Centre for Perioperative Care

Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500 | cpoc@rcoa.ac.uk | cpoc.org.uk
@CPOC_News

23 July 2024

Dear Lord Darzi,

We are pleased to hear that you have been appointed to lead an investigation into the performance of the NHS. The Centre for Perioperative Care (CPOC) is a cross-organisational, multidisciplinary initiative, striving to enhance the productivity and efficiency of the NHS and improve patient care. To support your investigation, we would like to draw your attention to inefficiencies in the surgical pathway.

As we all know too well, NHS waiting lists are at crisis levels. This is due to many factors but is exacerbated by avoidable inefficiencies in the surgical pathway.

- Each year around 135,000 on-the-day surgical cancellations take place, estimated to cost the NHS £400 million annually in lost operating theatre time.
- Complications occur in 10–15% of operations, resulting in extended stays in hospital.
- Patients often spend one or two days longer than necessary in hospital after surgery.
- 45% of hospital costs can be attributed to 3% of patients, often those with complications.

Reasons for this include patients arriving for surgery in an unfit state or with one or more unaddressed co-morbidities. We believe these issues can be addressed by optimising the surgical pathway from the moment someone contemplates surgery until full recovery. Examples include:

Turning waiting lists into preparation lists

- This involves pre-screening patients as they enter the surgical waiting list, then if necessary, offering prehabilitation programmes, including support for exercise, smoking cessation, or other interventions.
- Preparation before surgery can reduce complications by 30-80% and length of hospital stay by one or two days.

Discharge planning

- Better discharge planning has been shown to reduce re-admissions by 11.5%, which may translate to reduced waiting lists and lower costs for the health system.

Shared decision-making

- Shared decision-making ensures the right operation, for the right patient, at the right time.

- By actively including patients in decisions about their healthcare interventions, they have fewer regrets about treatment, better communication with healthcare professionals, and improved knowledge of treatment options, with around 10% of patients deciding against surgery.

Enhanced recovery

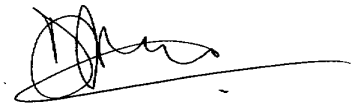
- 'Enhanced recovery' programmes such as facilitating an early return to Drinking, Eating, and Mobilisation (DREAMing) after surgery, help to prevent complications in the postoperative period, reduce the length of hospital stay, and reduce readmissions.
- Estimates suggest this could lead to savings of more than £150 million.

The NHS recognises the value of these interventions and is working to introduce them. For example, NHS England mandates that its providers must introduce measures to screen and optimise patients. However, implementation is inconsistent, and it is unclear how comprehensive the services being offered are. Despite evidence of positive outcomes, there is no national mandate to commission prehabilitation services. A recent study suggests that only around half of NHS trusts and health boards have implemented some form of prehabilitation programme, and these do not necessarily support all patients or optimise all health conditions.

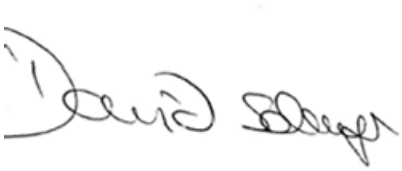
Barriers include inertia, lack of understanding, and set-up costs. Some NHS trusts have claimed they are unable to establish services due to financial constraints, despite acknowledging the long-term cost savings they would bring. Therefore, a level of pump-priming funding may help these get schemes off the ground.

We would welcome the opportunity to meet with you, either online or in person, to discuss these matters further and expand on practical actions to improve patient outcomes and NHS productivity through more efficient ways of working. If possible, we would be grateful if you could inform us of your potential availability. We look forward to hearing back from you.

Yours sincerely,



Professor Derek Alderson, CPOC Chair



Dr David Selwyn, CPOC Director