

*Perioperative Care for Older People  
undergoing Surgery  
The (POPS) Network  
Cohort Two  
Core Event*



July 2022

# Agenda

09:00	<b>Welcome and introduction to the day</b> Deborah Thompson, Programme Director, POPS Network
	<b>POPS Cohort One site</b> Dr Sharmistha Gupta and Dr Amit Mandal, Consultant Geriatricians, Frimley Health NHS FT
	<b>Measurement Guidance</b> Matt Tite, Director, NHS Elect
	<b>BREAK</b>
	<b>Principles of the POPS approach</b> Lisa Godfrey, Director, NHS Elect
	<b>Summary and Next Steps</b> Deborah Thompson, Programme Director, POPS Network
11:30	<b>CLOSE</b>

# Housekeeping



Silence is golden,  
unless you want us to  
hear you



Please turn off your  
camera during  
presentations



We love to talk,  
we also love to be  
on time.



No mic, feeling shy?  
Send us some chat

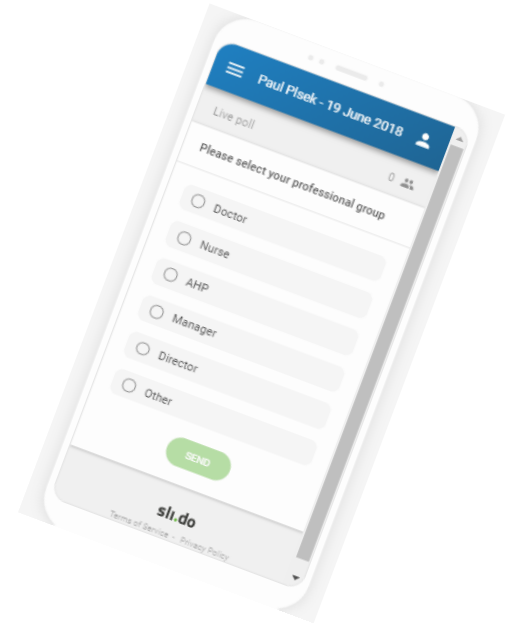


Give us a wave if you need  
to get our attention

# sli.do

Open a browser on any laptop, tablet or smartphone

- Go to [www.sli.do](http://www.sli.do) and enter the event code **#POPS2-JULY** *or*
- Scan the QR code
- Use the polls to give us feedback about the day





# *POPS Network Cohort* *One site – Frimley* *Health NHS FT*

**Dr Sharmistha Gupta, Consultant Geriatrician & Dr Amit Mandal, Consultant Geriatrician, Frimley Health NHS FT**

# Peri-operative Medicine Journey NHS Elect

Frimley Health NHS Foundation Trust

July 7<sup>th</sup> 2022

## Our Aim

To provide high quality, integrated, multidisciplinary perioperative care to our ageing population in order to achieve optimal outcomes and patient experience

# POPS Inpatient Data



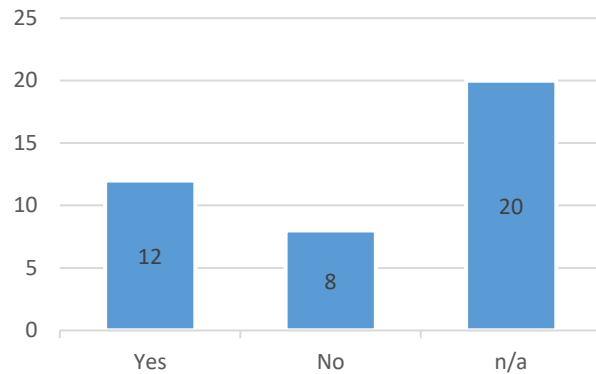
# NHS Elect POPS Data Analysis – WPH

## August 2021

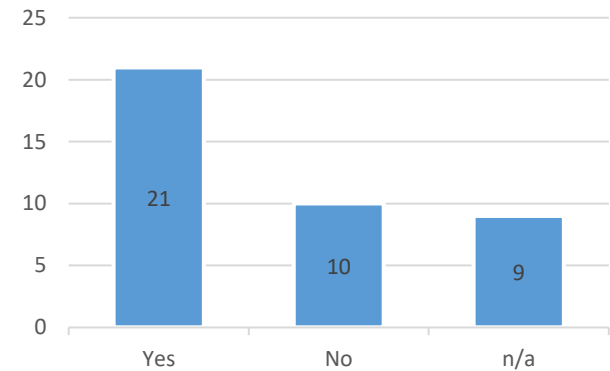
	Result
Sample Size	41
Total Suitable Cases	40
Average Age	74
Physician Average Review Time	4 days
Average CFS	4

# NHS Elect POPS Data Analysis - WPH

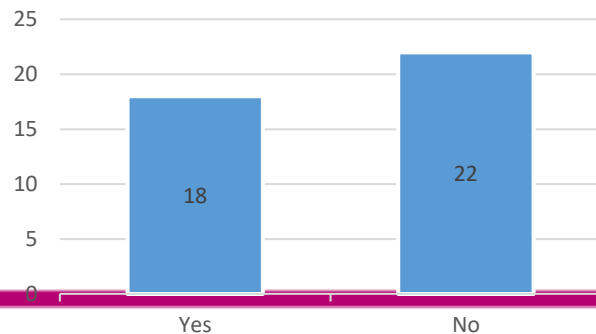
### Falls review (if applicable)



