

Creating a service with no money: Ours POPS journey.

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INTRODUCTION

There is unequivocal evidence to support Perioperative care for the **Older Person Undergoing Surgery** (POPS) services. The need for POPS services will continue to grow with increasing numbers of older people undergoing elective and emergency surgery due to:

- Changing demographics
- Surgical and anaesthetic advancements
- Shifts in culture
- Patients' expectation of healthcare¹.

However, POPS services are not available in all Trusts with a surgical division, including Royal Surrey Foundation Trust (RSFT).

BACKGROUND

Autumn 2023, we joined Cohort 4 of the NHS Elect POPS program with the ambition of setting up a POPS service for patients aged ≥ 65 with a Clinical Frailty Score (CFS) ≥ 5 undergoing elective orthopaedic hip/knee operations at RSFT within the proceeding 12 months. We started by establishing a multi- and trans-disciplinary POPS steering group to explore the current orthopaedic elective pathway and discuss what we would want a POPS service to look like at RSFT. NHS Elect supported the steering group to define our aims, understand our drivers, identify projects to support our work and establish methods to measure outcomes from these projects to generate data. Our 6-month objective being to generate a business case to request funding to formalise a service. Unfortunately, ahead of submitting we were informed a business case would unlikely secure funding due to the current financial climate.

