NHS Elect

Pre-operative Clinic Aims to Help Patients Living with Frailty Make Empowered Choices About Surgery

Improvement Networks
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Introduction

The number of older people undergoing surgery is rising. Of the 11 million procedures carried out by the NHS in 2016, nearly five million of them were on patients over the age of 65. The risk of adverse outcomes and slow recovery rates are more common within this age group. However, perioperative management – including a Comprehensive Geriatric Assessment and medical optimisation of the patient before surgery – can significantly reduce postoperative complications and length of stay. The POPS (Perioperative care for Older People undergoing Surgery) Network helps NHS organisations to redesign elective care to ensure services are designed to meet the needs of older people. It offers a six-month collaborative programme of learning and development events, introducing organisations to proven quality improvement tools and connecting them to others undertaking similar work.

This is Kings College Hospital's story…

Dr Nicola Lochrie and Dr Felicity Woodward joined Kings College Hospital NHS Trust in London in late 2021 as newly-qualified consultant geriatricians. They were keen to develop a pre-operative service for older patients awaiting surgery. There was already a well-established inpatient perioperative service in the hospital, but elective pre-operative input from geriatricians had all but disappeared since COVID-19.

Pre-operative assessments and optimisation

Both Nicola and Felicity had a personal passion for providing pre-operative assessments and optimisation for older patients with frailty and this dovetailed well with national and regional priorities, as well as demand from clinical colleagues. Hospitals in nearby Lewisham and Woolwich were developing a similar service and anaesthetic and surgical teams at King's College Hospital had been calling for greater geriatrician input for their patients awaiting surgery.

After completing a one-year Fellowship with the POPS (perioperative care of older patients awaiting surgery) team at Guys and St. Thomas's, Nicola was familiar with the principles of pre-operative and perioperative care and the strong evidence-base showing the potential benefits for older patients.

A model of shared decision-making

Nicola explained:

"We wanted to build relationships with the surgical and anaesthetic teams and to establish a model of shared decision-making about the most appropriate course of action for patients. Our aspirations were born from seeing poor surgical outcomes for some frail older patients became significantly more frail or delirious and were unable to go back to living independently.

"We were starting with a blank canvas regarding how the service might look. However, the core premise was that just because we could perform surgery for a particular patient didn't necessarily mean we should. It is about what is right thing for them and what will give them the best quality of life. Fixing one specific problem doesn't always solve the overall issue. We wanted a service that helped patients to consider the wider picture and make the right choices for them."

Co-leads

Nicola and Felicity joined the POPS Network in late 2021 after several months of discussion with colleagues about how to fund the project. Nicola explained:

"I approached the Surgical Finance Director and he agreed to fund the project from the Elective Recovery fund. Felicity started as a consultant in December 21 and the two of us agreed to lead the project together. We began working with the Network in March 2022."

There were many different factors in their favour, as Nicola explained:

"We were both passionate and highly motivated, with previous experience of the POPS model. The timing was good, as there was a national focus on improving the care of frail older patients and there was a great deal of enthusiasm from our colleagues in the surgical and anaesthetic directorates as well as the executive team. The hospital already had a well-established perioperative and post-operative surgical liaison service so the opportunity to create a robust pre-operative service was ripe."

What they did

1. Built (and streamlined) the project team

Their first task was to establish a project team that would lead the improvement work. However, as new consultants, this wasn't a straightforward task.

"It was challenging to know who to approach initally" said Felicity. "Initially we aimed to invite as many people as possible from the relevant teams, but we found this was too many and streamlined the project team after that. Alongside Nicola and me, there was the lead for perioperative care, our executive sponsor and the clinical nurse specialist lead. It was more manageable with a smaller core group making decisions , although everyone who'd been part of the first meeting remained as part of the wider group to share ideas and give feedback."

2. Analysed data

With the project team in place, Nicola and Felicity began to analyse existing data to establish the number and types of surgery performed and patients' average length of stay. This was an important step, as the types of surgery performed at King's are quite different from those at the neighbouring hospital, Guys and St Thomas'. For example, they found that in urology most cases were done in the Day Surgical Unit with an average length of stay of one to two days. By comparison, in colorectal patients the average length of stay was eight days.

3. Agreed target patient group

After looking at the existing surgical provision in the hospital the team decided to start its quality improvement project looking at the colorectal pathway. Nicola said:

"We were nervous about being overwhelmed with patients so wanted a smaller subgroup to start on. However, after a month we realised we could look at expanding.

