Centre for Perioperative Care

Strategy for the Centre for Perioperative Care (CPOC) 2020–2023

October 2020

Our vision

To improve the health of people of all ages including children undergoing operations or procedures in the four nations of the UK, by promoting the highest standards of perioperative care for patients at all stages of their surgical journey.

Our values

We strive to be **specialists** in perioperative care.

We are constructive, collaborative and proactive. We focus on achieving **positive** outcomes for patients. Working collaboratively, we have an opportunity to improve the lives of patients and populations, for generations to come.

Perioperative care is **inclusive** and must be **forward-thinking**. We look for opportunities to innovate and improve, and in doing so, develop national healthcare standards.

We are **ambitious** and committed to leading perioperative care.

Who are we and what is perioperative care?

The Centre for Perioperative Care (CPOC) is a cross-organisational, multidisciplinary collaborative between patients and the public, Royal Colleges and similar organisations. CPOC was established in 2019 to facilitate and promote the delivery of high quality perioperative care; the integrated multidisciplinary management of patients from the moment surgery is contemplated through to full recovery. As such, CPOC is in a unique position to promote holistic and integrated care and provide an opportunity to test innovative models of perioperative management that can be translated to other healthcare initiatives.

Perioperative care necessitates a multicomponent intervention with integrated pathways crossing primary, social and secondary care and includes shared-decision making; preoperative risk assessment and optimisation of co-morbidities; lifestyle modification to improve both surgical and long-term health outcomes; multidisciplinary working; effective use of technology; high quality, targeted postoperative care including rehabilitation; discharge planning; patient involvement; education; empowerment and on-going research and quality improvement programmes.

Good perioperative care can improve patient, family and carer experience, including quality of care and satisfaction with care; improve health of populations, including return to home/work and quality of life; and reduce the per capita cost of healthcare through improving value.

CPOC has already produced three reviews of evidence[2,3,4] from the UK and internationally, demonstrating conclusively that focussed perioperative care can:

Benefit patients:

- improve pain management, facilitate early recovery and reduce fatigue[2]
- improve overall survival[2]
- improve patient satisfaction and reduce anxiety[2,3]
- improve record keeping and the use of evidence-based care[2,3,4]
- improve shared decision making and patient ownership.[2,3,4]

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Benefit the health service:

- reduce the number of days people stay in hospital, by an average of two days across multiple studies[2]
- reduce healthcare costs[2,2]
- increase efficiency by reducing time to surgery from admission, cancelled operations and time spent in theatre[2]
- reduce admissions to intensive care units.[2]

Benefit the workforce:

- develop a skilled, flexible workforce[5,6]
- Improve staff satisfaction and experience.[3,4,7,8]

Whilst there is increasing and compelling evidence that best practice in perioperative care can improve outcomes after surgery, uptake of good practice is patchy.[9] There is a need for standardisation of clinical pathways for all patients, including those involving low risk procedures and/or healthy patient groups and at the other extreme, those for patients or procedures that are complex and require deviation from standard approaches.

