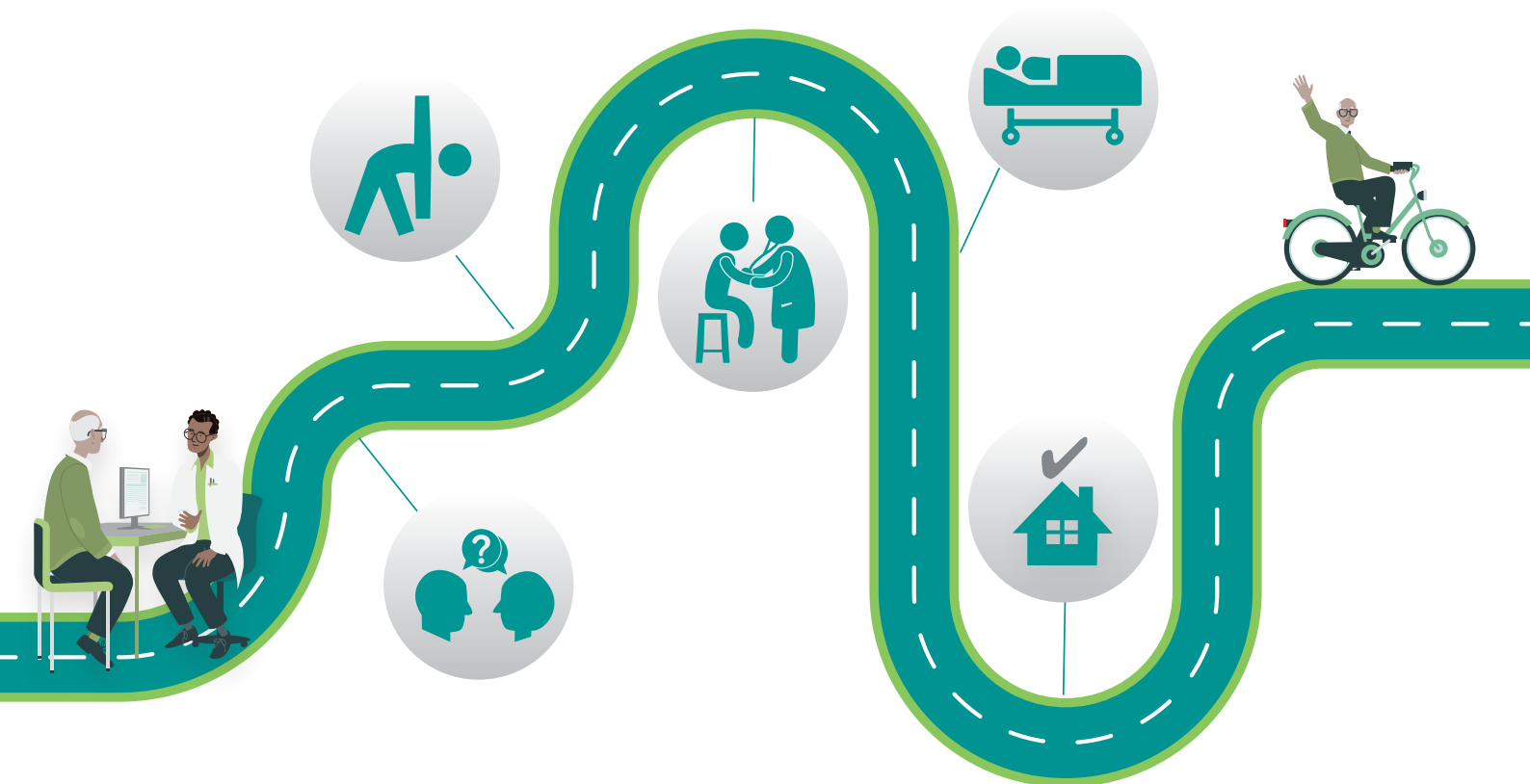




Centre for
Perioperative Care

Strategy for the Centre for Perioperative Care (CPOC) 2023–2026

February 2023



Our vision

To improve the health of people of all ages, at all stages of their surgical journey, by promoting the highest standards of perioperative care.