"We decided that a pre-operative service for all frail patients scheduled to undergo surgery would have a greater impact. Although colorectal patients would continue to be our primary target, we would see frail patients across the spectrum, particularly those with co-morbidities. We attended multi-disciplinary and consultant meetings, distributed posters advertising our service and sent our emails to let clinical colleagues know about the new service."

4. Launched the PROKARE clinic

They branded the clinic PROKARE, which stands for Proactive Care of the Older Person. This was an existing name already in use within the hospital and with a level of recognition among the surgical teams, as it was the name of the post-operative service.

The PROKARE team began working within an established Geriatric Clinic, to offer a pre-operative service to frail patients. They provide Comprehensive Geriatric Assessments and look at the patient holistically, considering their function, co-morbidities and level of frailty, as well as overall lifestyle and quality of life. Consultations take between 45 minutes and an hour.

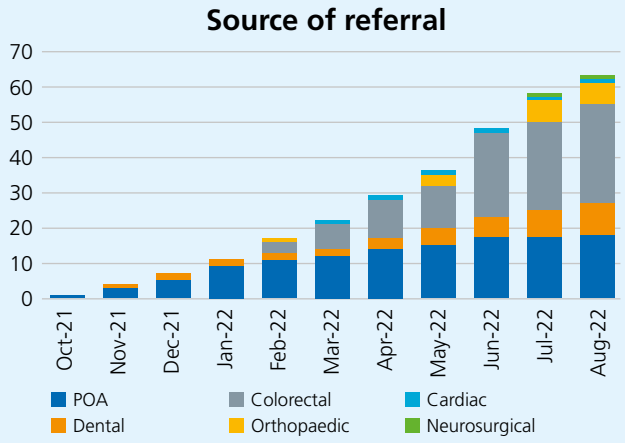
5. Introduced shared decision-making

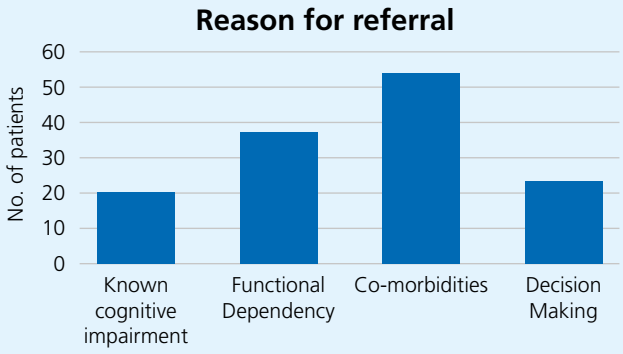
The team uses the BRAN model of shared decision-making - assessing the Benefits, Risks, Alternatives and implications of doing Nothing – to help patients make informed choices. Felicity said:

"We introduced a multidisciplinary team meeting in April to support us in making decisions about some of the more complex cases. It can be quite challenging when decision-making rests entirely on one individual so we wanted this to be more of a collaborative process. Sometimes the patient needs time to go away and think about what they want to do, based on the issues raised in their consultation. Around 40% choose not to proceed with surgery after undergoing an assessment with the PROKARE team. This is a high percentage – higher than that demonstrated on a recent paper looking at the work by our colleagues at Guys and St Thomas'. We think this is because we are currently seeing the patients with the highest levels of frailty and comorbidities"

Patients from different specialities

The team sees a whole range of different patients from across many different specialities, including dental, urology, orthopaedics, breast and colorectal. As awareness of the team is growing they are starting to see patients from other areas too, including cardiology and spinal surgery They work closely with the anaesthetic team who send patients to them who they think will benefit from geriatrician input.

