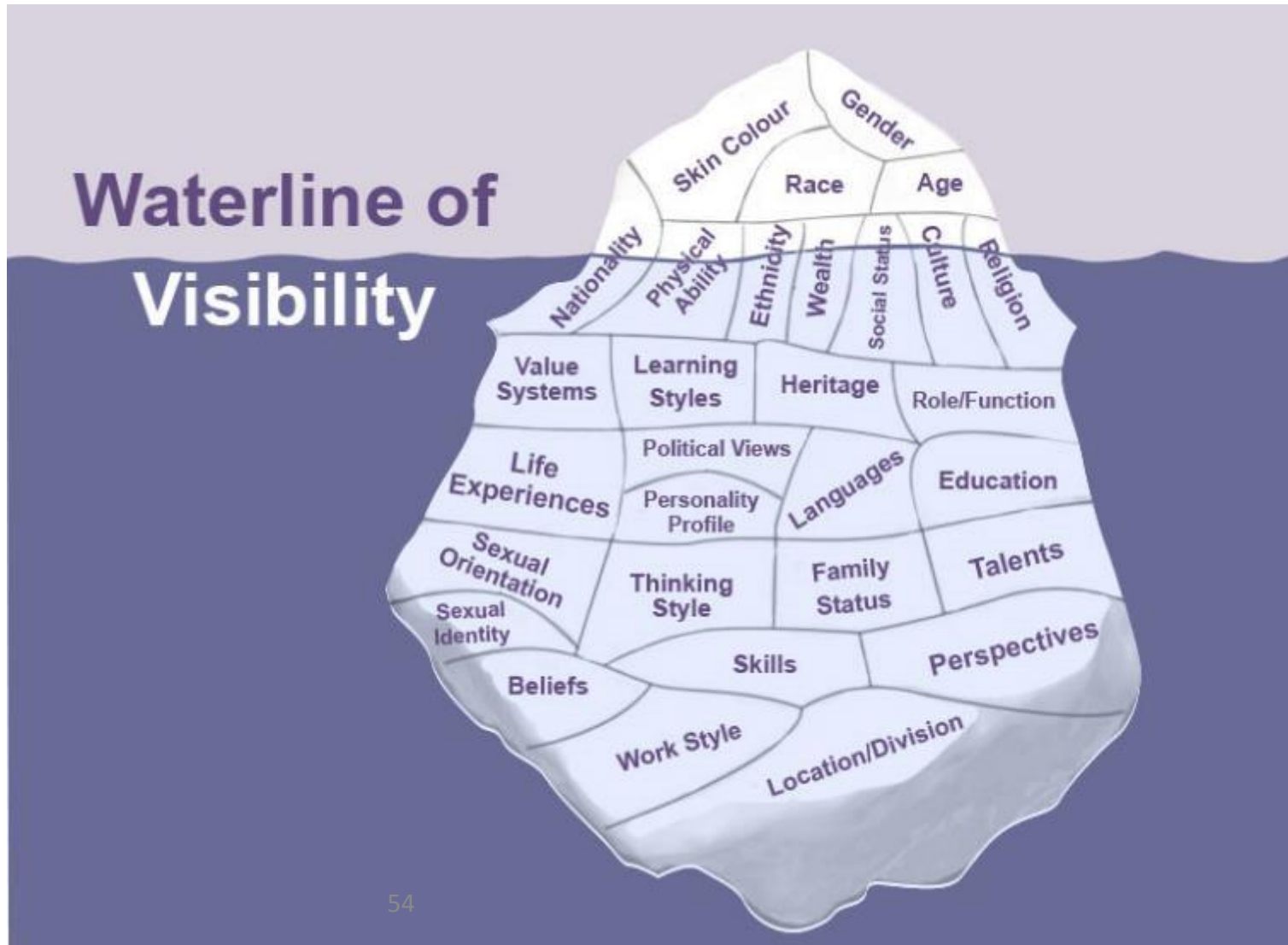


Everyone has different strengths



Invisible disability entry to the **Iceberg of diversity**

Once you do this, do for all



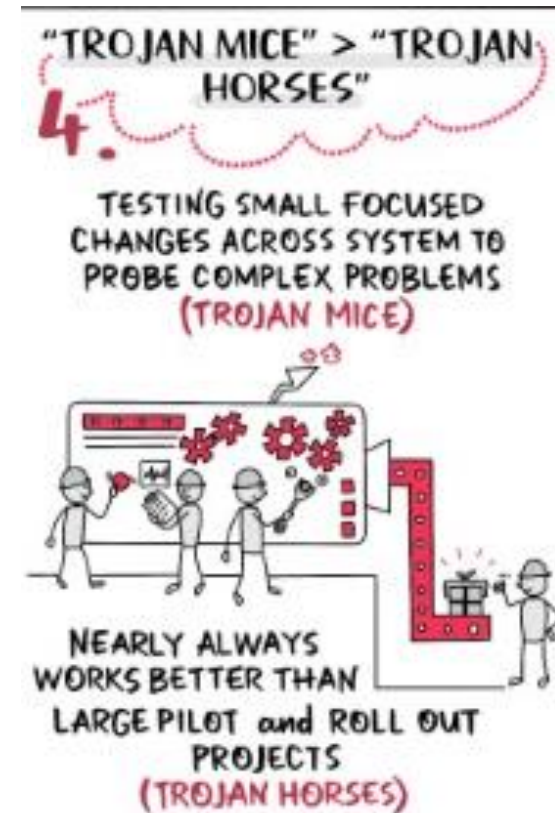
(Brook Graham
?2004)

<http://www.brookgraham.com/WhatWeDo/Iceberg.aspx>

@LiangRhea

4. "Trojan mice" are typically more effective than "Trojan horses".

Having many people across the system who can test out small, well focussed changes to probe complex problems (Trojan mice) nearly always works better than large pilot and roll out projects (Trojan horses).



