## POPS Vignette Template

## Site Name

Dartford \& Gravesham NHS Trust
POPS Core Components/Principles
Developing an existing CGA and MDT approach

## Our Challenge

Creating a sustainable POPS service, with the aim to improve consistency of delivery (52 weeks per year) and extending to include Urology patients.

## What we did (the process)

- Establish a project team to be the focal point for the POPS project;
- Developed a driver diagram and associated action plan;
- Used the national Frailty Opportunity Identifier tool and undertook some initial work to develop measures including SPC charts, readmissions and comparative profiles between general surgery and urology
- Developed a workforce development plan;
- Identified training needs;
- Undertook staff survey looking at confidence levels in managing older surgical patients.


## What we achieved (the outcomes / data)

Demonstration of the impact of POPS service on readmissions (see chart below)

## Frailty Opportunity Identifier

Readmission rate
Medicine 36\%
Urology 37\%
General surgery 22\% (POPS)

Workforce and education
Progress was made around workforce development including at CNS level, instituting an apprenticeship model of CNS development, identifying educational needs, restructuring appraisal processes, and looking at wider regional experience and networking. A similar development programme has started for middle grade medical staff and surgical trainees.

Results from staff confidence survey (see graphs below)
I am confident in the perioperative management of older surgical patients


## Elect




