



Centre for
Perioperative Care

Session Two: Rapid Fire Presentations

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The screenshot shows the SELAN POA Projects website. The header features the ANAESTHETIC NETWORK LONDON logo and the Excellence Award SE logo. The main content area is a table listing various projects. The table has columns for Project ID, Project Name, Status, and Location. The projects listed include:

- Project ID: 001, Project Name: 001, Status: 001, Location: 001
- Project ID: 002, Project Name: 002, Status: 002, Location: 002
- Project ID: 003, Project Name: 003, Status: 003, Location: 003
- Project ID: 004, Project Name: 004, Status: 004, Location: 004
- Project ID: 005, Project Name: 005, Status: 005, Location: 005
- Project ID: 006, Project Name: 006, Status: 006, Location: 006
- Project ID: 007, Project Name: 007, Status: 007, Location: 007
- Project ID: 008, Project Name: 008, Status: 008, Location: 008
- Project ID: 009, Project Name: 009, Status: 009, Location: 009
- Project ID: 010, Project Name: 010, Status: 010, Location: 010

Patient Focus Group: Improving information and support for patients and carers, while waiting for surgery

We are developing a website to provide information and support to patients waiting for surgery... we need your help!

We are looking to involve patients and carers from all backgrounds within our community. We want your advice and experience on what topics and information we should share with patients and their carers to improve their experience of waiting for surgery.

Your participation is incredibly valuable to us.

Are you a patient or carer who is waiting for or has had Foundation Trust, London and Greenwich NHS Foundation Trust? **Your Voice Matters.**

Why Join?

- Our aim is to improve information and support for patients and carers waiting for surgery
- To ensure confidence, transparency and quality of care
- Share your experiences and insights to help us generate ideas and improve our services
- Consult with other patients

Where/When are they?

Our sessions will run for one hour online using Microsoft Teams on the following dates:

- Tuesday 1 December - 18.30 to 19.30 - sign up here: <https://www.londonandgreenwichnhs.uk/2020/11/18/1-december-18-30-to-19-30>
- Thursday 3 December - 18.30 to 19.30 - sign up here: <https://www.londonandgreenwichnhs.uk/2020/11/18/3-december-18-30-to-19-30>

The focus groups will be conducted, with your input, to help us develop a website that provides information and support to patients and carers waiting for surgery.

If you are interested for more information, please contact Hannah Scott, Programme Manager, at hannah.scott@londonandgreenwichnhs.uk

Improving information and support for patients and carers, while waiting for surgery

Thank you

We would like to thank you for your participation in the Patient Focus Group. Your input is invaluable to us and we will use it to help us develop a website that provides information and support to patients and carers waiting for surgery.

Sign up to our waiting list online

<https://www.londonandgreenwichnhs.uk/2020/11/18/1-december-18-30-to-19-30>

Average rating (4.86)

1 2 3 4 5

★ ★ ★ ★ ★

“Fantastic love it”
 “An exciting time for the nursing profession”
 “Excellent platform”
 “Educative, Informative, Engaging”
 “Thank you to all those involved in organising a successful event”
 “I’m very grateful to have this training to update ourselves”

Creation of a Novel Motivational Movement Rehabilitation Service in Emergency Laparotomy Patients