6. Change efforts are far more likely to succeed because people perceive they have agency for change

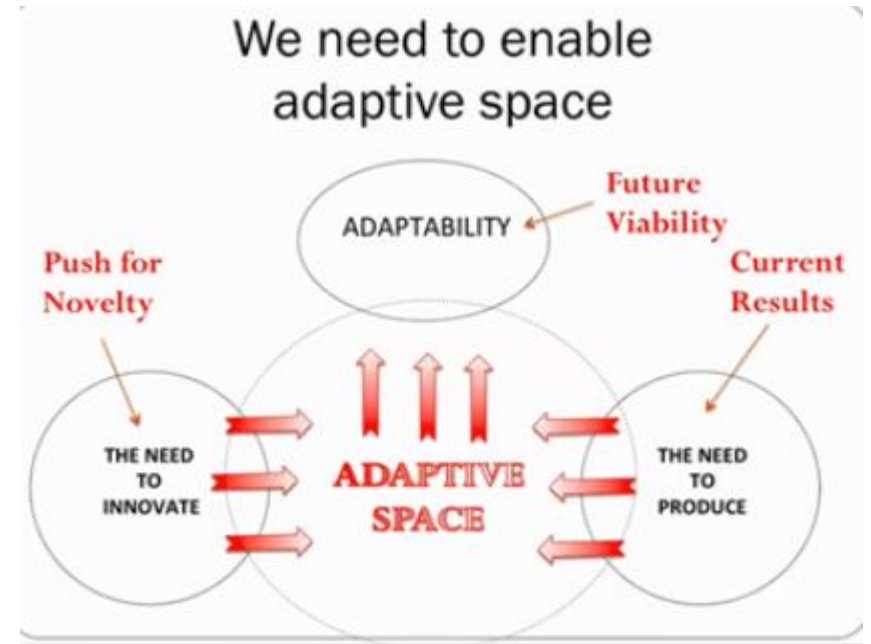
Agency: the power and sense of permission to make change happen

More important than improvement skills or resources or improvement methodology.



8. We cannot move forward with real, profound change unless we create "space" for change.

We need "space" for learning, reflection, re-design and new forms of emergence. That means designing space into organisational processes and routines, through networks, communities, summits, learning debriefs, peer-assists, virtual platforms and huddles.



