Centre for Perioperative Care

Welcome

Professor Denny Levett, CPOC Director-elect
CPOC@rcoa.ac.uk

Centre for Perioperative Care

Session 1: CPOC Updates

Professor Scarlett McNally, CPOC Deputy Director
scarlett.mcnally@nhs.net

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CPOC: Year in Review

Perioperative Leads Event

Friday 12th September 2025

David Selwyn
Director CPOC
CPOC@rcoa.ac.uk

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Key achievements 2024–2025

3 guidelines published
- Anaemia
- OSA
- Day Surgery

Promoted Sip Til Send

366,493 website views

Published Prepared for Surgery, Ready for Recovery: Supporting Patients from Pre-op to Discharge

Published Perioperative optimisation: Top seven interventions

Endorsed four external organisations publications

Launched 2-part SDM podcast

5,612 social media followers (both Bluesky & X)

21 Blogs published

229 Leads

48 advisory group members

3,140 newsletter subscribers

- Engaged with 10 elected politicians across the UK
- Questions tabled in the House of Commons
- Secured commitments in the Elective Reform Plan

Submissions to the Comprehensive Spending Review and the NHS 10 Year Plan consultation

Hosted 2 Advisory Group webinars (total 60 attendees)

Supported 9 SIG webinars (total 499 attendees)

Spoken at **91** national & international events

Collaborated with Joe Wicks

228 members of the Perioperative Care – Prehabilitation Group on the Health Foundation's Q platform

Conducted survey to understand extent of pharmacy staff involvement in POA

Written learning article for Pharmaceutical journal

Medical and multi-professional curriculum consultations

Released workforce position statement

11 CPOC Partners

RCOA · Royal College of Surgeons of England · Royal College of Physicians · Royal College of Nursing · RCGP Royal College of General Practitioners · RCPCH Royal College of Paediatrics and Child Health · Association of Anaesthetists · Faculty of Public Health · CODP · AfPP · The Royal College of Surgeons of Edinburgh

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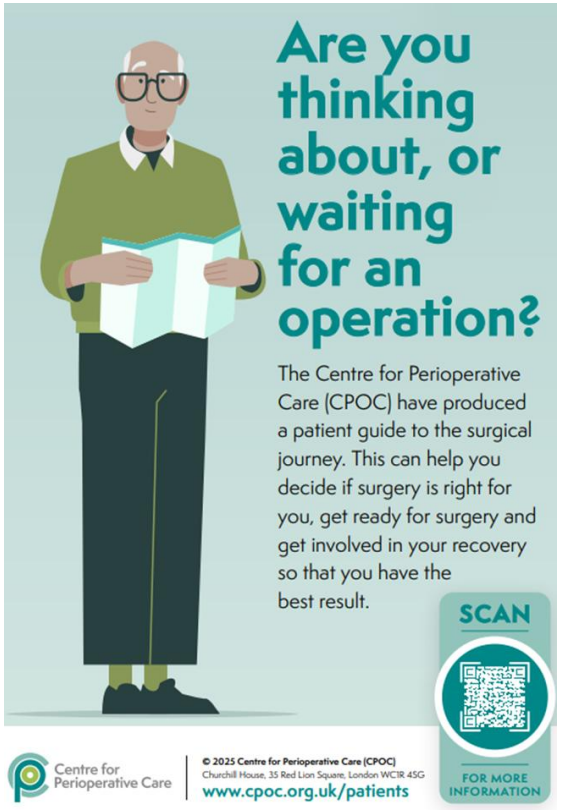
Prepared for Surgery, Ready for Recovery



Prepared for Surgery, Ready for Recovery: Supporting Patients from Pre-op to Discharge

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Improving Behaviours in Perioperative Care

KEY PRINCIPLES

Good behaviours create a good culture. No one is too important to be polite. Diverse teams work better. Impact is important (even if no bad intent).[REF]

WHY

EXTENT

91% OF WOMEN DOCTORS[REF] experience sexism regularly.[REF]

9% OF NHS STAFF experience harassment, bullying or abuse from managers.[REF]

17% OF STAFF FROM ETHNIC MINORITIES experience discrimination from other staff.[REF]

IMPACT

MANY SERIOUS UNTOWARD INCIDENTS for patients have poor team-working as a contributory factor.

54% OF DEPARTMENTS with poor surgical results have individual bad behaviours.[REF]

20% REDUCTION IN PRODUCTIVITY when co-workers witness rudeness.[REF]

48% OF RECIPIENTS of poor behaviour reduce their time at work.[REF]

HOW

INDIVIDUAL ACTIONS

- Respect each person.
- Encourage focus on the patient.
- Give feedback on task not person.
- Know colleagues' name and role.
- Anticipate and communicate challenges.
- Include others.
- Be aware of stressors and ways to reduce.
- Be an ally.
- Active bystander training.
- Call out instances of poor behaviour: *"I notice you are stressed, is there anything the team can do to help?"*[REF]
- Be ready for a (private) cup of coffee[REF] conversation.[REF]

Use NatSSIPs team brief.
Welcome new staff and students.
Be clear about expectations.

ORGANISATIONAL ACTIONS

- Hold meetings across professional groups.
- Foster team-working.
- Identify patterns and opportunities for change.
- Be explicit that poor behaviour will not be tolerated.
- Reduce stress.
- Set up standard care pathways with staff – and explain when these should be individualised.
- Have inclusive visible leadership.

SCAN FOR MORE INFORMATION

cpoc.org.uk

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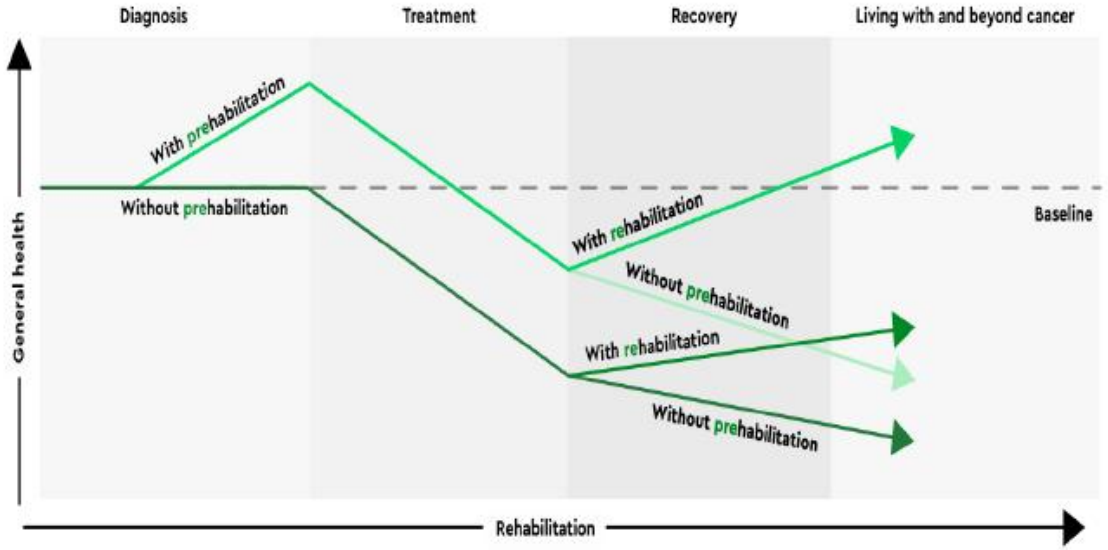
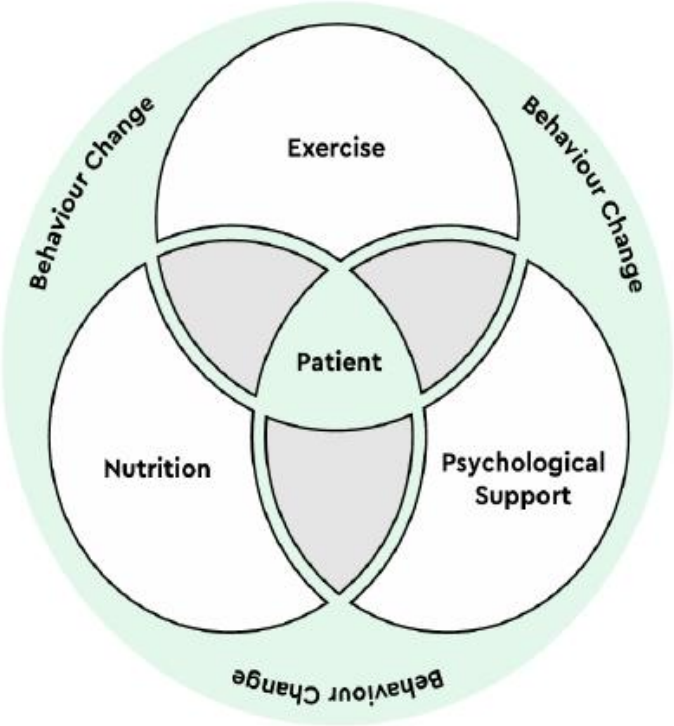
Churchill House, 35 Red Lion Square, London WC1R 4SG

RCoA Royal College of Anaesthetists | Royal College of Surgeons of England | Royal College of Physicians | Royal College of Nursing | RCGP Royal College of General Practitioners | RCPCH Royal College of Paediatrics and Child Health | Association of Anaesthetists | Faculty of Public Health | CODP | AfPP | The Royal College of Surgeons of Edinburgh





MACMILLAN CANCER SUPPORT
NIHR | Southampton Biomedical Research Centre
World Cancer Research Fund International
NIHR | Cancer and Nutrition Collaboration
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Evolution (or Revolution)?

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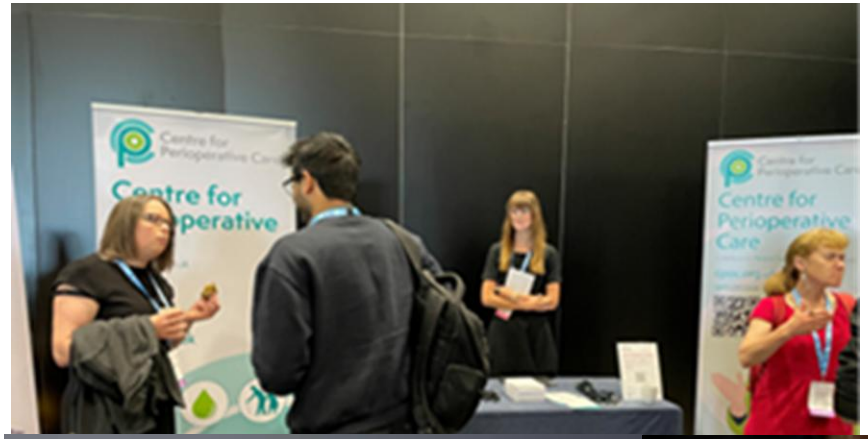

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Where next for CPOC?

- New perspective, objective reflection strategic direction

- Funding
  - HF Prehabilitation SIG
  - HQIP Perioperative Care Audit
- Partnerships, global strategy
- Politically smart and agile

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Both the public and staff recognise our current model of care is no longer fit for purpose

Change will happen in 3 radical shifts

- From hospital to community
- From analogue to digital
- From treatment to prevention

One core purpose:
To put power in patients' hands

We will need:

- New reforms to how the system is organised and how money flows around it
- New ways to actively empower patients
- New types of skills in the workforce
- New infrastructure in the community
- To embrace technology and build new partnerships with innovators

We will bring the NHS closer to patients

Establish a Neighbourhood health Centre (NHC) In every community

NHCs will be a one stop shop for patient care and the place from which multi-disciplinary teams operate

NHCs will be open at least 12 hours a day, 6 days a week providing access to coordinated services locally, removing the need to go to hospital for urgent care

NHCs will co-locate NHS, local authority and voluntary sector services, to help create an offer that meets population need holistically.

NHCs will bring historically hospital based services such as diagnostics, post operative care and rehab into the community and offer services like debt advice, employment support and smoking cessation or weight management services.

