

# Somerset Peri-Operative Service

**24th April 2023** 

Kindness, Respect, Teamwork Everyone, Every day Dr Thomas Teare, Consultant Anaesthetist
/ Clinical Lead
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- Largely rural community
- Slightly higher average socio-economic ratings but older population
- Worst socio-economic mobility in UK
- (Now) two DGHs
- 2500 pts on IP waiting lists







### How we got here

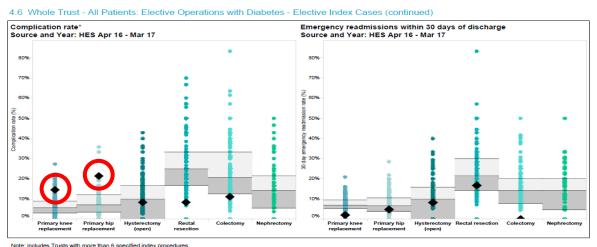


- Pre-2018
  - > colleagues had already done a lot of the work
  - collecting information on 'silos of excellence'
- From data we had, clear evidence we could improve...and nothing being done about it (GIRFT).
- Started with a pilot in orthopaedics: can we get patients awaiting joint replacement to exercise?
- QI team involvement
- Brief interlude: GLOBAL PANDEMIC



# Data (what there was)



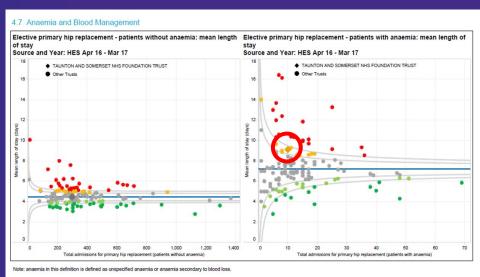




Note: includes Trusts with more than 6 specified index procedures.

\*Proportion of admissions where the presence of a suboptimal outcome was recorded, including adverse reactions by the patient, complications of treatment, the presence of a hospital acquired condition, failure of equipment causing harm to the patient and misadventure by the treating clinician. It does NOT indicate blame on the part of the treating hospital.





# Moving from pilot to service



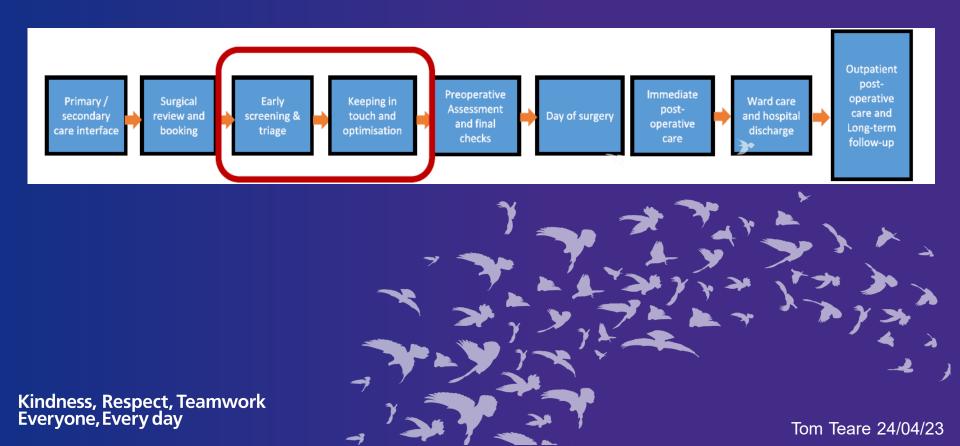
- Decision to go for a system-wide approach. Fits with merger and primary care model
- Got some admin time \* GAME-CHANGER\*. Rapid expansion in pilots
- Dedicated diabetes nurse via Transformation Fund (now part of peri-op BC).
- Multiple meetings to drum up interest: communities, primary care, CCG/ICB, Board, MD,
   POAC team. Persistent but polite think about their agenda beforehand!
- 1st Business case: establishing core team
- 2<sup>nd</sup> Business case: first system-wide service



# 1<sup>st</sup> system-wide service



- The 'Waiting List' becomes a 'Preparation List'
- Screen for anaemia, smoking and poor diabetic control at point of booking
- Assisted by digital pre-assessment