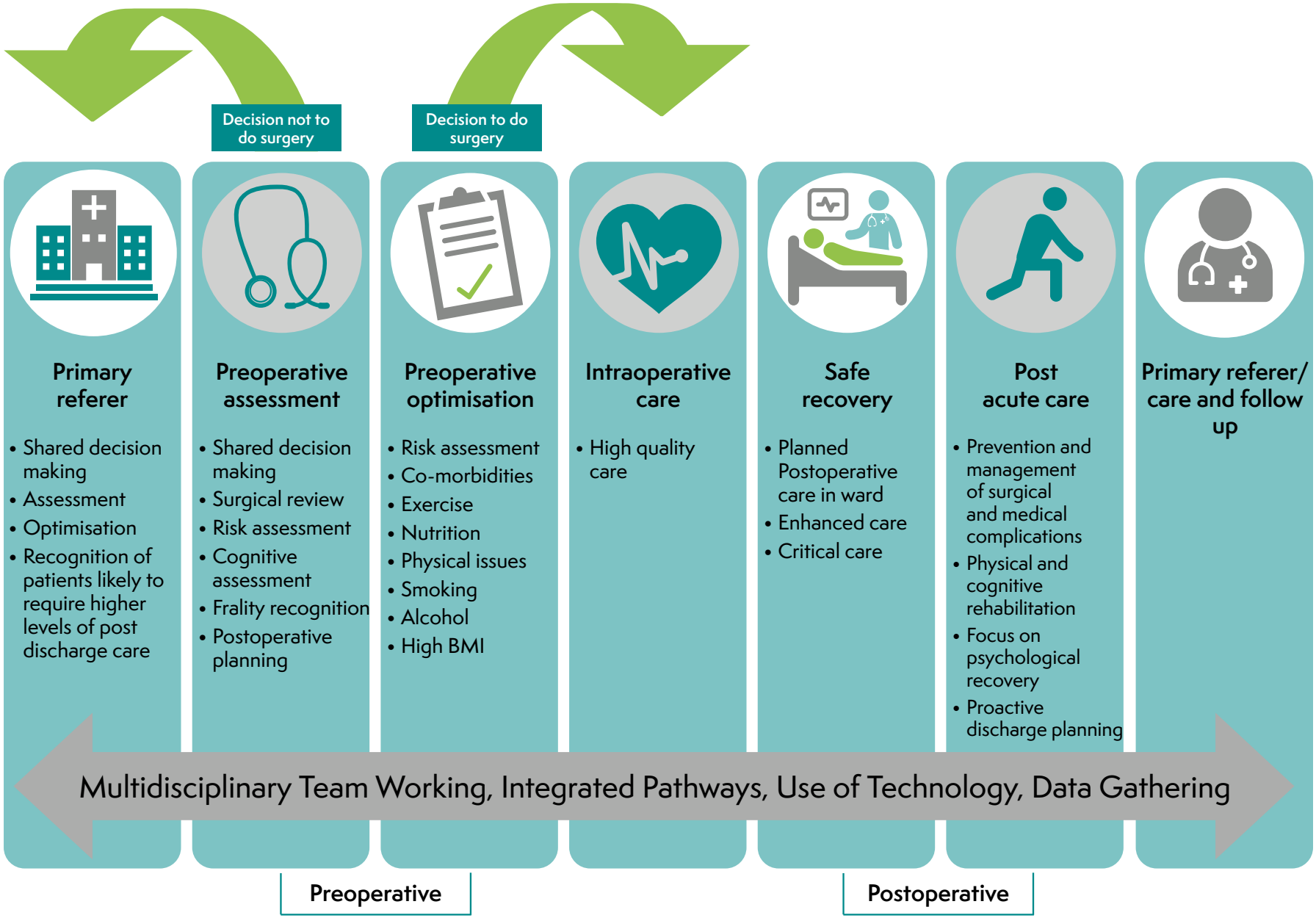
Delivering consistent quality perioperative care for all will require new approaches. It will need co-designed and co-produced interventions with patients and their carers to optimise their understanding of, preparation for and recovery from surgery. It will necessitate a review of how and when preoperative assessment, optimisation and shared decision making should occur, including improved communication and working with General Practitioners. A reinvigoration of enhanced recovery pathways will be required to ensure equity in care across the UK. Novel approaches to postoperative care will be necessary with increased emphasis on enhanced care, critical care and co-management between physicians and surgeons in the postoperative period with a greater focus on rehabilitation and proactive discharge planning with signposting to services for longer term health issues.

Perioperative care affords a 'teachable moment' an opportunity to address the prevention agenda around smoking, alcohol, nutrition and exercise, with potential benefits long after the surgical intervention. Furthermore, there is an opportunity to address comorbidities such as diabetes and anaemia, issues such as frailty and cognitive disorders, polypharmacy and functional status, as well as ensuring psychological preparedness for surgery and delivering parity of esteem between mental health and physical health. Such approaches will support shared decision-making, a key aspect of quality perioperative care which will require a change in focus from whether surgery is technically possible to whether the surgery will achieve the intended benefit for the individual patient.

Good perioperative care is cost-effective and sustainable; it is empowering for patients and for staff across the whole team; it reduces waste and duplication of effort; it improves safety and reduces complications; it helps efficient hospital bed usage and better use of skills, time and resources; it promotes prevention and reduces the passive nature of healthcare, figuratively and literally (for example reducing sedentary behaviour that contributes to mental and physical ill-health). Perioperative medicine balances standardisation of care pathways with individualised experience of care. It has the potential to reduce health inequalities by focussing on key achievable interventions for each individual, supported by a skilled and educated workforce.

Healthcare finds itself in a new environment of working with the ongoing 2020 COVID-19 pandemic. As much work as possible is being done to achieve the best outcomes and limit patient time in hospitals. Alternative management rather than surgery may need to be considered for some who were previously on a waiting list. Technology has allowed remote working and more patient-centred pathways. There has been focus on the impact of co-morbidities on health, so the COVID-19 outbreak itself should be seen as a 'teachable moment'.