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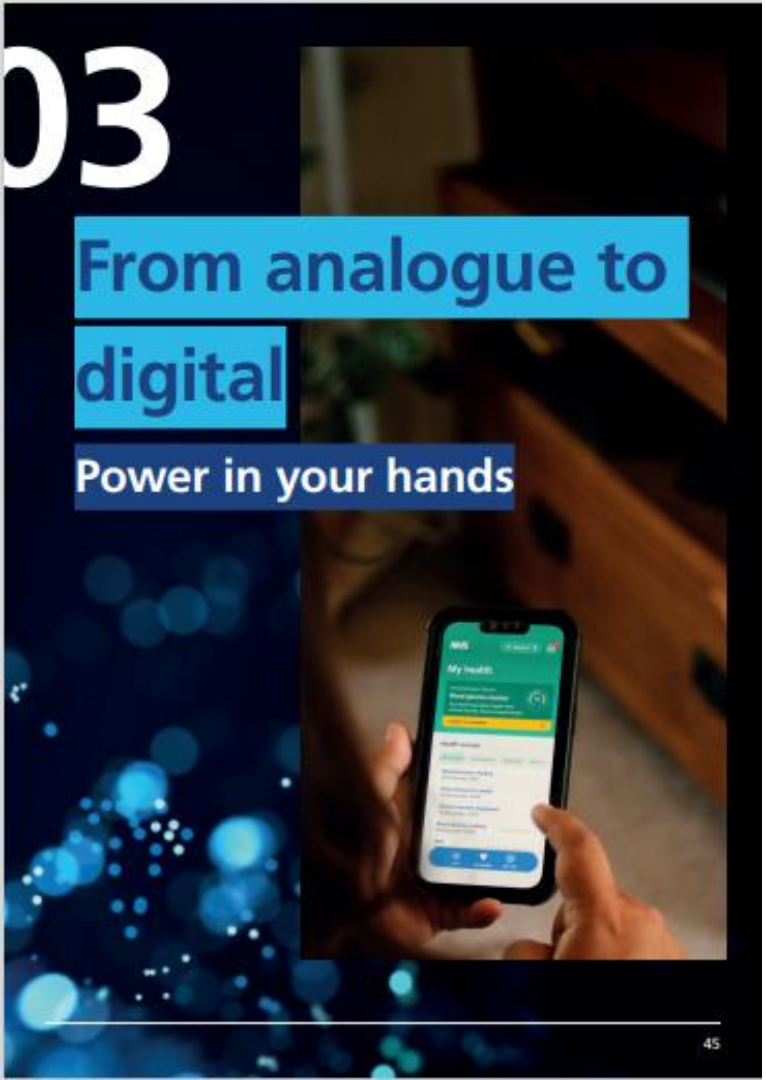

The NHS App will be the front door to the NHS – from bricks to clicks

'Doctor in your pocket', the NHS App will be the front door to the NHS, digital care by default, available digitally 24/7

Inclusion will be designed into the NHS App by default, with tailored health information

Continue to recruit App Ambassadors

Single Patient Record (SPR)

- My NHS GP tool
- My Choices
- My Specialist
- My Consult
- My Care
- My Companion
- My Medicines tool
- My Vaccines
- My Health tool
- My Children
- My Carer

HealthStore

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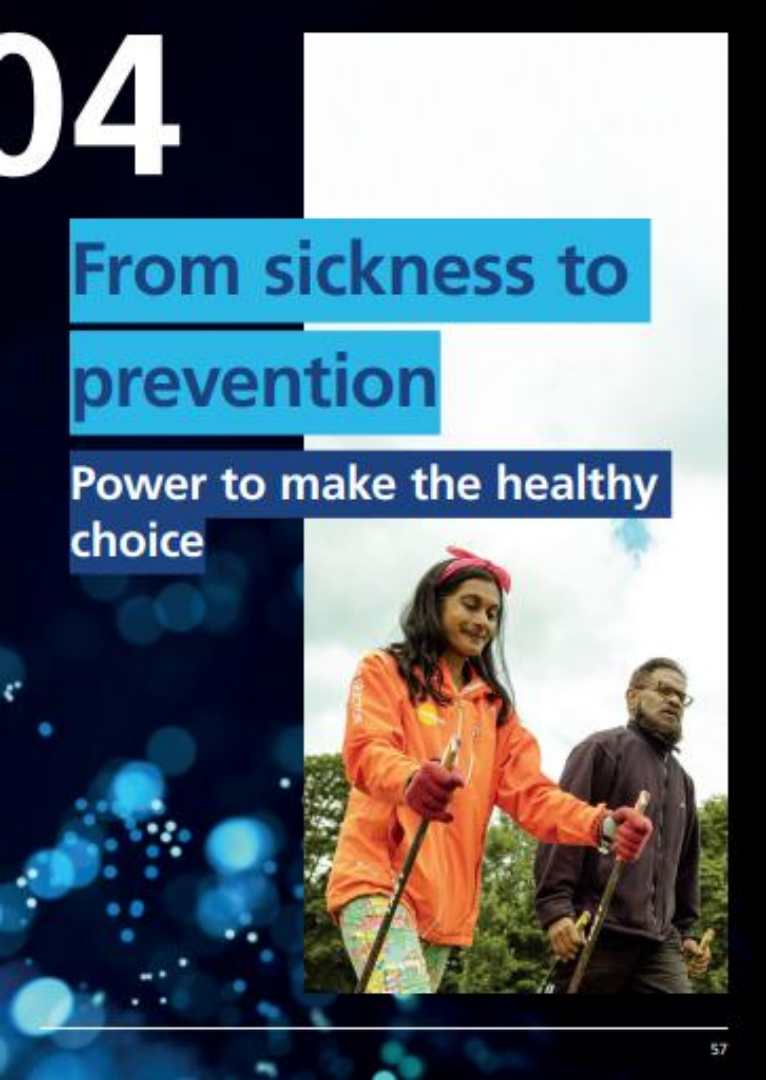

Our health is shaped by the places we live in

Over the course of this plan, the combination of genomics, predictive analytics and AI will usher in a new era for secondary prevention.

We will work with the Office for National Statistics and other experts to develop a new suite of delivery indicators, alongside a broader measure of the health of the nation.

Creating a smoke free generation for a smoke free UK

Health Coach

Ending the obesity epidemic

Tackling harmful alcohol consumption

Cleaning up our air

Employment and good work

Thriving young lives

From a sickness service to a prevention service

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Unlocking NHS productivity in Wales

Manifesto 2026

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david.selwyn@nhs.net

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Prepared for Surgery, Ready for Recovery

Claire Frank, former CPOC Fellow
claire.frank@wales.nhs.uk

Empowering patients to prepare for surgery, discharge and post-operative recovery

Problems with bed capacity, delayed discharges and patient flow are widespread throughout the NHS. Better shared decision making, better preparation for both surgery and recovery, consistent messaging from the entire healthcare team and earlier discharge planning should be part of the solution.

Proactive physical, psychological and practical preparation from the point of contemplation of surgery can reduce complications by up to 50% and length of stay by 1-2 days [1]. This benefits patients and the wider NHS. Yet, 43% of patients report deteriorating health whilst they wait for elective inpatient surgery [2], and 19% of patients feel that with more choice and control over decisions, they might have decided against surgery [3].

Unpublished data from our 2021 patient survey indicated patients would like more information and support both with preparing for surgery, and preparing for recovery. The resources on this page are designed to meet this need empowering patients to actively prepare for surgery and be active participants in their perioperative journey.

Perioperative care = the solution

- Integrated seamless perioperative care can:
  - Reduce complications by up to 50%
  - Reduce length of stay by 1 – 2 days
  - Benefit patients
  - Benefit wider NHS

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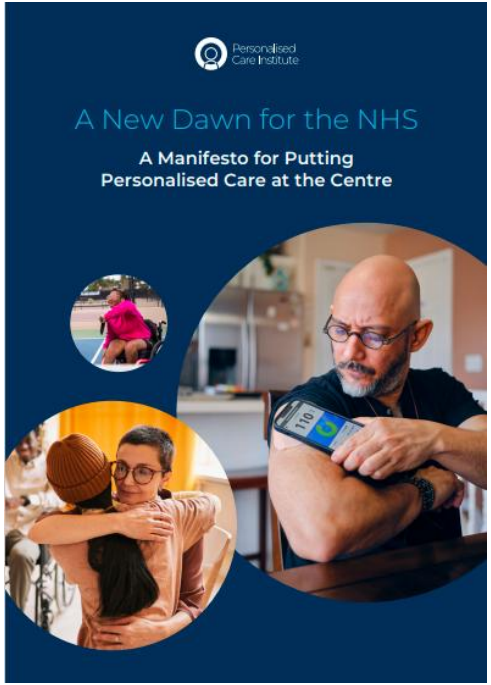
CQC Adult Inpatient Survey 2023

"43% of elective patients said their health deteriorated while waiting to be admitted to hospital…

…though 49% said their health remained the same"

Personalised Care Institute

"Almost one in five (19%) of those on waiting lists felt that with more choice and control over their decisions, they might not have ended up on the list at all"



CQC Adult Inpatient Survey 2023

"29% said they had little to no involvement in decisions about their discharge"

(compared to 25% in 2022)

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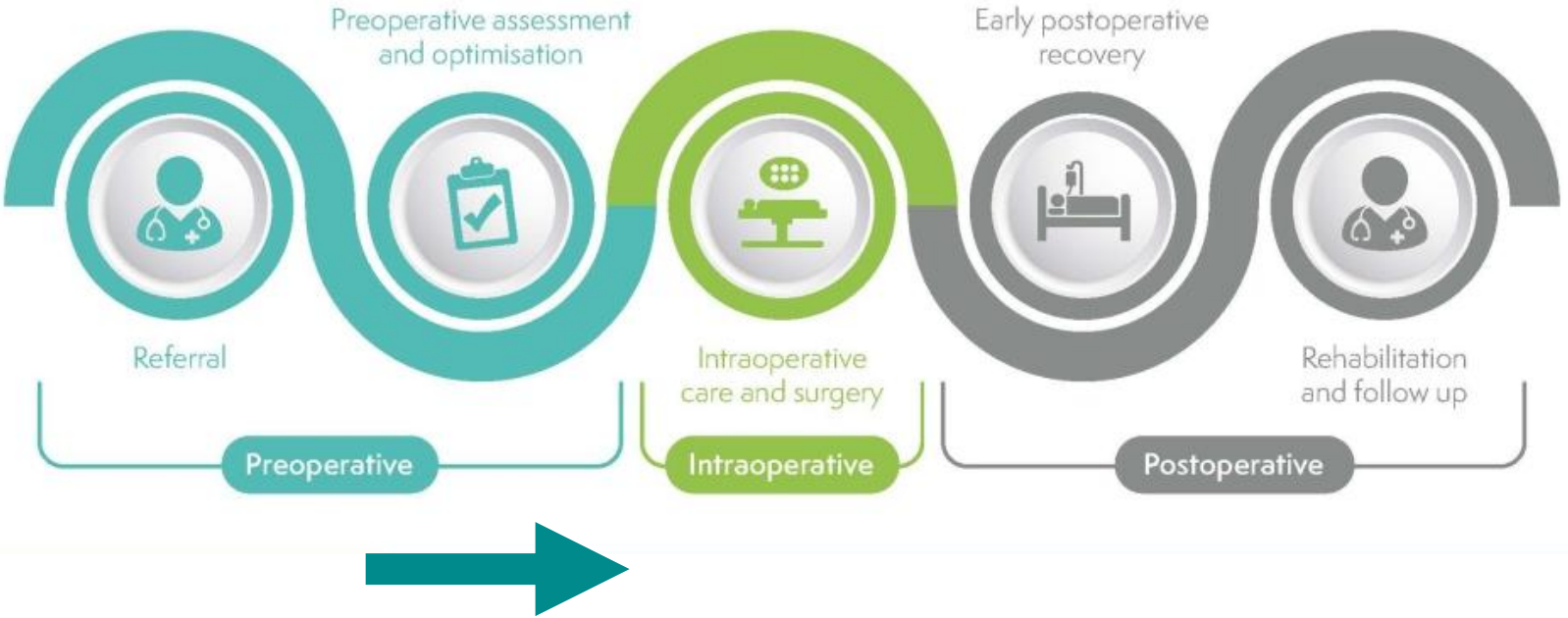

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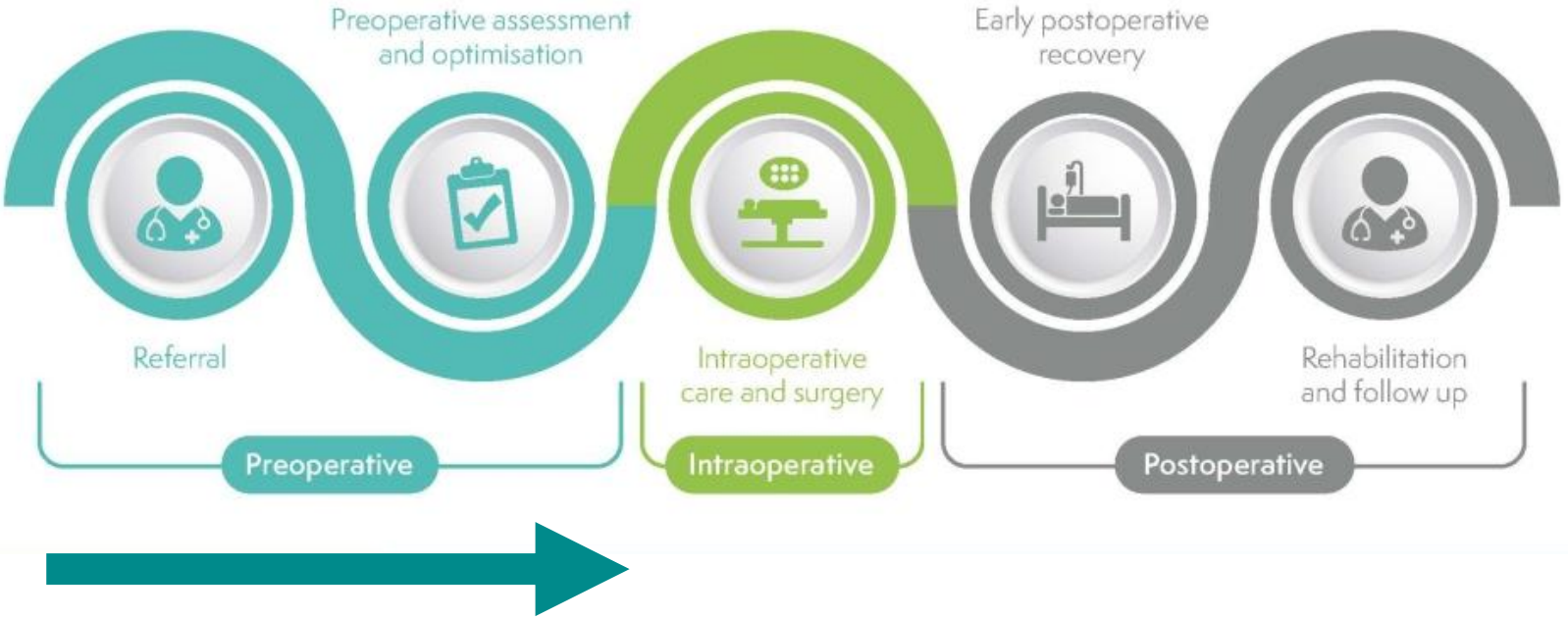

