



Centre for Perioperative Care

Engagement with Patient & Public Networks Webinar 18th June 2024

Virtual 10:00 to 13:00

Summary

Lawrence Mudford, Centre for Perioperative Care ([CPOC](#)) patient representative, welcomed guests and speakers to the webinar. He shared background on CPOC and spoke about the purpose of the webinar. He introduced the two guest speakers. The first speaker was Leah Avery, Professor of Applied Health Psychology, subject matter expert on how behavioural science can support target interventions giving the public and patients better habits to support physical and mental well-being. The second speaker, Ms Jenny Westaway, Chair of [Patients Voices at the RCoA](#) and subject matter expert on understanding how data can be used to improve health care services in ways that are safe and in line with public expectations.

The purpose of the webinar was to explore what a patient's needs are within a framework of perioperative care. The audience included patients, patient representatives, clinicians and charities.

Key Highlights of Presentations

1. What patients' needs are within a perioperative framework – Lawrence Mudford

- CPOC can be defined as a cross-specialty collaboration dedicated to the promotion, advancement and development of perioperative care for the benefit of patients at all stages of their surgical journey.
- CPOC is a partnership between patients and the public, other professional stakeholders including Medical Royal Colleges, NHS England and the equivalent bodies responsible for healthcare in the other UK devolved nations.
- The things that patients value most are that their preferences and expressed needs are considered, how important it is to have coordination of care and integrated services, consistent communication between patient and provider and to be listened to.
- We often use clinical lenses, but to provide good care the patient's perspective needs to be considered.
- Patients' want health concerns addressed from diagnosis to treatment and recovery.

2. Engaging patients with prehabilitation: Key considerations and potential challenges – Prof Leah Avery

Prof Avery gave an overview of the psychological benefits of prehabilitation, barriers and facilitators to participation and continued engagement. The focus was on what determines behaviour and behaviour change. Prof Avery discussed findings and take-home messages from the Chemofit Study and shared how to maximize uptake and engagement with prehabilitation.

Key highlights of Presentation

- Prehabilitation provides patients with an opportunity to actively participate in their perioperative care and enables them to physically and psychologically prepare and improve their overall fitness.



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- Prehabilitation programmes are increasing in number and popularity but there is concern about uptake and level of engagement.
- Evidence suggests that a behaviour (of any kind – e.g. physical activity, healthy eating) will only occur when an individual has the capability and opportunity to engage in the behaviour.
- For both healthcare professionals and patients, barriers affecting uptake include not knowing what it is and how it can be beneficial.

3. Using Information to improve care – Ms Jenny Westaway

Ms Jenny Westaway outlined her background and the role of Patient Voices. Patient Voices is a group of diverse people who support, advise and influence the Royal College of Anaesthetists ([RCoA](#)) by providing patients' perspectives on its activities. The presentation focus was around data sharing for care and data sharing for service improvement research. Jenny shared a number of dialogue findings and her involvement with the National Data Guardian where her team were tasked with designing an opt out for patients who did not want their confidential information to be used for research studies.

Key highlights of presentation

- Using information for direct or individual care and information collected because of tests or scans, is key for safe care. It is essential that clinicians treating us have the full picture.
- One of the main challenges of sharing data is around anxiety and lack of confidence amongst medical health and care professionals. This comes from worry about the legal basis for sharing data.
- Some of the opportunities that comes from sharing data enables efficiency, the NHS app enables patients to see appointments and test results. It can support clinicians in interpreting scans through AI.
- The challenge around data is that records don't talk to each other. This is improving but still an issue between different parts of the NHS.
- Important for sharing for care is trust and transparency, access to records and patients to be viewed as partners, not data subjects.
- Important for sharing for service improvement research is public involvement in designing projects, public involvement in decisions to use data and transparency. If data is anonymized and NHS numbers removed people are much happier with sharing the data.

Open Discussion

Following the presentations there was an opportunity for open discussion on three questions. All attendees were invited to contribute and share their experience of the perioperative pathway. It was a fantastic discussion, and many ideas were put forward and shared under three questions.