Figure 1 The Perioperative Care Pathway



What we will do and our strategic priorities:

CPOC has identified six strategic themes.

1 Improving our patients' quality of care

Our goal is to implement perioperative care pathways across geographical partnerships of NHS providers and commissioners, local authorities and other partners who work together to plan and integrate care. This will enable providers to work collaboratively to deliver seamless patient care and long term population health benefits, realising every opportunity to improve patient health.

Our objective is to embed prevention, including perioperative care pathways and prehabilitation programmes, into routine clinical practice.

We will lead the development of a suite of guidelines with the aim of setting and improving standards of clinical practice. The COVID-19 pandemic has focused attention on optimising care. The CPOC Board will identify relevant topics that align with our strategic goals such as the needs of patients with diabetes undergoing surgery, frailty and day case surgery.

It is our aim to:

- develop relevant guidelines
- share good practice and innovation (case studies, vignettes)
- facilitate dissemination of data (via national programmes including Getting it Right First Time (GIRFT) [8] and Perioperative Quality Improvement program (PQIP))
- support quality improvement through education and training, to develop resources for trainees that will increase both knowledge and interest in perioperative care leading to improved outcomes
- collate resources and ensure accessibility across the NHS.

2 Empowering our patients and their carers

CPOC seeks to improve shared decision making and personalised care for patients: changing the rhetoric so patient empowerment is seen as fundamental to every health interaction. CPOC will create and signpost clear patient information. Our resources will address:

- exercise, nutrition, obesity and smoking
- psychological support
- long term conditions management
- shared decision making resources for patients and carers.

3 Supporting our workforce

Delivering quality perioperative care requires a workforce equipped to manage patients in different healthcare settings and undergoing all types of surgery from minor to complex procedures. CPOC recognises the need for better use of the entire workforce through broader training, cross-skilling and a more flexible approach. Registered staff and students benefit from training in different aspects of perioperative care, shared decision making and motivational interviewing.

We aim to educate all staff (including administrative and non-registered clinical staff) in the fundamentals of patient empowerment and perioperative care through education with clear identification of complexities and of patients who will need senior input. This builds on the NHS as an anchor institution, which refers to a large typically non-profit organisation whose long-term sustainability is tied to the wellbeing of the populations they serve. Building genuine teamwork, so everyone has a remit to take action, rather than just write it down is the goal and good team-working is a key means of keeping staff engaged, empowered and motivated.[7,8]

CPOC will work with other organisations and Royal Colleges on educational initiatives and will be active on educational forums. We will work with partners and stakeholders to ensure perioperative medicine is included in relevant medical curriculum and guidance. We will collate, host and recommend quality assured resources and educational materials.

4 Influencing policy

We will advocate to improve the patient experience of care and seek to improve population health and healthcare value. As we deliver our work, patient and public engagement will be at the core of all we do. We will make a strong case for the importance of perioperative care to realisation of the NHS Long-Term Plan and similar plans in the devolved nations. In addition, we will encourage transformational change and cross-organisational, multidisciplinary, working.

We will support successful delivery of our strategic objectives through eight tactics:

1. Policy development
2. Member engagement
3. Parliamentary activity
4. Development of a compelling narrative
5. Evidence gathering and synthesis
6. Good communications
7. Stakeholder engagement
8. Fundraising

Over the first year of this strategy, we will focus on making the case for perioperative care, integrated care and multidisciplinary perioperative team working. In particular, we will develop and deliver an integrated programme of influencing activity, building on and leveraging the ground-breaking evidence reviews commissioned through the influencing policy theme.

5 Harnessing digital technology

A rapid expansion in the use and availability of technology and virtual solutions occurred during the recent COVID-19 surge. CPOC aims to build on benefits such as supporting patients in self-care, educating and training the workforce and the delivery of virtual consultations to facilitate and enhance perioperative care.

Technology can be used to support:

Patients

- Pre and postoperative information.
- Virtual clinics and appointments reducing travel time, time off work and exposure to the hospital environment.
- Remote assessment, monitoring and communications, including text messaging.
- Accessible and understandable patient information, including videos.

Staff

- Accessible training at a time convenient to them.
- Ability to scale up appropriate training at marginal cost.
- Development of transdisciplinary education programmes.
- Improved communication between members of the perioperative team.
- Virtual meetings.