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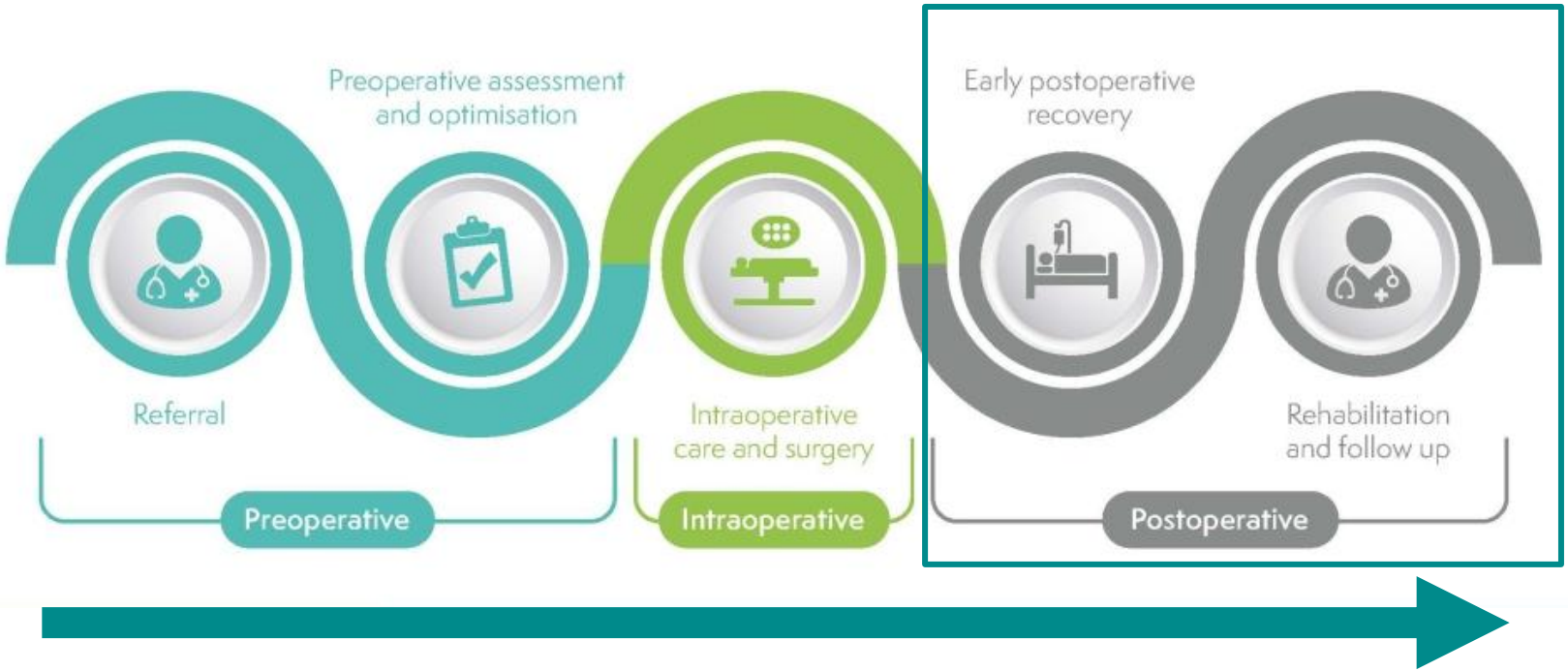

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Pre-operative
1
Shared decision making
2
Active preparation and optimisation
3
Early planning and practical preparation
Early post-operative period
Rehabilitation
4
Promoting DrEaMing
5
Setting expectations
6
Early review of planned discharge location
Discharge
7
Patient education and empowerment
8
Criteria-led discharge
9
Safe transitions of care
Prepared for Surgery, Ready for Recovery: Supporting Patients from Pre-op to Discharge
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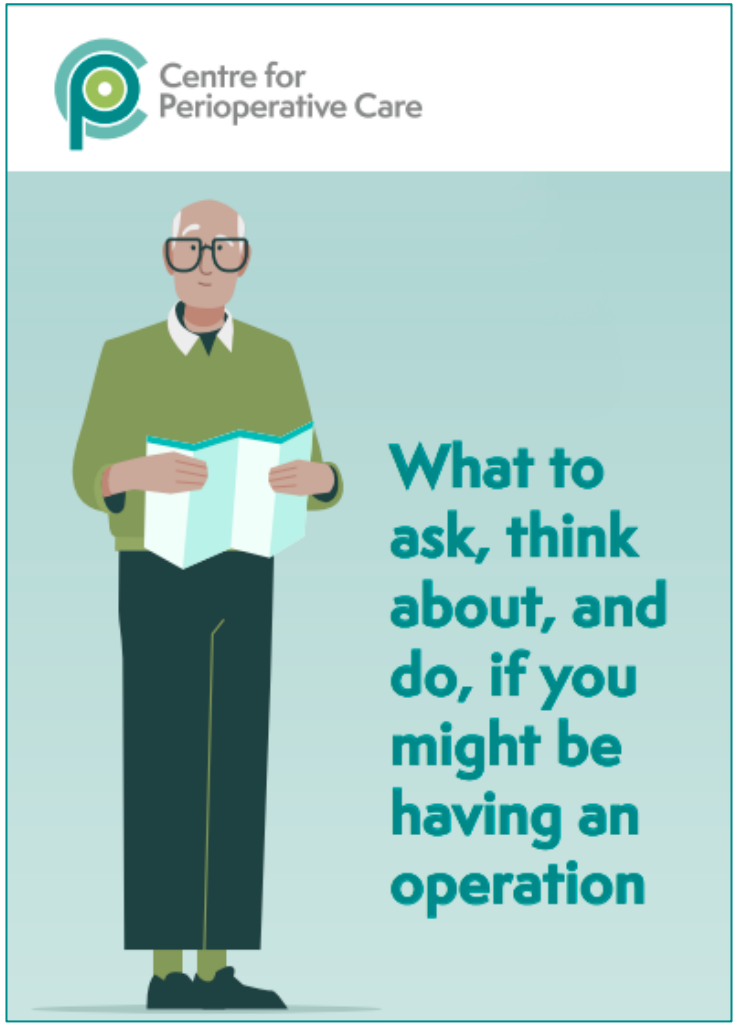
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What to ask, think about, and do, if you might be having an operation

1 Pre-operative

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Shared decision making

Ask

GP / primary care team at referral (or admitting team if emergency surgery)	Surgical team (doctors/ CNS) corroborate at OPD (or as inpatient if emergency surgery)	MDT corroborate at high-risk clinic	Pre-op practitioner corroborate at POA

About the patient

- **Who** they live with?
- **What** caring responsibilities?
- **Where** they live (e.g., own home, hostel, sheltered accommodation, residential home, nursing home)?
- **When**/if need support with ADLs?*
- **Why** need support?
- **How** coping currently?

Do

GP / primary care team at referral (or admitting team if emergency surgery)

Share information

As a minimum include following on referral to inform shared decision-making conversations:

- Place of residence (e.g., own home, hostel, sheltered accommodation, residential home, nursing home)
- If patient lives alone or with others
- Absence/presence of formal care package

It can be helpful to consider:

- Any informal care or support
- Frailty score
- Comorbidities
- Any ACD, ADRT, DNAR or LPA for health**

Contents

*ADLs = activities of daily living
**ACD = advanced care directive, ADRT = advance decision to refuse treatment, DNAR = do not attempt resuscitation, LPA = lasting power of attorney

Next

1 Pre-operative

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Ask

Surgical team (doctors/CNS) at OPD (or as inpatient if emergency surgery)	MDT at high-risk clinic	Pre-op Pre-op practitioner at POAcorroborate at POA

About what is important

Find out from the patient what is important to them - their values, beliefs, preferences and goals.

Use this information, the frailty score and referral letter information to inform shared decision-making discussions.

It can be helpful to consider:

- What are the **benefits**?
- What are the **risks**?
- What are the **alternatives**?
- What if they **do nothing**?

Do

Surgical team (doctors/CNS) at OPD (or as inpatient if emergency surgery)	MDT at high-risk clinic	Pre-op practitioner to reinforce at POA	Clinical Nurse Specialist to reinforce at surgery school

Set expectations

Check that outcome of surgery matches patient's expectations.

Signpost to any surgery specific patient education e.g., virtual / in person surgery schools, videos, patient leaflets

Provide patient (and carer) with realistic information about:

- Suitability for daycase
- If inpatient, anticipated length of stay
- Anticipated timescales for cognitive, functional and psychological recovery
- Anticipated temporary, or permanent, increase in care needs post-operatively
- Anticipated temporary, or permanent, restrictions on health or lifestyle

Communicate these expectations to wider healthcare team to ensure consistent messaging.

Back

Theme 2

Do

Surgical team (doctors/CNS) at OPD (or as inpatient if emergency surgery)	MDT at high-risk clinic	Pre-op practitioner to reinforce at POA	Clinical Nurse Specialist to reinforce at surgery school

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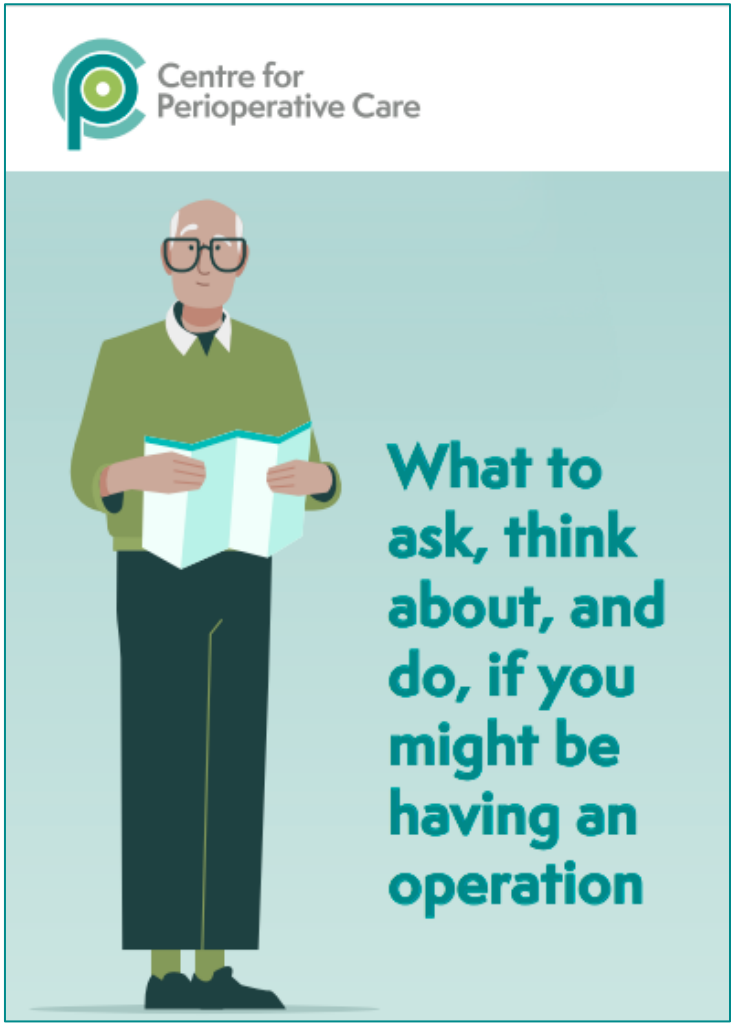

Patient resource

- Co-produced with PPEN
- Whole pathway
- Relevant to all surgeries
- Reading age 13
- Welsh version

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Ask about the operation

We want you to find out more to decide *if* the operation is the right choice for you. This leaflet on **Make the most of your appointment** can help you with what questions to ask, including:

- what are the **benefits**?
- what are the **risks** (what might go wrong)?
- what are the **alternatives**?
- what if I **do nothing**?

Scan the QR code to find out more or view the information here: https://bit.ly/CWUK_patients.

Ask about what will happen *after* the operation

We want you to find out more to decide *if* the operation is the right choice for you.

- Will you go home the same day?
- If not, how long will you need to stay in hospital?
- How long will it take to get back to normal movement/thinking/feeling?
- Will there be any lasting change to your health or lifestyle?
- Are there any leaflets about what you can do now to prepare for the time after surgery?

Think about practical things

Before you have your preoperative assessment, think about the day of the operation.

- How you will get to, and from, the hospital?
- Who can stay with you for 24 hours after (if you are likely to go home the same day)?
- Who can help support you when you leave hospital?
- Who can take over any caring duties for young children or elderly relatives?
- Who can help look after any pets?

