

In shape for surgery

Stakeholder briefing

Date: 31 July 2017

Introduction

The NHS in Devon is implementing a health improvement programme so that people with specific medical risks can access support to improve their health prior to surgery. This programme has been devised by NEW Devon Clinical Commissioning Group, South Devon & Torbay Clinical Commissioning Group, the Royal Devon & Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Plymouth Hospitals NHS Trust and Torbay & South Devon NHS Foundation Trust.

This relates to referral for non-urgent, elective surgery and does not affect emergency or urgent surgery or diagnostic procedures.

Clinicians across Devon have been looking at how they can improve patients' health before surgery. There is already a high degree of best practice and we are now taking a system-wide approach, placing much more emphasis on improving health prior to referral and prior to surgery. This programme is also consistent with the current drive to encourage health professionals to use every opportunity to improve patient health.

Alongside eating healthily, taking exercise and stopping smoking, managing specific medical risks makes a real difference to health. People who are in good general health usually recover better from surgery and have fewer complications.

Who will be affected?

From 1st August 2017, we will be publishing best practice guidelines that will help us better manage the health of patients with anaemia, hypertension, diabetes, irregular heart rhythm or newly detected heart murmur and also those who smoke.

These pathways will be rolled out incrementally and evaluated. The first procedures to go live will be:

- Hip and knee replacement
- Hernias

Hand surgery and plastic surgery will follow shortly and further specialties will follow later.

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How will this work?

The NHS in Devon has developed a set of standardised criteria for medical fitness, with clinical thresholds to indicate how well people are, ahead of their operation. Where necessary, GPs are encouraged to work with patients to improve their health before referring them for surgery. This could mean helping the patient to manage their diabetes or blood pressure or it could mean sign-posting them to stop smoking services.

In more complex or difficult cases, it will be more appropriate for the patient's health improvement to be carried out by or with hospital specialists. Where the patient's medical needs exceed what a GP would normally manage, and if the patient hasn't already had support from hospital specialist teams for that condition, GPs are encouraged to refer for support with those medical conditions first, before referring to address their surgical needs.

There is support available to help people improve their health and patients will be signposted to these by their GP.

Devon Healthy Lifestyle Service: www.onesmallstep.org.uk or call 0800 298 2654

One You Plymouth: www.oneyouplymouth.co.uk or call 01752 437177

Torbay Healthy Lifestyle Service: www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/

Cornwall Health Promotion Service: www.healthpromcornwall.org

Medical criteria

These are related to diabetes, hypertension (high blood pressure), anaemia and irregular heart rate (atrial fibrillation), previously undiagnosed heart murmur and smoking status

Prior to referral, it is recommended that a number of checks are carried out:

- Listening to the patient's heart
- Checking their blood pressure
- Testing for diabetes in those at risk of developing the condition
- Checking blood sugar control in patients already known to have diabetes
- Testing the haemoglobin levels in blood for anaemia
- Asking the patient to confirm whether they smoke, emphasising the need to attempt to quit and directing the patient to appropriate support.

If medical intervention or lifestyle change is important prior to referral for surgery, the guideline recommends that the GP will develop a management plan with the patient and support them to improve their condition. In some more complex cases, the patient's health improvement will be managed in secondary care or by the GP but with support and advice from hospital specialists.

The pathway brings added co-ordination between the patient's GP and hospital specialists. It is intended to create an environment where each medical professional has confidence that they are setting the same expectations with their patient regarding the importance of pre-

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operative fitness. That continuity of message is important, including setting an early expectation with the patient, prior to referral, that if their level of medical fitness makes their surgery too risky it may not be in their best interests to proceed.

There is considerable evidence that stopping smoking improves health outcomes. Stopping for at least 8 weeks prior to surgery is considered optimal. Smoking cessation advice and support will be initiated in primary care but being a smoker is not a barrier to referral. Patients will have their carbon monoxide levels checked during their hospital appointments to support their quit attempt. While completely quitting all forms of smoking is preferred, nicotine replacement therapies (NRT), including e-cigarettes or 'vaping', are acceptable forms of smoking cessation.

There is good evidence that stopping smoking before an operation:

- Reduces lung, heart and infectious complications
- Reduces bone healing time
- Reduces length of stay in hospital and chances of being admitted to an intensive care unit
- Reduces anaesthesia-related complications
- Decreases wound healing time
- Reduces breathing problems
- Reduces the risk of in-hospital mortality

It is very important that people stop smoking before surgery. Even though they may feel fit and healthy as a smoker, studies show that patients who smoke are more likely to experience complications both during and after surgery.

We understand that it can be very difficult to stop smoking. We would like people to try and quit for at least 8 weeks before their operation and also to take that opportunity to make it a permanent change. The attempt to stop smoking runs in parallel with the patient's referral, hospital assessment and their usual wait for surgery.

Alcohol and substance misuse

There is already professional guidance in pre-operative assessment of people with alcohol and substance misuse issues and we are not proposing any change of practice.

Will people still get their surgery?

Yes, the decision to proceed to surgery will remain a shared decision between the patient, their surgeon and anaesthetist, based on clinical risk and what is in their best interests. We will provide as much support as possible to people to improve their health before surgery. If people struggle to stop smoking or fail in their attempt at health improvement, they will not be denied surgery. However, the aim is to engage with people early, at every opportunity, to try and change their lifestyle and behaviour, as we know that if they don't, their long term

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health is at risk as well as their surgical outcomes being potentially worse compared to if they were healthier prior to surgery

Decisions about what is in the best interests of an individual's health will be made on a case-by-case basis. This includes a particular emphasis on patients who may have other factors or vulnerabilities which make further pre-operative health improvement unlikely, for example, people with mental health or learning disability needs; though these individuals too will be offered the most appropriate support for them.

While the new guidelines will be considered for all patients approaching non-urgent surgery, we recognise that there will be some patients for whom health improvement will be more difficult. Initially, the GP would discuss the likely success of this health improvement work with the patient. For patients who remain high risk, the decision to proceed to surgery or not will be concluded between the patient, their surgeon and anaesthetist.

Summary

We believe that we have a responsibility to promote healthy behaviours and integrate prevention of ill-health into our services. We also believe that we should be encouraging people to take a greater level of personal responsibility for their health and wellbeing.

This is a comprehensive attempt at improving the safety, effectiveness, experience and value for money of surgery and there are clear benefits:

- Reducing the risk of complications and resulting length of stay in hospital and the medical support needed after discharge from hospital
- Achieving improvements in surgical outcomes

As well as better outcomes from surgery, there are also longer-term positive impacts of controlling chronic disease and avoiding risky health behaviour. These are significant for individual patients and their families and they are also important for the NHS and for social care. While people are living longer, many are living longer with increasing, avoidable ill-health that makes their quality of life worse. This may create an added stress to families and requires more and more of stretched health and social care services.

[For more information, read our Q&A document here.](#)

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