Pathways

- Automatic recognition and referral of patients requiring certain aspects of a pathway e.g. anaemia services.
- Standardised, accessible and shared records to improve multidisciplinary working.
- Tools and templates to structure multidisciplinary working.
- Structures to support communication and follow through of multidisciplinary decisions.
- Data collection.

CPOC will explore the possibilities around artificial intelligence in prehabilitation and risk stratification. We will consider how information technology developments can improve patient flow through the pathway, improve multidisciplinary working through better communication and shared information and assist in data collection and the follow up of patients to inform ongoing refinements of pathways.

We will seek better use of virtual technologies, such as remote monitoring, to support patient empowerment, offering a home-based approach to care.

6 Leading on Research and Innovation

CPOC will become a leader in research and innovation for perioperative care. We have already collated evidence reviews[2,3,4] highlighting the impact of perioperative care and the gaps where more research is needed. We will share data on outcomes from a perioperative care approach. We will present and publish data to different audiences, informing our guidelines and publications.

We will undertake educational research to identify the best methods of working with staff to achieve a successful perioperative care approach.

CPOC will support established 'big data' projects such as the PQIP, National Emergency Laparotomy Audit (NELA), and National Hip Fracture Database (NHFD).

We will support high quality research projects focussing on areas of importance to perioperative care, such as the National Emergency Laparotomy Audit and Sprint National Anaesthesia Project 3 (SNAP3).

We support quality improvement programmes such as GIRFT,[8] which highlight inconsistencies and variability in services provided across the UK.

Stakeholder engagement and Communication

Stakeholder engagement

CPOC will engage with a range of stakeholders to achieve both its strategic priorities and operational outputs. Collaboration is key for the success of this strategy.

A range of stakeholders have been identified and communicated with. They range from organisations who primarily have a clinical input, to potential funders of work, policy makers and parliamentarians. CPOC is keen to ensure UK-wide engagement from stakeholders and actively encourages input from organisations based within the devolved nations as well as England.

Interested organisations/individuals can engage with CPOC in a variety of ways:

- by being involved in a current workstream, or leading a potential future workstream
- by being part of a CPOC Advisory Group, actively advising and feeding into consultation responses and relevant clinical guidelines
- by being part of an electronic consultation group for development of strategic and clinical CPOC documents or guidance
- by holding or hosting CPOC events or workshops at their conferences and/or events programmes
- by receiving the CPOC e-newsletter
- by following CPOC on the CPOC twitter account.

Communications

As CPOC is a collaborative, cross-organisational, multidisciplinary collaboration between patients and the public and Royal Colleges and similar organisations, the communications for CPOC therefore must be collaborative through all its board members' stakeholder organisations' communications teams, as well as through CPOC's own communication channels (e-newsletters, website and social media). The latter are run by the Royal College of Anaesthetists (RCoA) CPOC team, with media support at time of writing from the RCoA communications team. All CPOC data is held by the RCoA as the parent College.

Sustainability

CPOC has been set up and given substantial financial support from the RCoA. To maintain long-term viability, CPOC will be required to develop a sustainable financial model and will actively seek other sources of funding to support its work. Without funding, CPOC will be unable to succeed in its potential and will achieve fewer of its objectives.

Review

The CPOC strategy will be reviewed in 2023.

References

1 The Centre for Perioperative Care (cpoc.org.uk)

2 CPOC 2020 Evidence review 1: The impact of perioperative care (https://bit.ly/3o1KALP).

3 CPOC 2020 Evidence review 2: Multidisciplinary working in perioperative care (https://bit.ly/37lyw1Z).

4 CPOC 2020 Evidence review 3: Perceptions of perioperative care in the UK (https://bit.ly/37xdePp).

5 Barber S et al. Training doctors in perioperative medicine for older people undergoing surgery (POPS): an innovative foundation placement. *Clin Med* (Lond) 2019;**19(6)**:465–467 (doi:10.7861/clinmed.2019-0256).

6 Rogerson A, Partridge JSL, Dhesi JK. A Foundation Programme educational placement in perioperative medicine for older people: mixed methods evaluation. *Anaesth* 2018;**73(11)**:1392–1399 (https://bit.ly/3lPWu9P).

7 West M. What does the 2019 NHS Staff Survey truly tell us about how staff needs are being met? The Kings Fund, 2020 (https://bit.ly/2IzDcXW).

8 Developing professional identity in multi-professional teams. *AoMRC*, 2020 (https://bit.ly/2IrNAkk).

9 GIRFT (Getting It Right First Time). General Surgery GIRFT Programme National Specialty Report, 2017 (https://bit.ly/3lNvRCn).

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