



Staff perceptions of the benefits of a new Neurosurgery-Geriatric in-reach service

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Introduction

As neurosurgical procedures are increasingly performed on older patients,¹ there is a growing need to incorporate geriatric care to optimise clinical outcomes.^{2,3}

In response, the neurosurgical and geriatric teams at our institution collaborated and launched an in-reach service for elderly patients on neurosurgical wards in January 2025.

This project aimed to identify staff perceptions around how the new service could benefit neurosurgical patients and identify areas for improvement.

Methods

Qualitative study involved interviewing 15 colleagues across the Neurosurgical multidisciplinary team (MDT).

Interview question: "What areas do you think the service should focus on to improve the care of elderly neurosurgery patients?"

15 staff members interviewed comprised of:

Consultant Neurosurgeon	1
Senior Neurosurgery Fellow	1
Resident doctors	2
Dietitian	1
Band 5 nurse	1
Band 6 nurses	3
Occupational therapists	2
Neurosurgery Case Manager	1
Physiotherapist	1
Pharmacists	2

Responses were recorded, transcribed and coded to facilitate a thematic analysis.

Examples of staff comments

"I have noticed when they have the rounds, there is a bit more of a focus on looking at the medication, especially medication that isn't solely related to neurosurgery."

"older people have got complex medical issues and complex polypharmacy which takes time to tease out and somebody who has the expertise to do that, who works in conjunction with the neurosurgery team would be really valued, with shared decision making to achieve the goal of delivering excellent care, improving patient safety and minimising morbidity."

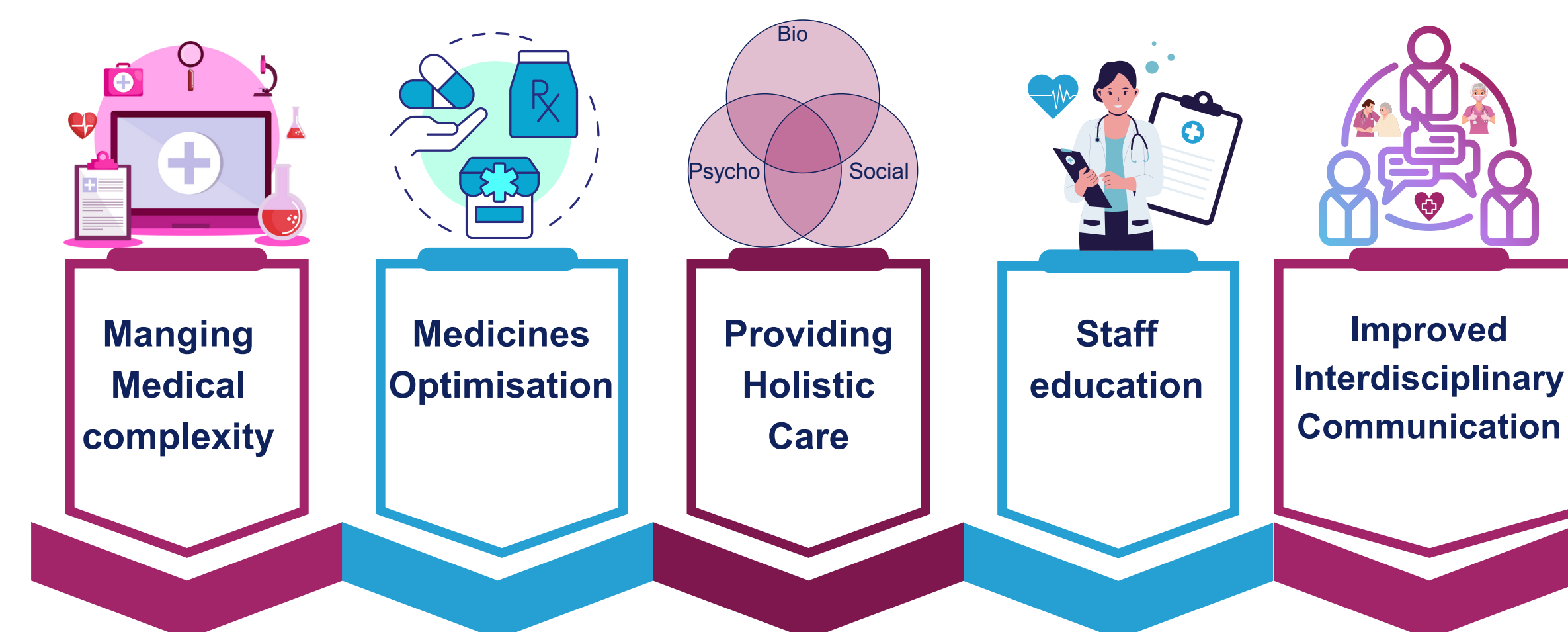
"...education and protocol development such as staff training in terms of educating neurosurgical teams on geriatric principles including frailty polypharmacy and cognitive assessment. I believe if we incorporate these domains it would be helpful in understanding and improving the neurosurgery department."