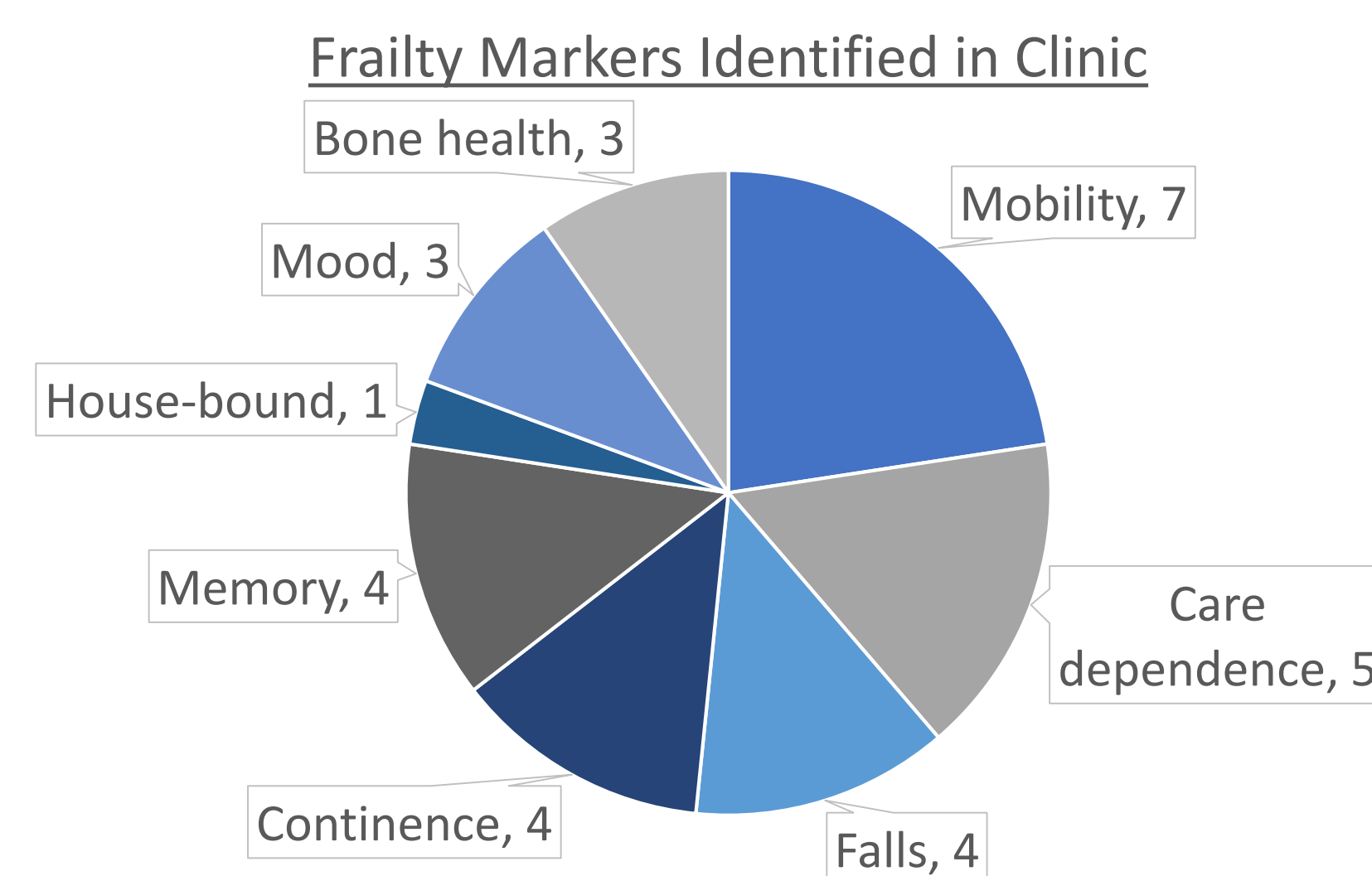
METHOD

To continue to evidence the need for a POPS service at RSFT and to strengthen our business case, over the course of a year, Geriatricians used their SPA time to provide an ad-hoc, informal POPS Comprehensive Geriatric Assessment (CGA) clinic for patients aged ≥ 65 with a CFS ≥ 5 who were waiting for, or considering, an elective hip/knee operation. The majority of these patients were identified by an Orthopaedic Consultant, who was part of the POS steering group, during an orthopaedic outpatient clinic. Data was collected and analysed for all patients seen in this clinic.