1. How Can pre-operative clinics (before you go into hospital) best support and inform patients before surgery?
2. What are the psychological needs of patients: Before hospital, in hospital and after hospital and are these currently being met?
3. What should patients expect from Perioperative Care on discharge?

Summary

Some common themes emerged around the need for proper shared decision making, the time given to patients during consultation, the importance of a dedicated single point of



contact, dedicated person to consider discharge programme before surgery takes place, therapist or counsellor support for patients with mental health needs.

Some suggestions put forward were the need for a relative to attend with the patient, the patient to keep a diary, talk to charities that support the condition, health and care plan where interventions can be talked about in advance with patients, before, during and after information via leaflets, face-to-face or video.

Some quick wins on discharge, good communication with GP, full needs assessment before hospital discharge, physical and mental help as well as medication support, ensure care package is in place. Volunteers' hospital visitors and befriending groups are a good source of support. Better use of AI can help produce better outcomes. Further comments and themed topics can be found in Annex 1 and 2.

Annex 1

The following are headline comments and suggestions that were posted during the discussions:

- 24-hour communication for patients is a key need
- Diversity of patients means that individual care is needed
- Getting patient fitter before surgery
- Family and friends support and understanding what matters to patients
- Late cancellations for operations
- Aftercare and post op instructions are key to discharge, and can be inadequate
- Need better community services
- The need to better warn patients at a consultation of the risk of post operative complications
- Better pain control is an important aim for patients
- Exercise procedures, that are aimed at individual patient needs, pre and post operative for discharge, are key.
- Behavioural change as a rationale needs to be better understood and applied to healthcare
- National policies are important, so that wherever in the UK you need surgery, the same standards apply
- Linking into the CRC (Campaign Resource Centre) to develop a suite of resources pre surgery
- Data fragmentation and storage in portals that do not connect is still a major concern to patient care and safety. That and a decreased level of trust in storage and selling of patient data.
- Digital inclusion is still a big issue. Perhaps an equalities digital impact assessment tool would help
- Face to face appointments are still the best interface
- Screen patients as early as possible to improve outcomes
- Minority groups require extra support and understanding
- Increase in staff on wards
- There is a need to focus on psychological support for patients
- Needs to be an emphasis on diversity and culturally coded support
- Single point of contact for every patient once added to a waiting list
- Education availability for nutrition, hydration and staying safe post op
- How can we develop befriending groups and a volunteer network in each hospital, especially on discharge
- Support for patients is out there, but patients/public do not know where to go to find it
- Volunteer base - mobilise ex patients as advocates to help and assist pre and post op patients
- Better understanding of metabolic health and how to optimise it

Annex 2

Participants were encouraged to share something from the webinar that had struck them.

One thing you learned today

- How important it is to remember those who don't have digital access. I want to encourage a discussion around the benefits of consent to data being used in research.
- Agree with comment regard nutrition...hospitals serving poor food aren't places to get well.
- I have learned much this morning. I'd never heard of Eye Movement Desensitization and Reprocessing (EMDR) therapy. I didn't know that having a named nurse specialist when undergoing major surgery was not the norm. Ours was amazing - a cancer nurse specialist.
- An understanding of metabolic health and how to optimise it - changing the food environment in hospitals would be a great place to start!
- personalised care is not embedded in the NHS, whatever administrators claim
- Mobilise ex patients as advocates to help and assist pre op patients
- One very useful concept was the *COM-B model* as explained by Prof Leah. This is very transferable to getting patients fitter - better – sooner
- support is out there but patients/public don't know where to go to find it
- Could CPOC perhaps work collaboratively with [Campaigns Resource Centre \(CRC\)](#) to develop a suite of resources for universal recommendations linked to pre surgery
- Government dept for each option e.g. gender, age, disability etc health first policies
- Great insight into how to empower patients, staff and families. Please can senior leadership take action today

*The Com-B model of behaviour is widely used to identify what needs to change in order for a behaviour change intervention to be effective. It identifies three factors that need to be present for any behaviour to occur: capability, opportunity and motivation.