If you have worries or concerns tell the hospital team.

Get ready for admission

Remember to bring into hospital:

- your normal medicines (in the boxes)
- comfy day clothes (so you can get dressed after the operation)
- sensible slippers or shoes with a back (so you can move around after the operation)
- books, music (and headphones) or puzzle books (to pass the time).

Get ready for life after the operation

Here are some ways you can get ready now for life after the operation.

Scan the QR code to find out more or view the information here: www.cpoc.org.uk/practical-preparation.

Bathing and toileting	■ Get flannels for a strip wash if you can't get dressings wet. ■ Get plastic gloves to keep any dressings on your hands clean and dry.
Getting dressed	■ Loose-fitting clothes can be easier to put on (and comfier).
Moving around	■ Remove rugs, mats and cables you could trip over. ■ Get a flask to safely carry hot drinks. ■ A rucksack or shoulder bag can help with carrying items between rooms. ■ Use a night light in case you get up overnight.
Shopping	■ Fill freezer and cupboards with easy meals. ■ Ask if family, friends or neighbours can help with shopping after the operation. ■ Try ordering a delivery online. ■ Buy long life milk and freeze bread.
Preparing drinks and meals	■ Put the teabags by the kettle. ■ Move pots and pans so you don't need to bend or stretch. ■ Batch cook for the freezer. ■ Plan simple meals.
Housework	■ Ask friends and family to help or think about a cleaner for a few days. ■ It's okay to lower your standards while you recover.
Transport	■ Find bus timetables or telephone numbers for taxi services if you won't be able to drive.

What to ask, think about, and do, if you might be having an operation

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Four stages

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Pre-operative

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Time before *possible* surgery

SDM

- Think about what is important to you
- Ask about the operation
- Ask about what will happen *after* the operation

7 top interventions

- Get ready for an operation
- Think about practical things
- Get ready for admission
- Get ready for life after the operation

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Early post-operative period

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When you've had your operation

- Get DrEaMing
- Talk about worries
- Think about when you go home (preventing deconditioning)

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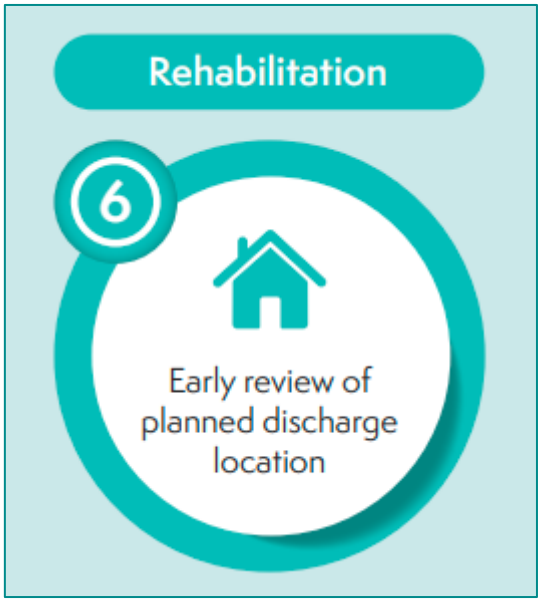
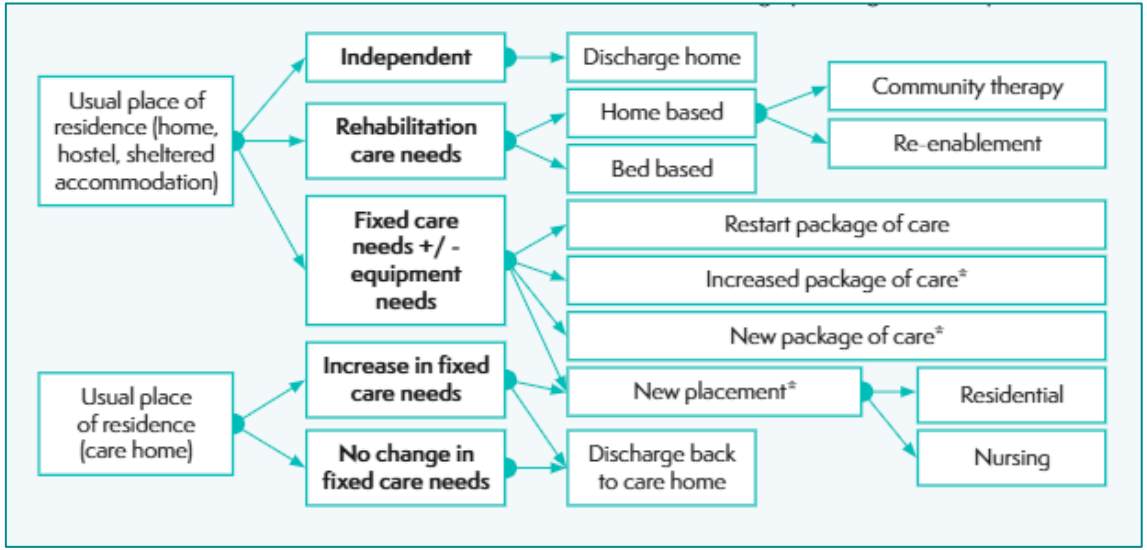
Rehabilitation





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Getting closer to going home

- Ask about what happens next
- Think about managing when you get home

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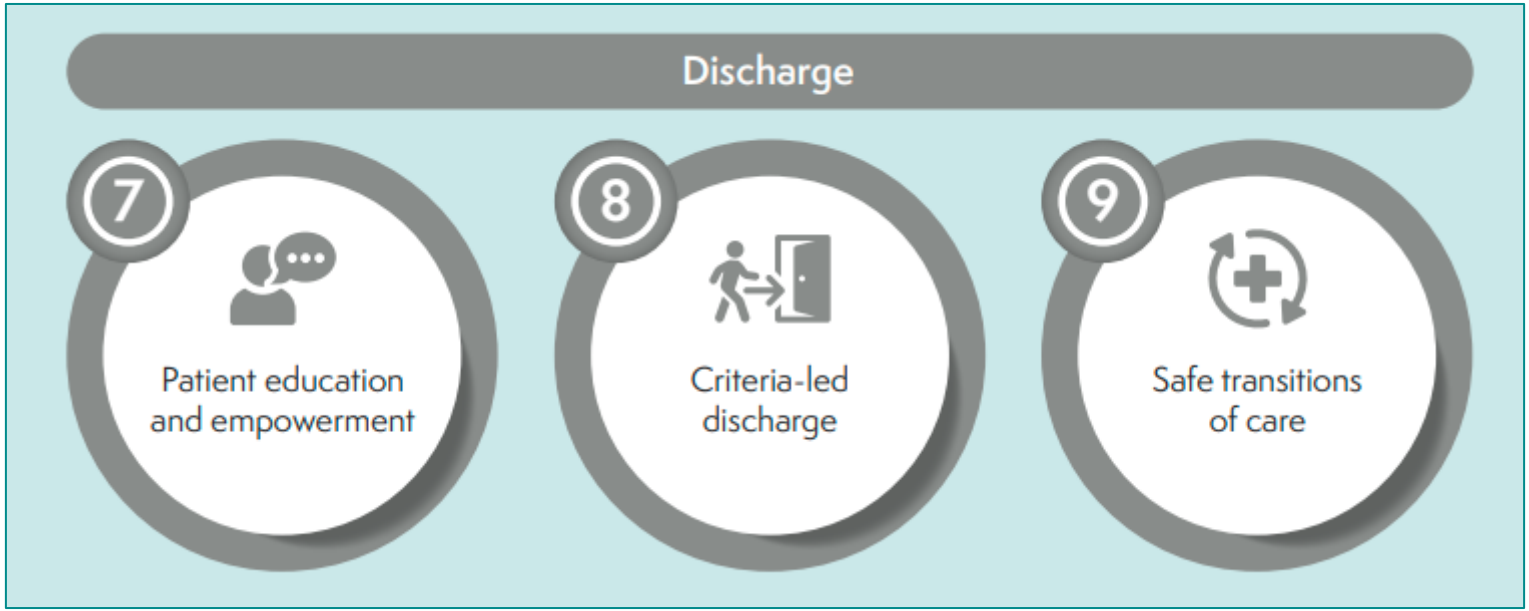
Discharge



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Leaving hospital

Ask about

- …recovery
- …practical things
- …medicines
- …problems with recovery

Next steps

- Think about getting home
- Pace yourself!
- Keep going with any lifestyle changes

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Embedding early in pathway

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Nationally…

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Locally…

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Questions to be answered in the Q&A at the end of the session on Slido

slido

cpoc.org.uk

@cpoc_news

@cpoc.bsky.social

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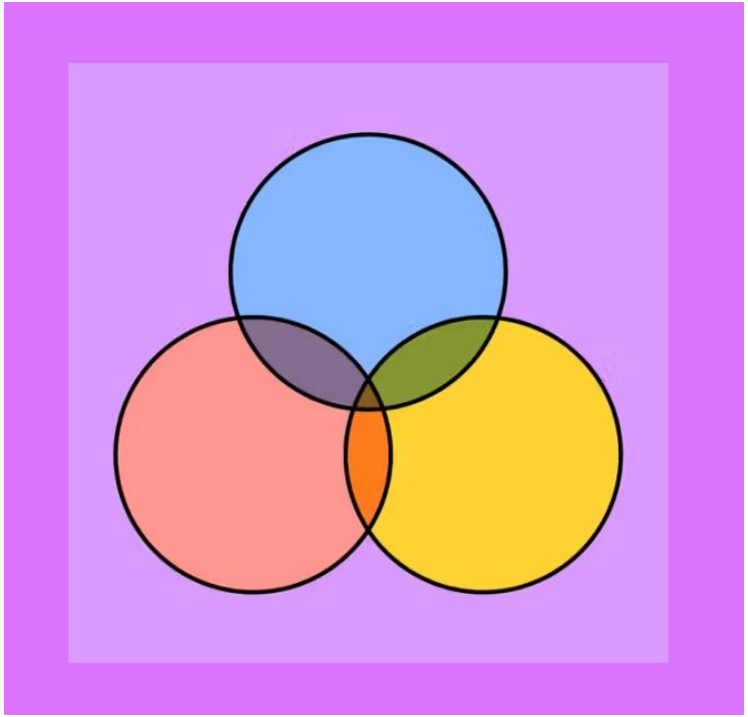
Patient and Public Engagement Network (PPEN) Centre for Perioperative Care

Lawrence Mudford Patient Representative
CPOC@rcoa.ac.uk

Patient facing interactions



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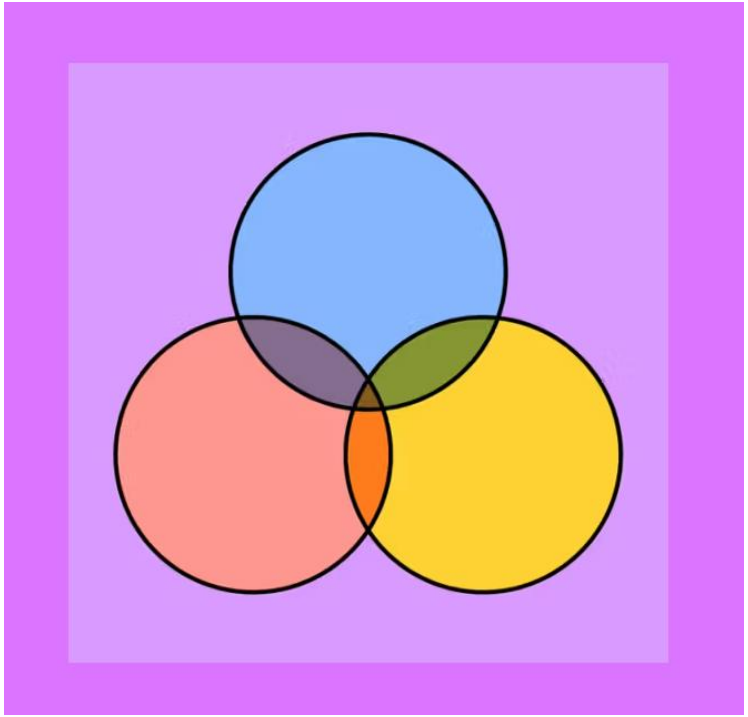
Patient facing interactions

Shared Decision Making

Pre Assessment Clinics

Health literacy



Family, friends and carers

The 'waiting impact'

Delay and last minute Postponement

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Do we really know what patients want?

- Respect for patients values, preferences and expressed needs
- Coordination of care and integrated services
- Communication between patients and providers
- Physical care, comfort and alleviation of pain
- Involvement of family and friends
- Transition and continuation of care into the community

- Picker/ Commonwealth programme of patient centred care 1987

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PATIENTS
• better preparation for surgery
• patient centred shared decision making
• fewer complications
• shorter hospital stays – fitter better sooner
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CPOC Perioperative Care Patient Charter

Our commitment to you

- At the Centre for Perioperative Care (CPOC), we believe that every patient deserves safe, compassionate and coordinated care throughout their surgical journey
- Perioperative care supports **your journey** as a patient from the moment you are considered for referral for treatment by your GP, through to your operation into recovery and discharge.
- This charter outlines what you should expect from your perioperative care team - the healthcare professionals caring for you *before*, *during* and *after* your procedure - and how you can help and support your own healthcare.
- We are committed to placing **you** at the heart of **your care**, prioritising your safety, wellbeing and recovery every step of the way.