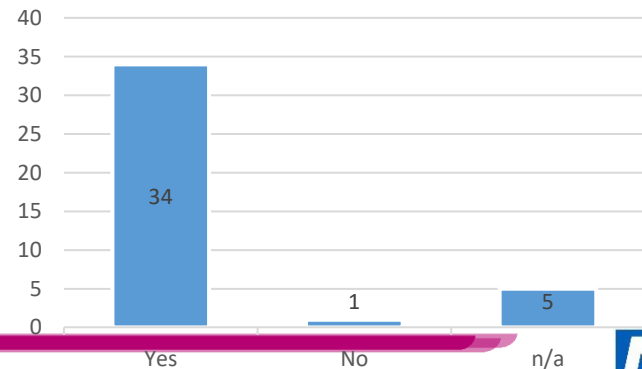
### Bone optimisation



### Polypharmacy identified

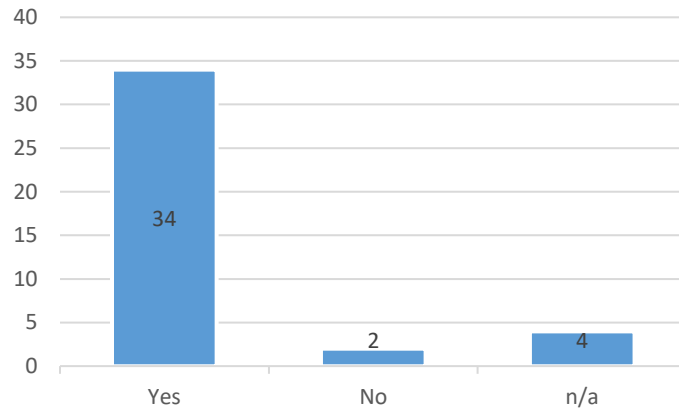


### Pharmacological optimisation

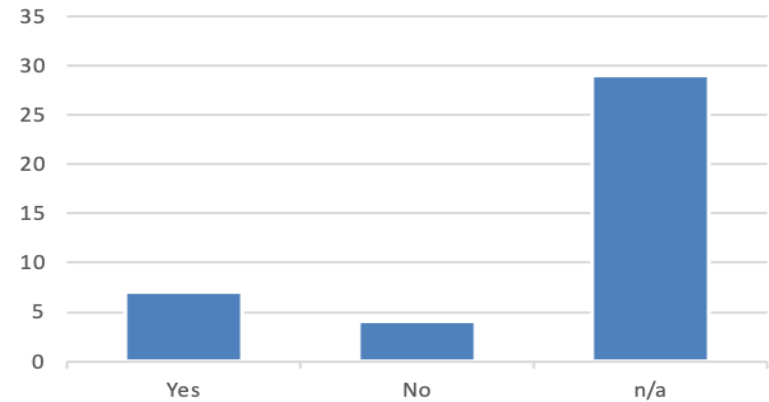


# NHS Elect POPS Data Analysis - WPH

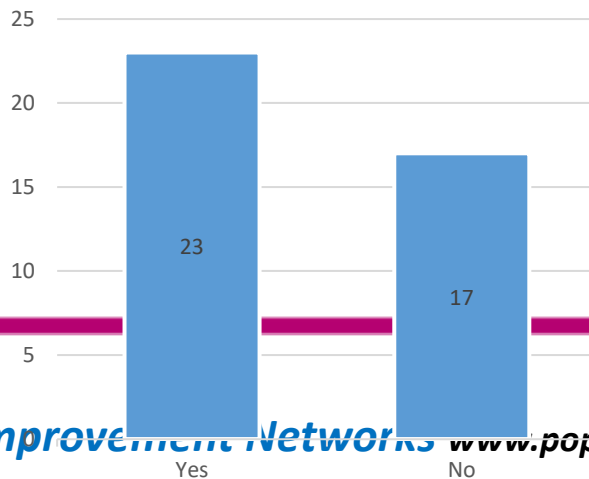
Delirium Screening



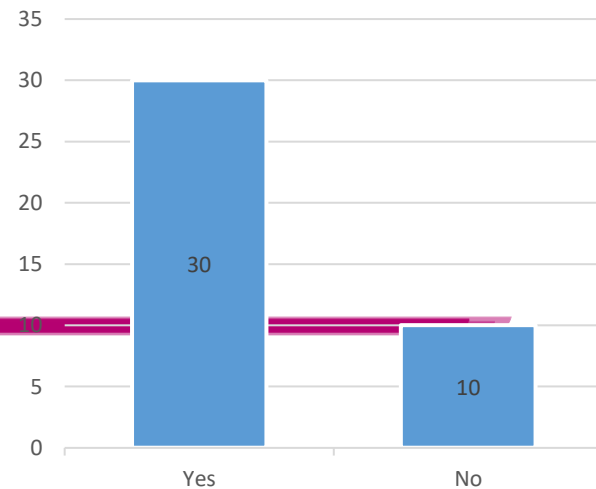
Early recognition of rehab needs



Anaemia identified

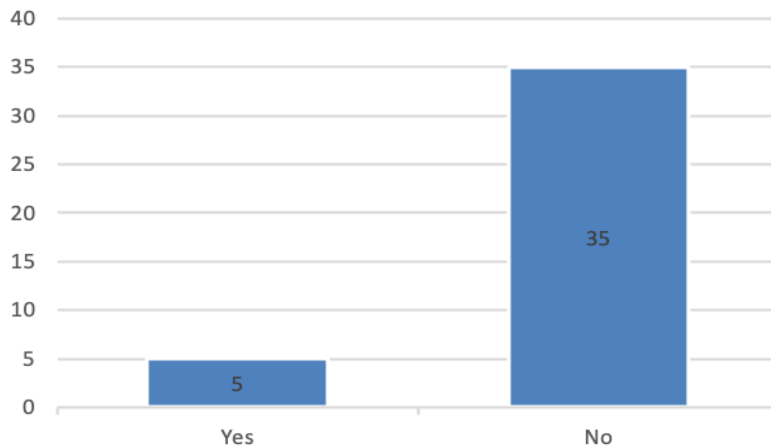


At least 1 new diagnosis

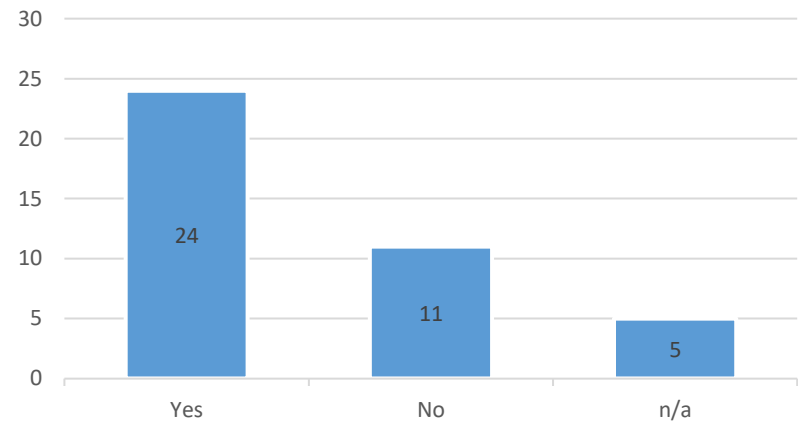


# NHS Elect POPS Data Analysis - WPH

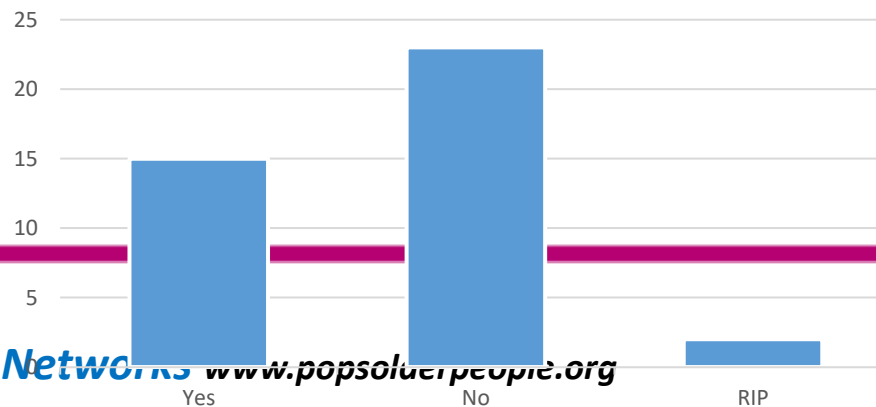
### MDT anaesthetic/medicine



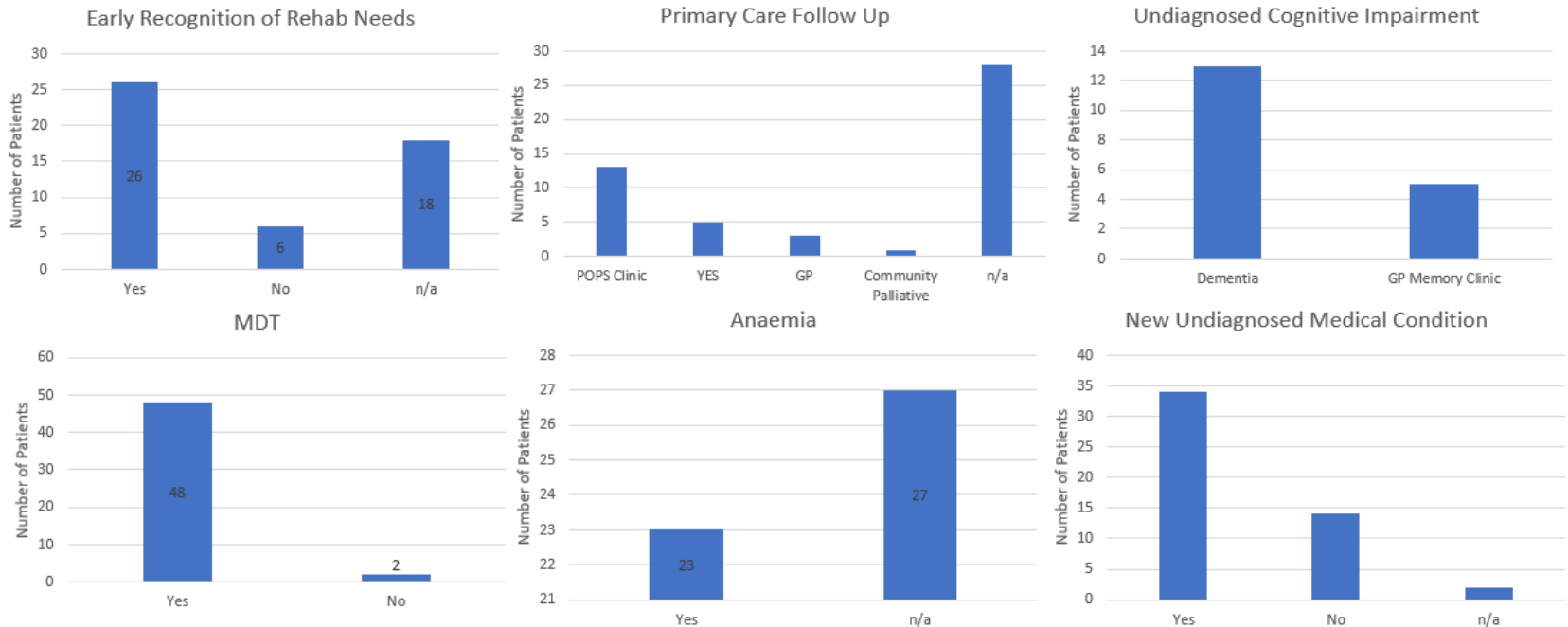
### Specialty referral avoided



### Ongoing care provided



## 50 Patient Review (FPH)

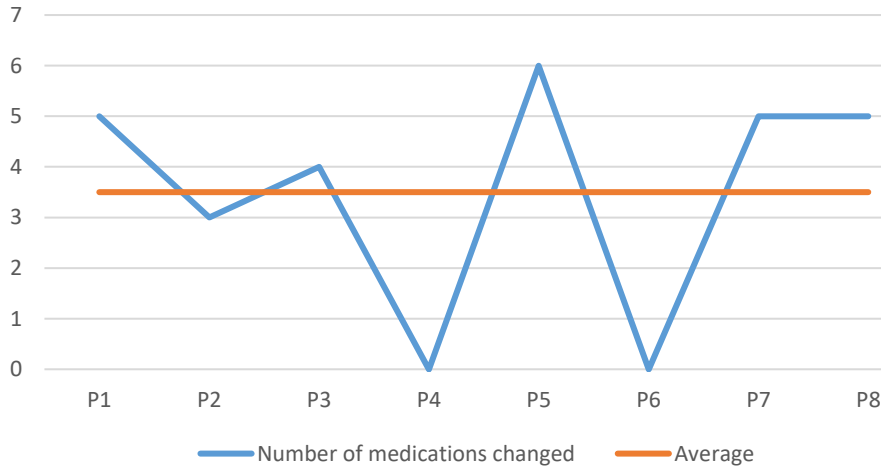


# Inpatient POPS assessment summary

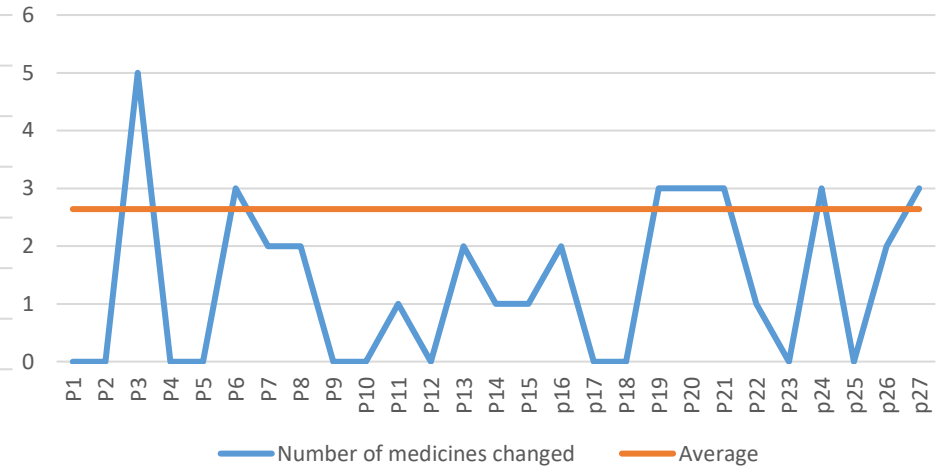
- 50 Patients with an average age of 83 years and frailty score of 4 and above were reviewed
- Of them 8 were admitted to Gen Surgery with Falls as the presenting complaint, this admission.
- We looked into their readmissions over the last one year, and they had previous admissions in surgery, but not with falls.
- In their previous surgical admissions, falls were mentioned in the clinical history but no review or interventions were made.
- 32% of these 50 patients were admitted with reasons other than falls, in general surgery, but all of them were reviewed by POPS regarding falls and necessary interventions done.
- 16% readmissions could be saved if these patients were reviewed by the POPS service.
- That accounted to 112 bed days in total and £25760.

