

Session Three: Rapid Fire Presentations

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APOM Network Establishment

- APOM Clinial Network established in January 2024
- GIRFT Gateway Review
 March 2024: engaged with individual providers, reviewed trust level data to develop GIRFT trust level Implementation plans
- Aligned our work streams against the 5 core requirements.
- Regular (Bi-monthly) meetings.
- Limiting factor financial climate/resources.



- 1. "Patients should be screened for perioperative risk factors as early as possible in their pathway."
- Promoting and Embedding Digital Tools:
- C2AI
- Elective Recovery Dashboard (Graphnet)
- Pre-op Questionnaires e.g My PreOp and Dr-Dr).
- Encouraging links with the National POA network and engagement with national audits to identify areas of opportunity.



- 2. "Patients identified through a screening assessment as having risk factors for poor perioperative or surgical outcomes should receive proactive, personalised support to optimise their health before surgery."
- Tiered, digital first prehabilitation strategy, utilising digital tools and collaboration with Digital prehabilitation provider.
- Don't "BE DAFT" risk factor identification and signposting initiative – promoted to both primary and secondary care.
- Chronic disease & Frailty Optimisation.



- 3. "All patients waiting for inpatient procedures should be contacted by their provider at least every three months to check that they still want or require the procedure and that their health status has not changed."
- Pilot of Perioperative Care Coordinator role in four providers.



- 5. "Patients must be involved in shared decision-making conversations to discuss the benefits, risks, alternatives and likely outcomes of the surgery, as well as the postoperative recovery period."
- Promoted use of Decision Support Tools to surgical networks
- Sharing of free shared decision making training training and resources
- Promotion of POPS model and enrolment of 2 trusts into POPS-Sup.

Note: core requirement number 4 is provider action specific so not reported here



The Genesis of SipTilSend

Dr Carol Gray & Dr Matthew Checketts carol.gray11@nhs.scot



- The original problem
- The shift in opinion
- The implementation
- The patient experience
- The dissemination of concept and support
- The safety data
- The future

1. Our preassessment problems at NNUH:

Dr Ruth De Las Casas Post-pandemic Ruth.delascasas@nnuh.nhs.uk long waiting times: Complex patients with new or poorly No oversight of waiting list: POA demand > capacity: >80 ↑theatre activity. administrators but shortage of able to book POA staff and clinic appointment, rooms difficult to work cohesively

- POA appointments only days before TCI date
- 2. Identifying any problems too late in the pathway
- High rate of late/on the day cancellations

3. The production team...

- A working group of doctors and nurses developed our digital screening questionnaire, which automatically RAG rates patients, and alerts us to optimisable factors
- We ran a series of coffee mornings for patients and carers, and with them coproduced this questionnaire.
- Multiple stakeholder groups involved, including all surgical specialities, operational and administrative teams, and of course our digital team
- Once written, we trialled the questionnaire on 50 patients over the phone, identifying problems and making improvements.
- We further validated it on the longest waiting patients.
- Finally, we've recently started to send the questionnaire to all patients at the time of booking.





2. Our solution:

Pharmacy alerts

Prehabilitation

and complex

discharge alerts

Triages patients (RAG rating)

Pre-populated medical history from patient

Design an in-house, digital prescreening and preassessment tool which

provides:

HbA1C and Haemoglobin alerts

4. Outcomes so far:

>7000 patients through system so far, initial outcomes are positive:

Patient outcomes:

- 'Red' patients seen early by anaesthetist for assessment, optimisation, SDM conversation
- Prehabilitation information embedded within questionnaire, improving patient satisfaction
- Prehabilitation nurse using Digital Alerts and delivering early interventions for all

Staff outcomes:

- Pre-populated medical history from patients forms backbone of POA = more efficient
- Improved team engagement in Quality Improvement
- · System training combined with staff educational afternoons

Process outcomes:

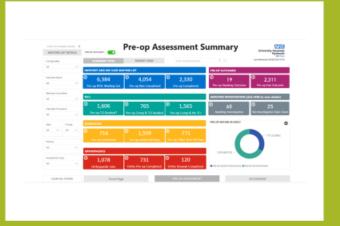
- 75-80% completion rate of digital questionnaire. 100% report 'Easy'/'Very easy' to complete
- 30 minute nurse telephone clinics started for 'Green' patients
- Aligned with national guidelines, building blocks in place for more service improvements...!