Dr Carol E Gray
carol.gray11@nhs.scot



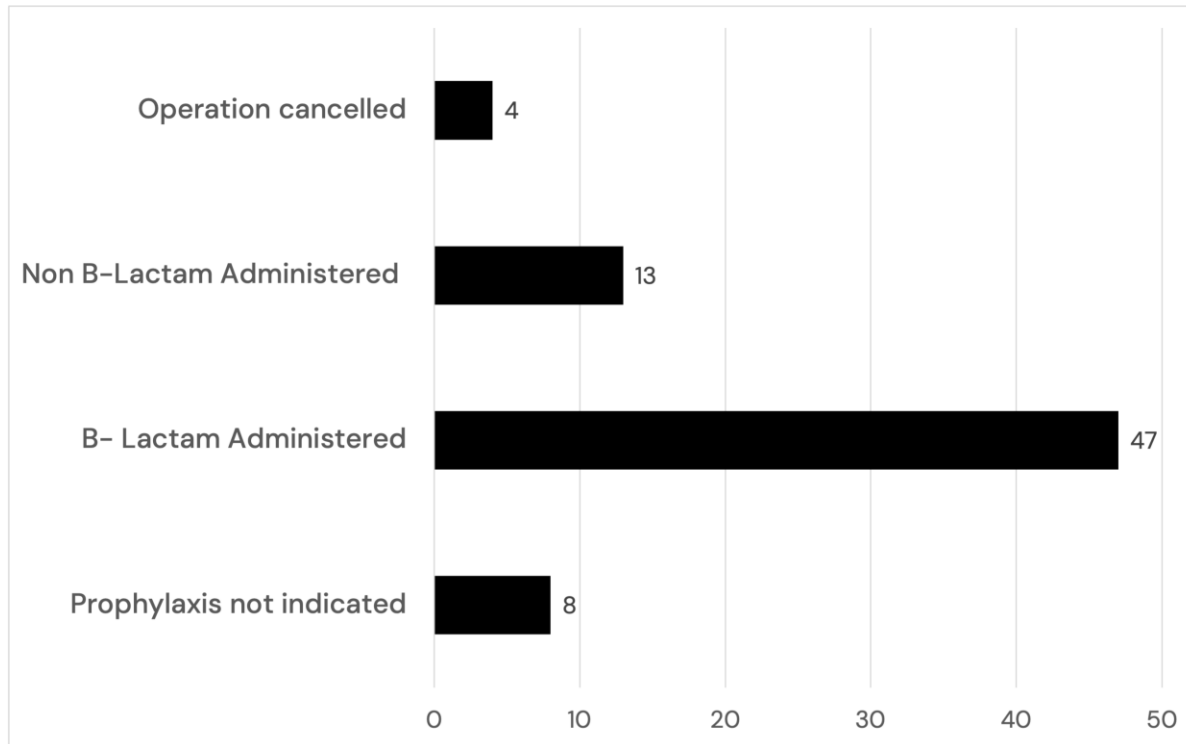
- Historic prolonged length of stay (LOS) in Emergency laparotomy patients in NHS Tayside
- We identified that 92% of patients were bored in hospital and 80% were unsure what level of physical activities are allowed
- Introduction of Motivational Movement Support Worker Team in March 2023 to support rehabilitation
- Roles include:
 - Daily mobilisation and exercise programme
 - Bespoke daily goal setting
 - Motivational and wellbeing support with consistent enthusiastic team
 - What matters to you/ Person centred communication materials
 - Offering activities
 - Weekly MDT board round
 - Focus on patient centred care
- Consistent reduction in LOS since introduction

	Pre-Implementation (568 patients)	Post-Implementation (540 patients)
Median LOS	14.8 Days	10.2 days
Average LOS	20.3 days	16.3 days

Elective Preoperative Rapid Access Penicillin Delabelling Pathway

Dr Imran Ali
imran.ali24@nhs.net

Intraoperative Surgical Prophylaxis Administration For Delabelling Pathway Patients (May 22-Nov 23)



- Collaboration between Anaesthetic Preassessment Team at the Royal London Hospital and the Allergy Department at St Bartholomew's Hospital, innovating pathway in May 2022.
- Facilitates patients with a low to moderate allergy risk up to 20% to be referred for testing prior to their elective surgical procedure.
- A total of 93% of patients were found not to have a true allergy, and subsequently delabelled.
- 65% of this cohort went on to receive beta lactams as part of their surgical prophylaxis.
- No adverse reactions took place in patients receiving intraoperative beta lactam based antimicrobials.
- The service is unique and innovative, both in the UK and worldwide, and has led to the development of rapid-access penicillin allergy delabelling for other medical specialties.

Background

In March 2024, East Kent University Hospital implemented a digital Population Health Platform to automate risk stratification and triage of patients awaiting preoperative assessment (POA). The Graphnet developed tool linked patients surgical waiting list data with the linked patient health and care record enabling data gaps to be filled, patient complexity to be quickly understood, allowing perioperative teams to ‘know the risk’. For surgical patients on the admitted pathways, this enables high- and low-risk patients waiting for surgery to be instantly identified. as well as identifying patients who need to be optimized prior to surgery.

Aim

The pilot project used the digital preassessment triage tool for low-risk patients: the "Gold" and "Green" patients. The "Gold" patients were ASA 1 equivalent (including BMI <35, age <65, non-smoking status, alcohol <14 units/week), and the "Green" patients were ASA 2 equivalent (well controlled). The aim is to test the tool's efficacy and assure clinical effectiveness, users' trust and adoption. Testing involves comparing the dashboard-allocated triage category and what the patient presents with at the POA clinic.

