

Perioperative Care for Older People undergoing Surgery The (POPS) Network

December 2021



Programme
Core Session

Agenda

09:00

Welcome and introduction to the day Dr Jugdeep Dhesi, Consultant, GSTT & POPS Network Clinical Lead

How to identify 'at risk patients' early in the pathway Dr James Prentis, Consultant Anaesthetist, Freeman Hospital, Newcastle

Measurement Journey – Frimley Health NHS FT Dr Sharmistha Gupta, Consultant Geriatrician, Frimley Park, Dr Amit Mandal, Consultant Geriatrician, Wexham Park and Matt Tite, Director, NHS Elect

BREAK (10 mins)

Managing Change Lisa Godfrey, Director, NHS Elect

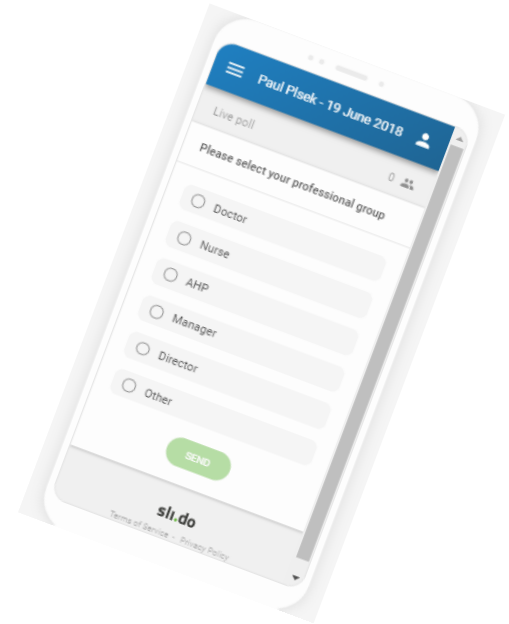
Summary and Next Steps Dr Jugdeep Dhesi, Simon Griffiths and Lisa Godfrey

11:00 CLOSE

sli.do

Open a browser on any laptop, tablet or smartphone

- Go to www.sli.do or scan the QR code
- Enter the event code **#POPScore7**
- Use the polls to give us feedback about the day





How to identify 'at risk patients' early in the pathway

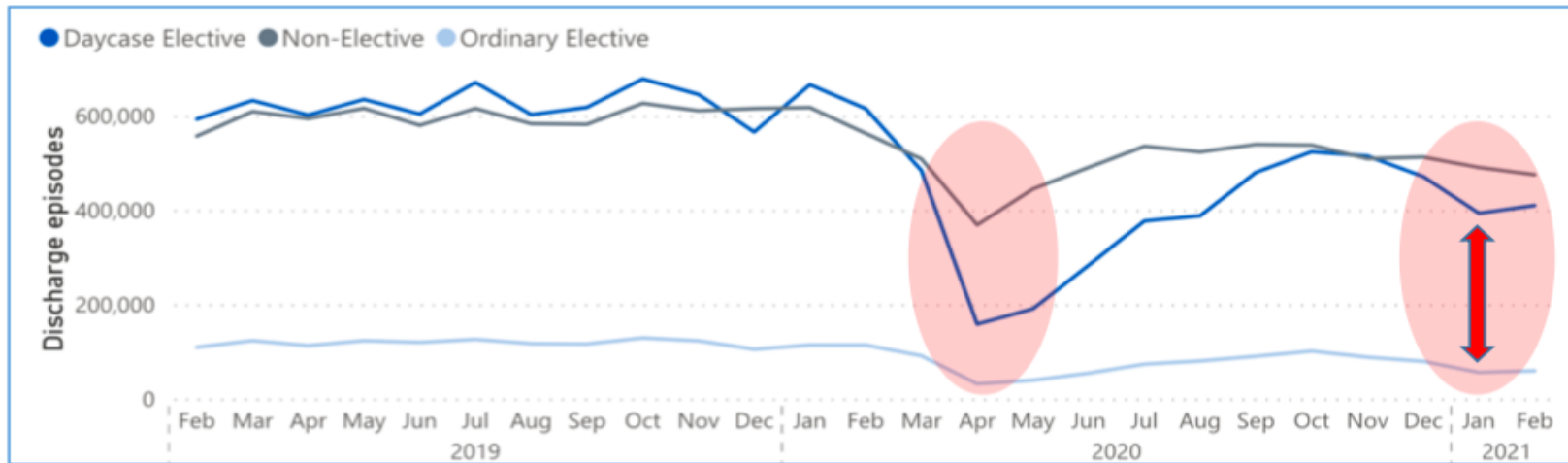
Dr James Prentis

Waiting well initiative

NENC ICS

Dr James Prentis
Consultant Anaesthetist
Freeman Hospital

COVID Recovery Pathways



Year to date comparison	Current year	Previous year comparison	Change
Elective	4,941,617	8,196,128	-39.7%
Daycase Elective	4,187,844	6,897,112	-39.3%
Ordinary Elective	753,773	1,299,016	-42.0%
Non-Elective	5,424,127	6,598,901	-17.8%
Total	10,365,744	14,795,029	-29.9%

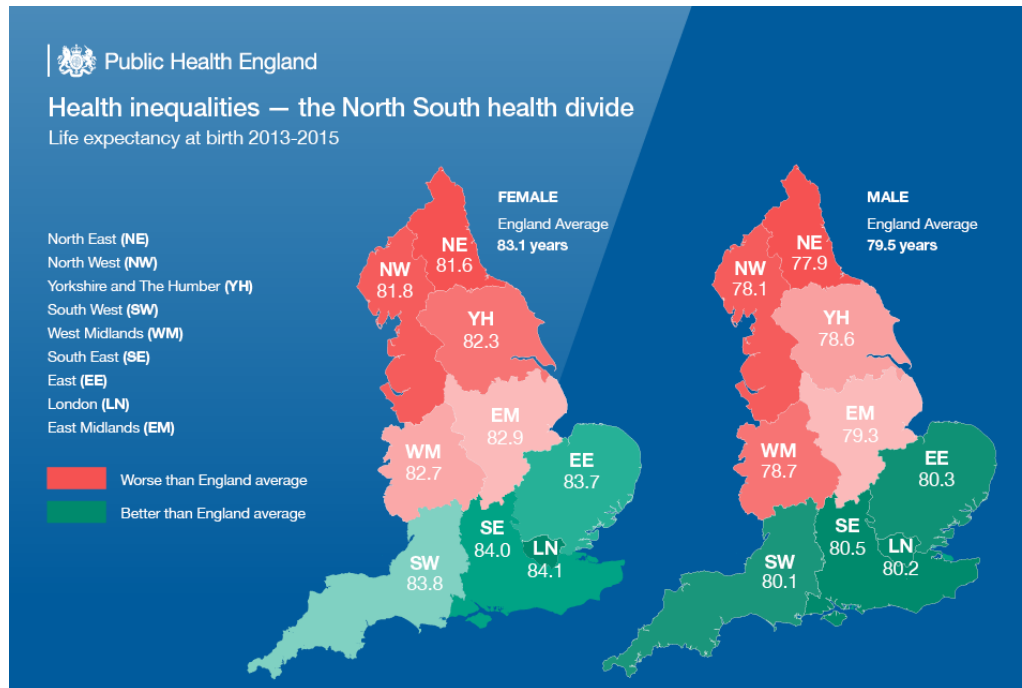
5:1 DC to IP

Declarations

- Bit of a leftie & never set foot in the Nuffield
- Card carrying member of the Labour Party
- My Dad was General Secretary Unison



Life expectancy – North South divide



Social deprivation - Newcastle

- 9 minute metro journey and healthy life expectancy reduced by 11 years



Indices of multiple deprivation

- Way to classify relative deprivation based on small *superoutput* areas
- Data based on census returns and produced by Office for National Statistics
- Based on 7 domains each with separate weighting
 - Income. (22.5%)
 - Employment. (22.5%)
 - Education. (13.5%)
 - Health. (13.5%)
 - Crime. (9.3%)
 - Barriers to Housing and Services. (9.3%)
 - Living Environment. (9.3%)