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CPOC Perioperative Care Patient Charter

1. Making decisions together

- You are an equal partner in decisions about your care
- Treatment options, benefits and risks will be explained clearly to help you make the right decision for you
- Your preferences, values and goals will be the centre of decisions about your care

2. Care specific to you

- Your health and wellbeing will be assessed throughout your perioperative journey, guiding a plan that is specific to you.
- Support will be available to improve your health and wellbeing before and after your operation. This may include help with nutrition, exercise, stopping smoking and reducing alcohol intake

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CPOC Perioperative Care Patient Charter

3. Safe and high-quality care

- Your care will follow national standards and be based on the best available evidence
- Your care will be regularly reviewed, making sure that we are delivering the best quality care possible
- You have the right to be treated with consideration, dignity, and respect as an individual

4. Communication

- You will be given clear, understandable information at the right times
- You can bring a family member, friend or carer to support you in discussions about your care
- You will be kept informed about your progress and next steps and will be told who to contact if you have questions or concerns at any stage

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CPOC Perioperative Care Patient Charter

5. Supporting your recovery

- Your smooth recovery is a priority, with a focus on pain control, getting the right nutrition and hydration, help getting moving again, and returning to daily life as soon as possible

- When you are ready to go home, you will be given clear information about your recovery plan, follow-up and who to contact if you need support

Your role as a patient

To get the best outcome from your surgery, we encourage you to:

- Actively engage in your care and ask questions
- Follow advice on how to be prepared before your procedure
- Share your goals, concerns and preferences with your perioperative healthcare team

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Update from NHS England

Professor Ramani Moonesinghe

The NHSE national Perioperative Care programme has four overarching priorities:

1. **Improve quality and experience of patient care**

2. **Reduce the size of the elective waiting list**

3. **Accelerate return to the referral-to-treatment (RTT) standard**

4. **Contribute to interfacing agendas:**
   - Prevention
   - Health inequalities
   - Environmental sustainability
   - Blood management

Strategic Objectives

1. Contribute to a reduction in the overall size of the elective waiting list

- Reducing on the day cancellations for avoidable clinical reasons
- Helping to maximise use of day case and elective hubs
- Helping to better plan use of critical care capacity
- Supporting effective shared decision – making conversations and regular touch points with patients

2. Improve post operative outcomes for all patients and narrow the ethnic and income differentials in outcomes

- Empowering patients through improved patient information and use of surgery schools
- Embedding screening and optimisation pathways as standard
- Embedding post surgery drinking, eating and mobilisation as standard

3. Strengthen the resilience and capacity of the perioperative care workforce

- Providing specific e - learning to complement clinical and on the job training for people in key roles
- Redesigning aspects of the perioperative pathway to encourage more time for patients who need the most help to prepare for surgery
- Supporting work to look at processes in the perioperative pathway and opportunities for efficiency

The wider context

Elective Reform Plan
January 2025

The Elective Reform Plan commits to the following perioperative care actions:

1. Asking providers to give patients a date for their routine (non-cancer) procedure only once they have been confirmed by pre-assessment as fit to proceed.

2. From April 2025, establishing an acceptable maximum number for each system of short notice cancellations due to clinical reasons. Providers are required to review their current level of cancellations and ensure these are reported to NHS England.

3. Closely monitoring productivity metrics, including length of stay and short notice cancellations, and raise with providers where these metrics are out of step with similar providers.

4. Extending the Digital Weight Management Programme to people waiting for knee and hip replacements in 2025/26

5. Working through Cancer Alliances to support improvements in prehabilitation for people about to undergo cancer treatment.

Postponements and cancellations 2024/5

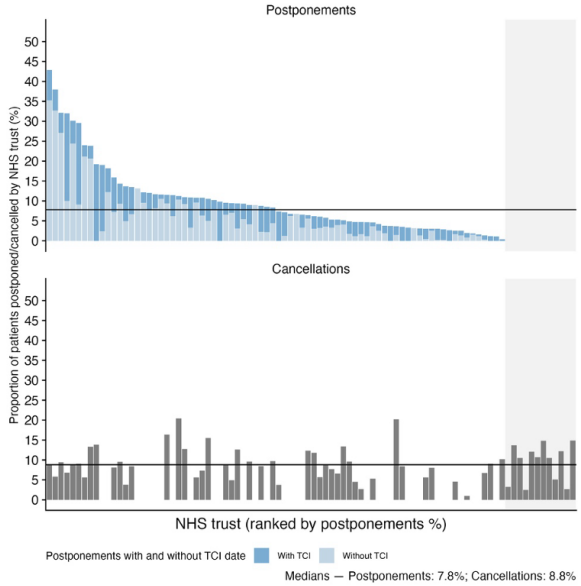


Figure 1: National variation in postponement and cancellation incidence at NHS trust level

Notes: Trusts are ranked by the percentage of reported postponed patients compared to reported preassessment capacity. The grey shaded area represents trusts that did not submit postponement data.

Overall headlines

85 trusts had complete data (92 took part)

- From a denominator of 22573 captured POA appointments in the week of the data collection, 1959 patients were postponed giving a postponement incidence **rate of 8.7%**

- 22% of these postponements were in P2 patients
  - 9% had a TCI date
- 78% were in P3 or P4 patients
  - 36% had a TCI date

- The top 3 reasons for patient postponements
  1. Requiring further preoperative test (23%)
  2. Requiring further optimisation (17.5%)
  3. Uncontrolled diabetes (7.5%)

Overall headlines

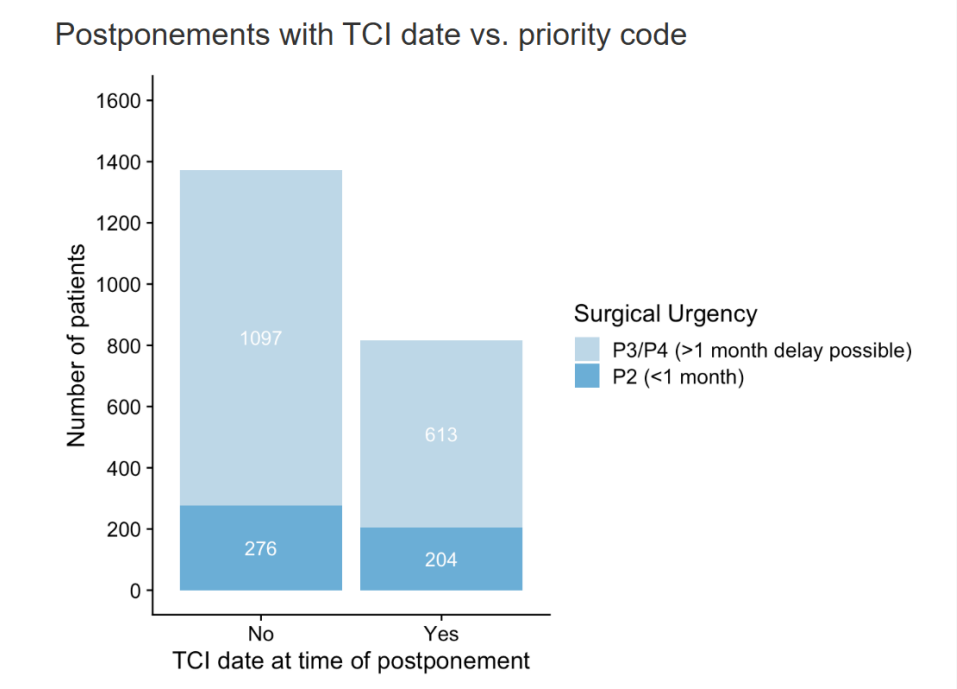
- **80%** of patients who were postponed did not have early screening in place
  - 38% having inpatient surgery

- Postponement decisions were predominantly taken by clinical non-medical and anaesthetic medical staff, 41% and 47.5% respectively

- The majority of POA assessments are carried out F2F which could indicate an opportunity for **remote initial appointment for patients who are lower risk**

Key Messages

1. Providers need to create a ‘flip’ for non-urgent cases and focus on pathway and process improvements preoperatively to increase efficiency and patient experience



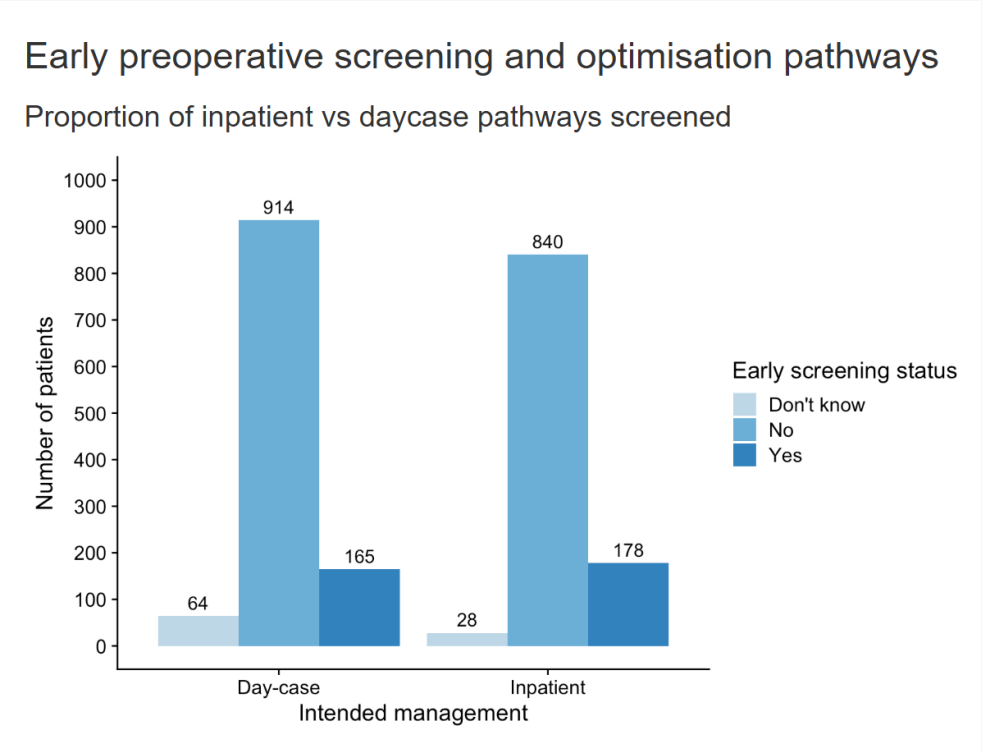
613 non urgent patients were postponed having already been given a TCI date

Review capacity and demand planning to create a ‘flip’ for **non-urgent** patients to be seen in POA before confirmed TCI date and relate to NHS England » Reforming elective care for patients section ‘empowering patients’. Point 24. Page 21

‘Ask providers to give patients a date for their routine (non-cancer) procedure only once they have been confirmed in their pre-assessment as fit to proceed.’

Key messages

2. Early screening of both inpatient and day-case pathways so lower risk patients can be highlighted early to access hubs



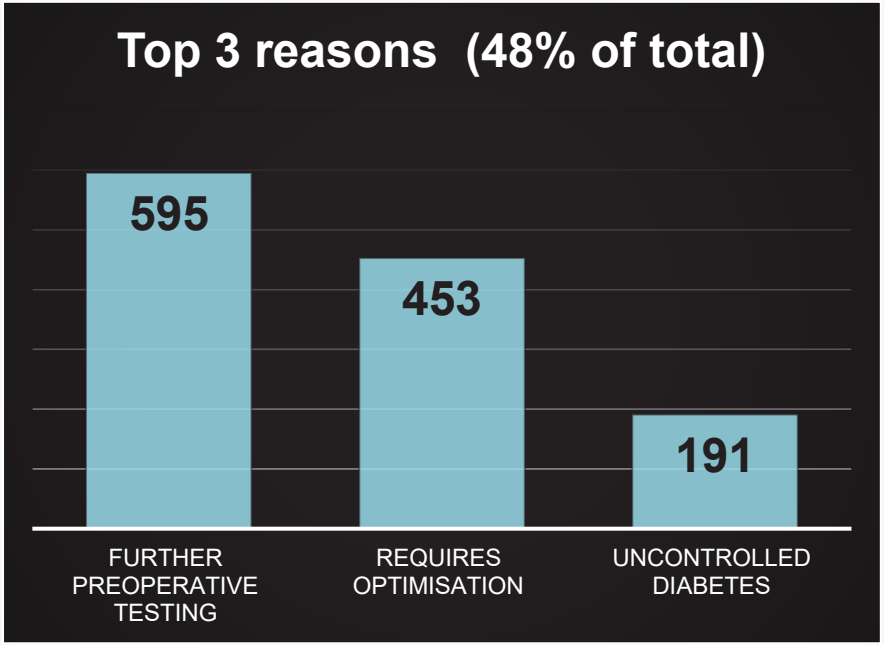
80% of patients who were postponed did not have early screening in place

Work to embed early screening and initial assessment of identified risk factors that contribute to delay for elective surgery for both in patient and day case surgery
NHS England » Earlier screening, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards

'Optimise surgical pathways and theatre productivity by using surgical hubs and perioperative care efficiently'
pg.20 reform plan