## Investigating falls and polypharmacy

Admitted with falls



Not admitted with falls but history of falls



On average 3.5 medications were changed

On average 2.8 medications were changed

Committed to excellence

Working together

Facing the future



Frimley Health  
NHS Foundation Trust

# POPS Clinic Data FPH



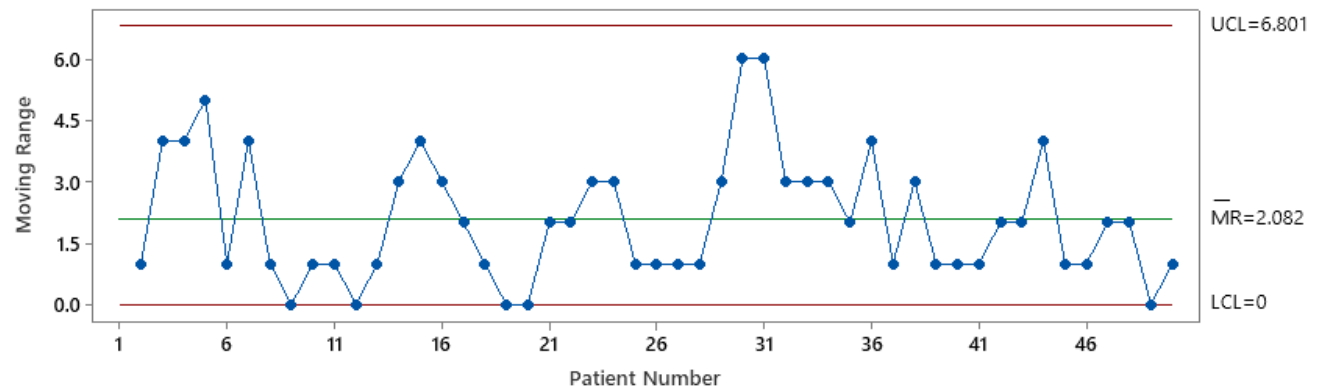
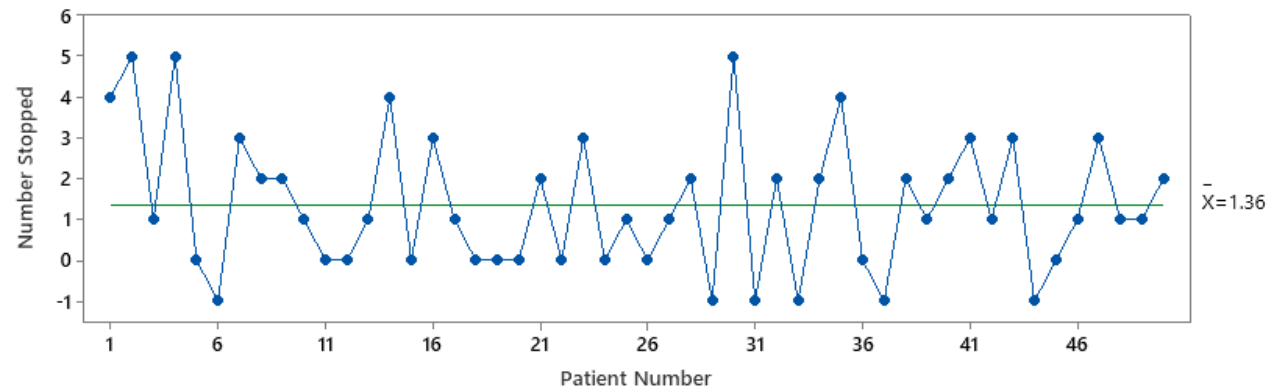


An average of 1.36 drugs were stopped per patient

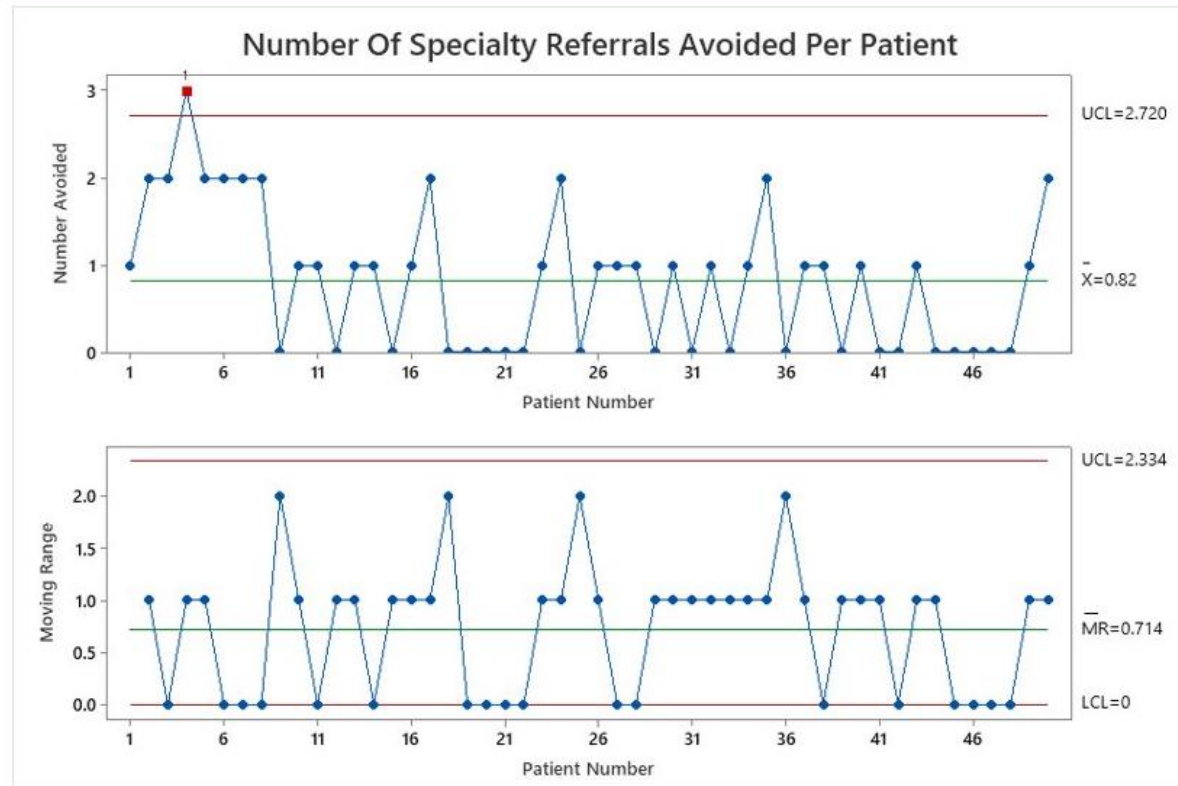
48/50 patients had a polypharmacy review

6 patients had their number of medications increased by 1

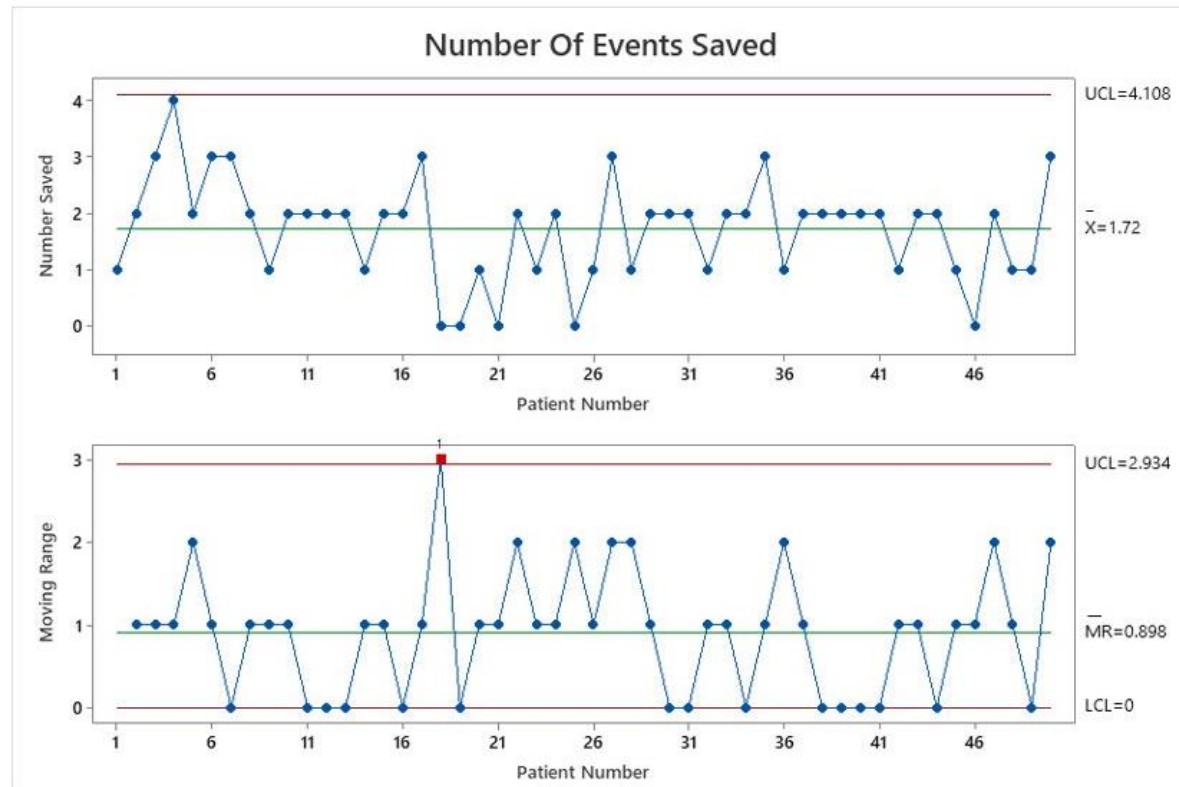
Number Of Drugs Stopped



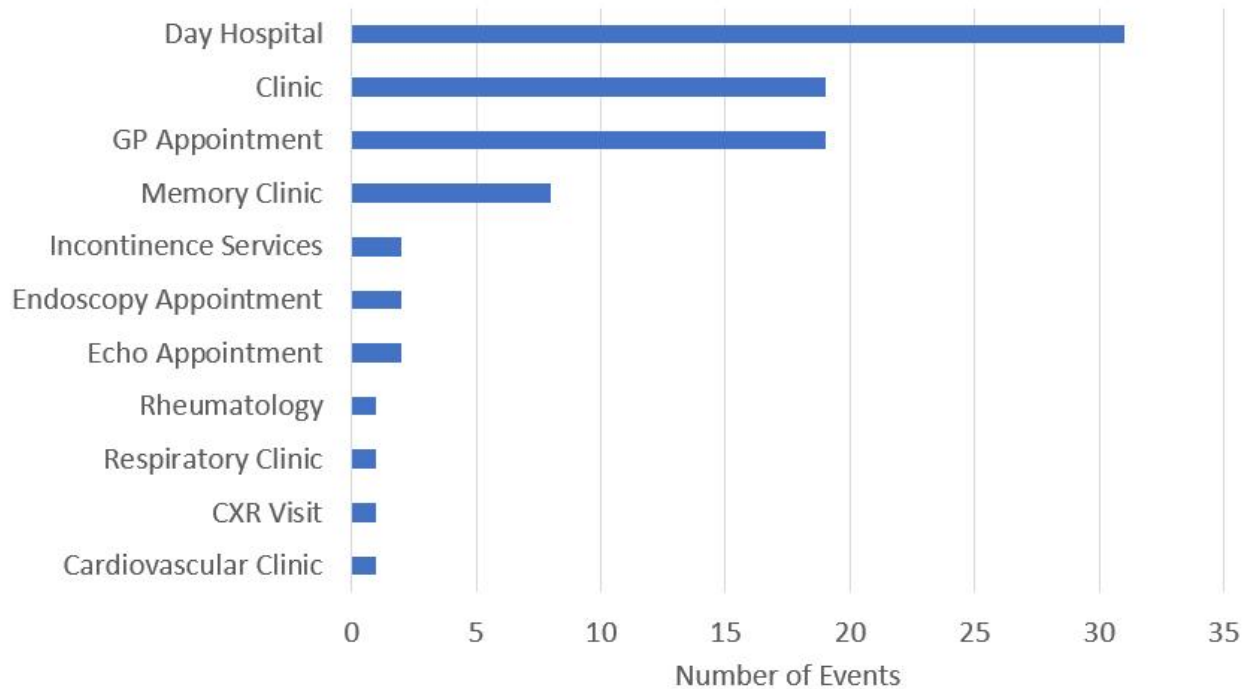
An average of 0.82 specialty referrals were avoided per patient