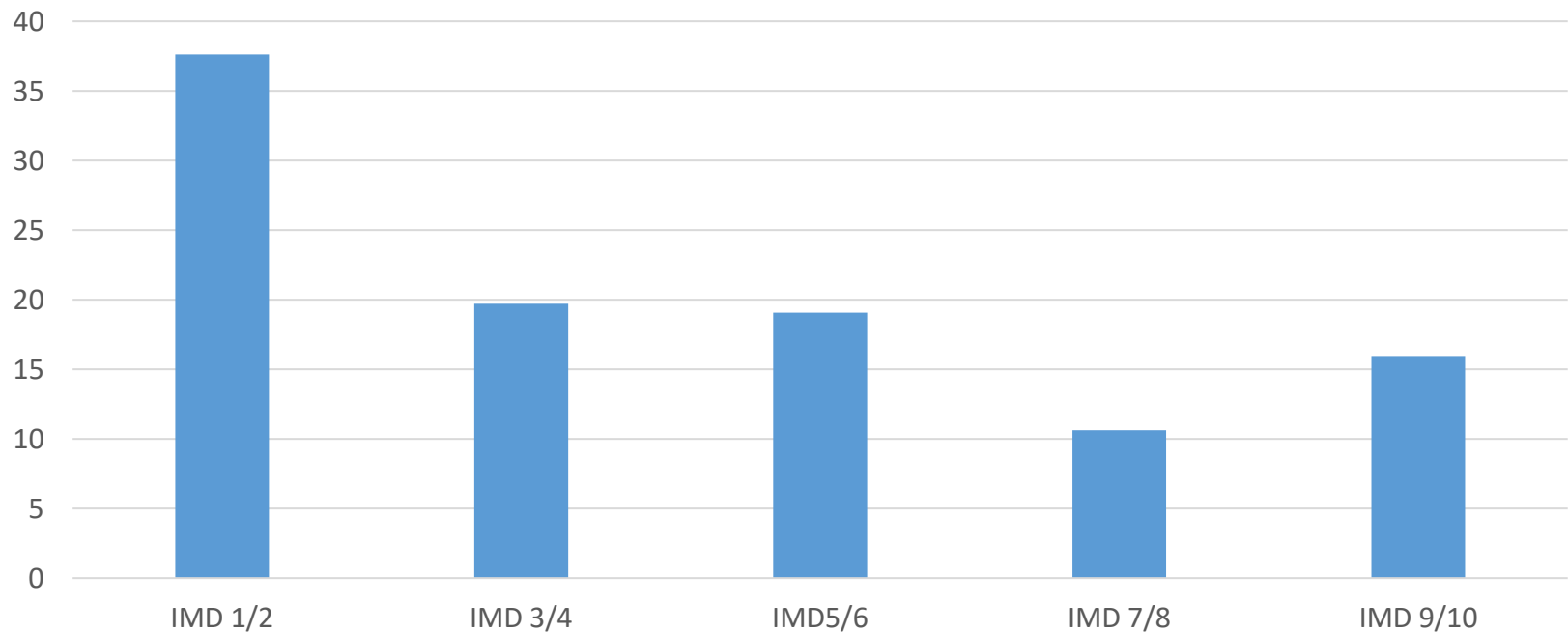
A-HEAD study

Aortic Aneurysm Health and Deprivation study

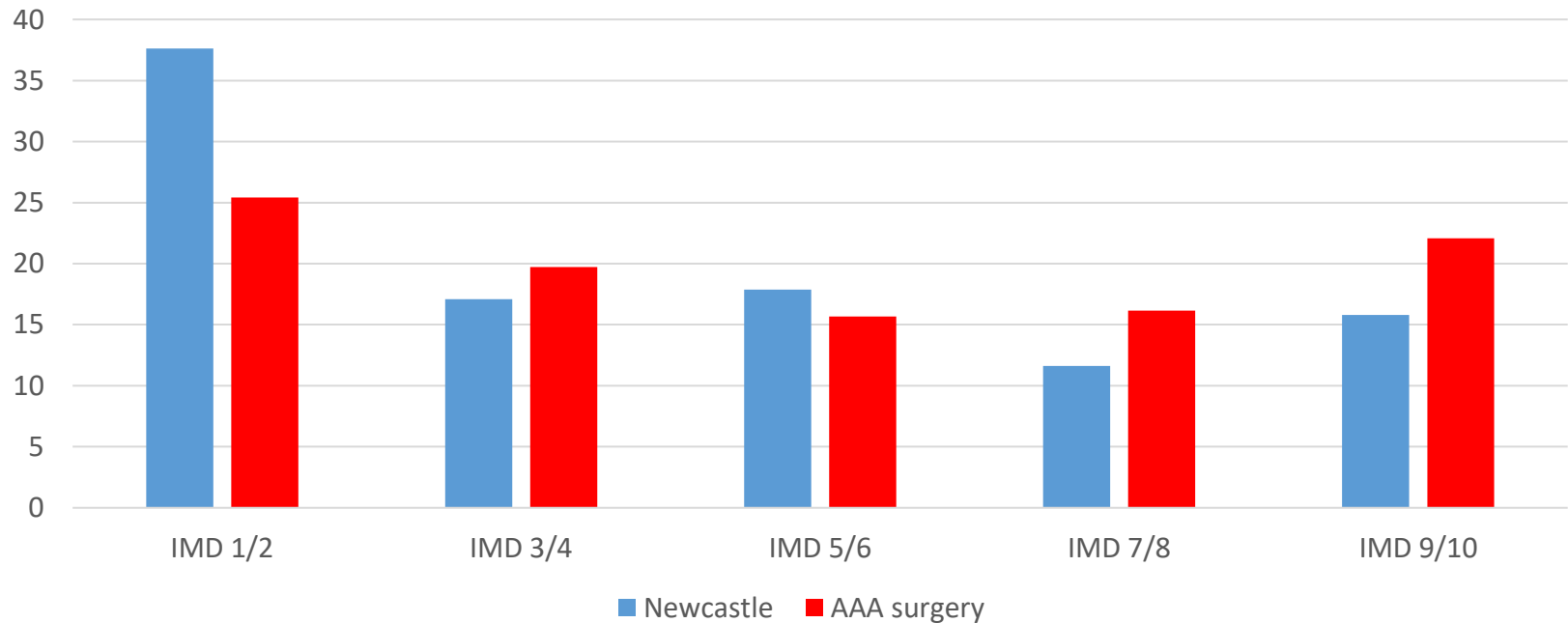
- Retrospective review of all patients included on vascular database from 2015-2020 undergoing aortic aneurysm surgery
- Ethical approval granted September 2020
- Assess impact of social deprivation on preoperative variables, perioperative outcomes and longer term mortality
- WHY
 1. Easy, interesting and get a paper out of it!!
 2. PREHAB – do we need to tailor prehabilitation pathways specifically to this group of patients to ensure we don't actually increase the obvious health inequalities that exist?

Where do our population live?

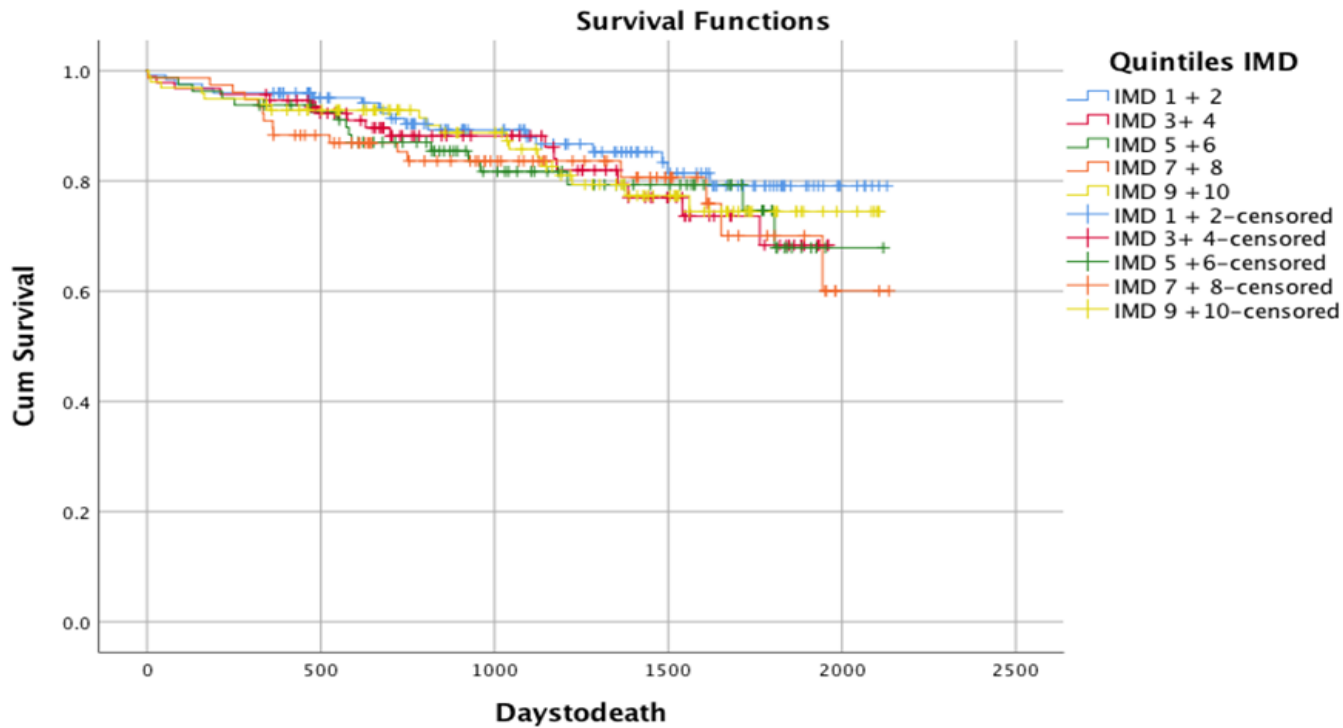
Data from Public Health Newcastle Nov 2020



Under-representation of patients from deprived areas having standard AAA surgery



IMD score and long term outcome



Rates of disease in groups

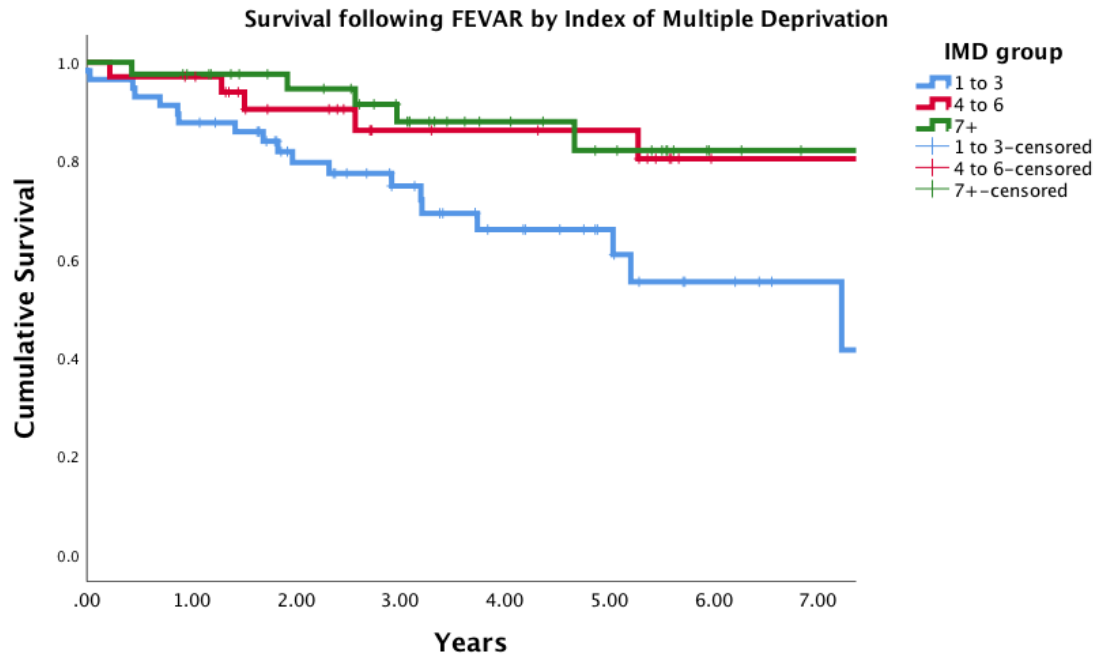
- Mean AT, BMI – all continuous variables similar
- However

	IMD 1-2	IMD 3+
Smoking	39%	21%
COPD	28.7%	23.1%
2 or 3 CPET abnormalities	23%	13.4%
Diabetes	18.3%	12.1%
BMI >35	14.8%	6.7%
Stage 3 + CKD	22%	26.1%
2 or more major comorbidities	30.2%	22.1%

FEVAR

- Complex endovascular repair outcomes
- Cost £20-30k and 3+ months to manufacture
- Higher rates from socially deprived areas than for standard repair
- Patients presenting later with more complex disease
- IMD 1-3 - Higher rates of complications and length of stay

FEVAR – long term mortality



Social deprivation and prehab

- This study was never about a postcode adding to risk
- This was around prehab – looking at the risk factors for surgery, doing something about it and ensuring we target services.
- Not leaving anyone behind – increase awareness of impact of social deprivation
- Process of designing interventions specifically for AAA surgery bearing in mind social deprivation rates that are important to that surgical group not a generic pathway



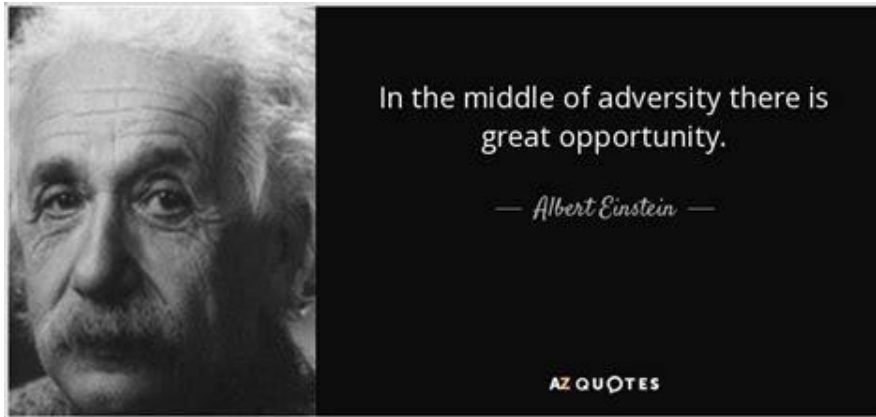
TEXT – PAD Study

- NIHR ARC NE-NC grant In ethics currently
- Commenced late 2021
- 60 pt RCT walking intervention vs a digital, Covid proof multimodal behavioural change intervention targeting those from lowest IMD scores only
 1. Smoking
 2. Alcohol
 3. Exercise
 4. Mental well-being
 5. Finances
 6. Nutrition
- Tablets, fitbits, MiFi devices for all that need it

Elective surgery

REDESIGN

- We all know
 1. we have an issue
 2. patients waiting longer
 3. Health deteriorating during COVID especially with pressure on primary care



How do we find the patients?