Method

The "Gold" and "Green" Clinics were launched on April 21, 2024. Patients scheduled for day case surgery were booked in 7.5-hour extra clinics on weekends. Each patient was allotted a 30-minute time slot as per the standard procedure. The bookings for the clinics were done using the digital triage tool. The clinic manager monitored the following indicators:

- Number of accurate triage category by the digital triage tool.
- Number of triage category that were manually revised during consultation.
- Consultation time with each patients.

Findings, Impact and Next Steps

The pilot ran for six weeks (weekend clinics covering the period from 21st April to 26th May 2024). In total, 138 patients were booked into the clinics. The average consultation time was 22 minutes, less than the allocated time (30 minutes). 77% (106) of patients were digitally triaged correctly. 23% (32) of patients' triage categories were manually revised due to incomplete patient information from primary care data. For example, in 8 (25%) of the 32 cases, BMI measures were not in the patient record.

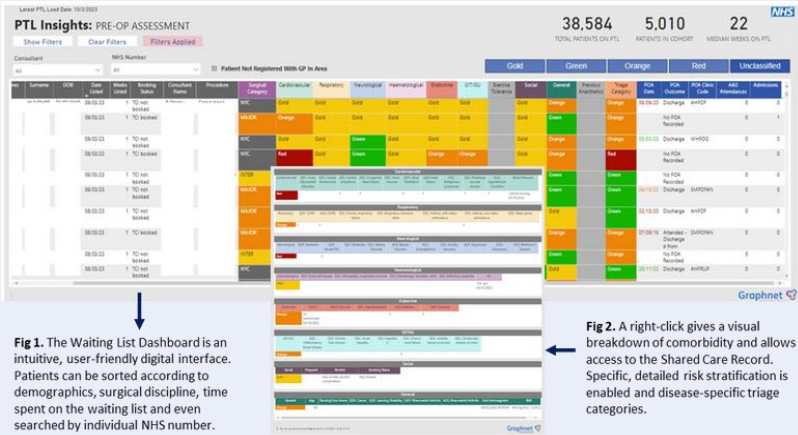


Fig 1. The Waiting List Dashboard is an intuitive, user-friendly digital interface. Patients can be sorted according to demographics, surgical discipline, time spent on the waiting list and even searched by individual NHS number.

Fig 2. A right-click gives a visual breakdown of comorbidity and allows access to the Shared Care Record. Specific, detailed risk stratification is enabled and disease-specific triage categories.

Total number of patients booked

138

Time Release - An average of 8 minutes saved for each clinic slot allow for 4 more patients to be seen., support additional triage and complex patients.

Average time of consultation

22
Minutes

High Volume Low Complexity (HVLC)- Quick identification of patients suitable for high-volume, low-complexity scheduling help ensure that more patients receive timely care.

Time released to attend to more patients

27%

Increase Productivity - digital risk stratification identifies high-risk patients, improving clinical team productivity by only booking high-risk patients into consultant clinics.

Accurate digital preassessment triage

77%

Improve Data Completeness - the efficiency of the digital triage process depends on data completeness. Two-way communication with patients will help complete the patient record.

“The Pilot” At a Glance

Setting

- Acute Trust.
- Outpatient clinic.
- All specialties.
- Preoperative assessment.

Optimise

- Risk stratification of patients on waiting list.
- Preoperative assessment care pathway.
- Outpatient clinic throughput.

Reduce

- Duplication of clinical activities.
- Triage time by Nurses.
- Delays in decision making.
- Gaps in information.

Benefits

- Significant reduction in triage process by Nurses
- Time released to see more patients in clinic.
- Increase team productivity.
- Enable us to “Make Every Contact Count”

Next steps!

Collaborating the ONE YOU KENT health and wellness service to proactively case find waiting patients for optimisation will improve health, reduce cancellations and post operation recovery!



Paediatric Pre assessment in a box



Amy Norrington, South Tees NHS Trust amy.norrington@nhs.net

- The RCoA and APAGBI jointly published best practice guidelines for the pre assessment of children and young people undergoing surgery or procedures in 2022.
- Adult pre assessment is an established part of national practice but in most centres children and young people were not pre assessed as they were felt to be “fit and well”.
- The 2022 guidelines led to increases in paediatric pre assessment, but with pressure of other work, clinicians did not have time to create documentation and there was demand for examples of what worked in practice.
- South Tees was one of few fully operational DGH paediatric pre assessment services. Keen to help others create similar services efficiently we worked with the North East and North Cumbria Surgery in Children Operational Delivery Network and the APA PPOC committee to create a resource called “Pre assessment *in a box*”.
- This can be accessed via a QR code and contains much of the paperwork needed to begin creating a paediatric pre assessment service in any Trust. It is regularly updated, and documents can be freely downloaded and edited to local needs.
- It has been downloaded in every CYP ODN area by over 60 different Trusts and been edited many times over to move forward Paediatric pre assessment service development.