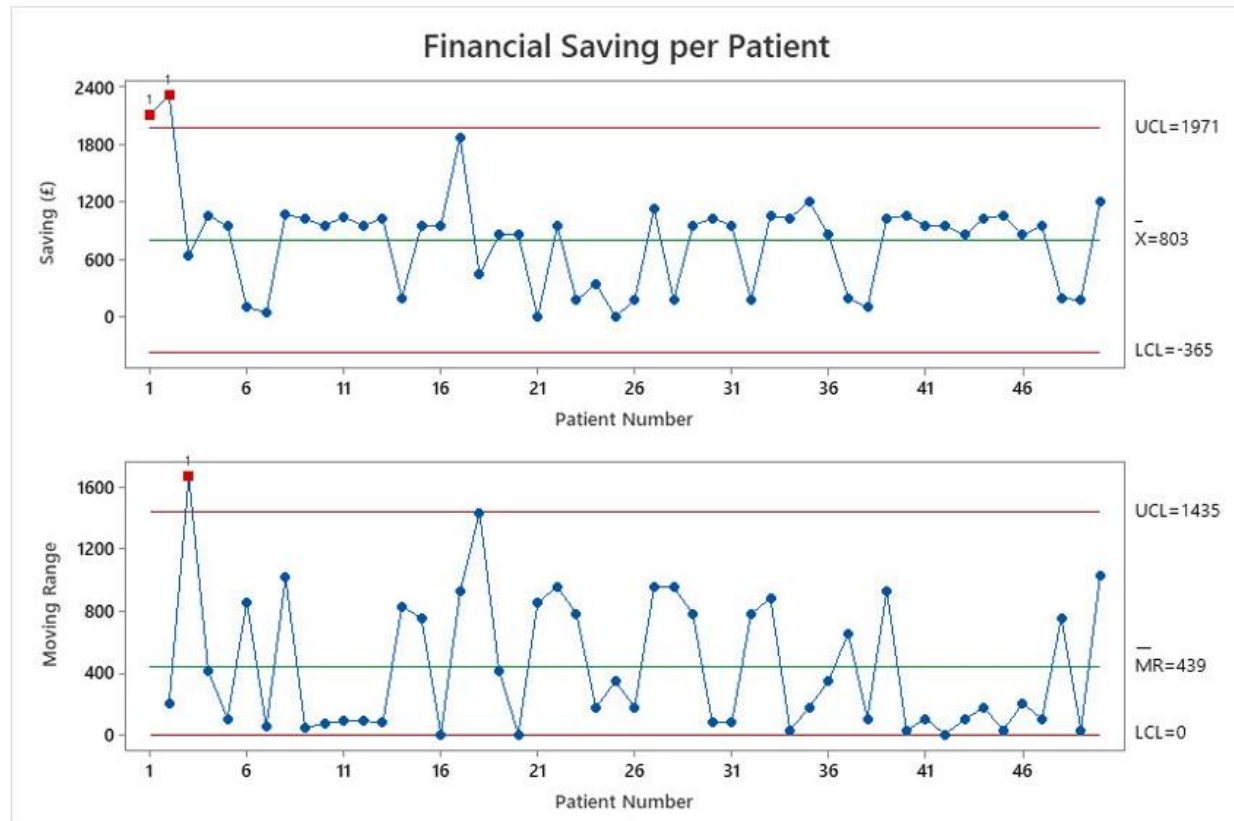
An average of  
1.72 events were  
saved per patient



### Number of Events Saved



An average of £803 was saved per patient



## Savings by the POPS Service

Seeing 10 patients a week, there is an average saving of £385,440 per year.

	Average	80%	UCL
Cost saving per:			
Patient	£803	£1,387	£1,971
Month (40 patients)	£32,120	£55,480	£78,840
Year (480 patients)	£385,440	£665,760	£946,080

# Business Case and Funding

- Business case approved by SLC in April 2022
- Full funding of 13 PAs cross-site approved in June 2022

# Measurement Guidance

**Matt Tite, Director, NHS Elect**



# Preparing for the Celebration Event in October

# In this session....

- Checking in on your progress
  - Aims, driver diagram and flow map
- Preparing for the celebration event
- The things you should be doing over the summer



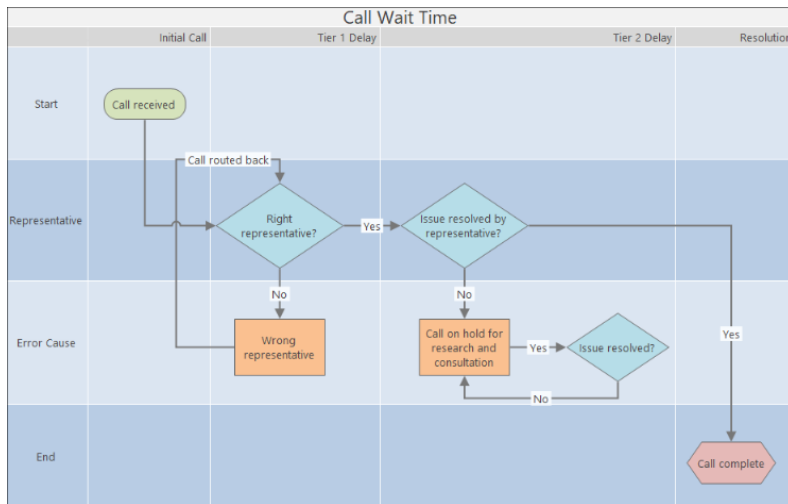
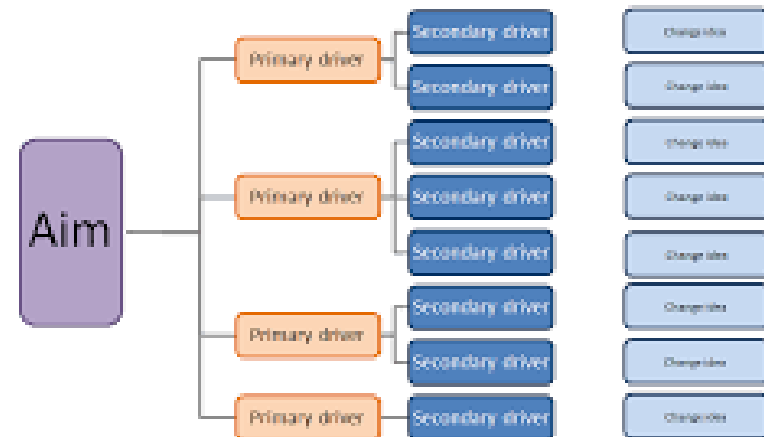
## Driver Diagram Template

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS



# Examples of a POPS poster

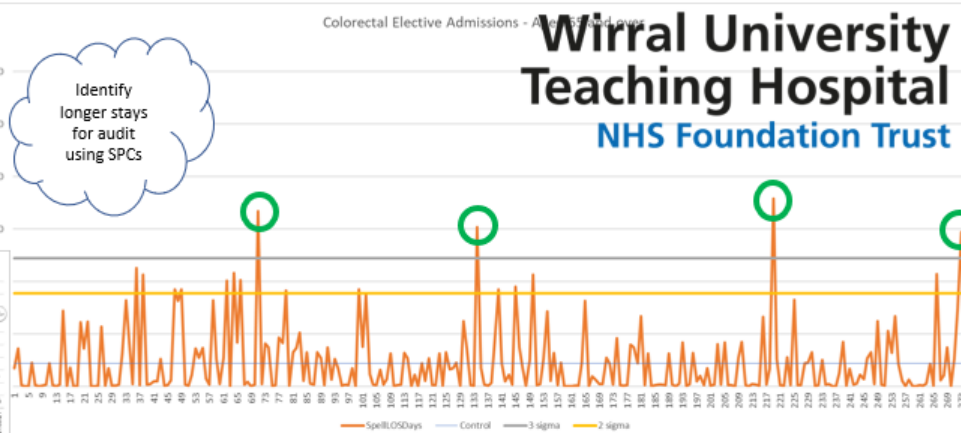
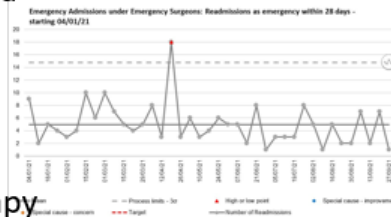
## Aims:

- Identify and optimise patients with frailty pre-operatively
- Shared decision making
- Improve the management of each patient's journey, contributing to a positive experience and outcome

## Successes:

- Cross divisional working
- Learning from network meetings
- Understanding difference in therapy input on surgical ward
- Deciding which data to collect
- Using existing referral pathways for therapy in community

Colorectal Elective Admissions during 2021				
Age Group	Elective Admissions		Bed Days	
	Number	as a percentage	Number	as a percentage
15 - 24	37	2.9%	14.4	0.8%
25 - 34	37	6.4%	50.6	2.9%
35 - 44	57	9.8%	136.2	5.8%
45 - 54	75	12.2%	251.4	10.7%
55 - 64	113	19.4%	365.1	14.8%
65 - 74	155	26.7%	497.5	21.6%
75 - 84	126	19.2%	493.7	21.0%
85 - 94	24	4.1%	125.4	5.3%
95 +	1	0.2%	12.2	0.5%
<b>Total</b>	<b>561</b>		<b>2135.1</b>	

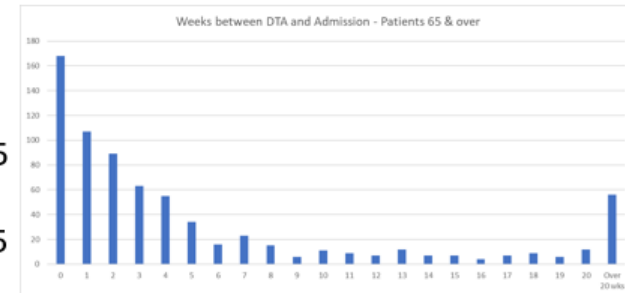


## Challenges:

- Starting CFS scoring
- Keeping up momentum during high clinical service demand

## Next steps:

- Clinical Frailty Score for all >65
- Upskilling surgical ANPs
- Review long length of stay >65
- Therapies input business case
- Frailty education for all clinicians in surgical division
- Work towards business case for DME Consultant sessions



Readmission Speciality	Number of Readmissions
ACCIDENT & EMERGENCY	5
COLORECTAL SURGERY	8
DIABETIC MEDICINE	8
ENT	1
GENERAL MEDICINE	26
GENERAL SURGERY	90
GERIATRIC MEDICINE	28
RESPIRATORY MEDICINE	1
STROKE REHAB	1
TRAUMA & ORTHOPAEDICS	2
UPPER GASTROINTESTINAL SURGERY	1
UROLOGY	14
<b>Grand Total</b>	<b>185</b>

Those 65 and over:

- Account for a third of emergency admissions
- Are more likely to arrive via ED;
- Are more likely to arrive in an ambulance;
- Are less likely to have surgery;
- When readmitted within 28 days as an emergency, are more likely to be under a medical speciality.