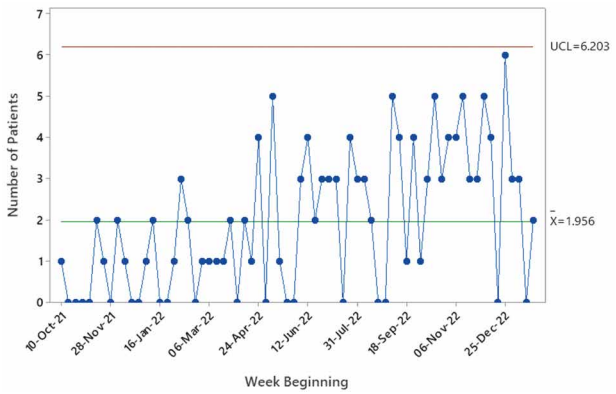




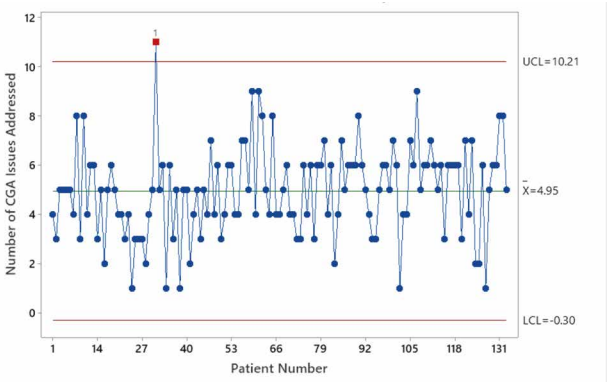
Weekly Prokare clinic

The PROKARE team holds a clinic every Monday from 2-5pm. There are four patient slots each week with one virtual slot for results follow-up. Pre-operative plans are shared with the surgical teams via a detailed letter. If the Comprehensive Geriatric Assessment reveals a risk of falls or deterioration in the patient's overall health and wellbeing, proactive measures are implemented to reduce the risk. Medication is reviewed to reduce the chance of harmful polypharmacy.

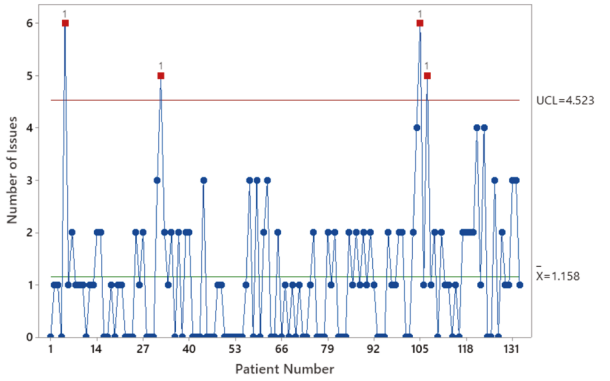
Number of patients seen per week



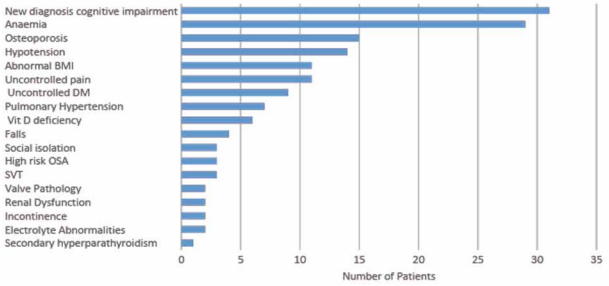
Number of CGA issues addressed per patient



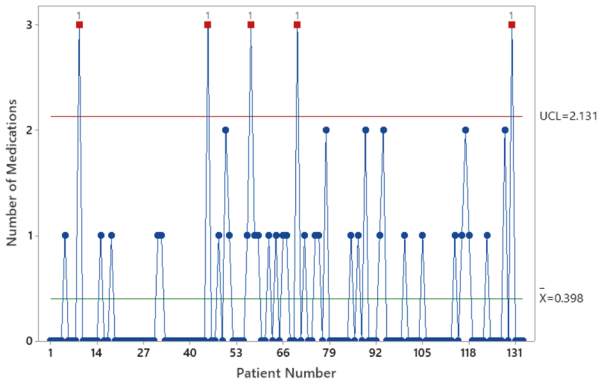
Number of new issues identified per patient



Number of new issues identified



Number of medications stopped per patient



133 patients were included in the analysis.