- Always been the issue
- Patients now on waiting list – primary care stretched and multiple ways on getting onto a waiting list
- Pre-assessment under pressure
 1. Patients seen months ago
 2. Re-preassessment
 3. Often late 1-2 weeks before admission

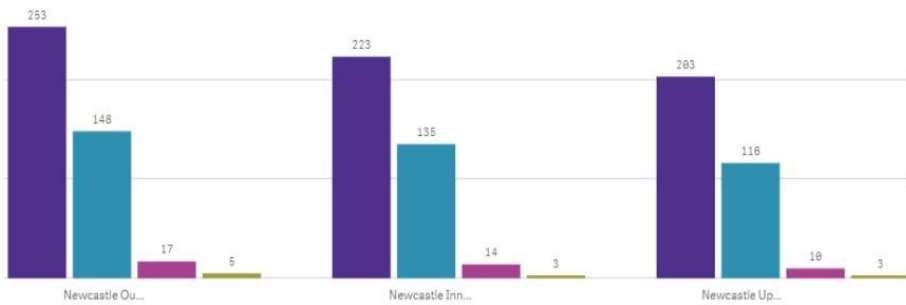
Initial project

- Given access to new database of all patients awaiting surgery in NUTH
- Able to merge this onto GP data
- Initial project with 3 PCNs was to use their new health improvement practitioners to target those awaiting surgery with uncontrolled diabetes (HbA1c >52) awaiting surgery at Freeman Hospital only P3/4 patients
 1. Increased costs
 2. Postponements and on the day cancellations
 3. Increased length of stay in hospital
 4. Worse surgical outcomes
- Zero cost and using existing resource available



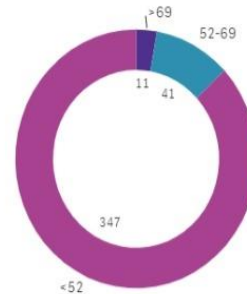
Waiting list by PCN or Practice

■ Waiting list patients ■ Patients with measurement ■ HbA1c reading of 52-69 ■ HbA1c reading of >69



HbA1c latest reading

■ >69 ■ 52-69 ■ <52



Waiting list patients

777

Patients with measurement

399

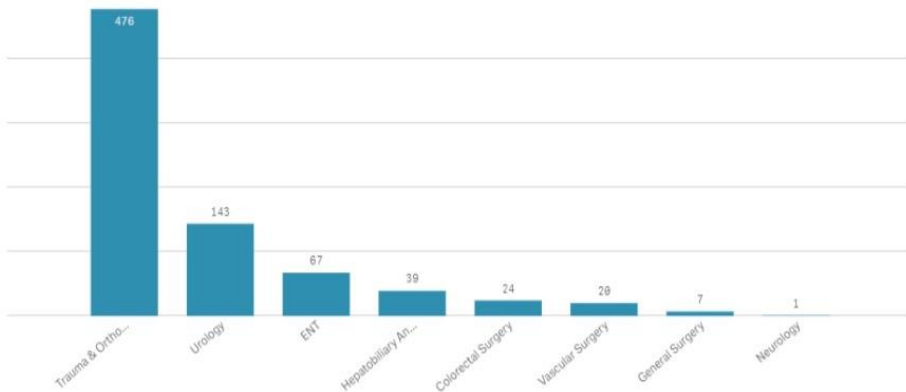
HbA1c reading of 52-69

41

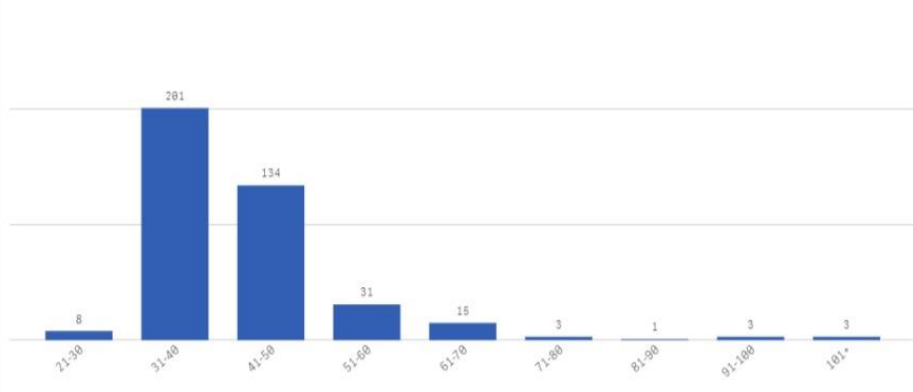
HbA1c reading of >69

11

Waiting list Specialty



HbA1c recordings



Diabetes project

- Referrals to healthworks have started
- Looking at whether we could find the patients, they will engage and if the intervention works
- 2 patients now completed and another 18 in the intervention currently
- Then things moved on

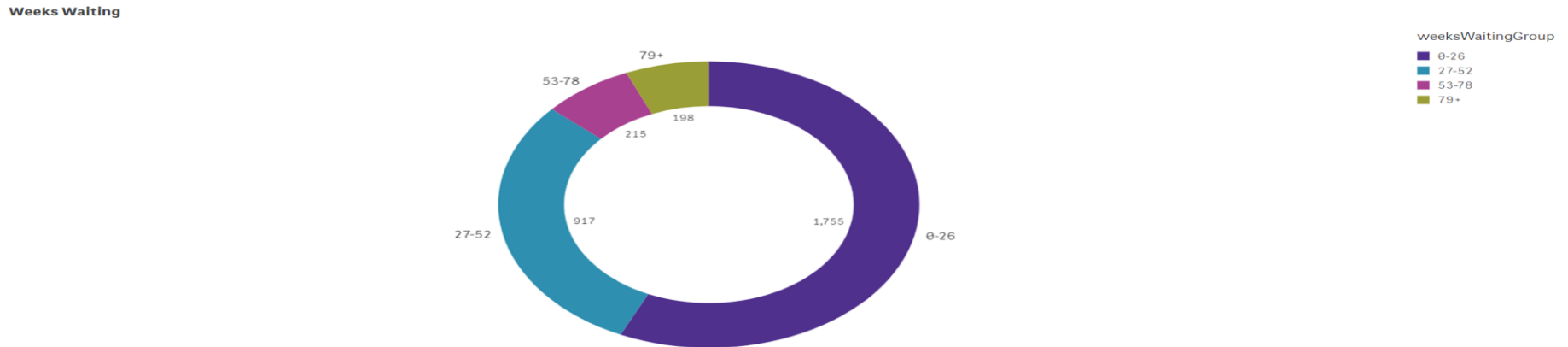
ICS wide data

- RADIR able to produce dashboard for the entire ICS
- Able to target specific patients, specific co-morbidities and merged to IMD score and ethnicity
- Still some issues around priority of patients but hospital data improving
- Target PCNs where risks are high

Hope this works!!!

Orthopaedics knee/hip replacements

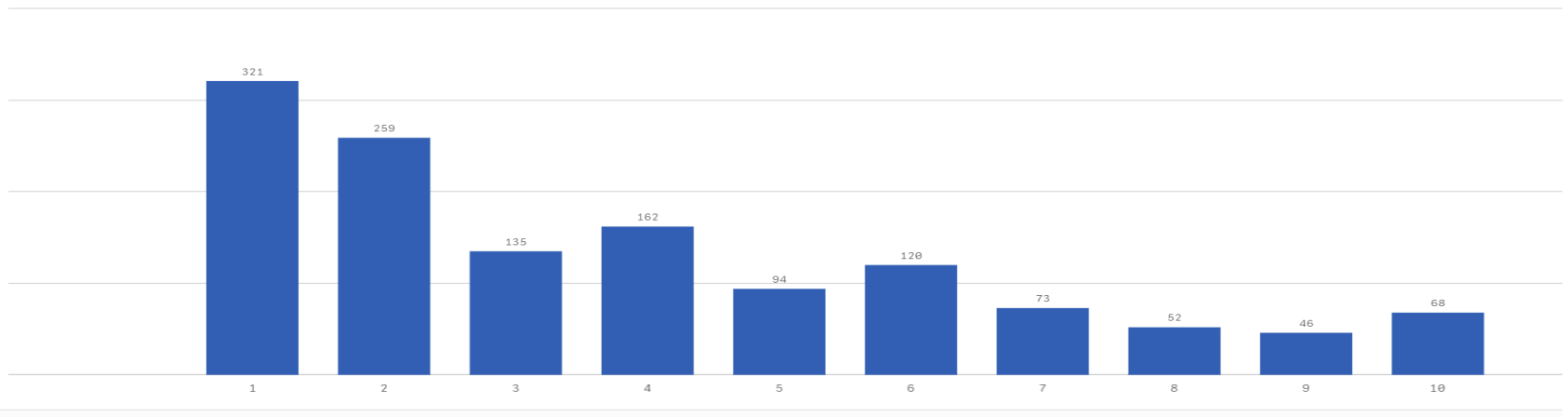
- Patients waiting elective hip/knee replacement surgery across NENC.
- 3085 patients with matched data from the elective waiting list to GP data
- 43.1% of patients have waited >6months for surgery



Wait times

- 1330 patients waiting hip/knee replacement in the NENC with matched GP records waiting longer than 6 months for surgery
- Vast majority living in a socially deprived community (IMD 1&2) 580/1330=43.7%
- Those waiting less than 6 months 39.5% from IMD 1 and 2

IMD Decile



Co-morbidities

Comorbid condition	Number of patients	Percentage of patients with condition	Number living in IMD 1 &2	Percentage of pts with condition from IMD 1&2
AF	129	9.7%	47	36.4%
BMI>30	489	36.8%	215	44.0%
BMI>35	246	18.4%	115	46.7%
COPD	106	8.0%	43	40.6%
T2DM	239	18.0%	121	50.6%
HBA1c>52mmol/mol	78	5.9%	45	57.7%
Frailty	112	8.4%	45	40.2%
Smoking	127	9.5%	74	58.3%
Uncontrolled BP	37	2.9%	20	54.1%

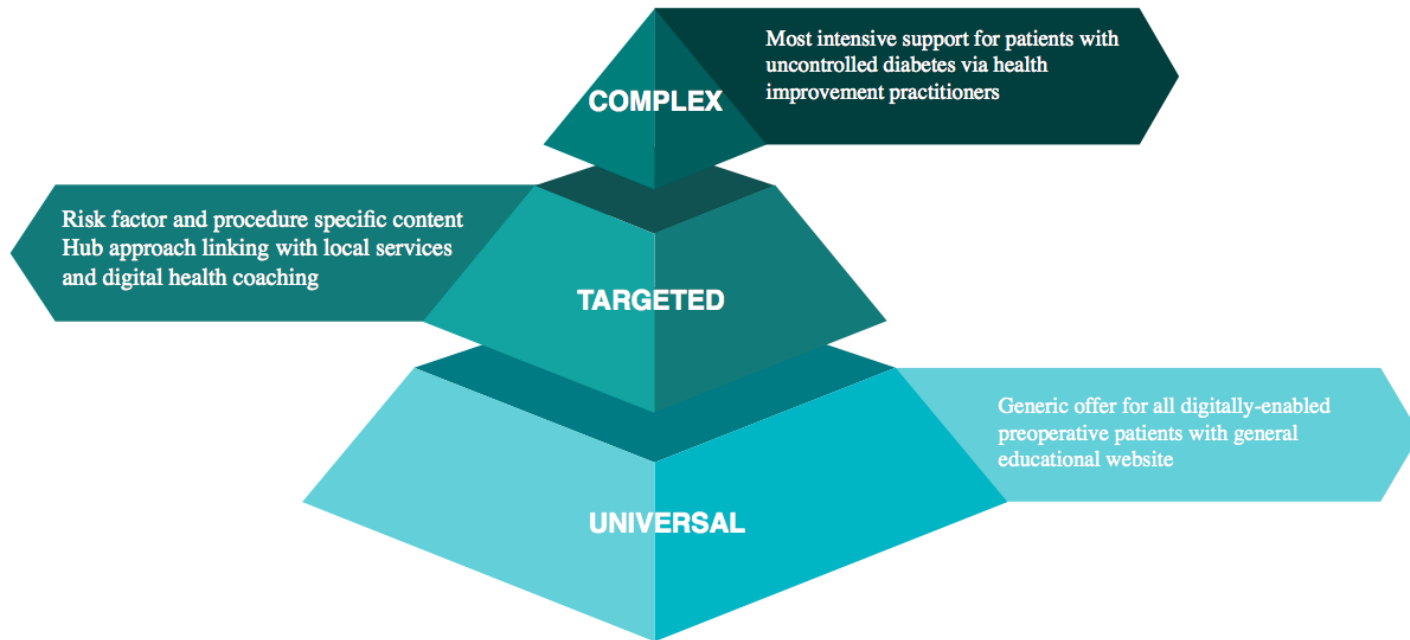
Multi-morbidity

Multi-morbidity	Number of patients	Percentage of patients with issue	Number of patients from IMD score 1&2	Percentage of pts with condition from IMD 1&2
COPD and smoking	22	1.7%	11	50%
BMI>30 and unmanaged T2DM	53	4.0%	27	50.9%
BMI>35 and unmanaged T2DM	31	2.3%	20	64.5%
AF and BMI>30	53	4.0%	21	40.0%
AF and BMI>35	28	2.1%	15	53.5%
Smoking and T2DM	21	1.6%	12	57.1%