Cross site mentorship  
 Clinical attachments at GSTT 1 week attachment  
 GSTT site visit (PDN)  
 CNS support/educational group (cross site)  
 Potential to consider other site visits (EKHT)

**Doctor – middle grade (SpR / OOPE)**

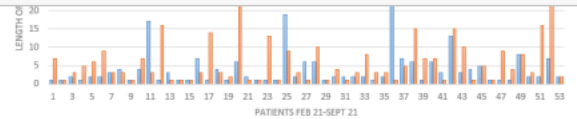
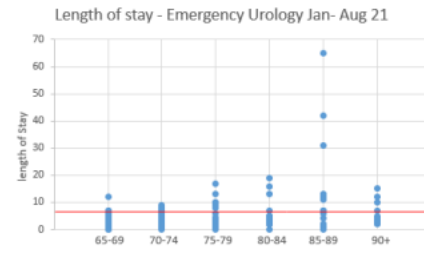
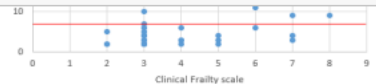
**Short-term**  
 GSTT – affiliation (rotation)  
 Discuss with Medicine CD – inclusion of POPS into SHO/Trust grade rotation

**Long-term**  
**IMT / CMT**  
 - provide POPS clinic as training opportunity for IMT  
 - approach CD medicine and IMT TPD for transfer to OOPE position to IMT rotation

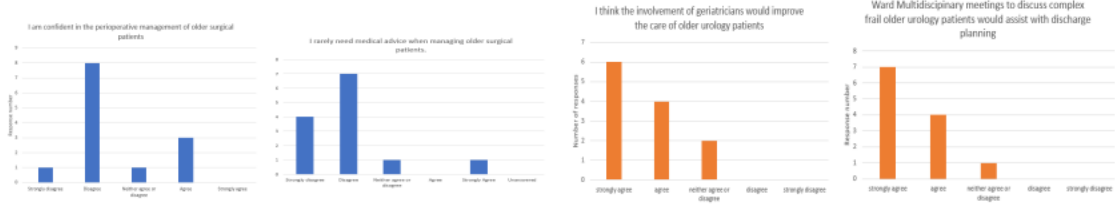
**Geriatrics STs**  
 - Regional ST POPS training day  
 - lobby TBD regionally for ST  
 - enhanced involvement, ARCP etc

**Surgical trainees**  
 Teaching program  
 On the job – ward rounds  
 Regional ST Training days

**Consultant**  
 Business case for expansion



### Staff engagement

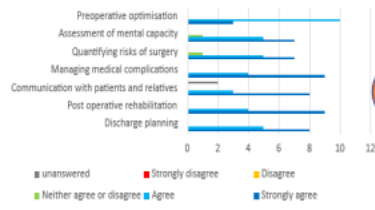


### Readmission Reason

### Our patients' voices

EBD  
 Patient event  
 Spring / Summer  
 2022

### A geriatric medicine surgical liaison service should provide



"We need a POPS scheme in Urology"

"I am already impressed with service and support the POPS give to surgical patients on our ward"

"POPS would be invaluable in both the elective and emergency management of frail patients in urology"

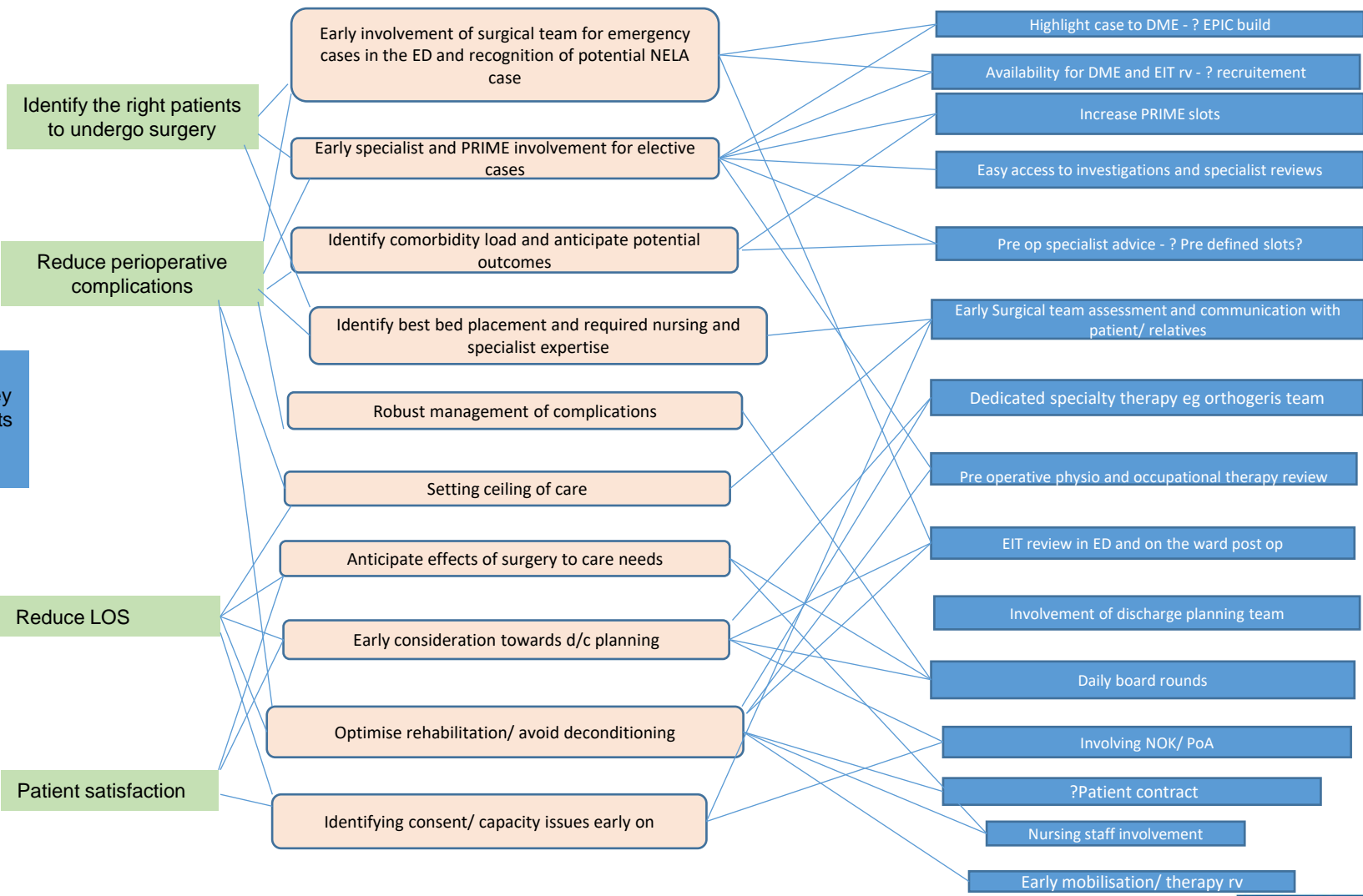
- ### CHALLENGES
- Timing: Summer/ Covid-19
  - Engagement – management
  - Manual data collection
  - Balancing clinical commitments
  - Staffing – recruitment/ secondment

- ### FUTURE
- Engagement of senior management team
  - Workforce development
  - Business case for expansion

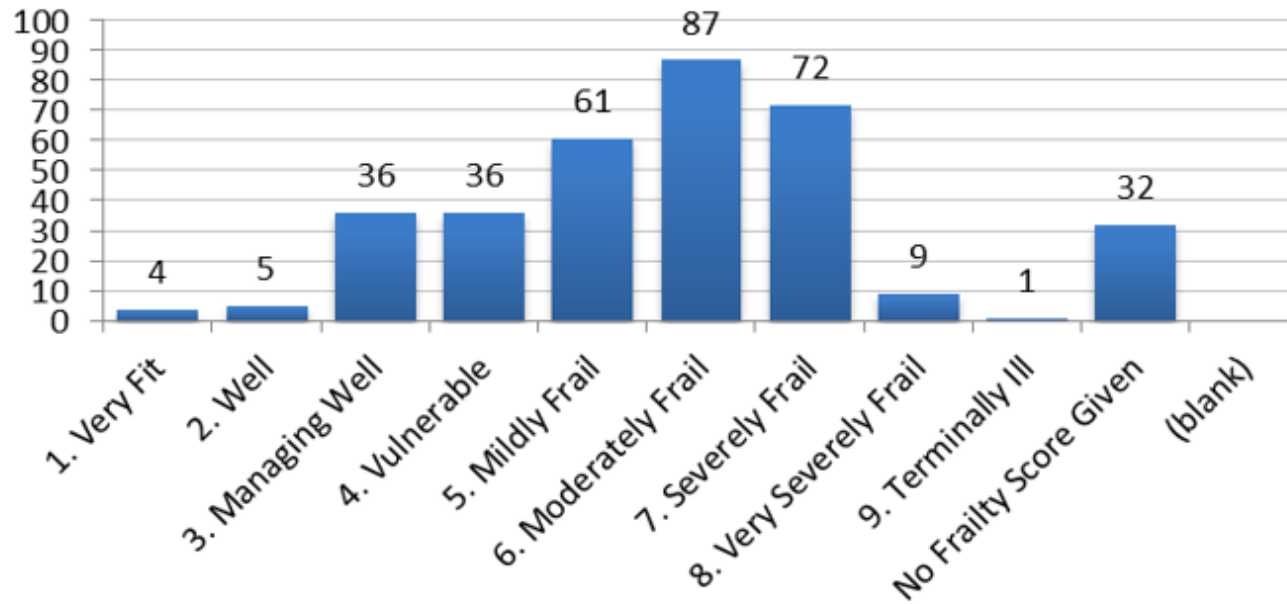
# An example of a data return for the Celebration Event