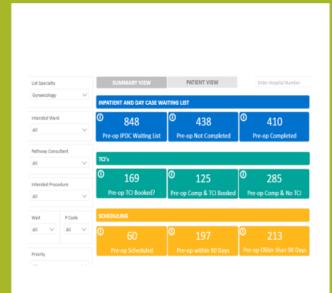
Pre-operative Screening Questionnaire Date of screening: Do you have or have you had treatment for any heart or circulation problems? Please circle which condition(s): heart attack, angina, heart/cardiac stent inserted, high blood pressure, rheumatic fever, heart murmur, atrial fibrillation or palpitations, heart failure, pacemaker, leg circulation problems or other Do you have or have you had treatment for chest/breathing problems? Please circle which no condition(s): asthma, COPD, bronchitis, emphysema, sleep apnoea or CPAP machine, blood clot on leg or lung (PE/DVT), fibrosis or pulmonary hypertension, other Do you have diabetes? Please circle which treatment: insulin, tablets, diet controlled yes Have you ever had brain, nerve or muscle problem? Please circle which condition(s) Including: stroke, TIA, blackout, fits/seizures/epilepsy, dementia or memory problems, muscle weakness or other neurological problem? Are you/have you been anaemic or do you have problems with serious bleeding or bruising, haemophilia or other blood disorder or liver disease? Please circle Do you have or have you had chronic kidney disease, kidney failure or kidney transplant? no Have you or anyone in your family had a serious problem with an anaesthetic? If so, what Do you have any other significant medical conditions, cancer or problems in the past that no we should know about? Can you walk up a flight of stairs (12 steps) without stopping? If no, what stops you? Please circle which: Chest pain, short of breath, wheeze, joint pain, back pain, calf pain, lack of energy, muscle weakness or other Do you use a stick, walker or wheelchair regularly? Have you had any operations/surgery in the past? Please list. Do you drink more than 14 units (7 pints) of alcohol/week? If yes, how much? Do you smoke cigarettes, cigars or pipe? How much? no yes Do you use/have you used recreational drugs or non-prescribed medications? yes If yes - what drugs? Do you suffer from chronic pain or have a diagnosis/treatment for anxiety, depression, no yes bipolar disorder, schizophrenia or other mental health disorder? Please circle which Are you more than 80 years old? no yes Do you need help to get up, wash, dress, eat, go to the toilet, most of your daily activities? no yes 7 Do you need help to leave the house, all housework, and/or bathing? no yes 6 Do you need help with finances, heavy housework, meal preparations or medications? no yes 5 In general, do you have any health problems that limit your activities?

Do you do any regular exercise beyond regular walking on the flat?

What exercise?

no yes 4





Dr Helen Anderson University Hospitals Plymouth

Pre-op Early Screening and triage in the real world

Adaptable Power BI Dashboard Filter by speciality, procedure, consultant, short notice suitability, priority code, waiting time, down to patient level detail. Visualise your pool of patients ready for listing.

All patients waiting for admitted procedures – inpatient or day case How many have had pre-op assessment, triage – and RAG rating Still waiting for investigation – not ready for listing

Schedulers dream?

Achievements 24-25

Dr Thomas Teare
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NHS Foundation Trust

Early Screening & Optimisation established as business as usual

- 100% of major elective patients identified and screened at point of listing
- Optimisation pathways; anaemia, diabetes, smoking, weight management, mental wellbeing & other social prescribing pathways
- Early ECG reviews identifying serious cardiac pathology
- 4000+ patients engaged in development: frailty, rollout to second hospital site, urgent patient pathway (see next slide)

Clinical Outcomes:

- Anaemia: IV iron reduced from 88% to 14%, transfusions down to 1% (from 12%), LOS 0.22days (compared to a baseline of 1.15)
- **Diabetes**: LOS reduced to 2.7 days (vs. 3.7 national avg), HbA1c >69 halved.
- Frailty: 23/52 patients declined high-risk surgery with SDM support
- **Smoking**: 42% identified as smokers, 25% referred, 1 in 5 completed quit programme

Innovation & Impact:

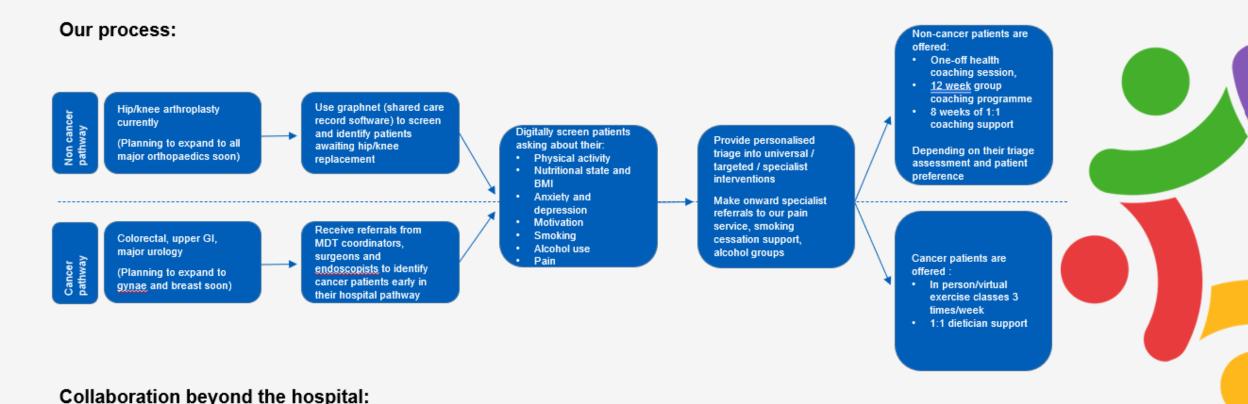
- Surgical regret tool developed & trialled
- Shared decision-making MDTs live
- Live data dashboards & QI-trained workforce