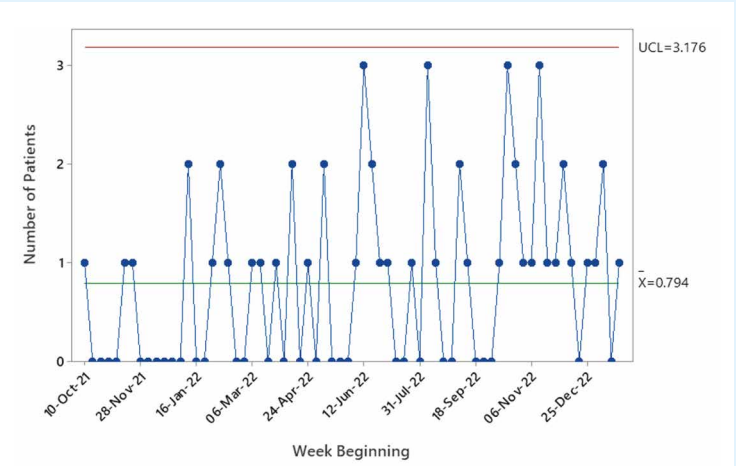
The data collection period ran from October 2021 to January 2023. During that time the team saw 133 patients with an mean age of 80 and an mean CFS score of 6

Next steps

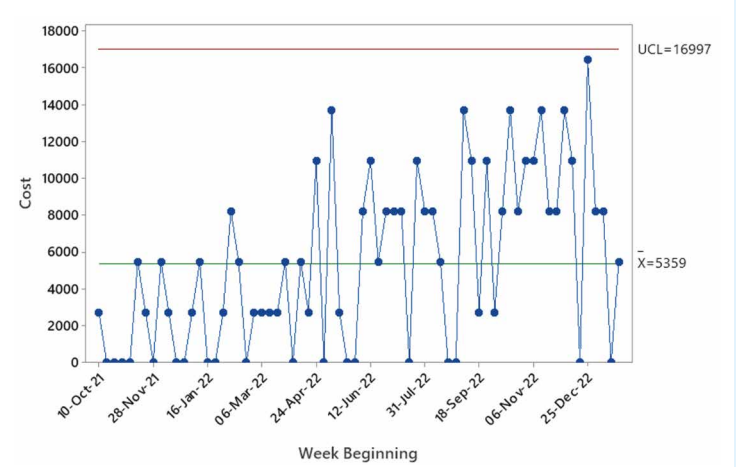
If a patient decides not to proceed with surgery following an assessment, the team's aim going forward is for any money saved to be reinvested in the service so it can be expanded to support more patients. Nicola said:

"We have allocated a potential cost-saving to each procedure that does not go ahead. We are presenting these savings to the surgical directorate and asking for this money to be reinvested in expanding the service. Currently we are limited by availability of clinic rooms and nursing capacity. However, our aim is to run two consultant-led clinics each week, supported by a clinical nurse specialist or advanced nurse practitioner. We would also like to begin proactively screening the waiting list to try and see patients earlier in their surgical journey allowing more time for pre-habilitation and optimisation."

Number of patients removed from the waiting list, per week



Weekly cost that can be re-invested into another patient's care



Challenges

By far the biggest challenge Nicola and Felicity faced with this project was in striving to establish a brand new service as newly-recruited consultants. "We didn't know the right people to contact or who to ask," said Nicola. "But, as time went on it became easier because once colleagues could see what we were doing and the difference it was making, they would introduce us to other colleagues. Now, we have individual surgeons' mobile numbers and can contact them direct to discuss our findings or concerns. We saw a patient recently who was living with fairly advanced dementia, but who also had cancer. We were able to save them an unnecessary hospital trip and investigations and this made all the difference to them and their family. It's all about being totally patient-centred ."

Support from the POPS Network

Although Nicola had completed a POPS Fellowship prior to embarking on this project and understood the principles of pre-operative and perioperative care for older patients, having the POPS Network to support their improvement work gave them a useful structure and access to expertise that was invaluable.

"They were a critical friend, helping us to reflect on the changes we were making and the impact this was having," said Nicola. "They got us to look at the good stuff and the challenging areas. They put us in contact with others who had done this kind of thing before so we could explore the different approaches and learn from others' mistakes. The support around data analysis was very helpful, too. They showed us how to present the data, how to look at outcomes and how to build a business case. We learned about metrics and how to measure the impact of the changes we were making."