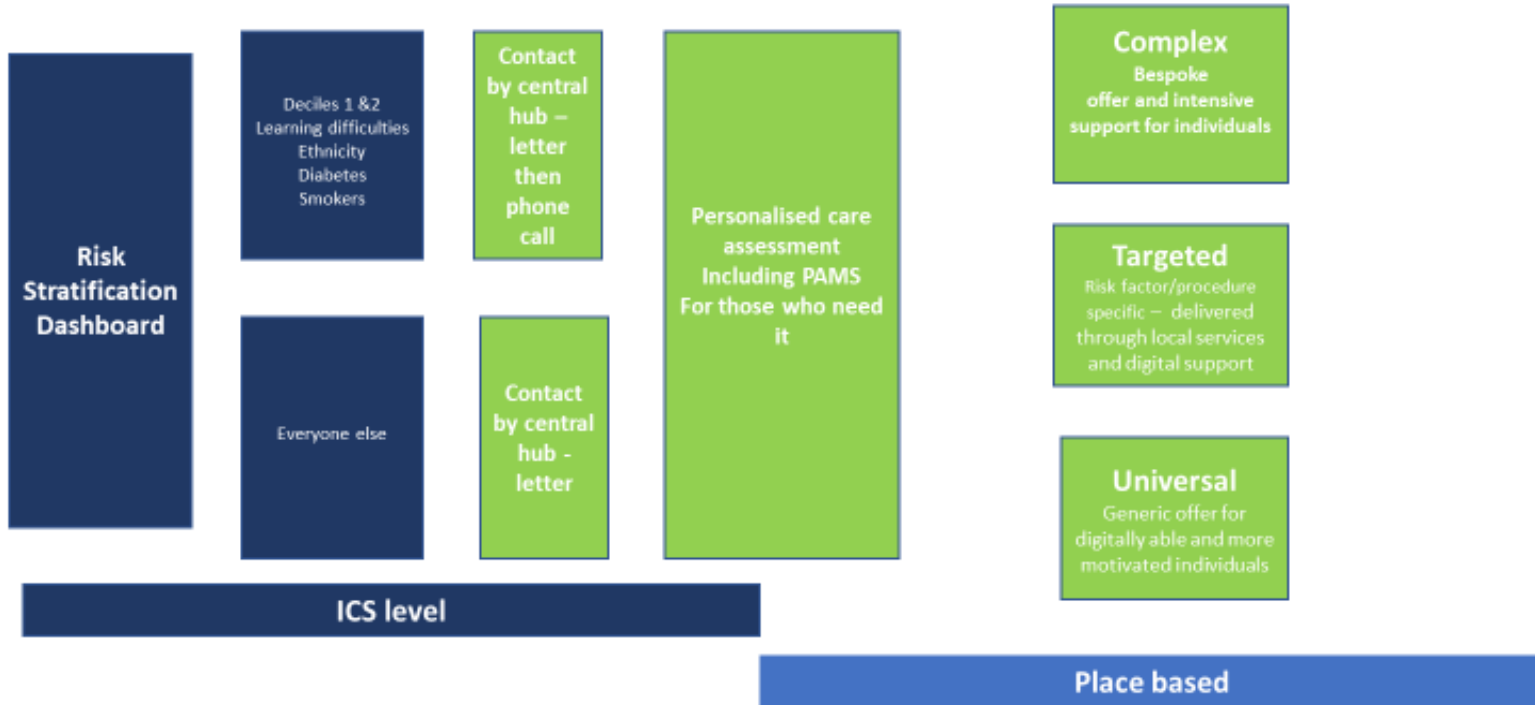
NENC ICS Waiting Well

- Using dashboard to target patients
- Provide support for those on elective waiting list
- Targeting equity as well as equality
- More resource for those from socially deprived communities where risk factors higher
- Funding to support local services

Tiered support



Waiting well NENC ICS Approach



Conclusions

- Early days but exciting
- Socially deprived communities most likely to have risk factors that are known to affect outcomes, on the day cancellations and length of stay
- Develop prehab services in an evidence base fashion targeting those from socially deprived communities
- WW project is complementary to whatever we want to do locally
- Forefront of the diabetes intervention with 3 PCNS
- Plans for opiate reduction intervention with *Ways to Wellness*

Questions and Comments



Measurement Journey *– Frimley Health NHS* *FT*

Dr Sharmistha Gupta, Dr Amit Mandal & Matt Tite

POPS Measurement Journey NHS Elect

Frimley Health NHS Foundation Trust

December 9th 2021

Our Aim

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

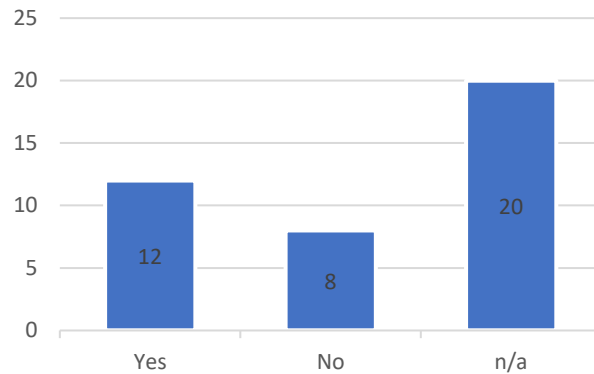
POPS Inpatient Data

NHS Elect POPS Data Analysis – WPH August 2021

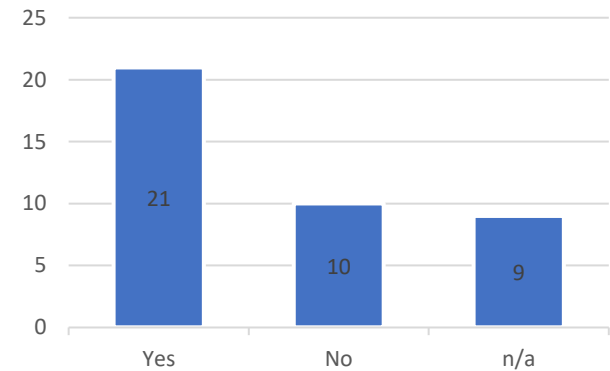
	Result
Sample Size	41
Total Suitable Cases	40
Average Age	74
Physician Average Review Time	4 days
Average CFS	4

NHS Elect POPS Data Analysis - WPH

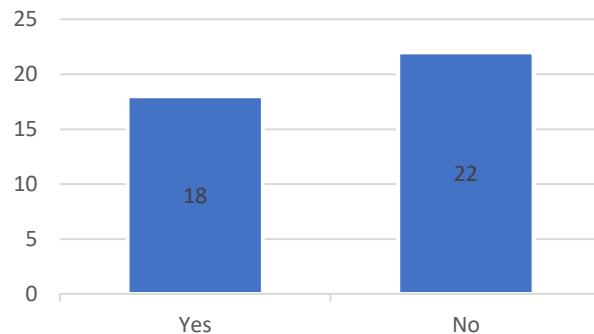
Falls review (if applicable)



