Preoperative assessment in the Strategic Plan of the Royal College of Anaesthetists

Professor Ravi P Mahajan, President
Conflict of interest

• President, Royal College of Anaesthetists

• Chair, Ethics Committee, Medical School, Nottingham
In the next few minutes...

– RCoA
  • Charter and Strategy
– Landscape
  • Challenges
  • Opportunities
– Perioperative Care
  • Preoperative Assessment
1846

1932

1948
Faculties

Members

Staff

Premises

Departments

1948

FPM

150

2

Training

Exams

Membership

2018

FICM (PHEM)

22,000

100

Lifelong Learning

Clinical Quality, Research

Comms & External Affairs

Finance & Resources
CHARTER OF THE ROYAL COLLEGE OF ANAESTHETISTS

The objects for which the College is incorporated shall be to:

a) advance promote and carry on study and research into anaesthesia and related subjects and to disseminate the useful results of any such research

b) educate medical and other appropriately qualified healthcare practitioners to maintain the highest possible standards of professional competence in the practice of anaesthesia for the protection and benefit of the public

c) further instruction and training in anaesthesia both in the United Kingdom and overseas, and

d) educate the general public in all matters relating to anaesthesia.
RCoA Structure

Council

- Finance & Resources
- Education, Training & Exams
- Communications & External Affairs
- Clinical Quality & Research

Faculties

Curriculum
Training
Exams
CCT
Equivalence
Events (CME)

GPAS (NICE Accr)
ACSA (CQC recog)
HSRC
  - NELA
  - PQUIP
  - NAPs
  - SNAPs
The RCoA Strategic Plan 2016-2021

Setting and maintaining the highest standards for anaesthesia and delivering healthcare improvements to secure the best outcomes for patients

further development of the RCoA’s cross-specialty leadership role on perioperative medicine/care,
Working in partnership

RCoA’s lay committee is the public voice
Landscape...
Health & social care challenges
• 16% of world population > 65 yrs old by 2015
• 25% of European population by same date
• 30% of UK children born in 2012 will celebrate 100th birthday
• 15% of current 65 year old females will make 100th birthday
- 50% have one co-morbidity by age 50
- 65% have multiple morbidities by age 65
Perioperative Medicine

The Challenges

£16bn is spent on elective surgical care in England each year.

18 million people have surgery every year and two million die.

25% of the population in England have a long-term condition.

Our population is getting older.

This is great news but leaves us with challenges.

Less than 1 in 5 cardiothoracic surgery patients are admitted to ICU.

High-risk patients are a minority but account for 4 out of 5 deaths after surgery.

There is no system for screening patients for long-term harm after surgery (e.g., heart failure or deteriorating kidney function).

RCOA
Royal College of Anaesthetists
Figure 1  Aggregate surplus or deficit of NHS trusts and foundation trusts

<table>
<thead>
<tr>
<th>Year</th>
<th>Surplus/Deficit (£ millions)</th>
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<td>2010/11</td>
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<td>2017/18</td>
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Sustainability and transformation funding support

NHS in crisis?

A&E waiting times across the UK
Percentage of patients seen in over four hours in A&E, monthly data

Source: NI Department of Health, StatsWales, Nuffield Trust, NHS England and ISD Scotland

Data: NHS England

Delays in arranging social care have increased rapidly in England
Delayed transfers of care (000s days) due to social care in December

People are waiting longer to start treatment
Proportion of people waiting more than 18 weeks to start treatment
Healthcare system performance rankings

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Source: Commonwealth Fund analysis.
• Work Force
• Prevention
• Digitization
Delivery of healthcare

• Big ticket items
  – Smoking, Alcohol, obesity, diabetes, cancer, dementia
  – Personalised care
  – Shared decision
  – Patient related outcome measures

Pre-habilitation, prognostication, shared decision making, optimization, enhanced recovery, planned postoperative care, Composite outcomes
• Individualised prognosis and plan
• Comprehensive preparation
  – Optimisation, weight reduction, improving fitness, psychological support, stopping smoking/alcohol
First annual report just published

Aim to improve patient outcomes after major surgery focused on:
- Complications
- PROMS
- Disability free survival
- Health-related quality of life

>6500 patient records included from 79 hospitals

Largest ever perioperative QI study in the history of the NHS
Using evidence and data to improve the care of surgical patients

PQIP’s Top 5 National Improvement Opportunities for 2018-19

1. Anaemia & Diabetes
   - Anaemia and poorly controlled diabetes both lead to perioperative complications and are both treatable through best patient care.
   - Individualised risk assessment is important for shared decision-making and is a legal requirement.

2. Individualised Risk Assessment
   - A combination of objective evaluation and clinical judgement is recommended.
   - Scores (e.g. P-POSSUM or SOFA) facilitate evaluation and CPET are all valid ways to assess risk.

3. Enhanced Recovery
   - Enhanced recovery pathways (ERP) provide individualised protocols and are recommended to reduce complications, which includes reducing length of stay.
   - Early nutrition and mobilisation in the early postoperative period reduces length of stay and pain.

4. Individualised Pain Management
   - Severe postoperative pain is common and impacts on patient experience and recovery.
   - Good pain management begins with preoperative assessment and planning.

5. Drinking, Eating, Mobilising (DrEaMing)
   - Aiming to return patients to DrEaMing within 24hrs of the end of surgery is a key goal of enhanced recovery.
   - Taking down IV fluids early as possible supports return to usual homeostasis.

Aim for all elective major surgery and minimize risk of thromboembolic events.
• 10% of the surgical operations may be unnecessary (1.6 Bn)
• 10% suffer complications after surgery
• Complications extend hospital stay by 3-4 times
• Perioperative Care should be a priority health issue
• Perioperative outcomes directly impact on public health framework
• Commissioners need to ‘get it’ – local & national
• Collaborative efforts
Preoperative assessment, preparation and planning

- Cornerstone of GIRFT for perioperative outcomes
RCoA - Spheres of influence through POC

Partners
Embedded in tariffs and Practice
Outcomes
Guidance
Pathways and Gap Analysis

Public
Media
Politicians

Anaesthetists
Surgeons
GPs
Nurses
Others
PATIENTS
Thank You