Key learning

Nicola and Felicity took a methodical, step-by-step approach to their improvement project and embraced many of the key themes regarded as essential for sustained change, including good leadership, building relationships, making the case for change and communicating well. Some of the key learning points they identified from their POPS work are:

1. **Make mistakes and learn from it:** The Kings College team describe the journey they have been on in setting up a pre-operative service for frail patients as "imperfect but iterative". Felicity said: "All the mistakes we made had value because if something didn't work we had to work out what to do to get around the problem and we learned from that."
2. **Joint project leads:** One thing that worked particularly well for them was having joint project leads. They provided practical and emotional support for each other and were able to cover for each other during sick leave or holidays.
3. **Show your face:** To build awareness of the new service they attended the pre-operative Monday meeting, liaised with the colorectal team via email and face-to-face meetings, and made themselves available to other specialities, showing themselves to be responsive, helpful and enthusiastic clinical colleagues.
4. **Executive sponsor and senior departmental colleagues:** The project leads valued the impact of their executive sponsor and senior departmental colleagues, who were able to advise, help them contact the right people and provide practical support.

A patient's son recently commented:

"I really appreciate the way you and the team dealt with Mum, taking a patient and holistic approach - care, compassion and feeling over command, control and metrics."

A Colorectal Clinical Nurse Specialist said:

"From a colorectal cancer CNS perspective. I certainly have found this to be an Invaluable service in the treatment and planning of patients' care. It has been so beneficial to have such a full comprehensive medical assessment and many time prior to appointment. That we can review and discuss as a team at Colorectal MDM also. This has also enabled patients and families together to make informed decisions regarding management and treatment. Prior to this service been implemented it was difficult to get additional diagnostics and recommendations done as quick. This service has improved patients experience when they have underlying co-morbidities and kept the patient's colorectal cancer pathways moving effectively."

The anaesthetic perioperative lead added:

" It's a great service, and I wish you had funding to see all the elderly elective inpatients as a routine rather than waiting for a referral. "

Advice from the Kings College team

Rather than waiting for things to be perfect, the Kings College team believes there is real value in starting to implement changes and then identifying issues and problems as you go along. Nicola said: "Just start, that would be my advice. It's never going to be perfect. So many things we did could have gone better but you work it out and learn as you go.

Felicity added: "Keep talking to people and don't feel you have to know all the answers. One of our senior consultants, Dan Bailey, has been a great sounding board, as has Jugdeep and other members of the Network. As well as sharing the challenges it has been really helpful to remember to reflect on the positive things, too."

Key Contact

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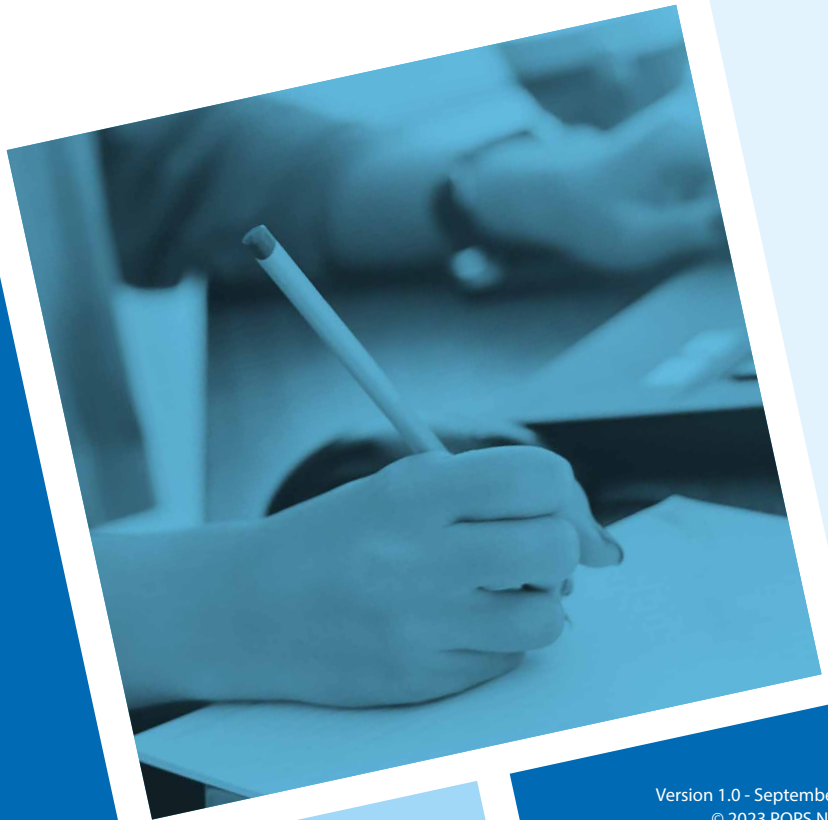

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