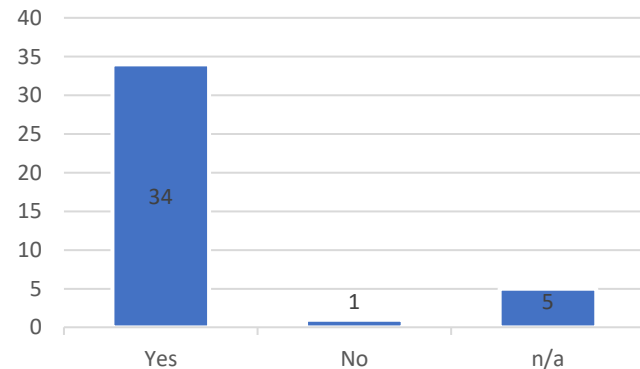
Bone optimisation



Polypharmacy identified

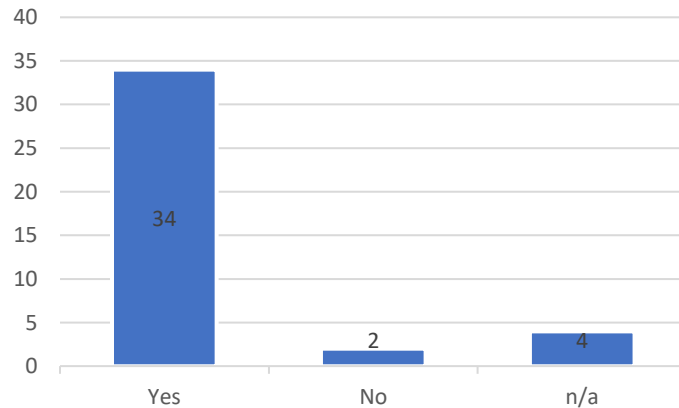


Pharmacological optimisation

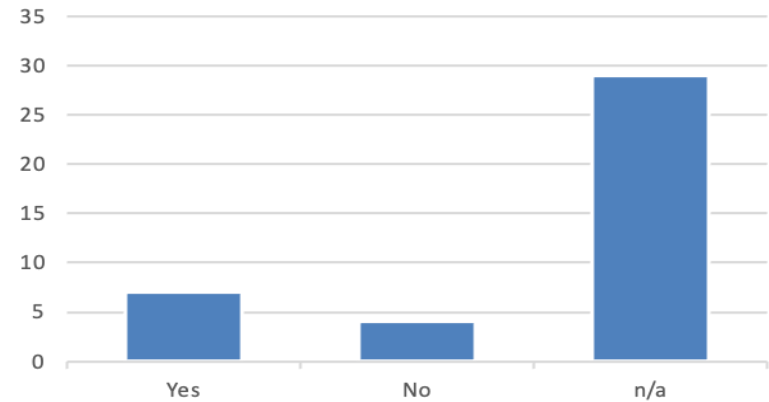


NHS Elect POPS Data Analysis - WPH

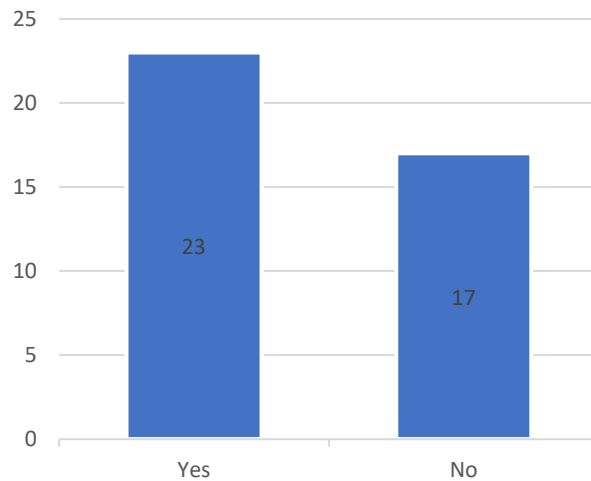
Delirium Screening



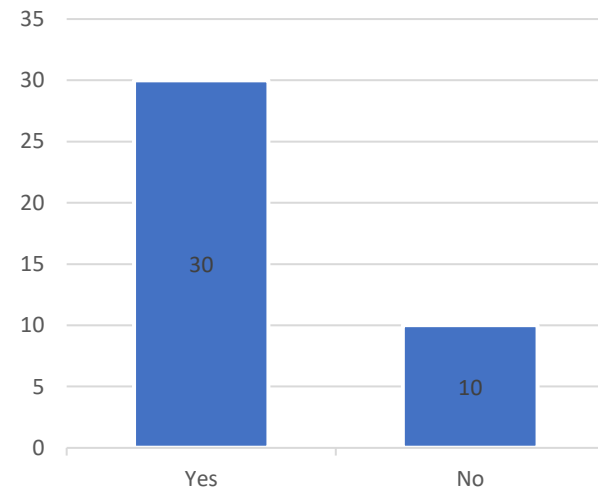
Early recognition of rehab needs



Anaemia identified

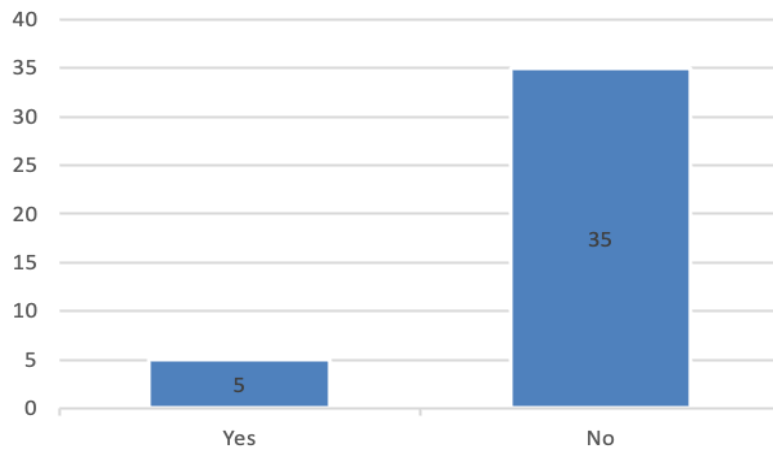


At least 1 new diagnosis

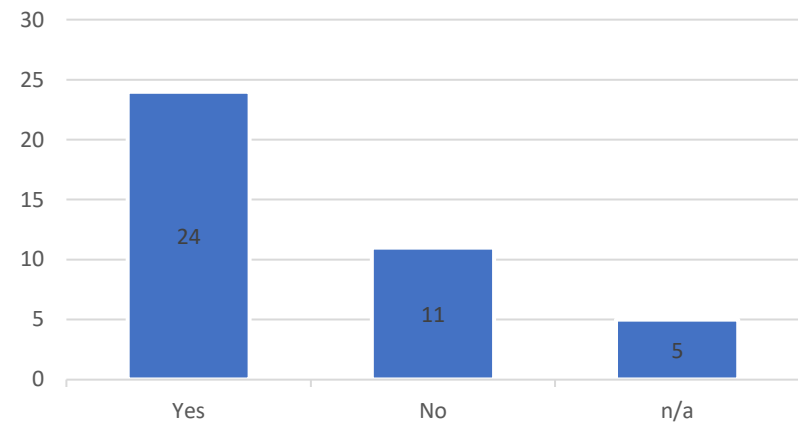


NHS Elect POPS Data Analysis - WPH

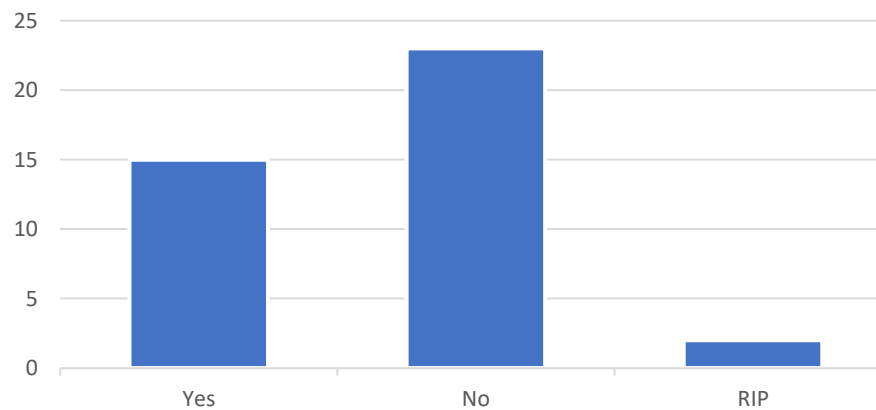
MDT anaesthetic/medicine



Specialty referral avoided



Ongoing care provided



POPS at Frimley Ward Round

Patient Details:

Frailty Score :

Acute Issues:

Past Medical History:

Smoking & Alcohol:

Social History

Cognition:

Obst/bowel/bladder:

POPS 1

Investigation Results:

Clinical Examination:

Plan including Polypharmacy Review:

POPS 1

POPS @ Frimley Pre-operative Assessment Proforma

Addressograph

POPS clinic
Review Date
Ward Review

Date:
Date:
Date:

Age:

Consultant Surgeon:

Proposed procedure/surgery:

TCI date:

Source of POPS referral:

Social History :

Smoking History:

Alcohol History:

Accommodation:

Own home

BH / NH

Other

Lives alone/family

POC

ADL :

Nutrition Screening Tool

Unintentional weight loss in the last 6months Score 2 if patient has lost>2kg NBM/unable to eat>5days	Yes	No
	2	0
	4	0

Clinical Impression :

Score	Action
0-2	Reassess weekly
4-6 or BMI<19.5,grade 3-4 pressure sore	Refer to dietecian

Management Plan:

Continance :

Any urinary incontinence	
Any faecal incontinence	
Urinary frequency(>7 voids daily)	
Urinary urgency	
Nocturia(>2voids/night)	
Voiding difficulty	
UTI in last 3/12	
Persistant constipation	
If any catheter	

If YES is the answer to any urinary trigger, complete PVRV

Medication History

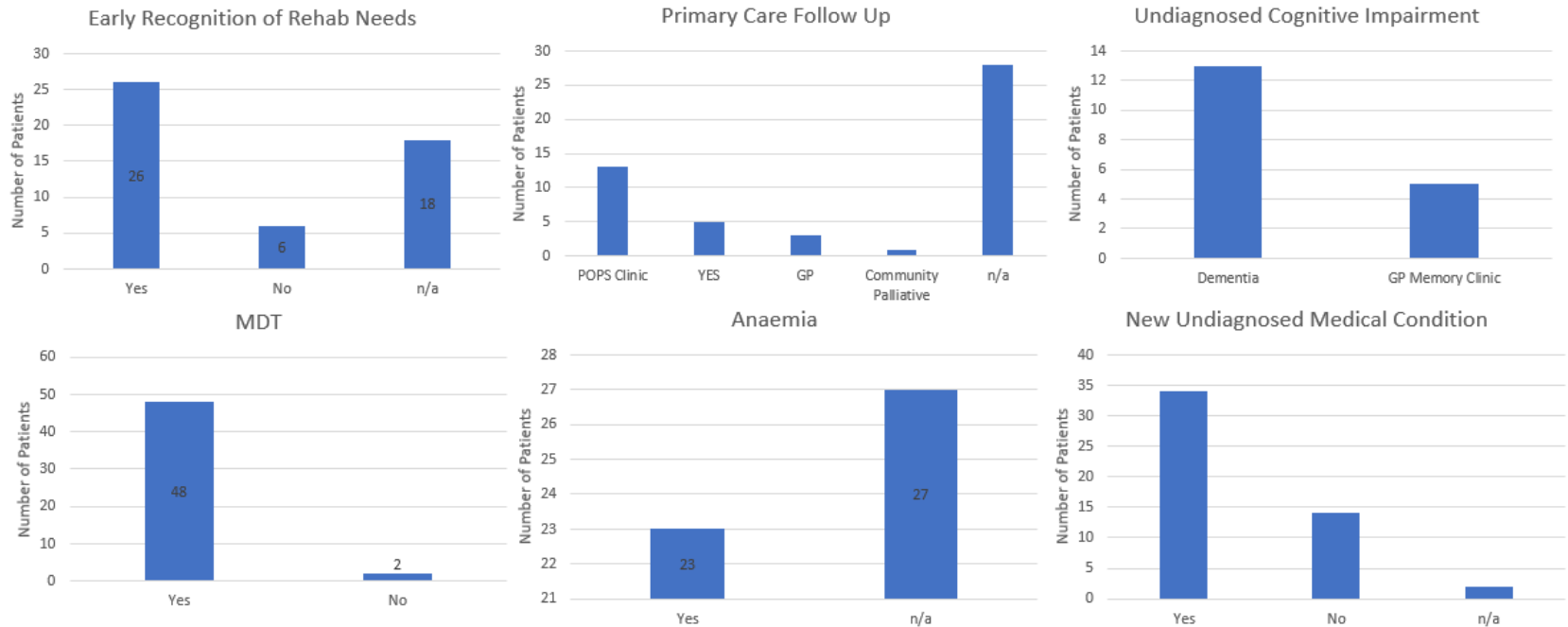
Past medical and surgical History :

Systemic Examination:

Cognitive History:

Referral to other specialities:

50 Patient Review (FPH)

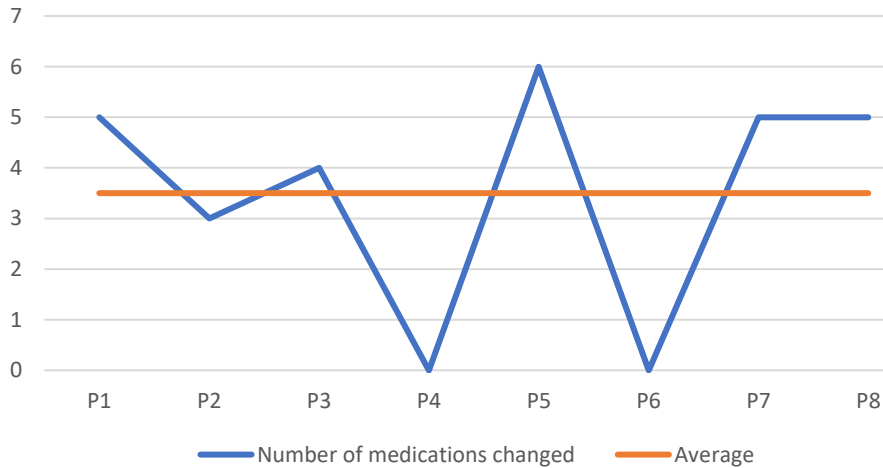


Inpatient POPS assessment summary

- 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.