Optimise the hospital journey of older patients undergoing surgery



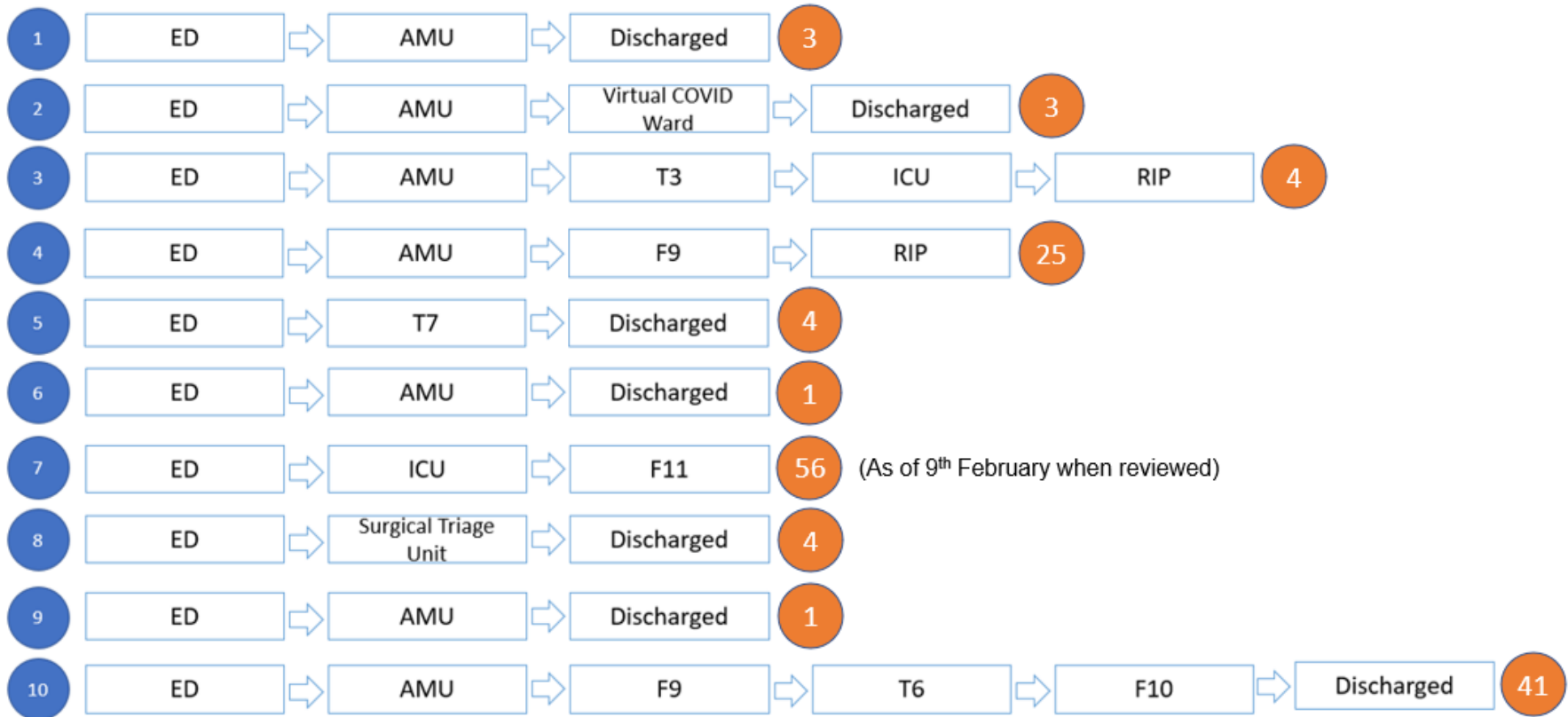
## ALL PATIENTS CURRENTLY IN RCH TRELISKE 65 YEARS OF AGE AND OVER



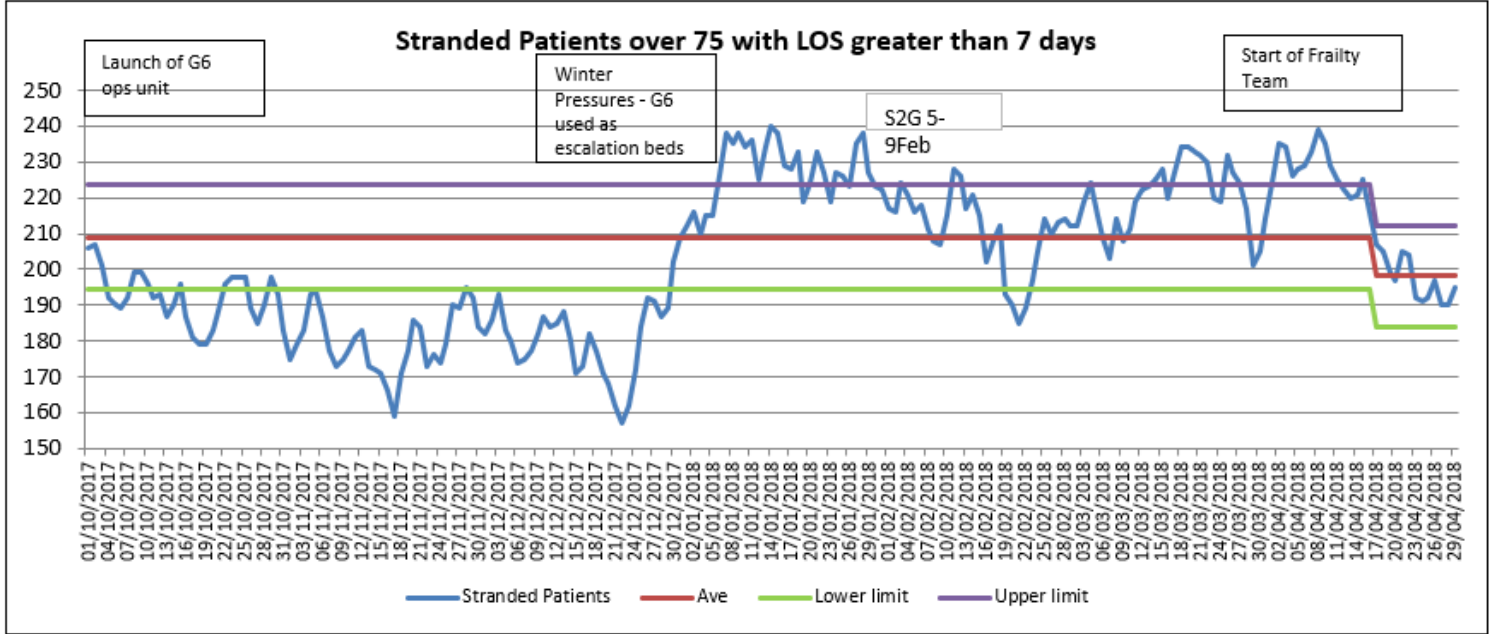
# Patient Pathways

Patient Number

● = Days from ED arrival to discharge

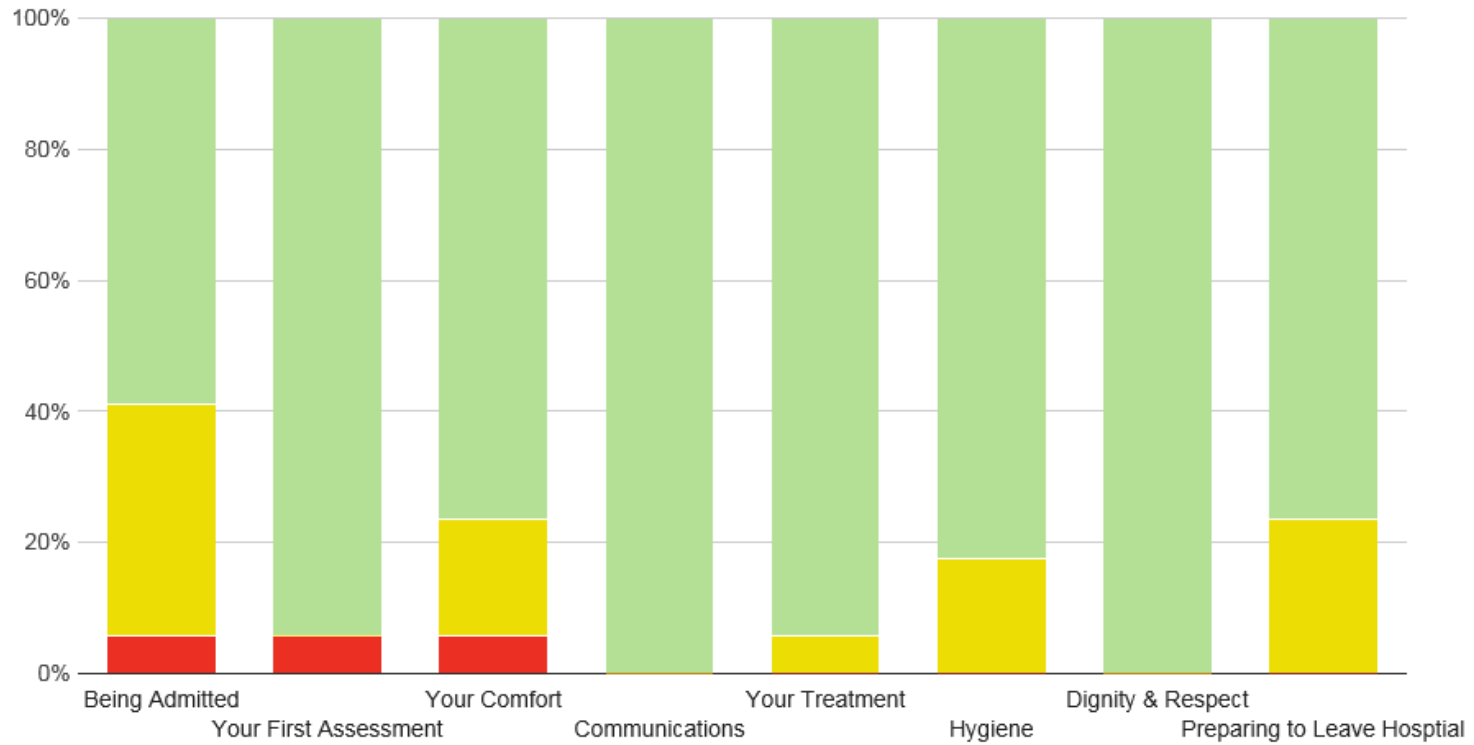


# Outcome



Following the launch of our older person short stay unit (G6) in October we did see an improvement in the occupied bed days. However then winter pressures started and the ward was used as an escalation area which resulted in an increase in the occupied bed days. The Frailty Team has now started in April and we are now starting to see an improvement in the last 7 days of April where all days were below the average.