We created a working group with ICS, Public health and trust membership to create a preop tobacco cessation clinic



We successfully applied for cofunding; 50% funding within hospital trust 'Dragons Den' programme and 50% from ICS for 12mth proof of concept clinic



We recruited part time tobacco cessation nurse who runs the clinic with Nicotine Replacement Therapy supplied by PGD alongside personalised advice/support



RESULTS: 15% confirmed quit to date, more with patient reported quits/reduction



I will share a broad range of patient testimonials



I will discuss the challenges and successes we had around securing funding, how to build a team across the trust, ICS and public health, how we wrote the business case proposal and what the future looks like with current funding challenges

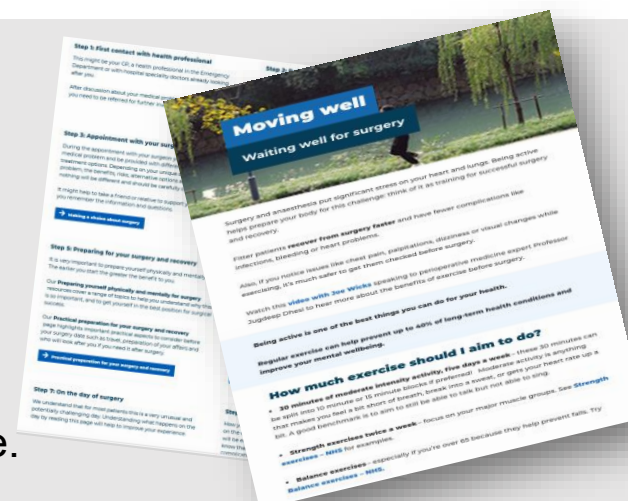
“Don’t Just Wait, Wait Well”: Empowering Patients Through Perioperative Preparation

The SE London APOM Network’s Waiting Well Website, led by Dr Georgia Richmond, is a pioneering resource supporting over 45,000 patients awaiting surgery in SE London.

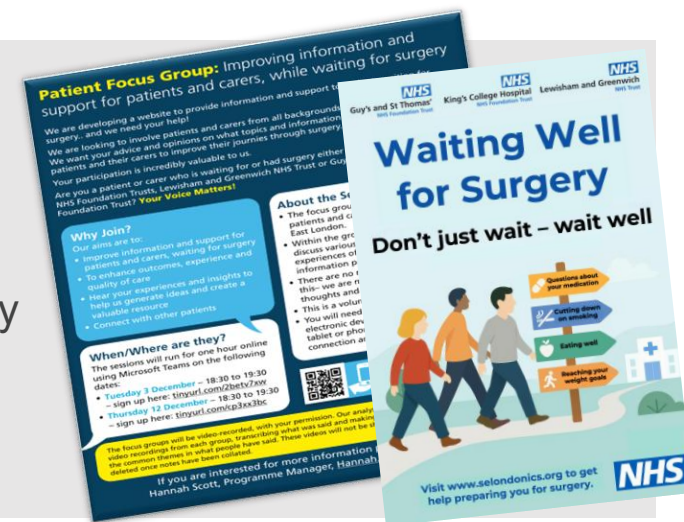
Dr Nazia Khan

South East London
Acute Provider
Collaborative

Clinically endorsed, accessible and localised information and tools to promote physical, mental, and practical preparation (aligned with CPOC), addressing a vital need for proactive perioperative care.



Patient-Centred: Content and design were co-designed with patient representatives through the Peri-operative Advisory Group to reflect real experiences.



Accessible and Inclusive Communication Strategy

– Posters, flyers, video animations and digital materials shared across primary and secondary care to raise awareness and encourage usage



The programme aims to:

1. Empower Patients
2. Enhance Understanding of the Surgical Journey Support Shared Decision-Making
3. Improve Equity and Accessibility
4. Strengthen System Efficiency
5. Enhance Staff Empowerment

A measurement plan with plans to develop a dashboard to evidence impact of website is underway.