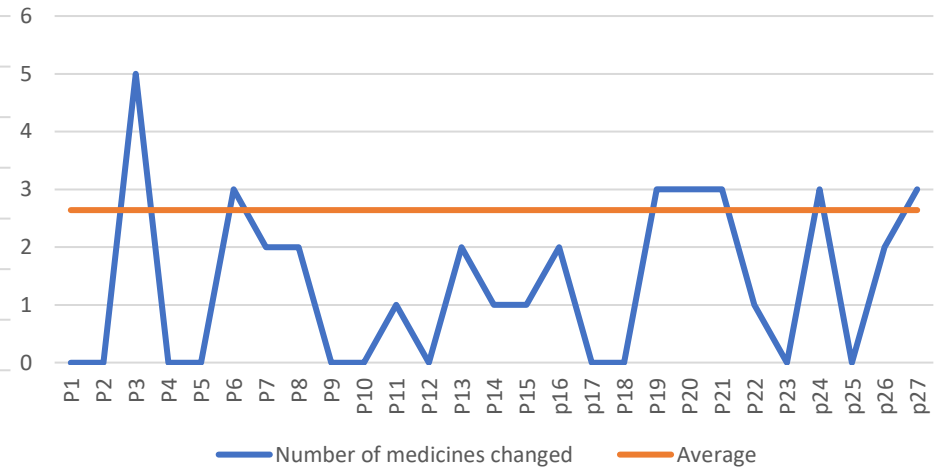
Investigating falls and polypharmacy

Admitted with falls



On average 3.5 medications were changed

Not admitted with falls but history of falls



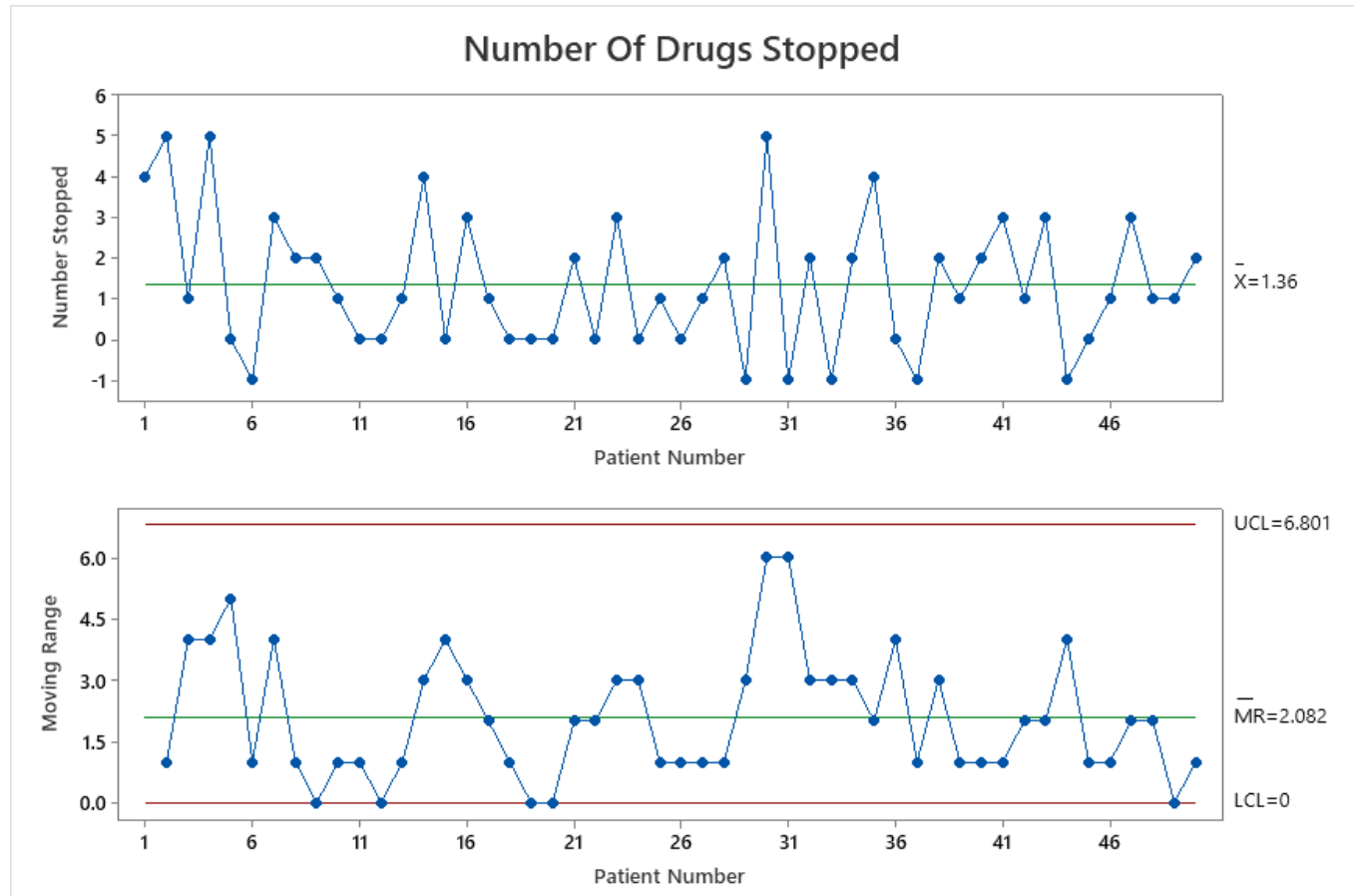
On average 2.8 medications were changed

POPS Clinic Data FPH

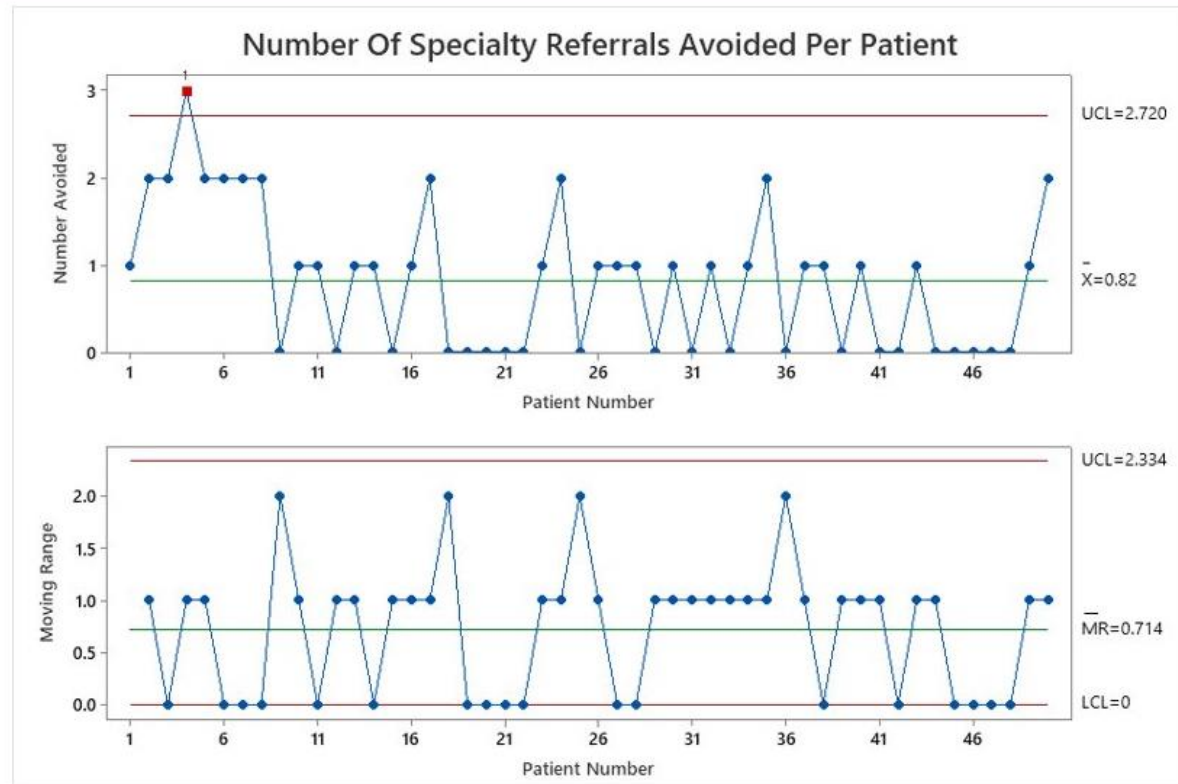
An average of 1.36 drugs were stopped per patient

48/50 patients had a polypharmacy review

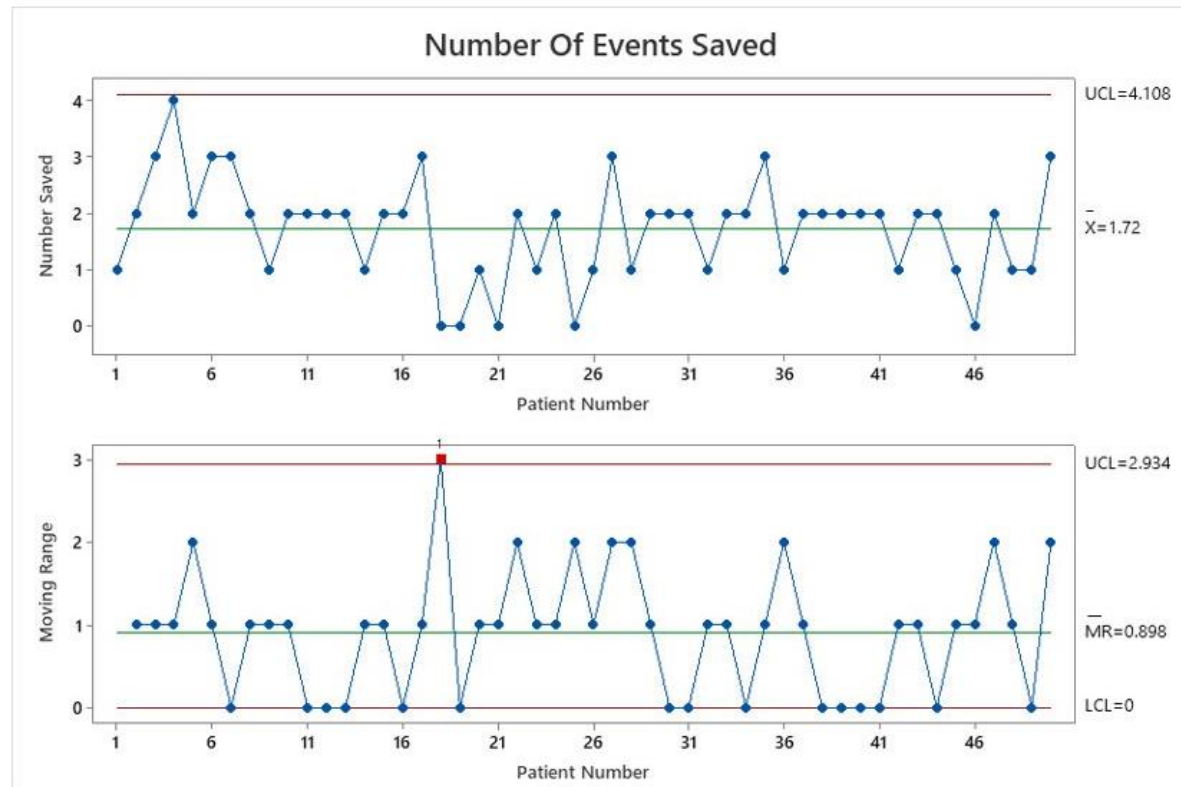
6 patients had their number of medications increased by 1



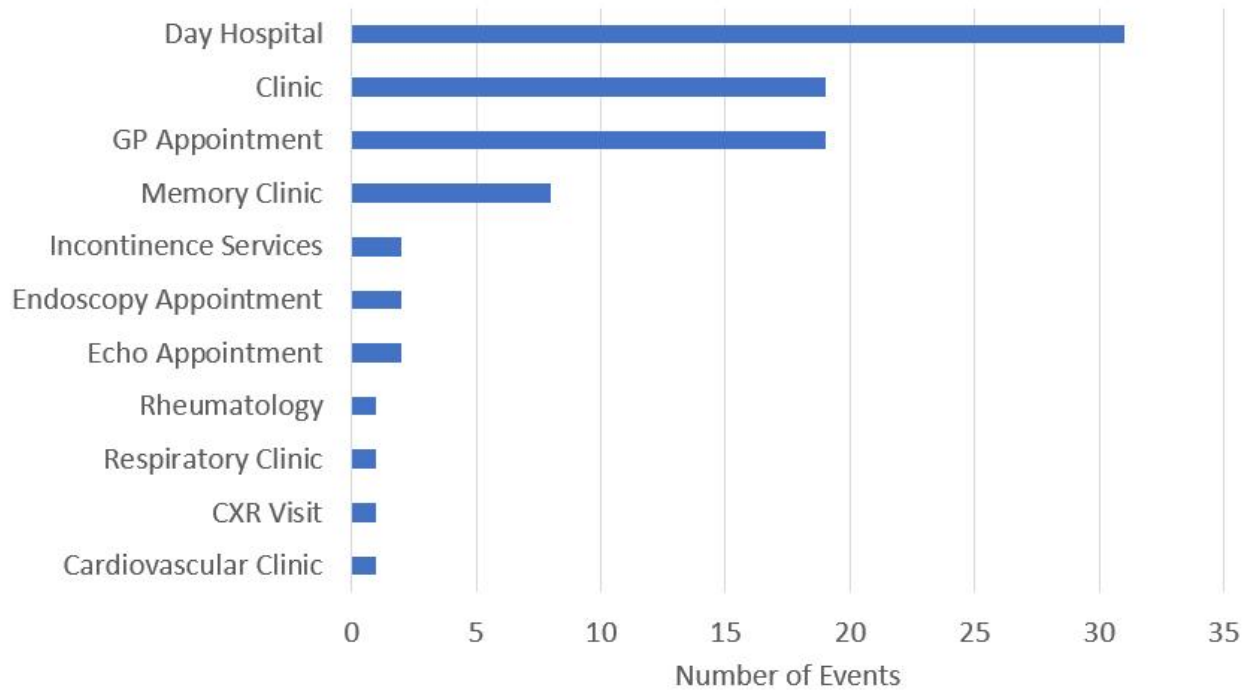
An average of 0.82
specialty referrals
were avoided per
patient



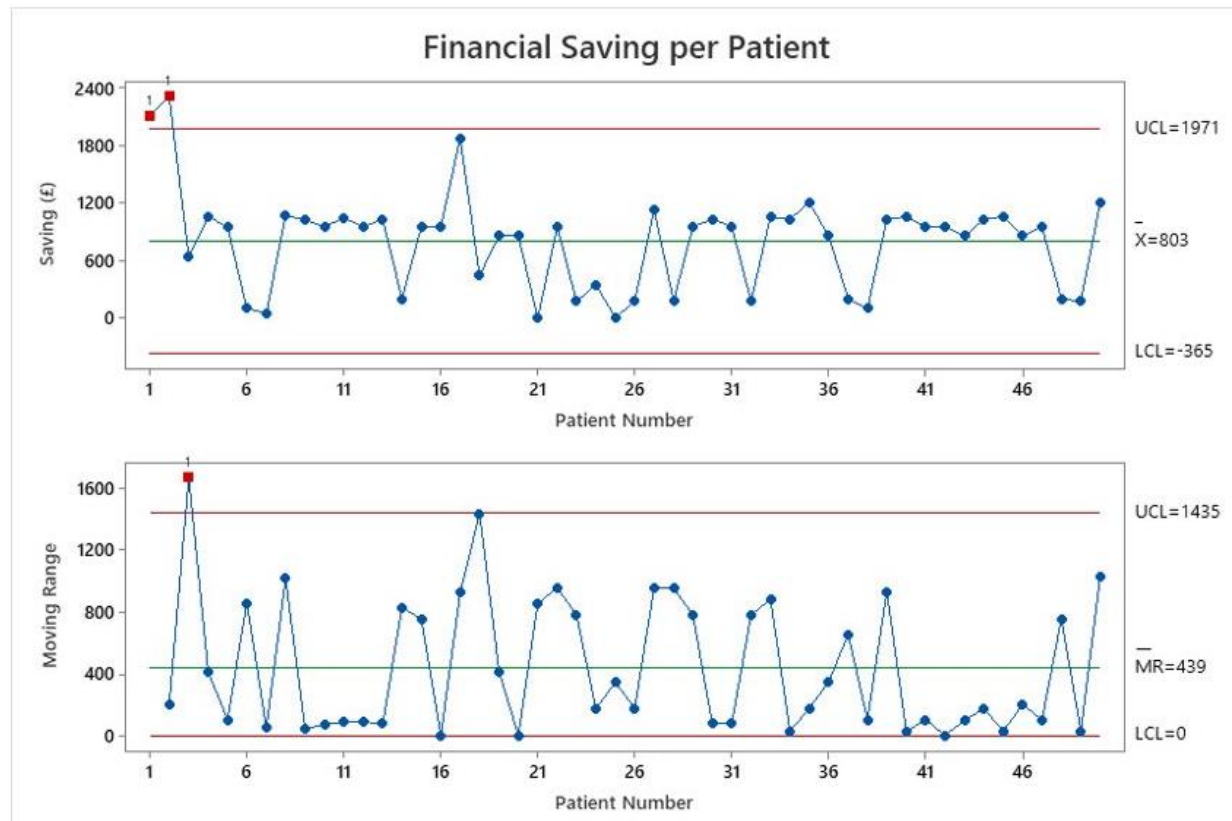
An average of
1.72 events were
saved per patient



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

Questions and Comments



Managing Change

Lisa Godfrey

Leading Change

December 2021

Lisa Godfrey

www.nhselect.nhs.uk
Twitter @NHSElect

In the next 45 minutes...