"I think it's useful that they're looking at chronic conditions as well as acute presentation, how can we optimise treatment for those as well because it's easy to say GP to review"

Results

All members of the MDT felt the service would benefit the care of older neurosurgical patients.

Analysis of the responses identified 5 main themes:



Discussion

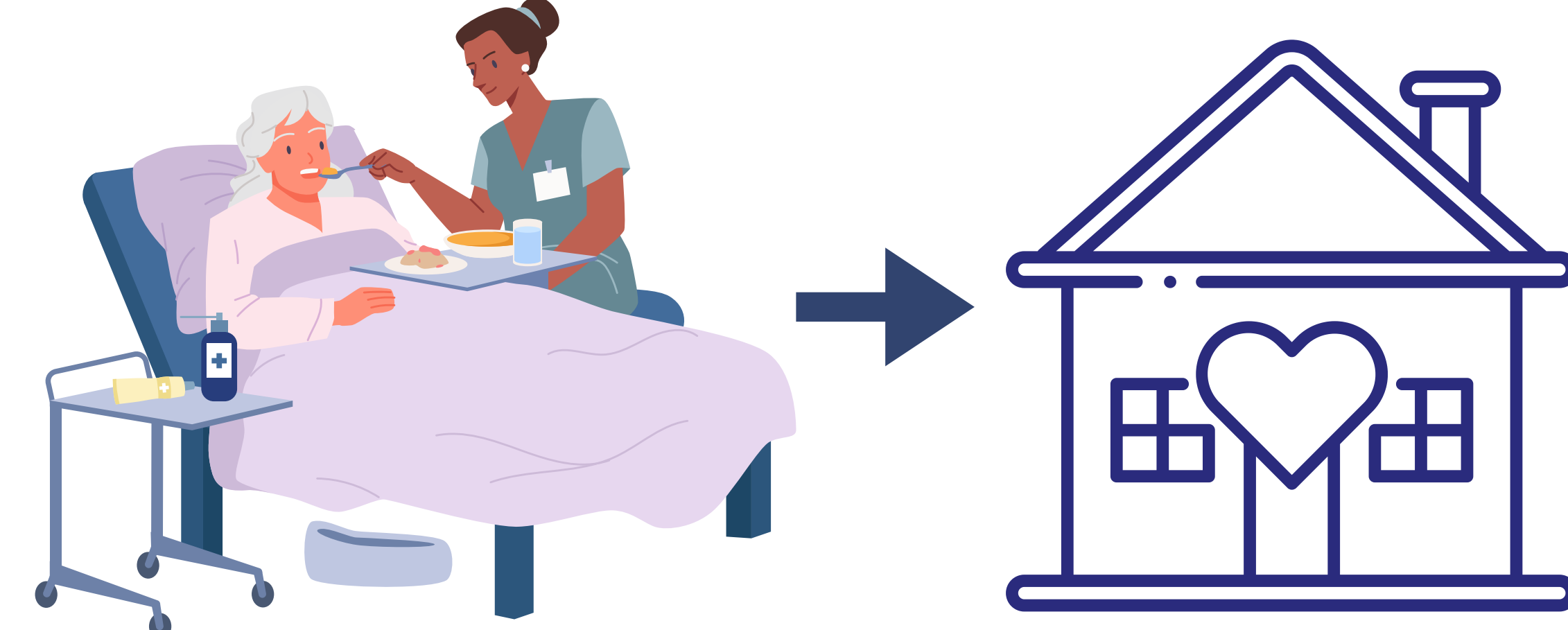
The themes identified from staff interviews overlapped with many facets of the comprehensive geriatric assessment which in itself is a process relying on multidisciplinary team input alongside specialist geriatric input to improve holistic care.

This demonstrates a positive start to forming a formal Neuro-Geriatric multidisciplinary team especially with the wide engagement seen from different professional groups and different levels of seniority.

Interestingly, very few comments mentioned the potential role of Geriatric medicine in assisting patient rehabilitation.

Future work:

- Analyse secondary aims – impact on length of stay and discharge destination
- Develop Neurosurgery/Geriatric MDT
- Develop Educational links between departments



Conclusion

The results of our study highlight that staff have positive perceptions towards the introduction of the Neurosurgery-Geriatric in-reach service and feel it can benefit the care of older neurosurgical patients.

The identified themes mostly align with the principles of comprehensive geriatric assessment.⁴

The comments also identified the need to highlight the potentially beneficial role of Geriatric medicine in patient rehabilitation.



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4. Naughton C, Galvin R, McCullagh R, Horgan F. Comprehensive geriatric assessment—where are we now, where do we need to be in the context of global ageing? *Age Ageing.* 2023;52(11):afad210. doi:10.1093/ageing/afad210

The Neurosurgery-Geriatric In-Reach Service



Consultant Geriatrician reviews twice weekly

Neurosurgery resident doctors accompany consultants

List pre-populated by Neurosurgical Team

Criteria:

- Neurosurgery elective + emergency patients aged ≥ 70
- Exceptional cases: frail patients under 70 requiring medical input also reviewed

Patient review plans stored on electronic secure database