# Outcome

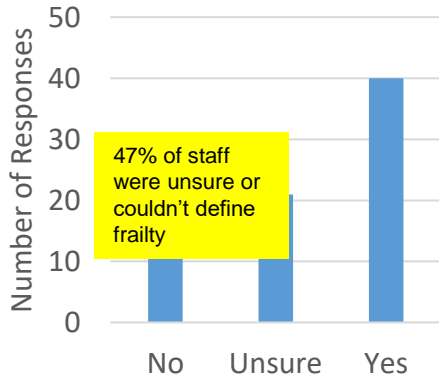


## Staff confidence when dealing with frailty

1. How often in a week do you see a person over the age of 65? \*

- Multiple times per day
- Around once a day
- Every other day
- One or two times a week

### Could you define frailty?



### Have you ever had training on breaking bad news?

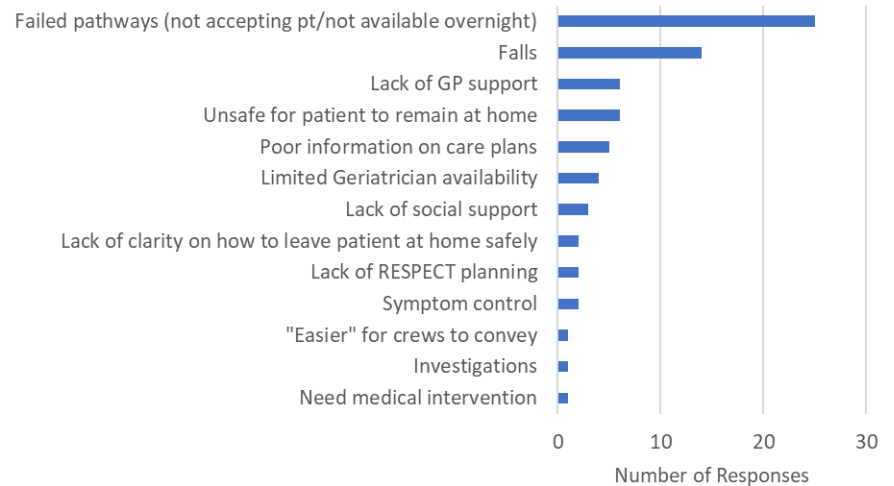


**A Microsoft Form was created to capture Leicestershire ambulance staff's confidence when dealing with frailty, understand staff's knowledge of frailty, and identify ideas to improve the care of patients living with frailty.**

**The form was shared on EMAS's Leicestershire closed Facebook group.**

**There were 76 responses.**

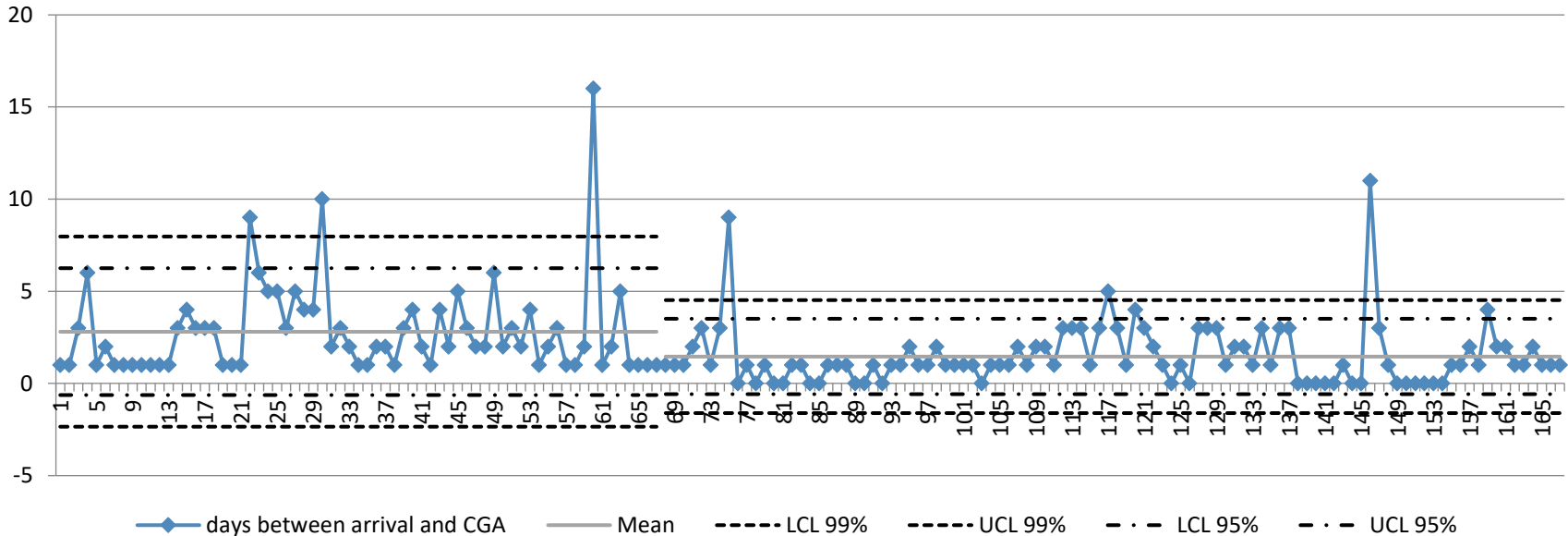
What do you feel is the most common reason for conveyance in patients living with frailty?



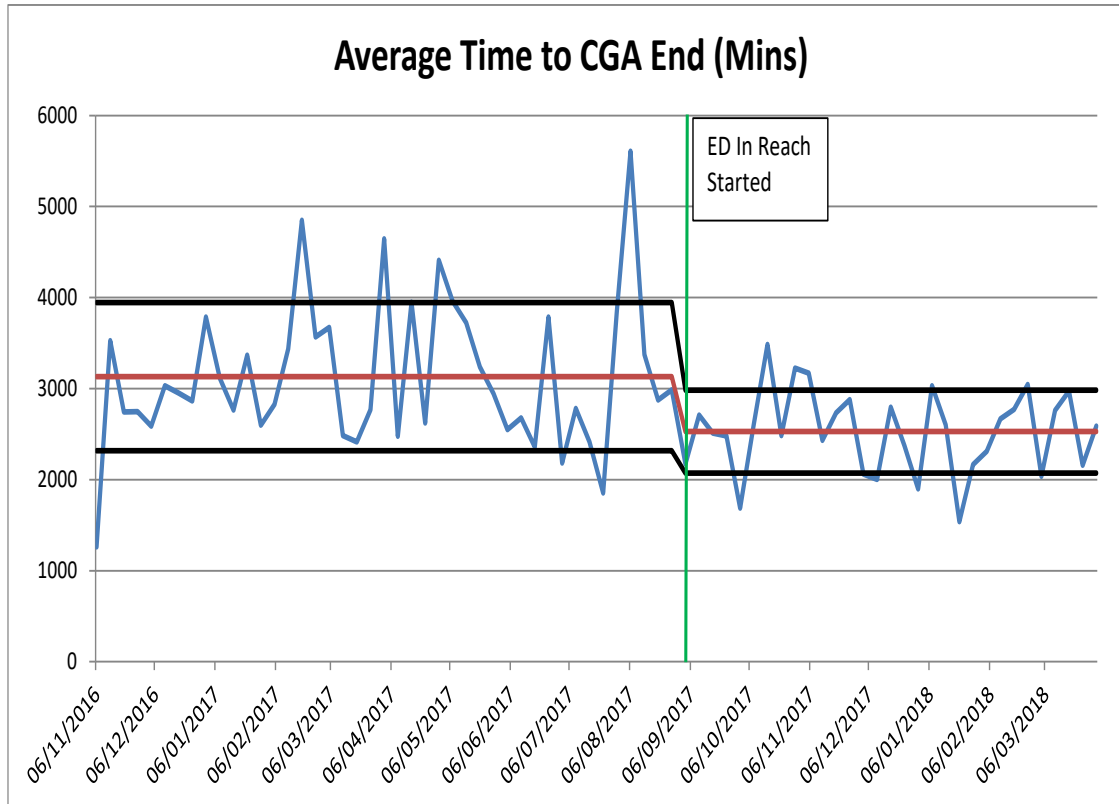
Average time to commencement of the Comprehensive Geriatric Assessment.  
 Improvement of CGA completion from within 2.8 days to 1.5 days.