Key messages

3. Targeted diagnostics and timely optimisation to avoid postponements and patient delay



Further preoperative testing relating to diagnostics (echocardiography/sleep studies)
Guide to preoperative testing - NT-ProBNP and Echocardiography FINAL February 2025 - Getting It Right First Time - FutureNHS Collaboration Platform

Diabetes is a key area that needs input. IPD3 work has shown positive outcomes in addition to local system programmes
IP3D Project - Getting It Right First Time - FutureNHS Collaboration PlatformNENC Waiting Well Programme Case Study FINAL V1 June 2024 - Getting It Right First Time - FutureNHS Collaboration Platform

'Optimising the care patients receive before, during and after surgery (known as 'perioperative' care) can increase productivity by reducing cancellations' pg. 21 reform plan

Summary of findings from Postponement and Cancellations in Elective Care (PACE) rapid service evaluation

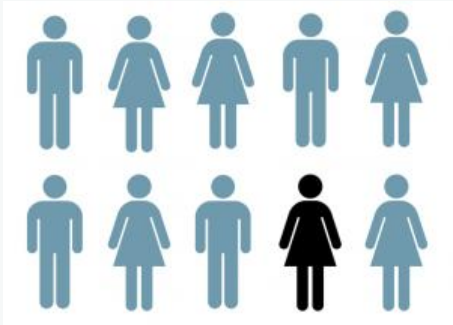
Cancellations on the day or within 24h of planned surgery

Jo Simpson / Ramani Moonesinghe

Key Findings

- 93 NHS Trusts contributed to the dataset overall and of these 78 contributed both cancellation and efficiency data *(ie form 1 & 2, thus providing numerator and denominator information to produce a rate)*
- From these 78 Trusts, 1975 cancellations were reported from a total of 20,290 planned procedures

9.7% cancellation rate



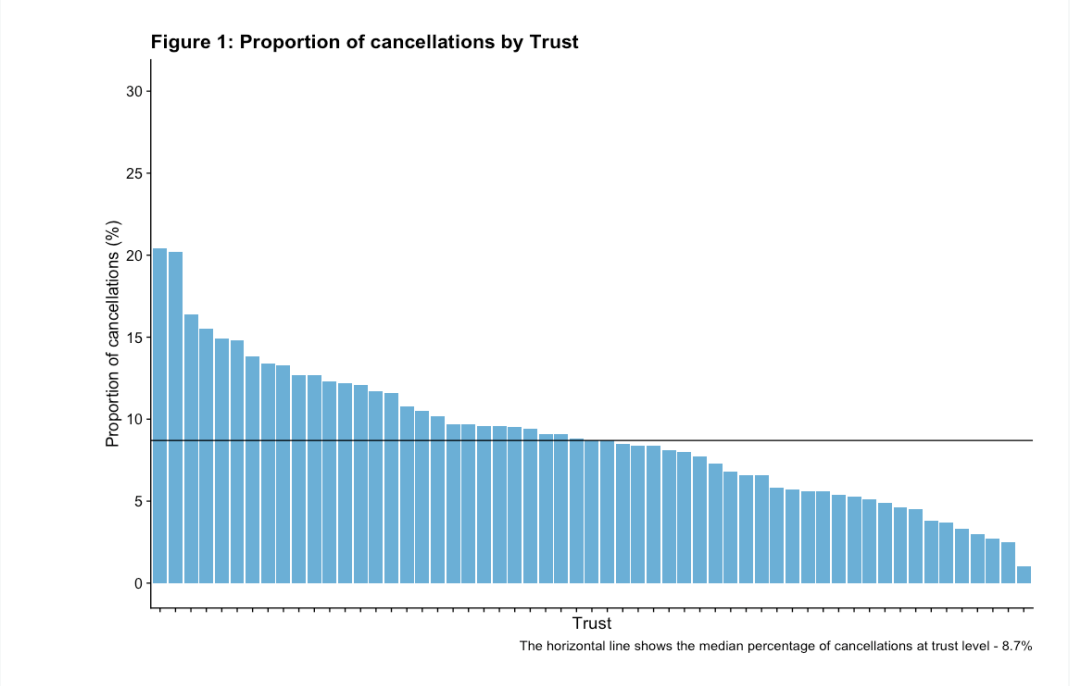
Comparison to Super-SNAP Jan 2022

- 9.7% is an improvement on the 15.3% cancellation rate seen in Super-SNAP in January 2022
- Staffing and hospital capacity are the two areas which have significantly improved

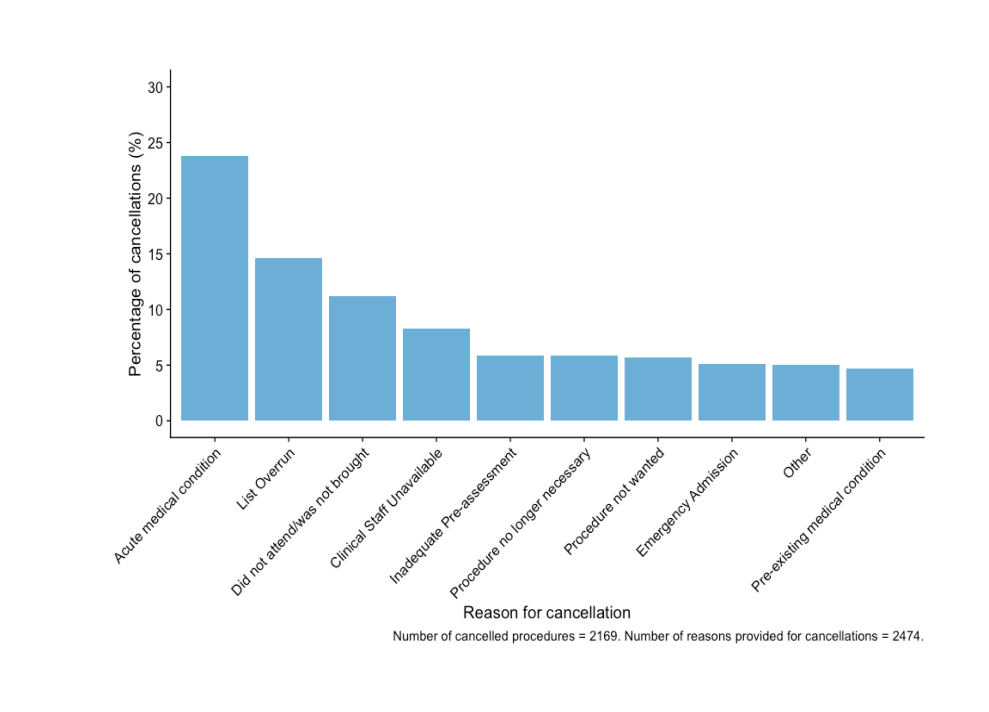
Variation between Trusts

After data cleaning:

- Median of 8.7% cancellation rate
- IQR 5.6 - 11.7



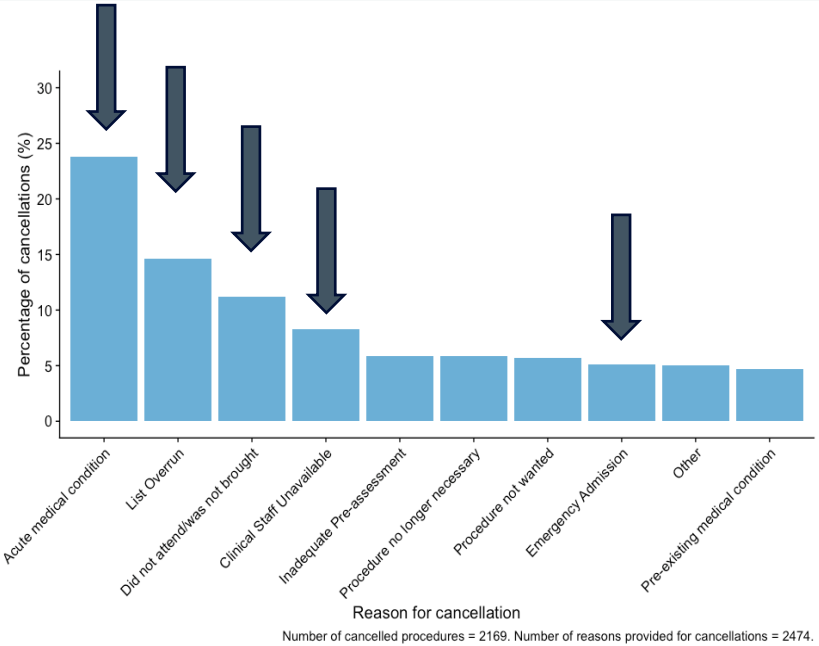
Top Reasons (n=2208 cancellations)



1. Acute Medical Condition
2. List Overran
3. Did not attend
4. Clinical Staff Unavailable
5. Preassessment challenge
6. Procedure no longer necessary
7. Procedure not wanted
8. Emergency admission
9. Other
10. Pre-existing medical condition

Top Reasons (n=2208 cancellations)

Solution: improved booking/scheduling processes

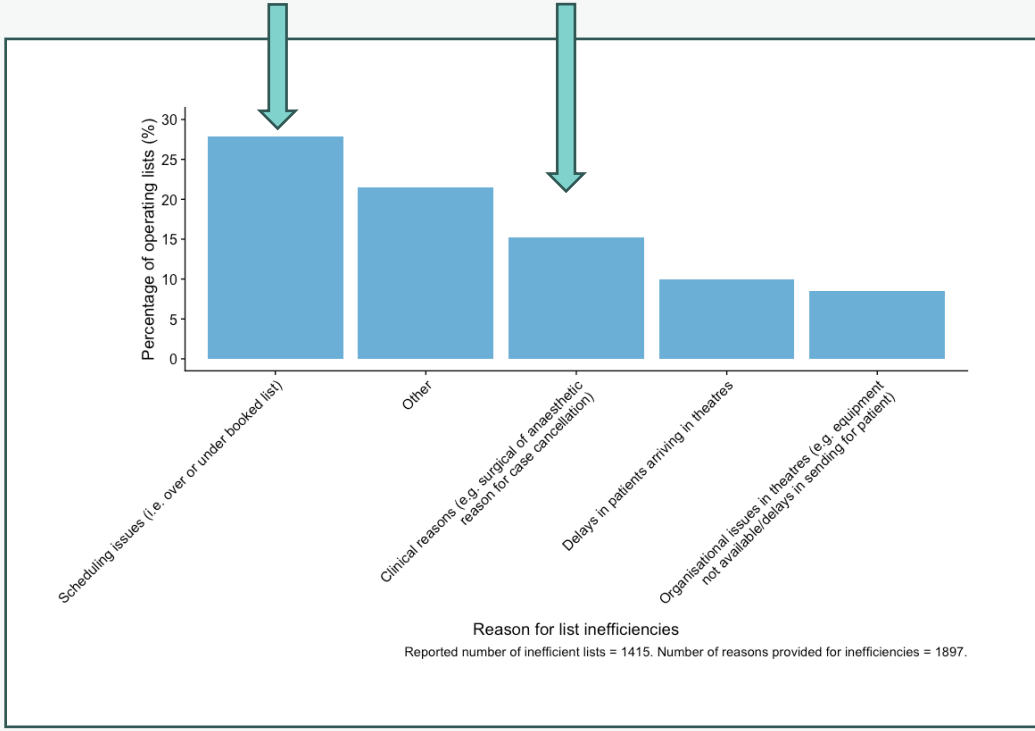


1. **Acute Medical Condition**
2. **List Overran**
3. **Did not attend**
4. **Clinical Staff Unavailable**
5. Preassessment challenge
6. Procedure no longer necessary
7. Procedure not wanted
8. **Emergency admission**
9. Other
10. Pre-existing medical condition

Efficiency of lists

75% of lists reported as running efficiently
(compared with 64% in Jan 2022)

Solution: improved booking/scheduling processes



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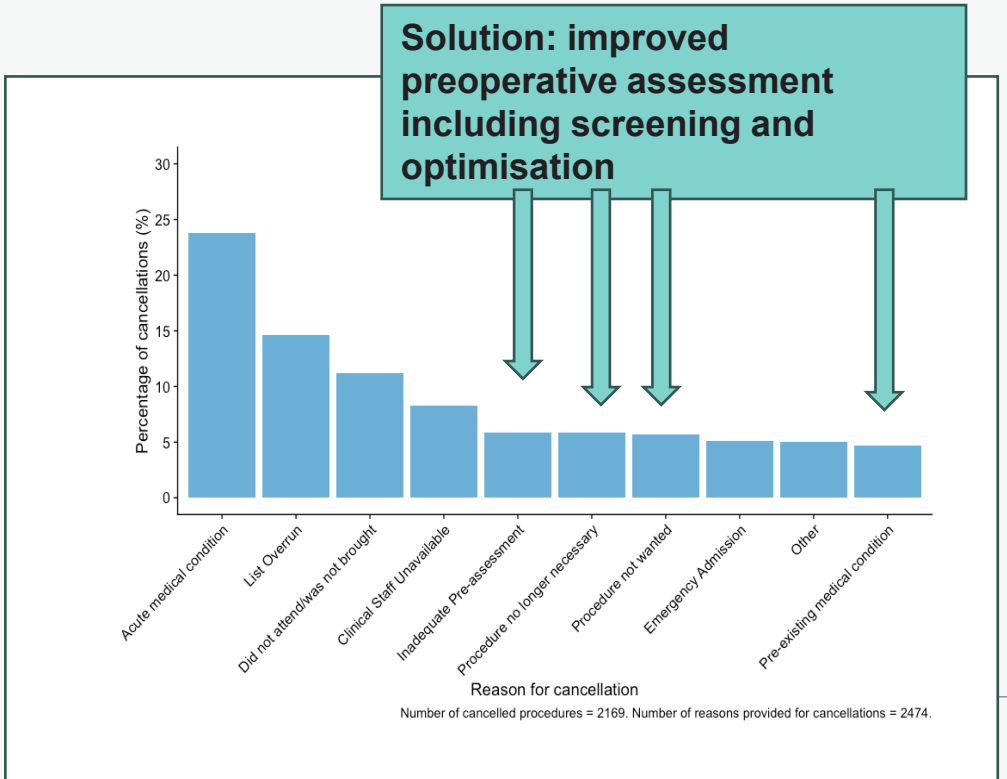

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9. Other
10. **Pre-existing medical condition**

Coming soon…

Toolkits

Surgery School

“Surgery schools are defined as an education and behaviour change intervention delivered by healthcare professionals to groups of patients and their family, friends and carers which aims to prepare them for major surgery.”