Adaptive Space: the temporary zones of social connectivity that enable the discovery, development and diffusion of new ideas. Principle from [Mary Uhl-Bien](#)

Change

- Getting patients to change to healthy behaviours
- Getting staff to change how we do things / communicate
- Getting local systems to change eg pathways
- Getting major national/system change

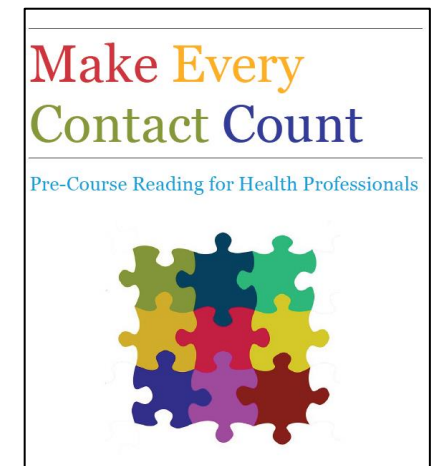


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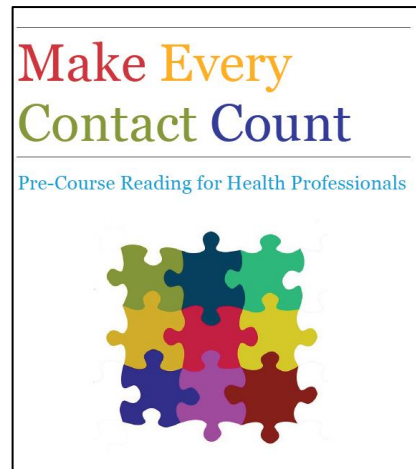
How to get change

Lots of angles:

- Sustainability
- Patient empowerment
- Less Pollution
- Better team-working
- Poverty (car costs)
- Collisions



Learn to do Motivational Interviewing



www.movingmedicine.ac.uk

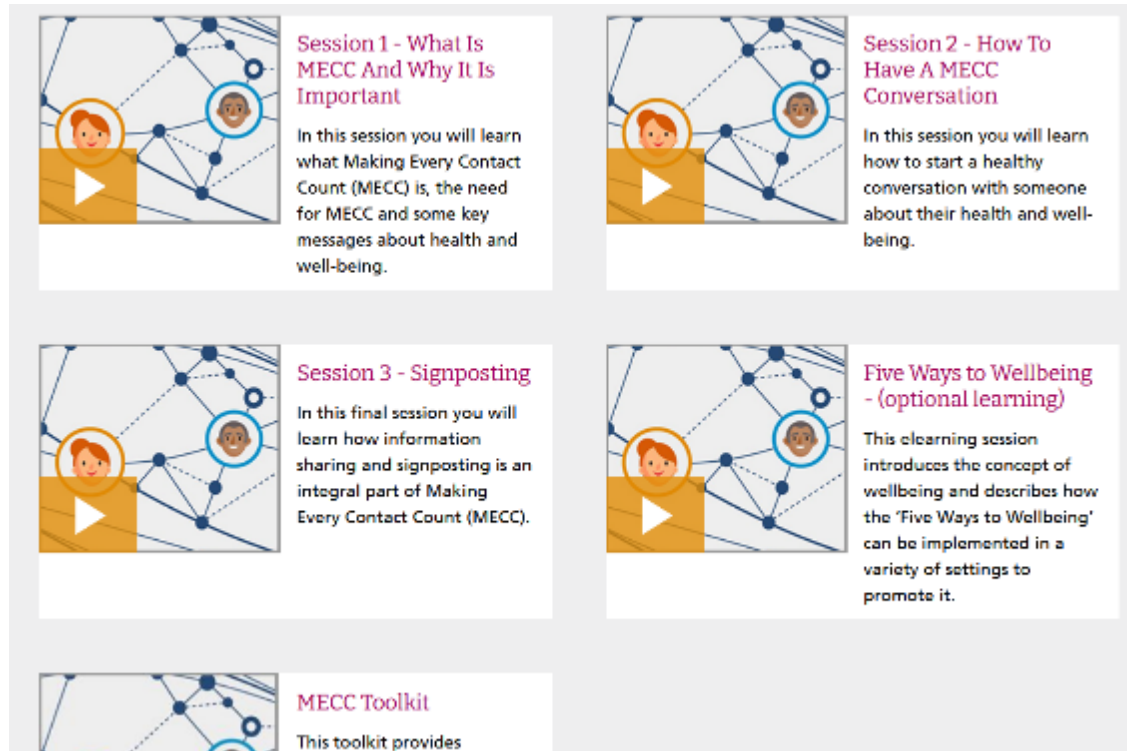
- How to talk about exercise in 1-minute consultation

www.e-lfh.org.uk

- Making Every Contact Count “MECC”

Making Every Contact Count

<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>



Session 1 - What Is MECC And Why It Is Important
In this session you will learn what Making Every Contact Count (MECC) is, the need for MECC and some key messages about health and well-being.