Kindness, Respect, Teamwork Everyone, Every day

Prehabilitation at RBH



We offer prehabilitation to all patients having colorectal cancer, upper GI and major urology surgery, and patients awaiting hip/knee arthroplasty. We are driving towards supporting all patients having major or inpatient surgery



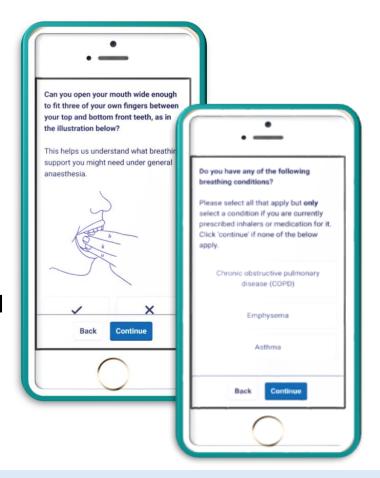
We recently organised a BOB (Bucks, Oxford, Berks) ICS and Thames Valley cancer alliance away day to build relationships across the region and to share knowledge and resources

We partner with local community groups and charities to provide further support and to widen accessibility

Early Screening using a Digital Perioperative Platform

Concept

- Early screening via a digital platform
- Complexity stratification prior to first outpatient appointment
- Low complexity are fast-tracked
- High complexity are **optimised**



rsanthirapala@rcoa.ac.uk **Feasibility Study**

Dr Deveena Meeks

High Digital Accessibility
97% completed without support

Fast Response Rates69% returned within 24 hours

Significant Ability to Fast-track 44% of participants

Next Steps

- Currently completing an Implementation Study, results expected in September 2025.
- Exploring options to **scale** to other NHS Trusts.

Early preparation & optimisation of patients for elective surgery:

Dr N Desai, Golden Jubilee National Hospital, Clydebank, Scotland

- As the waiting times to the elective surgery has been even increased following Covid pandemic, our orthopaedic pre-assessment clinic managed to get funding "Prep Team" which allowed us employment three band 4 nurses.
- "Prep Team" screens the patients the day surgeon assesses and decides to operate the patient.
 The screening is divided into 3 parts:
 - 1. Questionnaire about social issues, travel arrangements, any ongoing investigations, any current or recent infections or treatments, dental check up, alcohol & smoking issues, recent significant weight loss and recent major health issues such as stroke, MI, arrhythmia
 - 2. Systemic exam, BMI check
 - 3. Blood investigations, ECG according to the guidelines provided by the anaesthetic team.
- Any issues which can cause delay e.g. high BP, new atrial fibrillation, UTI are discussed with the anaesthetist in the clinic and patients are optimised with the help of primary care.
- Prep team helps to optimise the patient before they come in for full pre-operative assessment with the Band 6 nurses, anaesthetic assessment & also, additional investigations are planned in advance. This helps to improve health of the patient promptly & effectively, decrease workload for clinic, improve communication with primary care & secondary care, reduce waiting time for the patients.

Dr Samantha Black samantha.black1@nhs.net

Paediatric Preassessment and Surgery at Medway 'keeping surgery close to home'

- -Following national guidance (APAGBI & RCoA &BADS)
- -utilizing GIRFT principles e.g 'closing the gap' document
- -Working towards becoming a paediatric surgical GIRFT hub

- Medway NHS Foundation trust is a busy DGH in a deprived area of north Kent
- We perform around 1500 day case operations per year age 0-16 (Paediatric day surgery, ENT, dental, MRI)
- Model hospital data is one of the best in the country, we have created a truly day care ring fenced pathway
- We have facilitated T&A HVLC for 18 months, MLBs, infant hernias e.g. age 3months, paeds MRI, community dental hit lists- through well developed preassessment and scheduling to keep surgery close to home for families
- We have trained 6 paediatric preassessment nurses, supported by 2 consultant anaesthetists
- Developed autism and learning disabilities pathway, infant hernia pathway
- We listen to patient/carer feedback to develop services, we host visits to our preassessment for other trusts to learn from our best practice
- Making every contact counts and working with community services to 'wait well for surgery' and a living with obesity paediatric pathway for our children using surgery as a teachable moment for whole families



Session Four: Open Forum and Q&A

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



Thank you