# Process

## Days between arrival in Trust and CGA Comparison of frailty in assessment areas versus frailty in ED



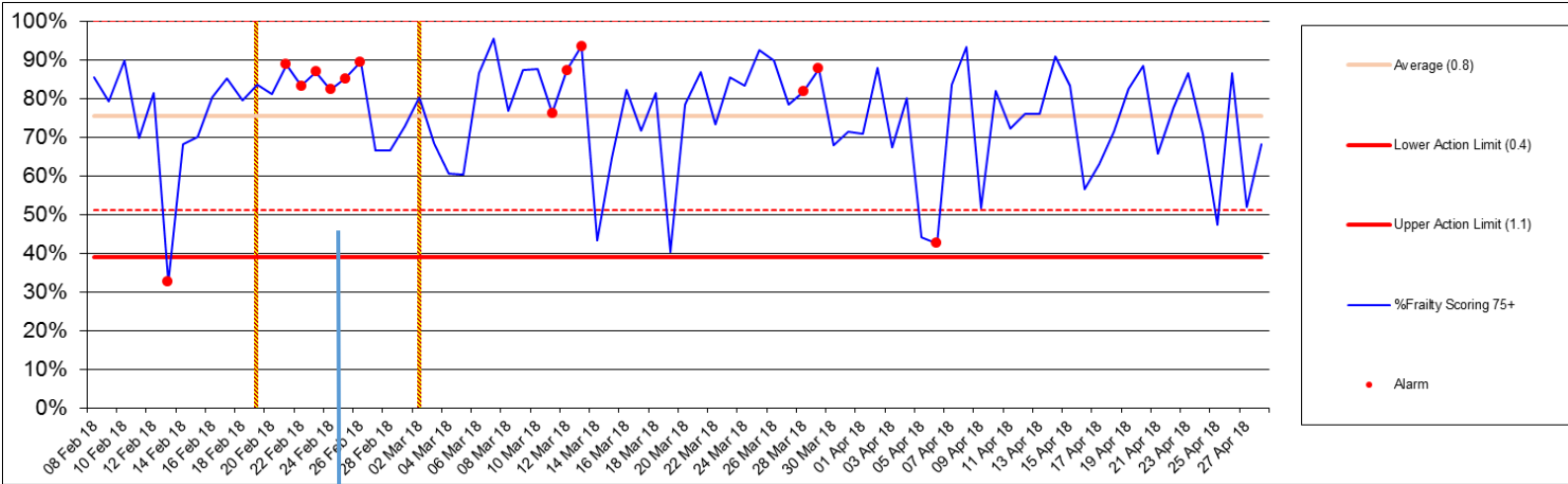
# Process





# Process

## Frailty Scoring of Patients

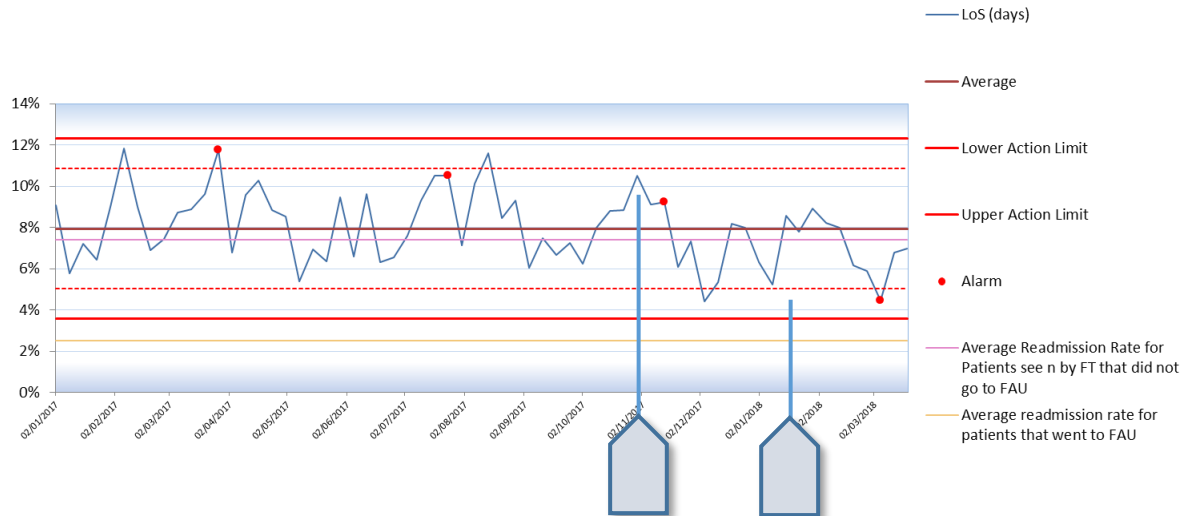


**FAU Trial**

The frailty trial lasted two weeks. During that time, recorded frailty scoring was consistently high.

# Balancing

## Rates of <30 day readmission for patients over 70, compared to averages from the FAU Trial



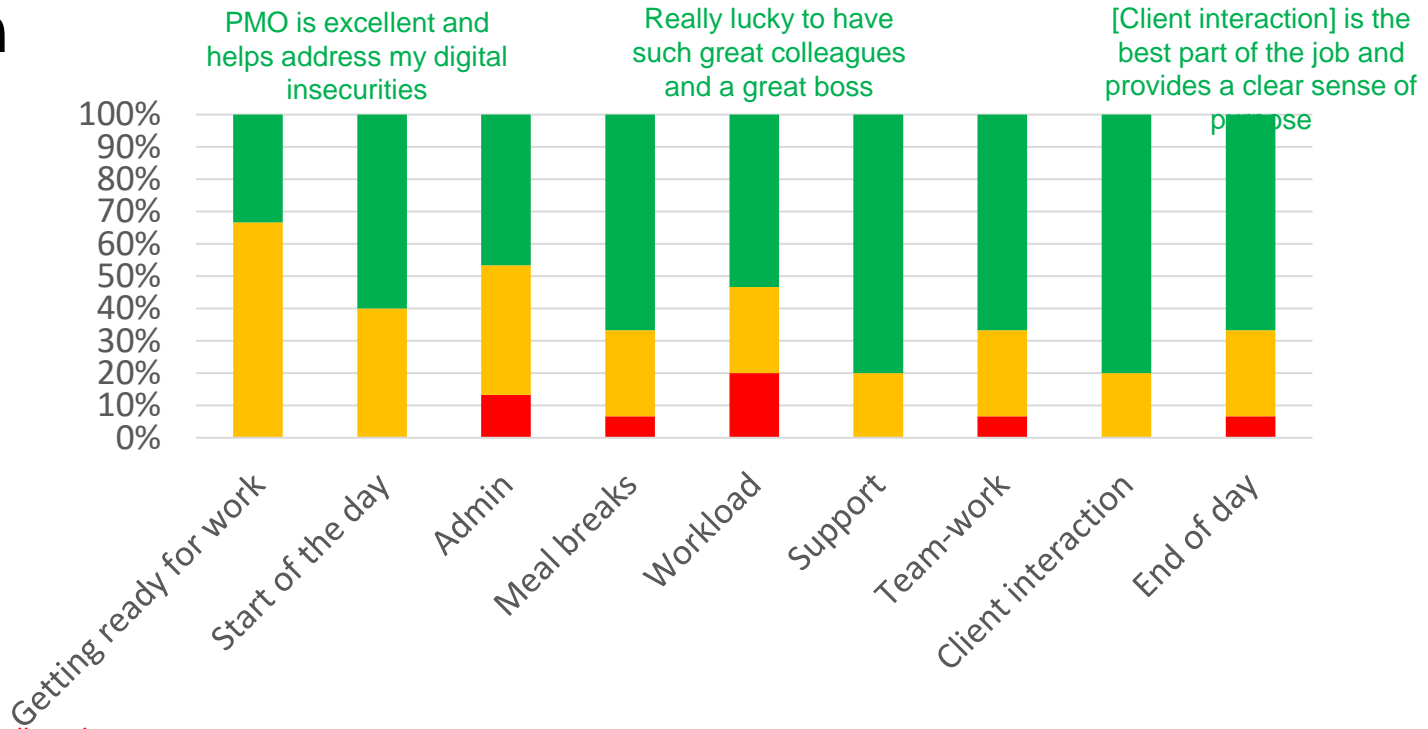
**Readmission Rates from Trial**

For patients that were seen by the Frailty Team, but did not go to FAU, there was not a particularly large effect on the average readmission time. For patients that did attend the FAU however, there was a significant drop in <30 day re-attendances.

# Balancing

g Always feel supported at work and look forward to working with the team

# Staff EBD



PMO is excellent and helps address my digital insecurities

Really lucky to have such great colleagues and a great boss

[Client interaction] is the best part of the job and provides a clear sense of purpose

Before work I'm normally quite nervous about what my email box may contain, thinking of things I need to get done before my first meeting/call

Too much repetition of [admin] tasks that do not seem to add value

When you raise concerns on workload, the response is often that it is the same for everyone.

There seems to be an expectation that work can extend beyond the normal day hours

■ Negative ■ Neutral ■ Positive

# Things to consider over the summer:

- The Celebration Event will be on 6<sup>th</sup> October (virtual)
- EBD – Staff & Patient: book on to the workshop – date coming soon!
- Think about your posters for the final event. Deadline: 16<sup>th</sup> September (examples in this slide set).
- Book a slot on 22nd September via [networksinfo@nhselect.org.uk](mailto:networksinfo@nhselect.org.uk) with Matt to help you prepare for the Celebration Event.
- Look out for the sustainability link in September.
- Look out for the evaluation link in October.
- Register for the AEC Conference on 8<sup>th</sup> September
- Register for the Frailty Conference on 20<sup>th</sup> October

# Break





# *Principles of the POPS approach*

**Lisa Godfrey, Director, NHS Elect**

# Principles of the POPS approach

Lisa Godfrey  
Director

# POPS Toolkit Core Components

1. Deliver preoperative CGA and optimisation through multidisciplinary working.
2. Provide postoperative CGA on the surgical ward.
3. Ensure ownership of patient care.
4. Facilitate proactive liaison with other teams.
5. Provide education and training to POPS team and key stakeholders.
6. Establish governance structure and evaluation processes.





# 10 Acute Frailty principles

1. Establish a mechanism for early identification of people with frailty
2. Put in place a multi-disciplinary response that initiates Comprehensive Geriatric Assessment (CGA) within the first hour
3. Set up a rapid response system for frail older people in urgent care settings
4. Adopt clinical professional standards to reduce unnecessary variation
5. Develop a measurement mind-set
6. Strengthen links with services both inside and outside hospital
7. Put in place appropriate education and training for all staff
8. Identify clinical change champions
9. Patient and public involvement
10. Identify an executive sponsor and underpin with a robust project management structure



# *Round Table Discussion – Part 1*

You have 20 minutes in your allocated breakout rooms to:

- Discuss progress so far in your POPS project
- Share any innovations that have emerged through your project

# *Round Table Discussion – Part 2*

You have 20 minutes in your allocated breakout rooms. Building on previous discussion, consider the core components of POPS:

- Which of the six core components have been key across the programme so far?
- Have any become more/less relevant?
- Are there additional ones that should be added?
- If we were to develop a set of principles for POPS, what would you include?



# *Summary and closing remarks*

**Deborah Thompson**

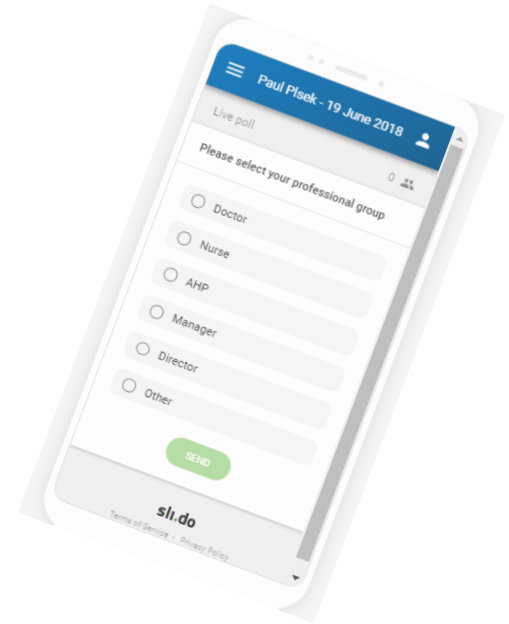
# *Next steps*

- **Register for the next event on 15 September at 09:00-11:30.**
- **Prepare your data submission for the September event. Deadline 31 August.**
- **Sign up for the upcoming webinars:**
  - **Improvement Networks: Developing our POPS Service at Newcastle. Our story on 13 July at 13:30.**
  - **Measurement – with a focus on: Preparing data for business cases, Demonstrating improvement & Preparing for the Celebration Event on 27 July at 12:00.**

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*Think about the support you  
want/need and let the  
programme team know at*

[networksinfo@nhselect.org.uk](mailto:networksinfo@nhselect.org.uk)