Session 2 - How To Have A MECC Conversation
In this session you will learn how to start a healthy conversation with someone about their health and well-being.

Session 3 - Signposting
In this final session you will learn how information sharing and signposting is an integral part of Making Every Contact Count (MECC).

Five Ways to Wellbeing - (optional learning)
This clearing session introduces the concept of wellbeing and describes how the 'Five Ways to Wellbeing' can be implemented in a variety of settings to promote it.

MECC Toolkit
This toolkit provides

- Listen for “change” talk
- Acknowledge “sustain” talk
- Practical
- Empower “I believe in you”

Patient information



QR code monkey

Mucous Cyst	Neck of 5th Meta Carpal Fracture
Osteoarthritis at the base of the thumb	Phalanx (Finger) Fracture
Preparing for hand surgery and recovery afterwards	Scaphoid Fracture
Thumb Distal Phalanx Fracture (Tuft fracture)	Thumb MCP Joint Soft Tissue Injury
Thumb Phalanx Fracture	Thumb Proximal Phalanx Fracture
Trigger Finger	Volar Plate Injury
Hip	
Hip fractures – information for patients and carers	Total hip replacement surgery
Knee	
Anterior Cruciate Ligament reconstruction	Dislocation of the Patella
Knee Arthroscopy	Knee replacement surgery
Patella dislocation	Soft Tissue Injury of the Knee (for review)
Soft tissue Injury of the Knee (self-management)	Total knee replacement surgery
Undisplaced Patella Fracture	

- Perioperative care
- Patient-centredness
- Prevention &
- Prehabilitation

Use the guidance: www.cpoc.org.uk

Diabetes

Pre-op

Frailty

Enhanced care

Day surgery

Centre for Perioperative Care
Academy of Medical Royal Colleges

Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery

March 2021

Royal College of Surgeons of England
FSSA
The Perioperative Society
POETTS
BGS
Intensive Care Society
RCGP
Royal College of General Practitioners
Centre for Perioperative Care
RCOA

Preoperative Assessment and Optimisation for Adult Surgery including consideration of COVID-19 and its implications