What we will cover:

- Some tools and approaches to help you lead change
- The importance of connecting to people's emotions
- How to sell your change

GETTING PEOPLE ON BOARD WITH CHANGE

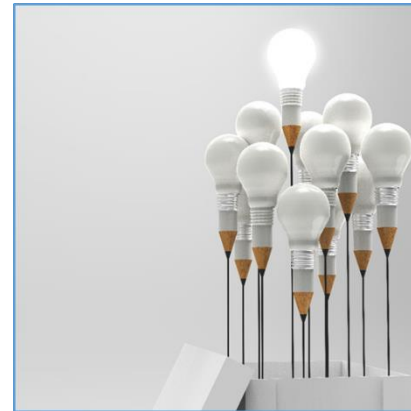
Question:

What do you think needs to be in place for change to be successful?



There are

- Lots of theories
- Lots of books
- Lots of ideas



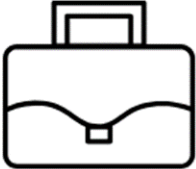
Rick Maurer's change cycle...



Common Themes



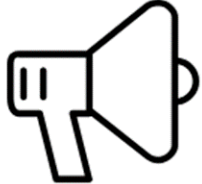
Leadership



Making the case for change



Relationships



Communication



Resistance



Sustaining





Based on the work of Rick Maurer “Change without migraine” and John Kotter’s change principles

Over four decades, Prof John Kotter observed countless leaders and organisations as they were trying to transform or execute their strategies.

He identified and extracted the success factors and combined them into a methodology, the award-winning 8-Step Process.






Kotter's 4 Principles

<p>SELECT FEW + DIVERSE MANY</p> <p>More people need to be able to make change happen – not just carry out someone else's direction</p>			<p>HAVE TO + WANT TO</p> <p>Those who feel included in a meaningful opportunity will help create change in addition to normal work.</p>
<p>HEAD + HEART</p> <p>Most people aren't inspired by logic alone, but rather by the fundamental desire to contribute to a larger case.</p>			<p>MANAGEMENT + LEADERSHIP</p> <p>Leadership is paramount. It's about vision, action, innovation and celebration, as well as essential managerial process.</p>

4 Principles to power lasting change. © Kotter 2021

Kotter's 4 Principles

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Key Relationships



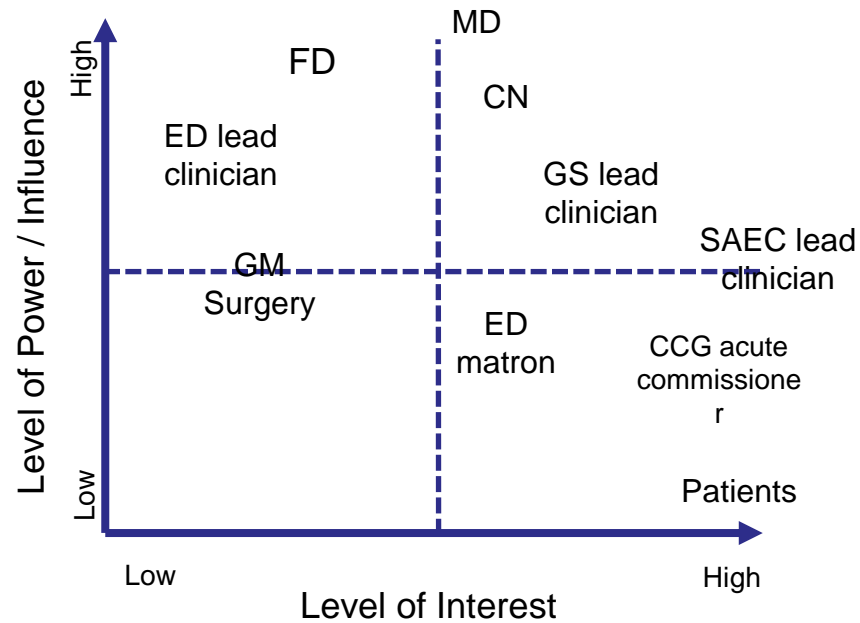
Putting together a group with a enough power to lead the change.

Ensuring there is a powerful group, with the appropriate leadership skills, credibility & authority to guide the change process

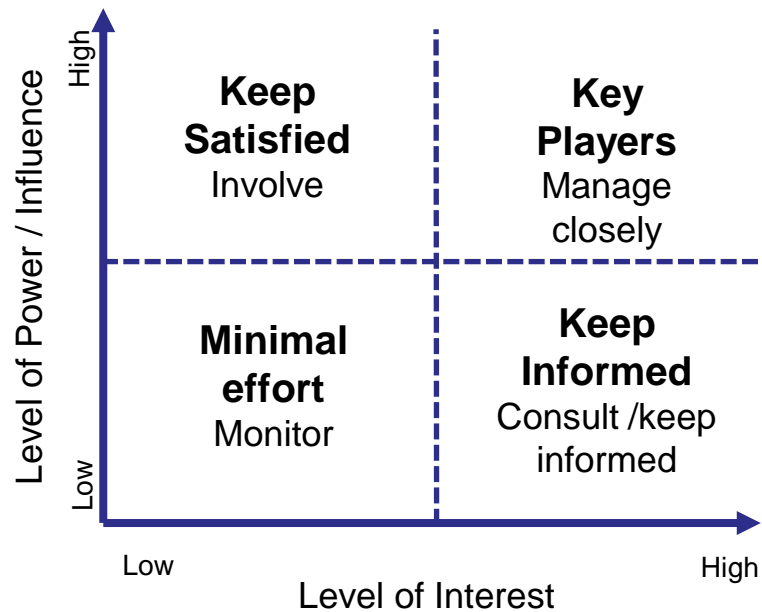


**Who's on your side?
Mapping it out....**

Example Stakeholder Map

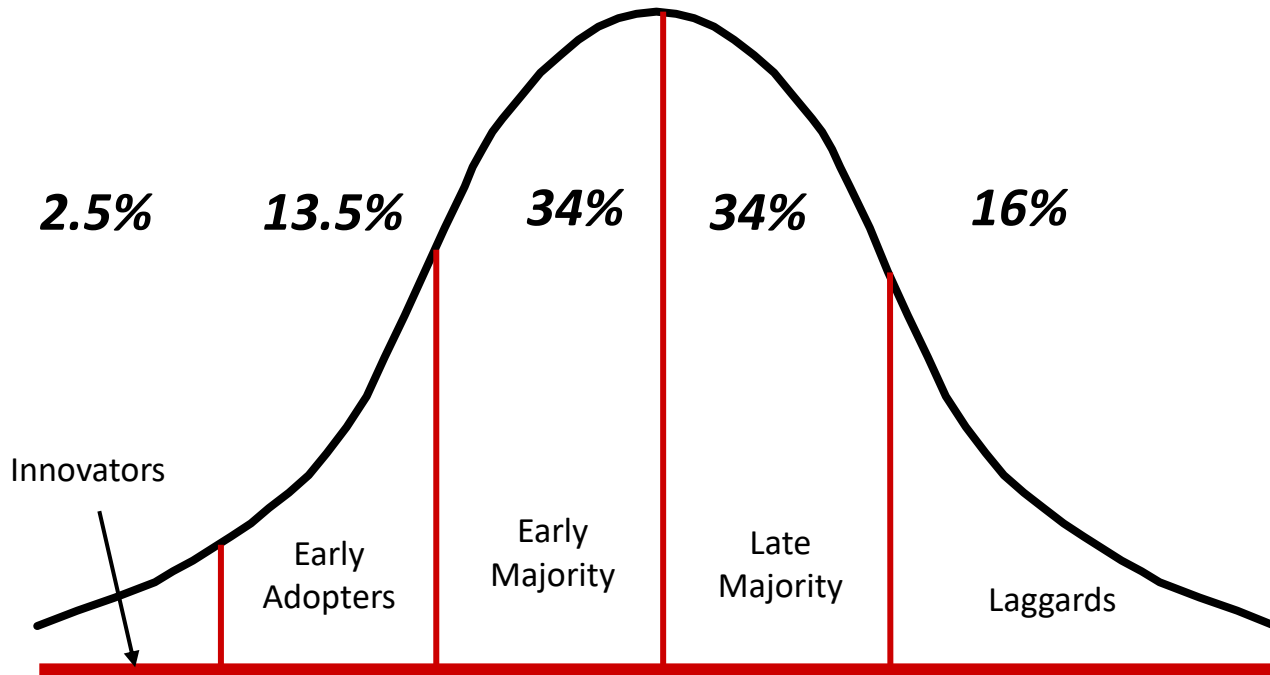


Stakeholder Mapping



Adopter Categories

Source: Rogers



Focus on the bright spots and identify change champions

- Where are the successes? Where are they bright spots? What can we replicate?
- What went or is going well rather than what went wrong
- What we can learn and copy from
- The more we see it, say it and hear it, the more we are inclined to think and act in the way we desire



“if you want to go fast, go alone. If you want to go far, go together”

African proverb quoted by Al Gore



SELECT FEW + DIVERSE MANY




- Involve people to make change happen
- Ask for volunteers from those close to the change
- More minds will create a better solution
- Uncover leaders at all levels
- Expand your usual circle
- Create a movement!



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Kotter's 4 Principles

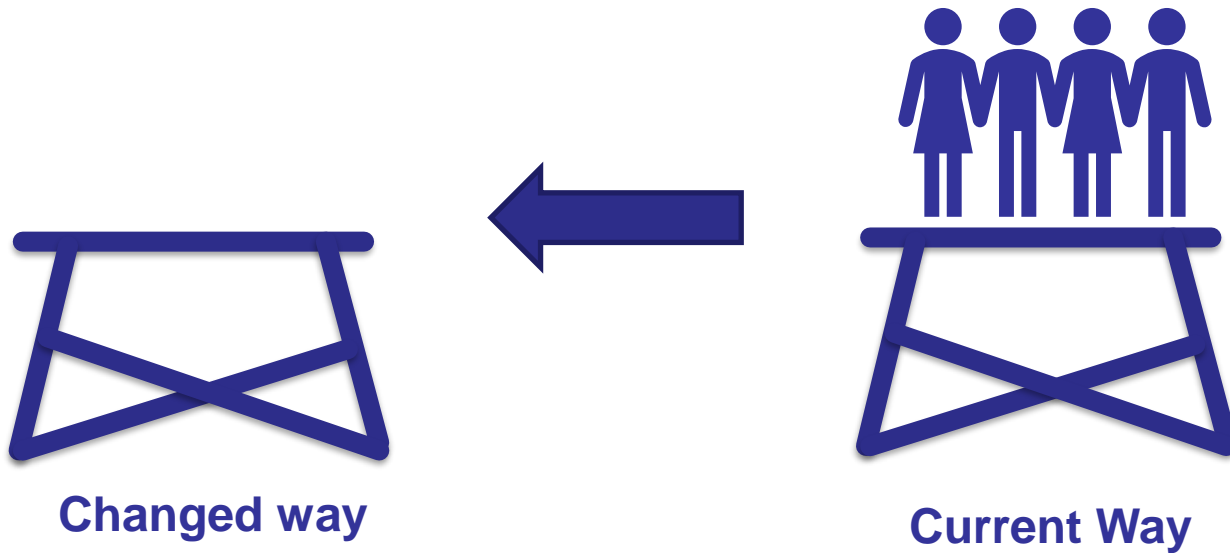
<p>SELECT FEW + DIVERSE MANY</p> <p>More people need to be able to make change happen – not just carry out someone else's direction</p>			<p>HAVE TO + WANT TO</p> <p>Those who feel included in a meaningful opportunity will help create change in addition to normal work.</p>
<p>HEAD + HEART</p> <p>Most people aren't inspired by logic alone, but rather by the fundamental desire to contribute to a larger case.</p>			<p>MANAGEMENT + LEADERSHIP</p> <p>Leadership is paramount. Its about vision, action, innovation and celebration, as well as essential managerial process.</p>

HAVE TO + WANT TO



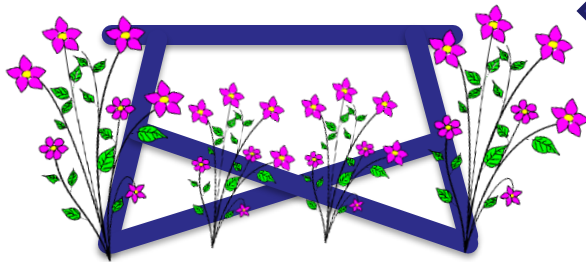
How do you respond to being told you have to do something?