Our values

We strive to be a leading voice in perioperative care. We are:

- patient focussed
- multi-professional and collaborative
- proactive and committed
- diverse and inclusive
- forward thinking and ambitious.

Who are we?

The [Centre for Perioperative Care](#) (CPOC) is a cross-organisational, multidisciplinary collaboration between patients and the public, Royal Colleges, and similar organisations. Click [here](#) for details of our partners. 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.

CPOC has been set up and given substantial core financial support from the Royal College of Anaesthetists, as well as financial support from the Royal College of Physicians and Royal College of Surgeons of England. 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

What is perioperative care?

Perioperative care is patient-centered, integrated, multidisciplinary care of patients from the moment of contemplation of surgery until optimal recovery.

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 comorbidities; 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.

What are the benefits?

Patient benefits:

- improve pain management, facilitate early recovery and reduce fatigue²
- improve overall survival²
- 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}

Health service benefits:

- reduce the number of days people stay in hospital, by an average of two days across multiple studies²
- reduce healthcare costs^{2,2}
- increase efficiency by reducing time to surgery from admission, cancelled operations and time spent in theatre²
- reduce admissions to intensive care units.²

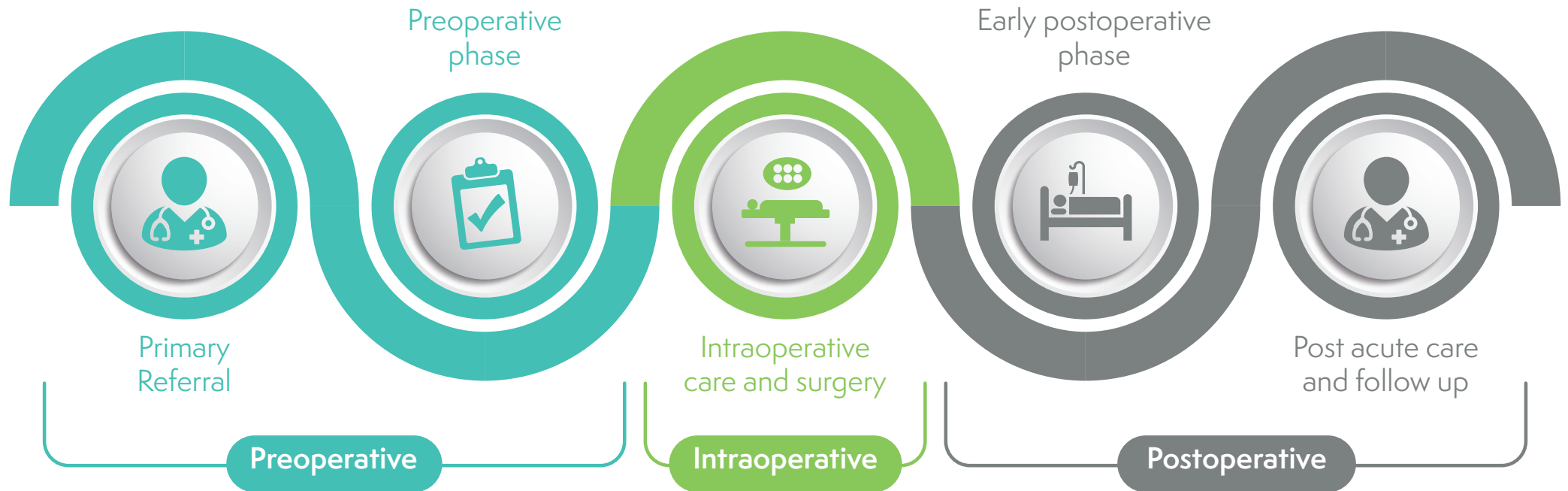
Workforce benefits:

- develop a skilled, flexible workforce^{5,6}
- Improve staff satisfaction and experience.^{3,4,7,8}

Please [click here](#) for further detail on CPOC published comprehensive evidence reviews demonstrating that the perioperative pathway is associated with higher quality clinical outcomes, reduced financial cost and better satisfaction for surgical patients.