June 2021

Centre for Perioperative Care

Guideline for the Management of Anaemia in the Perioperative Pathway

September 2022

Centre for Perioperative Care
BGS

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

September 2021

Guidance on Establishing and Delivering Enhanced Perioperative Care Services

October 2020

The Faculty of Intensive Care Medicine
Centre for Perioperative Care

National Day Surgery Delivery Pack

Centre for Perioperative Care
GIRFT
GETTING IT RIGHT FIRST TIME

BRITISH ASSOCIATION OF DAY SURGERY
Excellence in short stay surgery

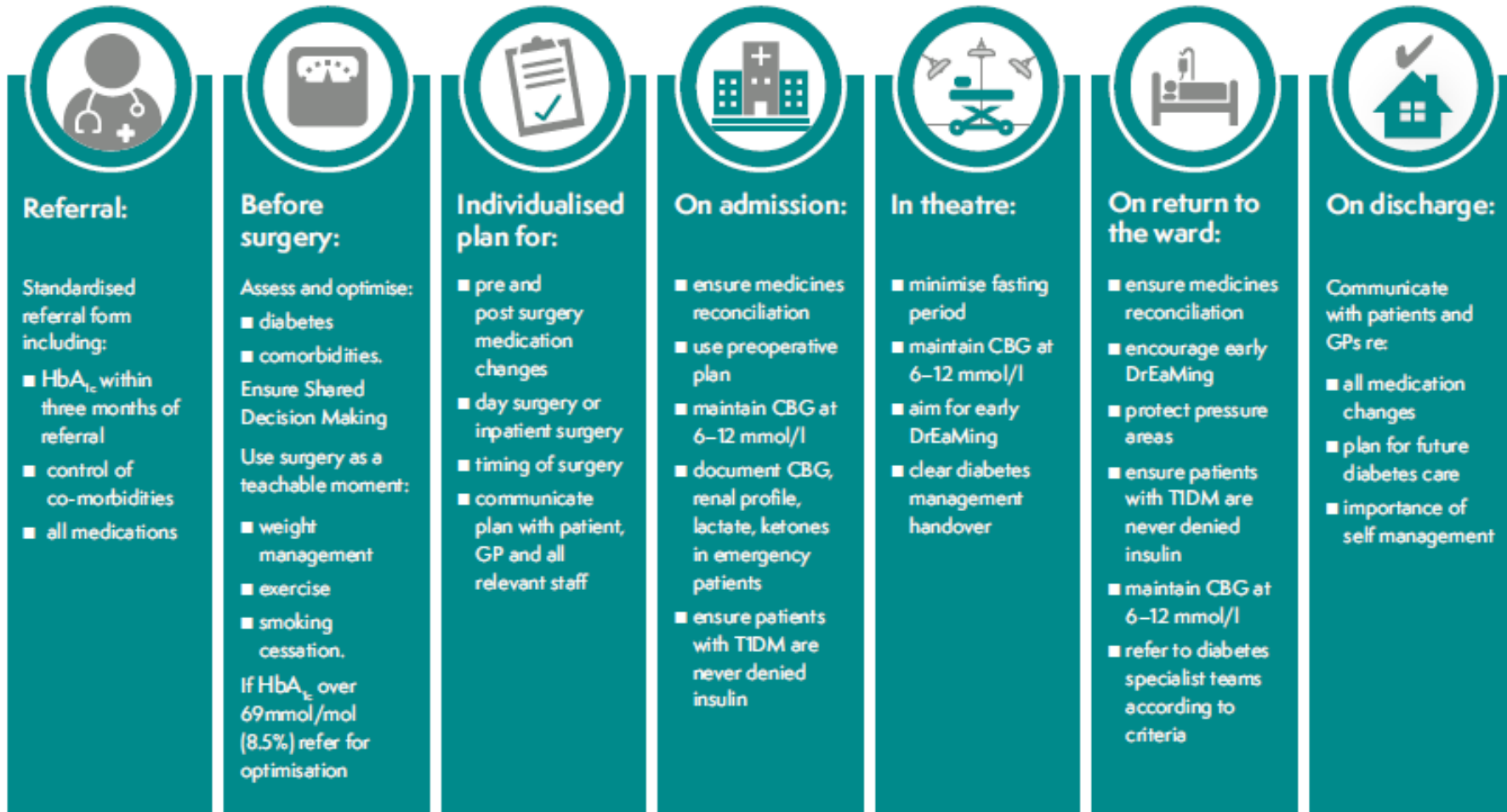
Version 1.0 - Published ## September 2020
An up-to-date version is maintained at <https://www.gettingitrightfirsttime.co.uk>

Anaemia

@scarlettmcnally www.scarlettmcnally.co.uk



Recommendations by step



NatSSIPs 2



National Safety Standards for Invasive Procedures 2 (NatSSIPs)

January 2023

1		Consent, Procedural verification and Site marking
2	Team Brief	
3	Sign In	
4	Time Out	
5		Implant
6		Reconciliation (no retained foreign objects)
7	Sign Out	
8	Debrief	Handover

<https://cpoc.org.uk/guidelines-resources-guidelines/national-safety-standards-invasive-procedures-natssips>



Shared Decision Making

BRAN

- Benefits
 - Risks
 - Alternatives
 - do Nothing
-
- Is the patient ready to prepare well?
 - Patient expectations