Creating a desire to change 



Creating a desire to change

How is this different to the past?
Why do I want to go here?
What are the benefits?



Changed way

What will happen if we stay here?
What's going wrong?
What are the threats?



Current way

HAVE TO + WANT TO



There are some things that just ***have to*** get done – but how can you spark ***want to***?

Change of any magnitude is about changing behaviours.

Change from a desire to change is more likely than change from mandate.

The more buy-in the more likely the change is to stick



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HEAD + HEART



“Most people aren’t inspired by logic alone, but rather by the fundamental desire to contribute to something bigger than themselves”



*4 Principles to Power Lasting Change,
Kotter 2021*

Creating a desire to change...

Simple

Vivid

Repeatable

Inviting



Keep it simple: the rule of 3

The rule of three suggests that when words, phrases and sentences are written in threes they are more memorable, satisfying and persuasive than any other number

- *Blood, sweat & tears*
- *Cool, calm & collected*
- *Rock, paper, scissors*
- *Stop, look & listen*



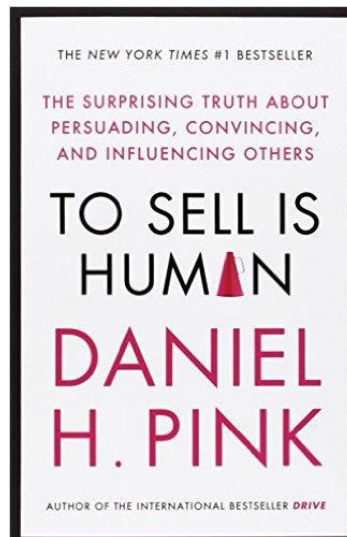
REUSE 
REDUCE
RECYCLE

Rule of 3 trying to affect change!



Connect To Their Emotions, Not Rationale!

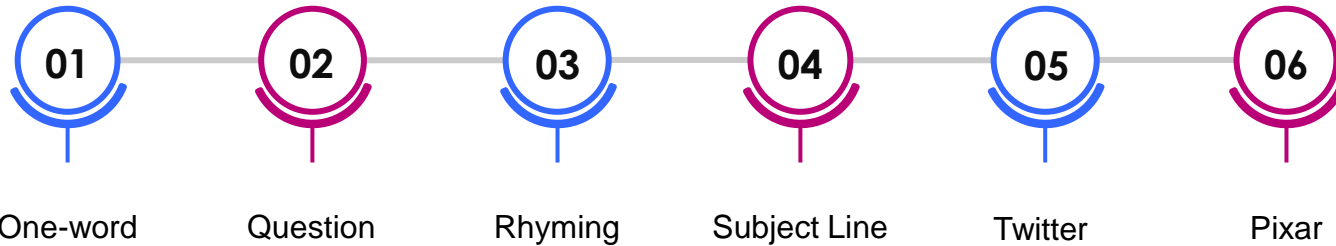
To Sell is Human



- We're all in sales now
- Over 40% of most jobs spent on selling – influencing, persuading and convincing

The six pitches

SIX TYPES OF PITCHES



BEFORE YOU DO ANY OF THEM

What do you want them to know ?

What do you want them to feel ?

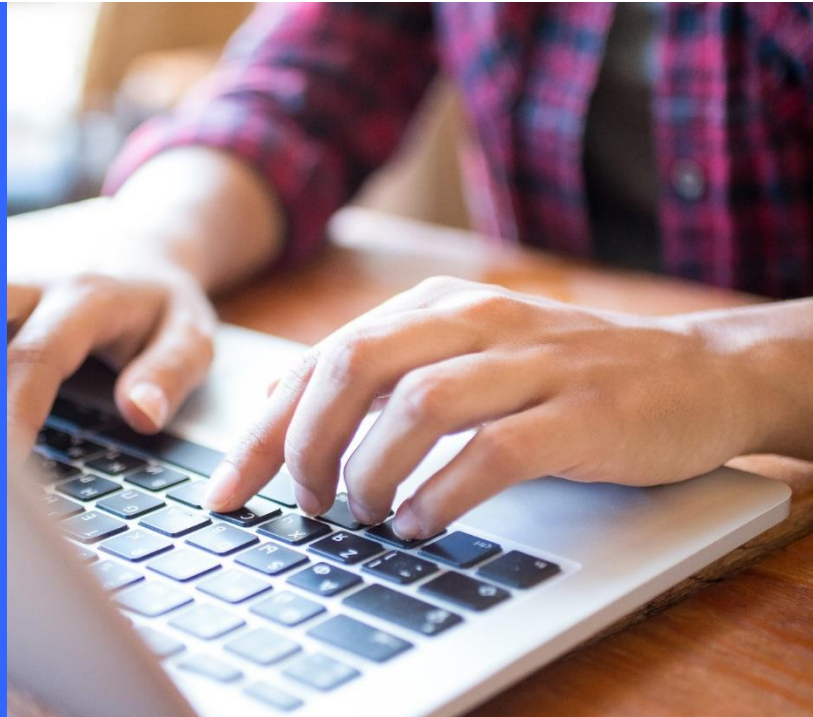
What do you want them to do ?

Rhyming pitch



Subject line

-
- Most important thing is who sent it
 - Next the subject line
 - Research found 3 reasons how people prioritise:
 - Utility
 - Curiosity
 - Specificity



01 Once Upon A Time 02 Every Day 03 One Day

Until Finally 05 & Because Of That, & Because Of That 04



The six pitches

SIX TYPES OF PITCHES



One-word



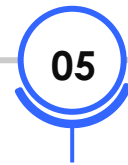
Question



Rhyming



Subject Line



Twitter



Pixar

BEFORE YOU DO ANY OF THEM

What do you want them to know?

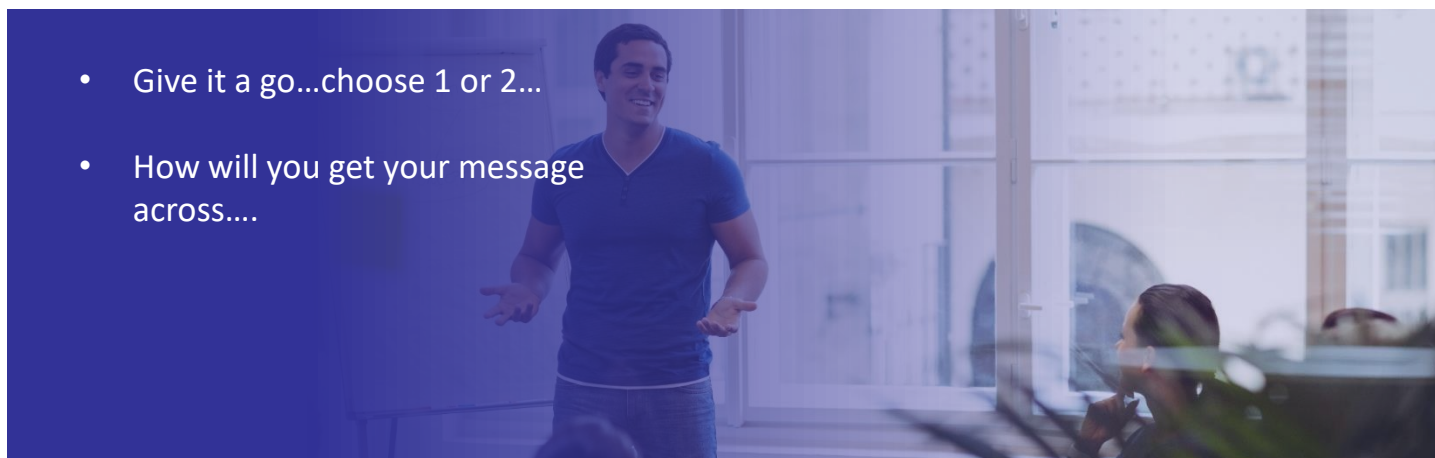
What do you want them to feel?

What do you want them to do?

Head and Heart: communicating your vision for change





Screen shot the 6 types of pitch

- Give it a go...choose 1 or 2...
- How will you get your message across....



**In breakout rooms – 10 minutes...
Nominate someone to feedback**

Kotter's 4 Principles

<p>SELECT FEW + DIVERSE MANY</p> <p>More people need to be able to make change happen – not just carry out someone else's direction</p>			<p>HAVE TO + WANT TO</p> <p>Those who feel included in a meaningful opportunity will help create change in addition to normal work.</p>
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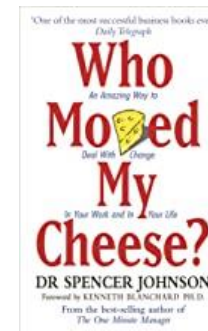
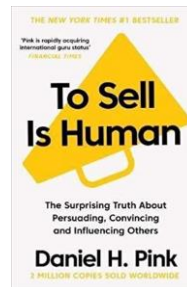
4 Principles to power lasting change. © Kotter 2021

References

<https://www.kotterinc.com/8-steps-process-for-leading-change/>



https://www.danpink.com/about/?gclid=EAlaIQobChMIwdbbme7J6gIVzbHtCh0gIAIMEAAYASAAEgKUTfD_BwE



<https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Model-2010.pdf>

Questions and Comments



Summary and closing remarks

Dr Jugdeep Dhesi, Lisa Godfrey & Simon Griffiths

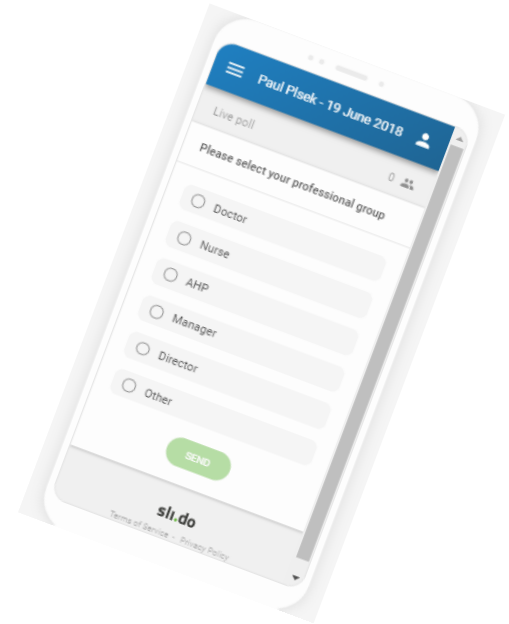
Next steps

- Please consider what materials your site has that could be shared as resources on the Members Area of the POPS website.
- If you haven't already done so, please share your driver diagram with us at networksinfo@nhselect.org.uk.
- Register for the final, celebration event on **Thursday 27 January** from 9am to 11am.
- **Prepare your posters for the final event!**
 - Include your aim, the improvements you have made, the approach you've taken, what has worked and what hasn't worked, plus your next steps. Ideally use data to illustrate your story using any EBD or measurement for improvement data you may have.
 - Deadline for submission is **Monday 24 January** in PDF format.
 - See the email from Networks Info dated 7 December for further information and instructions.

sli.do

Open a browser on any laptop, tablet or smartphone

- Go to www.sli.do or scan the QR code below
- Enter the event code **#POPScore7**
- Use the polls to give us feedback about the day



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

networksinfo@nhselect.org.uk