Randomised controlled trials suggest that attendance at surgery school can result in:

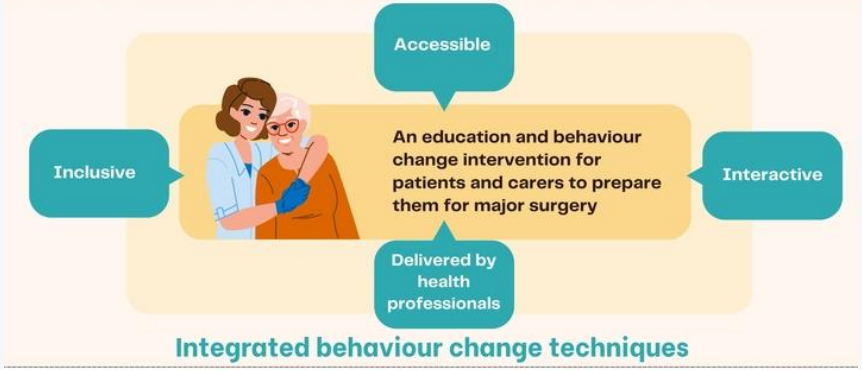
- Shorter lengths of hospital stay
- Lower levels of preoperative anxiety
- Lower levels of self-reported postoperative pain
- Improved postoperative quality of life

DrEaMing

“Drinking, Eating and Mobilising within 24 hours of Surgery”

- Improved short- and long-term patient outcomes
- Faster functional recovery and reduced deconditioning
- Lower risk of complications like deep vein thrombosis and muscle atrophy
- Enhanced physiological benefits, supporting healing and haemostasis
- Improved psychological well-being, reducing pain perception and promoting faster healing
- Reduced emergency re-admissions within 30d

Surgery school at a Glance



Imogen Fecher-Jones

Educational components

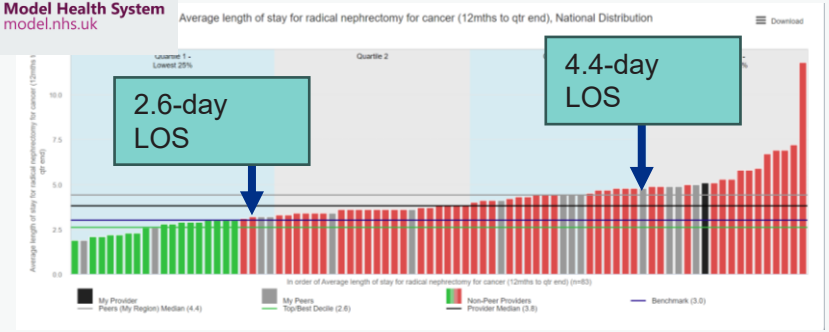
Building a Partnership Through Expectation Setting	Postoperative Complications	Optimising Health Conditions	Prehabilitation	Physical Activity	Nutrition	Psych preparation	Smoking and Alcohol Cessation	Enhanced Recovery	Pain Management
• What to expect throughout the surgical pathway and recovery phase	• Common complications • Activities to reduce risk	• Impact on recovery • Tips for preoperative optimisation	• What it is and how it works • The impact of lifestyle on surgical outcomes	• Increase physical activity • Reduce sedentary time • Moderate to high intensity aerobic exercise • Strength training	• Eating well • Reducing the risk of malnutrition • Postoperative nutrition	• Preparing for a challenge • Normalise anxiety • Well-being activities • When to seek help	• Impact of smoking and alcohol on recovery • Signposting to support to quit	• What it is • How it works • Importance of DrEaMing • What patients can do	• What to expect • Types of pain • Impact on lungs • Managing pain • Non-pharmacological approaches

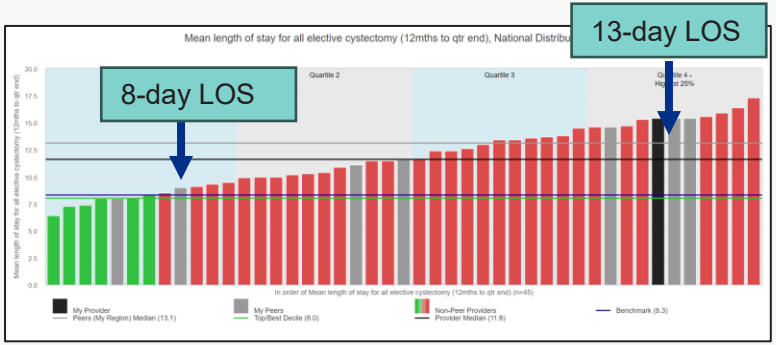
Perioperative Quality Initiative Surgery School Group 2024

Improving productivity by reducing length of hospital stay

Better implementation of enhanced recovery: Drinking, Eating and Mobilising within 24h of surgery → (DrEaMing)

Model Health System
model.nhs.uk





PQIP
Perioperative Quality Improvement Programme

1st PQIP report | Research published & CQUIN Y1 | CQUIN Y2

Highest risk surgery	2016-18	2018-19	2019-21	2021-23	2023-24
% compliance	54	60	66	67	69

Hospitals with the highest compliance (>80%) have 25% reduction in <u>median</u> LOS e.g. after bowel resection 6-day LOS instead of 8 day

DrEaMing less likely if the patient is:

- Frail
- Unfit:
  - long-term conditions e.g. diabetes
  - Fitness/activity
- Anaemic before surgery
- Goes to ICU rather than enhanced care

DrEaMing toolkit

Jo Simpson

Infrastructure for Patient Education & Engagement

- Education and engagement with patients about DrEaMing is fundamental to DrEaMing success
- Use a multimedia approach to DrEaMing education: surgery school, patient leaflets
- Reinforce the importance of DrEaMing encounter by all healthcare professiona their perioperative journey
- Co-produce educational materials and patients themselves

Financial considerations

- Explore if implementing DrEaMing will implications at your site eg. for additio space, or as part of a wider initiative
- If required, provide a business case exp benefits of DrEaMing for patients and reduction in length of hospital stay

Project Management:

Engagement of senior leadership, ident core team and scoping the project

- Identify and involve early all stakehold support may be needed to make DrEa
- Build a core team of "change champio regularly to drive the initiative
- Gain support from senior leadership, o and finance
- Communicate and engage the wider c through multiple communication strea governance or departmental meetings
- Focus first on a surgical specialty or su then scale up

DrEaMing
Drinking, Eating and Mobilising

Patient Education

- Engage and educate patients to DrEaM; this may be via a surgery school
- Empower patients to be actively involved in their own DrEaMing journey
- Deliver a consistent message about DrEaMing from th whole surgical team at all phases of care
- Every patient contact is an opportunity to educate on DrEaMing

Prioritise Minimally Invasive Surgery

- Use Minimally Invasive Surgery (MIS) where appropriate, to facilitate DrEaMing
- MIS results in fewer complications, less blood loss, shorter length of hospital stays and a faster recovery
- Standardise pathways to incorporate MIS for all appropriate procedures and patients

Bloods Loss Limitation Strategies

- Identify, investigate and treat anaemia early
- Employ good surgical technique and advanced energ devices to minimise intraoperative blood loss
- Give tranexamic acid for all surgeries with a risk of blood loss of >500ml
- Consider cell salvage where appropriate
- Treat postoperative anaemia and apply a restrictive transfusion threshold of 70-80g/dl, dependant on patient factors

Surgical Enablers

DrEaMing
Drinking, Eating and Mobilising

Patient Education

- Engage and educate patients to DrEaM; this may be via a surgery school
- Empower patients to drive their own DrEaMing journey
- Ensure a consistent DrEaMing message is provided by the whole MDT throughout their perioperative pathway

Pain Management and Anti-emesis

- Identify patients preoperatively who are at risk of severe pain and provide early input from the acute pain team
- Educate patients about postoperative pain management and set realistic expectations
- Provide multimodal analgesia including regional techniques where suitable
- Plan postoperative analgesia and antiemesis

Risk Assessment and Individualised Postoperative Care

- Perform clinical risk assessment, supported by risk assessment tools (eg SORT) to support planning for postoperative care
- Perform a frailty assessment on patients over 65 years of age
- Deliver postoperative care in an environment that can best meet the patient's post-operative needs, including supporting DrEaMing
- Develop streamlined patient pathways within specialties, delivered on dedicated wards set up to deliver this care

DrEaMing
Drinking, Eating and Mobilising

Patient Blood Management

- Identify, investigate and treat anaemia early in the perioperative pathway
- Avoid intraoperative hypothermia
- Use cell salvage if appropriate
- Give tranexamic acid for surgeries with a risk of blood loss >500ml

Fluids and Preoperative Carbohydrate Drinks

- Provide preoperative carbohydrate drinks for non-diabetic patients for surgeries with evidence to support this
- Adopt a 'Sip Til Send' preoperative fasting policy for patients where this is assessed to be safe
- Discontinue intravenous fluids at the earliest opportunity
- Encourage oral fluids as soon as safely possible

Anaesthesia Enablers

Wider still…

The 10-year plan

The 10-year plan

Three strategic shifts

1. Hospital ↓ Community
2. Analogue ↓ Digital
3. Treatment ↓ Prevention

In 1948 a Labour government founded the NHS. My job now is to make it fit for the future

Wes Streeting

Our 10-year plan, backed by an extra £29bn, will transform the service through AI and neighbourhood care – and hand power back to patients

Wes Streeting is secretary of state for health and social care

The three shifts

- **From hospital to community:** designed to bring quality care closer to home
  - easier GP appointments
  - extended neighbourhood health centres
  - better dental care
  - quicker specialist referrals
  - convenient prescriptions
  - round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital:** creating a seamless healthcare experience through digital innovation:
  - unified patient record eliminating repetition
  - AI-enhanced doctor services and specialist self-referrals via the NHS app
  - a digital red book for children's health information
  - online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention:** shifting to preventative healthcare by making healthy choices easier
  - banning energy drinks for under-16s
  - offering new weight loss services
  - introducing home screening kits
  - providing financial support to low-income families.

Centre for Perioperative Care

Preoperative optimisation: Top 7 interventions

Claire Frank, CPOC Fellow 2024-2025
claire.frank@wales.nhs.uk

7 key interventions

Reduce complications by 50%[1]

Reduce length of stay by 1-2 days[1]

Benefits patient, NHS, population health

Smoking cessation in the perioperative period

Stopping smoking really is the best thing anyone can do for their health and to reduce the risk of a bad result after surgery.

The World Health Organization showed that stopping smoking reduces the risk of complications following surgery by 50%.

Stopping smoking improves the blood supply to tissues, so wounds heal better, with fewer infections and lungs work better, with far less need for intensive care. Within hours, the blood is better at carrying oxygen.

Each craving only lasts 90 seconds. The main withdrawal symptoms, such as irritability, are reducing by two weeks. There are many options for help, with psychological support, apps, alternative activities, exercise, nicotine replacement options and websites with personalised coaching.

You can do it!

Professor Scarlett McNally
CPOC Deputy Director

Read Scarlett's blog on exercise in preparation for surgery.

Risks of smoking in the perioperative period

- 38% increased risk of death after surgery.
- Longer average hospital stay.
- Twice as likely to develop a wound infection.
- More likely to need admission to intensive care.
- Increased risk of heart or lung complications.
- Increased doses of anaesthetic drugs required.

Supporting patients to stay active

Below you will find tools and links to resources to help your patients stay active and prepare them for surgery.