#### Service to date

- Identified 14 workstreams
- Core team of 12 including leads for 7 of the workstreams
- Monthly steering group
- Established what our elective surgical patient cohort look like
- Commenced 55+ PDSA/Pilot studies
- Identified around 600 patients with risk factors
- Working with Primary Care to optimise diabetic patients
- Importance of communication





#### Issues



- Concept of Peri-op. What does Peri-op mean to the patient?
- Collaboration with Primary Care
- Pre-habilitation understanding where/when and what level fits within a patients pathway.
- Shared decision making requirement for educating and upskilling colleagues
- Resource need for additional funding. Core team enabled pilot service will be built on Phase 3 funding



# **Next Steps for the Service**



- Business case submitted January 2023. NHSE reference guide on 'early screening risk assessment and health optimisation
- Next 12 months focus on optimising anaemia, diabetes and smoking for existing cohort of WL patients / those entering the WL
- Transform existing POAC resource at both acute sites to further develop the new Peri-Operative service
- Future vision all workstreams on board and digital solution to monitor our patient outcomes

# Diabetes Peri-Op Pathway



#### Pilot project

- Commenced December 2021
- Aiming to identify and optimise diabetes at point of referral
- Collaborative approach between primary and secondary care
- 20% of Somerset GP practices engaged with pilot
- 50+ patients engaged with pilot

Scan, click or email for more information



#### 'Diabetes in Somerset' TeamNet resource

A new web page for health professionals to access information about services and clinical support available in Somerset, to help you support your patients with diabetes. Available on TeamNet within the 'Topics' Section or click on this link



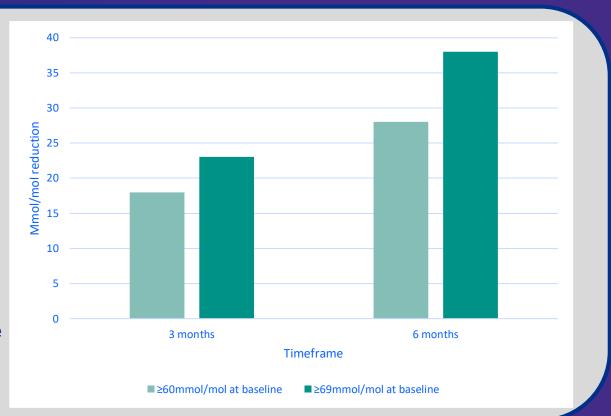
peri-op.diabetes@somersetft.nhs.uk

# Diabetes Peri-Op Pathway



#### **Preliminary Results**

- 84% of patients had HbA1c checked at referral
- 96% of patients have reduced HbA1c
- 90% <69mmol/mol by Pre-Op Assessment
- Mean confidence score of 8/10 post intervention





# **Diabetes Peri-Op Pathway**

#### **Pilot outcomes**

"Working together we have provided a level of support GPs do not always have time to give. We have seen significant improvements in blood glucose in patients who have not previously engaged. I think patients have really appreciated such a collaborative approach."





# Diabetes Peri-Op Pathway Case study

- 58-year-old man
- Type 2 diabetes since 2021
- Not engaged with diabetes management
- Referred for circumcision due to phimosis
- Commenced on Metformin
- Phimosis resolved with improved diabetes management
- Patient removed from waiting list

#### **Contact Us**



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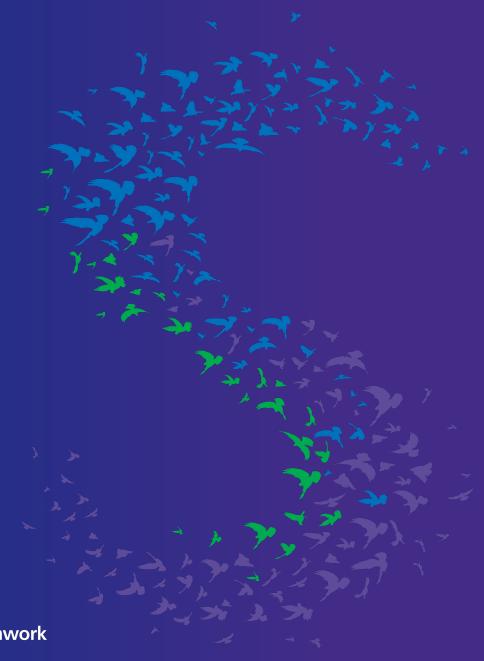
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With special thanks to Dr Stephen Harris, Consultant in Anaesthesia & ICM (for his enthusiasm and hard work that got us started)

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