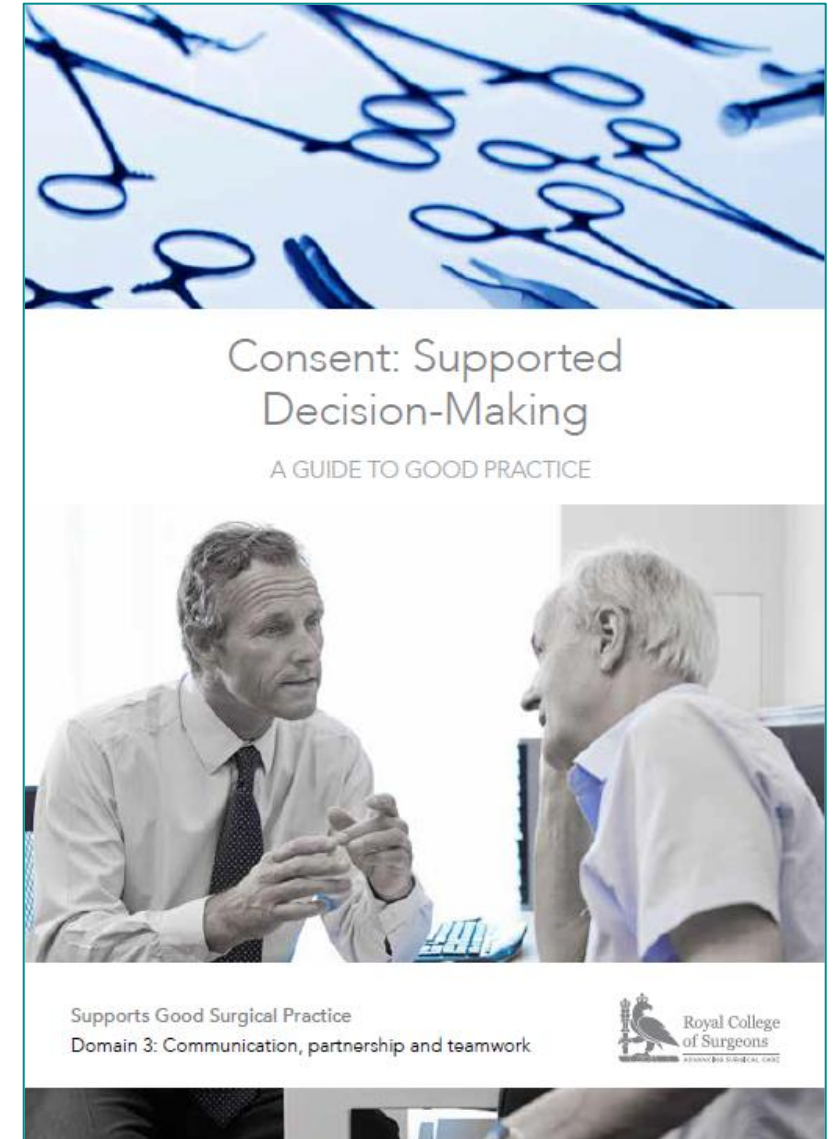


MAGIC (Making good decisions in collaboration) Joseph-Williams N et al. Implementing shared decision making in the NHS: lessons from the MAGIC programme BMJ 2017 357:j1744 doi <https://doi.org/10.1136/bmj.j1744>

Patients

- Complications
- Complaints

- Patient expectations
- Hindsight
- Most things go OK
- 1% of bad stuff is a lot over a career
- What can you change?



Perioperative care is better:

- Better for patients
- Better for costs
- Better for staff



Scarlett A McNally^{1,2}

Kariem El-Boghdady^{3,4}

Justin Kua⁵

S Ramani Moonesinghe^{6,7}

Preoperative assessment and optimisation: the key to good outcomes after the pandemic

Complications following surgery are common, predictable and often preventable. New preoperative assessment and optimisation guidance recommends clear pathways with triggers for interventions, patient involvement, shared decision making and team education, to help both patients and service efficiency.

<https://doi.org/10.12968/hmed.2021.0318>

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My GP: Go for a walk every day
My Consultant: Your heart is a muscle. Use it.



How to get change

- Get other people to see it
- Get everyone to sign up to newsletters on www.cpoc.org.uk
- Business case for service
- Business case for geriatricians or ACPs
- Patient leaflets
- Standardise pathways
- Get data
- Meet as a team (eg to write leaflets/re-write?)
- Welcome new people
- Job share for middle management roles
- Admin support for middle management roles
- Have a focus
- Apply for a prize





www.scarlettmcnally.co.uk



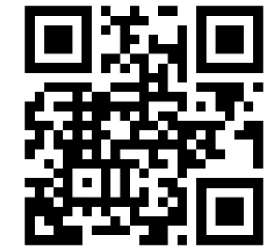
www.medicalwomensfederation.org.uk



My articles



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Perioperative Care

- www.movingmedicine.ac.uk
- Making Every Contact Count

Perioperative care
Patient-centredness
Prevention &
Prehabilitation

- Stories
- Data
- Money
- Value people
- “Use” other people
- Share your power



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