Joe Wicks
The Body Coach

We have partnered with Joe Wicks to release exercise videos for people who are waiting for surgery, to help them recover quicker. Click here to see the videos and more from Joe and CPOC

Moving Medicine

Moving Medicine information and advice on how to have include exercise as a motivational interviewing consultation in one minute

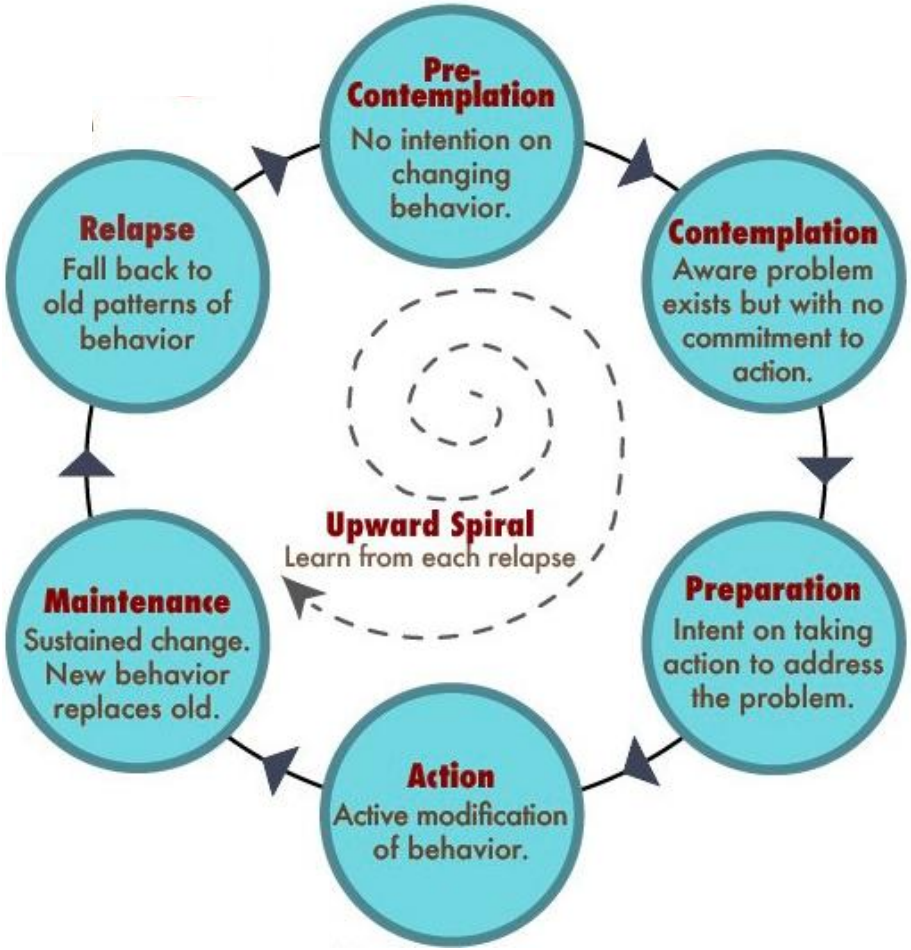
We are undefeatable
The Richmond Group of Charities and partners

We are undefeatable is a physical activity offer for inspiration, ideas and resources. Read stories of people living with long term health conditions, and how they have found their way to move more. The Five in Five initiative allows for building small amounts of activity into your day, and is a five minute mini customisable workout.

Let's Move for Surgery

A toolkit consisting of short videos of various exercise routines. There is also a collection of personal stories and advice from those living with arthritis and tips from physiotherapists on keeping active

Let's Move for Surgery



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Smoking cessation

11.6% (England)-14% (Scotland)[2-5]

Higher in areas of greatest deprivation

37% increase post-op mortality

50% increase post-op complications[6]

55% of current smokers want to quit

24% plan to quit in next 3 months[3,7]

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Alcohol moderation

24% adults >14 units/week

4% women >35units/week, 6% men >50 units/week[8]

50% increase in complications if 3 units/day

300% increase in complications if >5units/day[9]

Rapid screening with AUDIT-C

Increased risk (lifestyle advice), harmful drinking/dependence (specialist input)[10]

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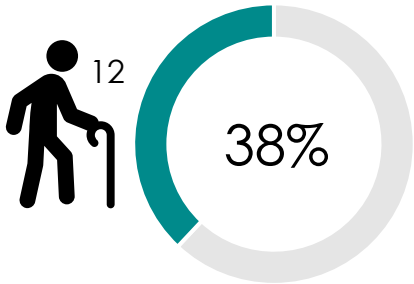
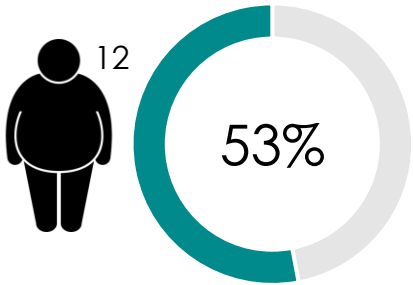
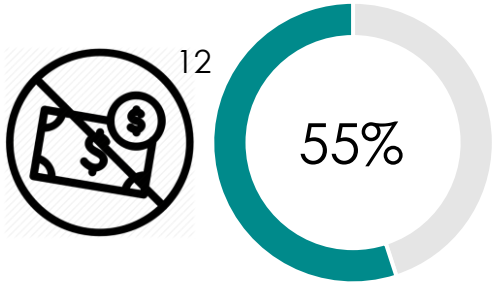
Physical activity and exercise

63% adults meet recommended levels[11]

25% adults are inactive[11]







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Weight management & nutrition

64% overweight or obese[13]

71.5% in areas with greatest deprivation[13]

1 in 4 obese[13], 1 in 3 in surgical population[14]

Increased risk of anaesthetic complications

Focus on portion size

Focus on balanced diet (fruit, veg, protein)

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Mental wellbeing

7.1% chronic loneliness[15]

Risk factors = social isolation, poor mobility, ill health, living alone, caring responsibilities

Anxiety & depression associated with increased pain[16]

Stress associated with slower wound healing[16]

Encourage self-care and support networks

Signpost to third sector

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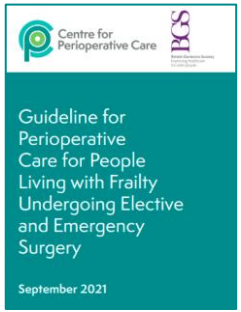
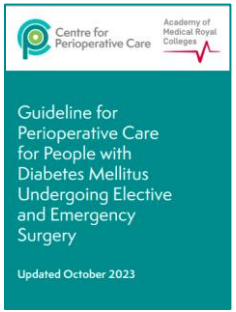
Assessment, optimisation & SDM

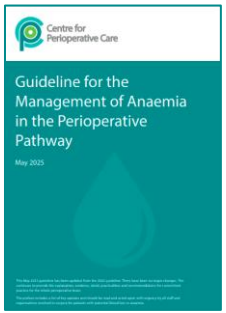
19% might not have opted for surgery[17]

19% living with frailty[18] (14% decided not for surgery after geriatrician input[19])

Frailty, uncontrolled diabetes, untreated anaemia increase risk of complications







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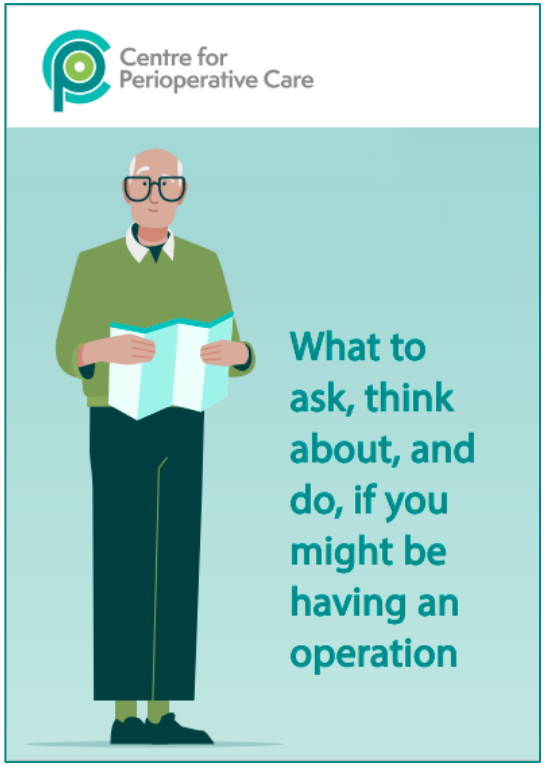
Practical preparation

Bathing and toileting	■ Get flannels for a strip wash if you can't get dressings wet. ■ Get plastic gloves to keep any dressings on your hands clean and dry.
Getting dressed	■ Loose-fitting clothes can be easier to put on (and comfier).
Moving around	■ Remove rugs, mats and cables you could trip over. ■ Get a flask to safely carry hot drinks. ■ A rucksack or shoulder bag can help with carrying items between rooms. ■ Use a night light in case you get up overnight.
Shopping	■ Fill freezer and cupboards with easy meals. ■ Ask if family, friends or neighbours can help with shopping after the operation. ■ Try ordering a delivery online. ■ Buy long life milk and freeze bread.
Preparing drinks and meals	■ Put the teabags by the kettle. ■ Move pots and pans so you don't need to bend or stretch. ■ Batch cook for the freezer. ■ Plan simple meals.
Housework	■ Ask friends and family to help or think about a cleaner for a few days. ■ It's okay to lower your standards while you recover.



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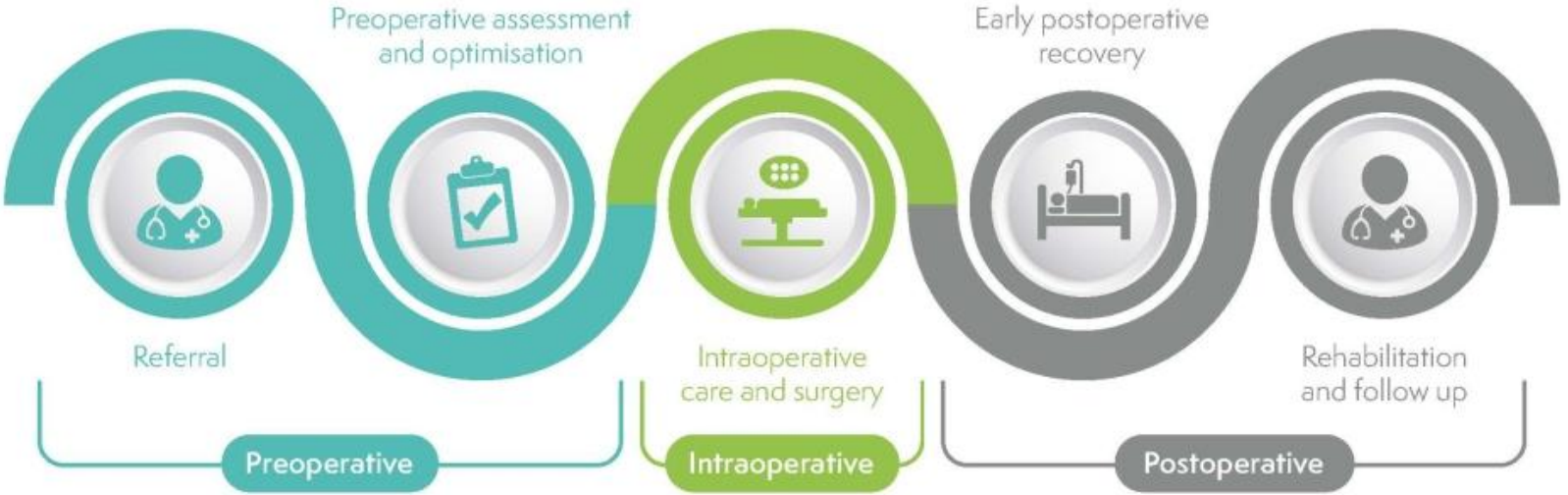
Lifestyle change takes time…



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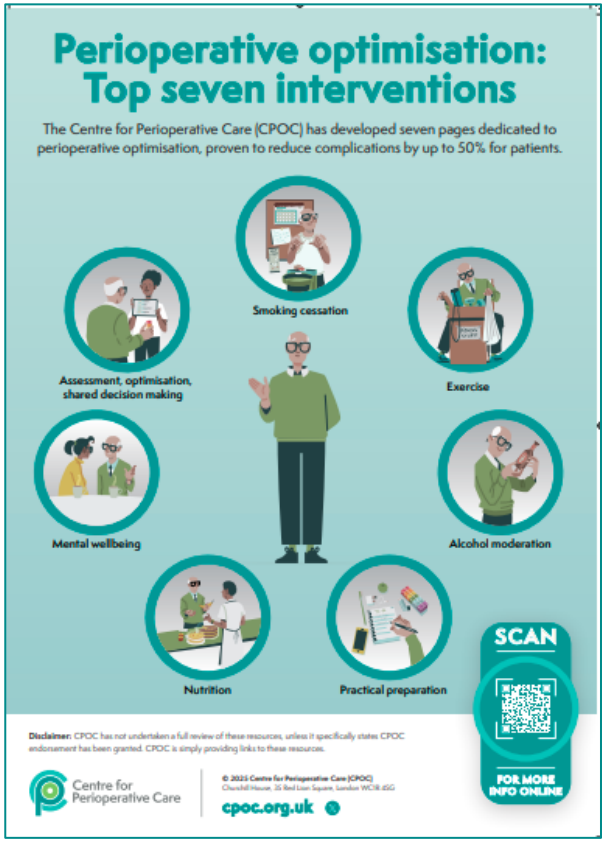
Embedding into routine care

- Make every contact count
- Focus early in pathway
- Promote key messages to wider MDT
- Involve primary care
- Link to third sector organisations



Summary

- Simple, low cost, powerful
- Earlier the better
- Consider health inequalities
- Make every contact count
- Think big

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Questions to be answered in Q&A next

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