Ensuring patients are In Shape for Surgery – what this means in practice

This document is to aid the launch of a recommended best practice pathway for routine surgery, initially applying to routine adult hip, knee and hernia referrals. The pathway is very strongly encouraged, but not mandatory.

When a patient has poorly controlled chronic disease or certain risk factors, it can adversely affect the:

- outcome of the operation
- risks of complications during and after the operation
- length of time spent in hospital
- patient's recovery time
- NHS costs, resources and doctor/nurse time needed to care for the patient in hospital and following discharge.

The message to patients is simple, and should be re-iterated at every opportunity in both primary and secondary care: *"**surgery puts stress on the body, so the healthier you are, the better you'll handle it**."*

There is a lot of evidence which shows that taking steps to improve a patient's general health and wellbeing before surgery greatly improves outcomes, shortens recovery time and significantly reduces the risk of complications.

From AUGUST 2017, the following best practice criteria are recommended for any adult patient being referred for routine hip arthroplasty, knee arthroplasty or hernia surgery. Primary care is requested, where possible, to optimise patients to the following thresholds prior to referral:

Criteria	Threshold for pre-referral intervention
Medical Markers - chronic disease management	
Anaemia (for hip and knee arthroplasty only unless high anaesthetic risk)	Hb < 130 g/L male or Hb < 120 g/L female (excluding anaemia related to chronic disease)
Blood pressure	BP > 160/100 mmHg
Diabetes • In known diabetics and • In those at risk of diabetes as identified by a BMI ≥ 30. Diabetes UK risk tool is also recommended (here)	HbA1c > 69 mmol/mol
Irregular Heart Beat (ECG if pulse rate > 100 or irregular)	Atrial Fibrillation with a rate > 100 beats per minute
Auscultate for heart murmur	Un-investigated heart murmur
Lifestyle Criteria	
Smoking (Vaping and Nicotine Replacement Therapies are not restricted)	Smoker. Advise patient: • 8 weeks smoking cessation prior to operation is optimal to reduce risks; • it is a good time to consider quitting for good; and sign-post to smoking cessation service.
—— ALL MARKERS SHOULD BE CURRENT WITHIN 3 MONTHS OF REFERRAL ——	

It is acknowledged that these thresholds are not achievable, or even desirable, for a small number of patients due to their co-morbidities. If your patient doesn't meet these thresholds, but you feel they are as well optimised as possible ("best optimised") for surgery, with their risks from surgery minimised as much as reasonably possible, then this should be stated in the referral letter.

There is no ban on surgery for people in the above categories and there is no blanket policy.

People who do not wish to access the support services or fail to meet the criteria will not automatically be denied their elective procedure. Decisions about what is in the best interests of an individual's health are made on a case-by-case basis.

When a patient is assessed in secondary care, if it is thought that they need primary care management to improve their health before further consideration of surgery, they will be discharged back to primary care for this optimisation, as is current practice.

Smoking

Smoking cessation should be initiated in primary care, with patients being signposted to existing smoking cessation services for advice on nicotine replacement therapy and other methods of smoking cessation. Patients should be made aware that carbon monoxide testing will take place during hospital appointments to give feedback and support for a successful quit attempt.

Patients who do not wish to attempt to stop smoking, despite an informed discussion with their GP about the significant risks involved, are still able to access specialist assessment and diagnostics. Patients will not be able to smoke whilst in hospital so they will need to consider how they will manage this during their stay.

Vaping and nicotine replacement therapies are accepted forms of pre-operative smoking cessation.

Alcohol and Substance Misuse

There is already rigour and professional guidance in pre-operative assessment of people with alcohol and substance misuse issues. No change of practice is planned beyond an added emphasis on screening patients judged or known to be at risk by their GP. Please communicate any known alcohol or substance misuse risk in the referral.

BMI

Patients with very high or very low body mass (BMI > 40 or <18) are at additional risk in surgery, and this risk should be raised with them.

Impact in Practice

Much of this work already happens in Practice prior to referral, but this is now being formalised into a Clinical Referral Guideline, including recording the relevant information (HbA1c, haemoglobin, blood pressure, pulse and smoking status) on the updated referral form for any patients who are likely to have surgery as outlined above. A lot of this information is already included on many referrals. The pathway recommendation is that this information should be current within 3 months of the referral.

Further detailed information can be found on the 'In Shape for Surgery' Clinical Referral Guideline available on the Formulary and Referrals sites [North & East | South & West].

Work is ongoing with the LMC to explore any practice workload impacts from this guideline.

In order to support practices with these changes DRSS have produced the following documentation which is all available on your local Formulary and Referrals web site [North & East | South & West]:

- A practice pack including:
    - A poster with a summary of the markers and thresholds, along with an outline of the three flows of patients requiring optimisation into practice
    - Practice process FAQs (relating to clinical systems and e-RS)
- Referral metrics template for embedding in clinical systems (for use by GPs, HCAs and nurses)
- Updated referral form for each clinical system

If any practice would like support from DRSS during the implementation phase please email cab.helpdesk@nhs.net.

Support for Patients

A leaflet has been developed for patients explaining why optimising their health prior to surgery is important. Specific leaflets for diabetes and smoking are also available for patients. These will be available in the formulary and referral web site to print off and give out. A stock of these will also be sent to all practices to support discussions with patients.

For more information, support and guidance please visit:

- Devon Healthy Lifestyle Service ~ www.onesmallstep.org.uk or call **0800 298 2654**
- Torbay Healthy Lifestyle Service ~ www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/
- One YOU Plymouth ~ oneyouplymouth.co.uk or call **01752 437 177**
- Cornwall Health Promotion Service ~ www.healthpromcornwall.org

myHealth-devon.nhs.uk

Making Every Contact Count – giving patients the same message across primary and secondary care

This work also supports the Making Every Contact Count (MECC) programme which will shortly be rolled out across Devon. MECC is an approach to behaviour change which maximises every interaction we all have with patients, to encourage them to lead healthier lives.

As a frontline clinician, you have an incredibly important role to play in helping people improve their health before surgery.

As well as the immediate benefits to surgical outcomes, 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.

Please take every opportunity to discuss with your patient the changes that they can make to help ensure that they have a safe and successful operation and are able to recover quickly.

Contact details in case of query

For practices: Please contact the DRSS helpdesk in the first instance and, if your query isn't operational, they will forward it on to the relevant person for a response.

Telephone: **01626 883 888** or email: **cab.helpdesk@nhs.net**

For patients: Please contact your local Patient Advice & Complaints Team

NEW Devon CCG patients

Telephone: **01392 267 665** or **0300 123 1672**

Text us for a call back: **07789 741 099**

Email: **pals.devon@nhs.net** or **complaints.devon@nhs.net**

South Devon & Torbay CCG patients

Telephone: **01803 652 578** (lines are open Monday-Friday, 9am-5pm)

Email: **patientfeedback.sdtccg@nhs.net**

Kernow CCG patients

Telephone: **01726 627 800**

Email: **kccg.complaints@nhs.net**