Perioperative Care Pathway



Key Principles

- Shared decision making (including decision not to operate)
- Effective use of technology
- Integrated multidisciplinary patient centred pathways of care

Key Components

- **Recognise frailty**, cognitive impairment, anaemia, diabetes
- **Optimise** long term conditions and frailty
- **Lifestyle modification exercise**, smoking cessation, nutrition and obesity
- **Risk assessment** with anticipation and prevention of complications
- **Planning** of perioperative care and discharge
- **Rehabilitation** and handover to primary care

Our strategic priorities

CPOC has identified five strategic themes:

1 Improving patient outcomes and experience

Our goal is to implement perioperative care pathways across geographical partnerships of healthcare 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 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 CPOC Board will identify relevant topics that align with our strategic goals such as the needs of patients undergoing 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 patients, carers and the public

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 such as pain management and opioids before surgery
- shared decision-making resources for patients and carers.

3 Educating and developing the 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. It also requires a workforce that has good mental health and wellbeing.

CPOC will be a leader in perioperative education and 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 care is included in relevant medical curriculum and guidance. We will collate, host and recommend quality assured resources and educational materials.

We aim to:

- develop a multi-professional curriculum in perioperative care that will form the basis of a credential training programme for post-CCT Doctors and allied health professionals
- foster and support the wellbeing of the perioperative workforce
- be the voice of the perioperative community
- collaborate with others to promote education of the workforce.

4 Influencing policy

CPOC is aiming to move to a new model of care from tradition silo and speciality working to collaborative, cross speciality pathway working. We will influence policy to embed perioperative care in health systems in the UK and beyond. This will involve:

- the collation and communication of key evidence
- the development of compelling narratives
- engagement with and influencing of key decision makers
- involvement in working groups to offer guidance and advice.

5 Promoting research, technology and innovation

A rapid expansion in the use and availability of technology and virtual solutions occurred during the COVID-19 pandemic. 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.

CPOC will signpost and support opportunities around artificial intelligence in prehabilitation and risk stratification, how information technology developments can improve patient flow, through improved multidisciplinary working and better communication and shared information.

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

We aim to:

- promote and support research and innovation for perioperative care.
- present, share and publish data on outcomes of perioperative care approaches
- support high quality research projects focussing on areas of importance to perioperative care
- support quality improvement programmes such as GIRFT,⁸ which highlight inconsistencies and variability in services provided across the UK.

Our 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.

Communications

As CPOC is a cross-organisational collaboration between patients and the public and Royal Colleges and similar organisations, the communications 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 host College.

Review

The CPOC strategy will be reviewed in 2026.

References

- 1 The Centre for Perioperative Care (cpoc.org.uk)
- 2 CPOC 2020 Evidence review 1: The impact of perioperative care.
- 3 CPOC 2020 Evidence review 2: Multidisciplinary working in perioperative care.
- 4 CPOC 2020 Evidence review 3: Perceptions of perioperative care in the UK.
- 5 Barber S, Singleton E, Partridge JS, Dhesi JK. 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 (2018). A Foundation Programme educational placement in peri-operative medicine for older people: mixed methods evaluation. *Anaesthesia* 73(11):1392-1399. | <https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14410>
- 7 West M (2020) [What does the 2019 NHS Staff Survey truly tell us about how staff needs are being met?](#) Kings Fund.
- 8 [GIRFT \(Getting It Right First Time\) \(2017\) General Surgery GIRFT Programme National Specialty Report and Anaesthesia and perioperative medicine – Getting It Right First Time – GIRFT.](#)

Centre for Perioperative Care

Churchill House, 35 Red Lion Square, London WC1R 4SG

020 7092 1587

cpoc@rcoa.ac.uk

cpoc.org.uk



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