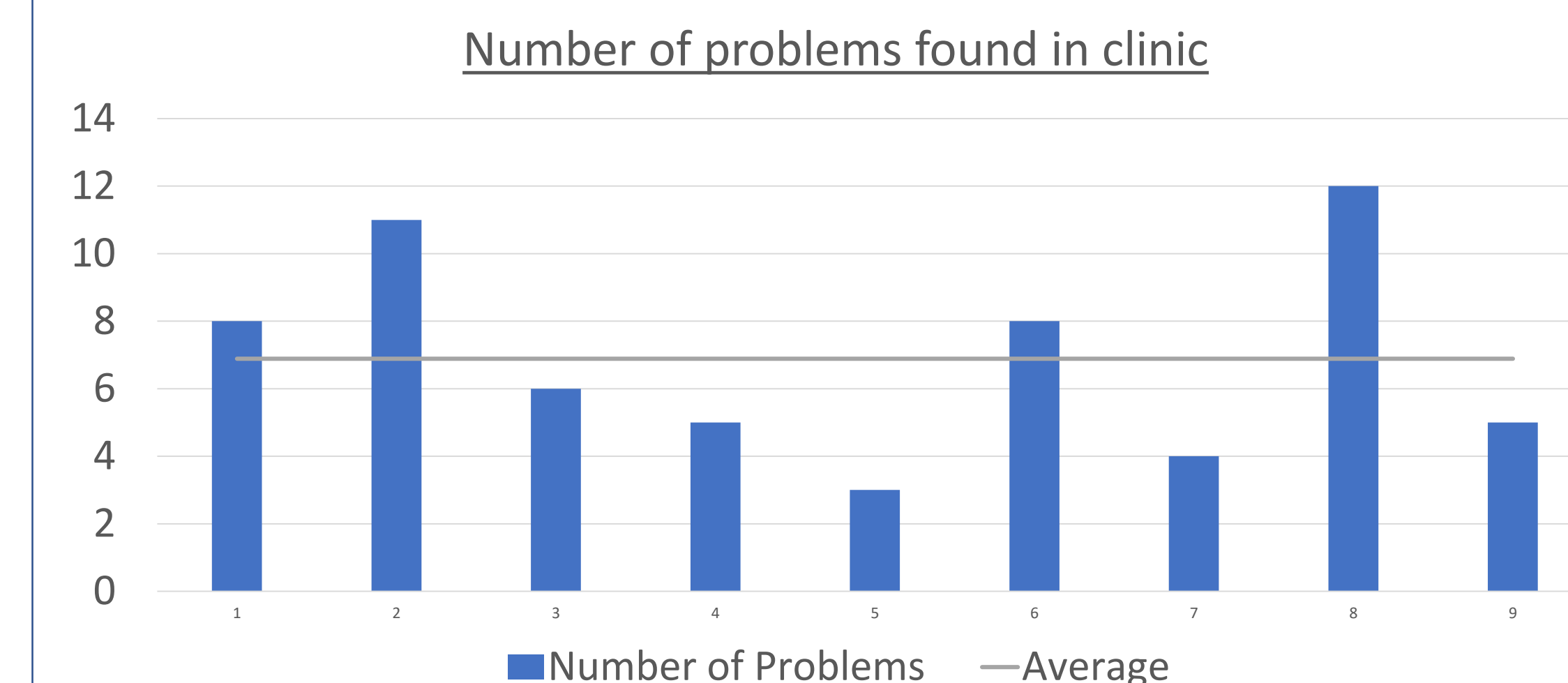
RESULTS

At the time of analysis, approximately half way through the NHS Elects program, 9 patients aged ≥ 65 with a CFS ≥ 5 who were waiting for, or considering, an elective hip/knee operation had been seen in clinic. The average age of patients seen was 82 years (range 67-92) and the average Clinical Frailty Score calculated was 7 (range 4-7).

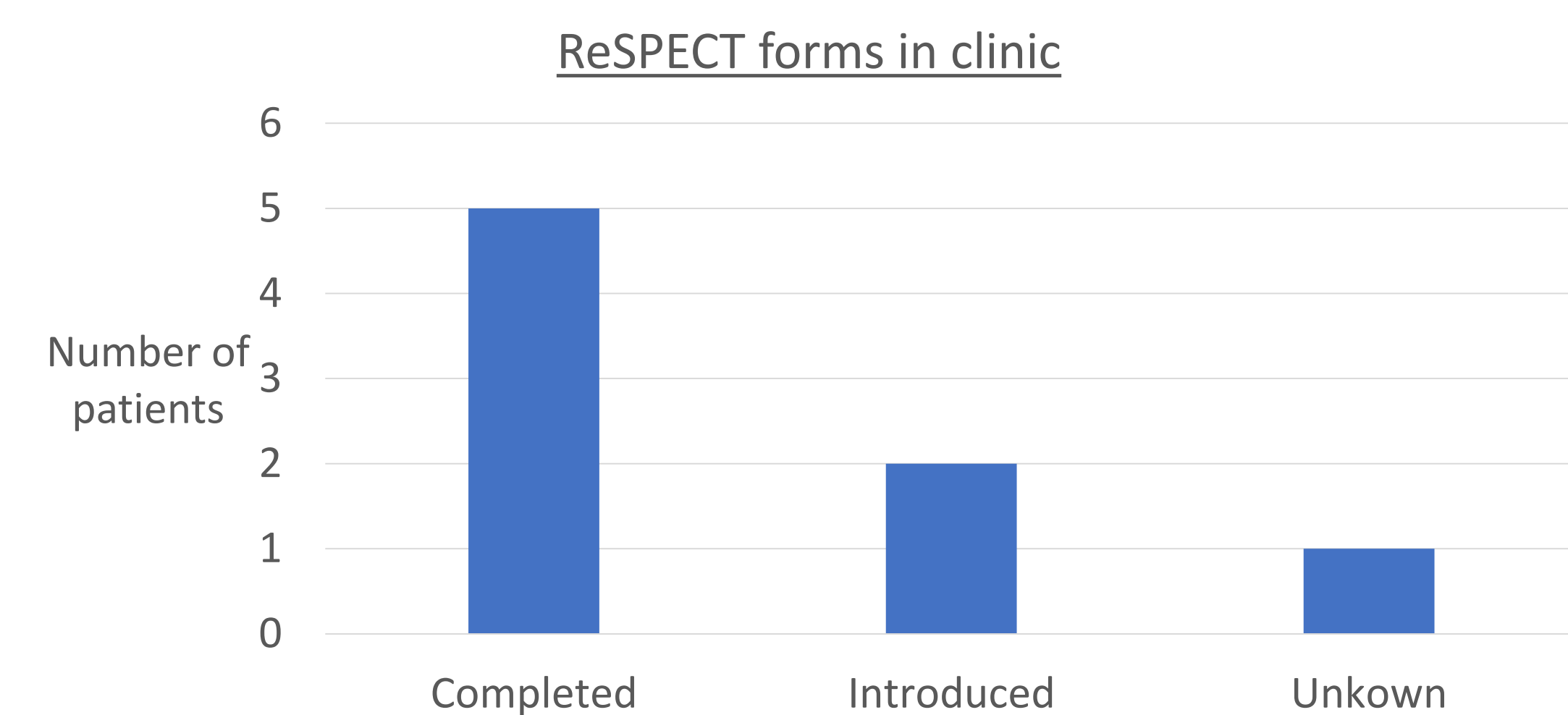
The average number of frailty markers identified in clinic was 4.3 (range 1-7).



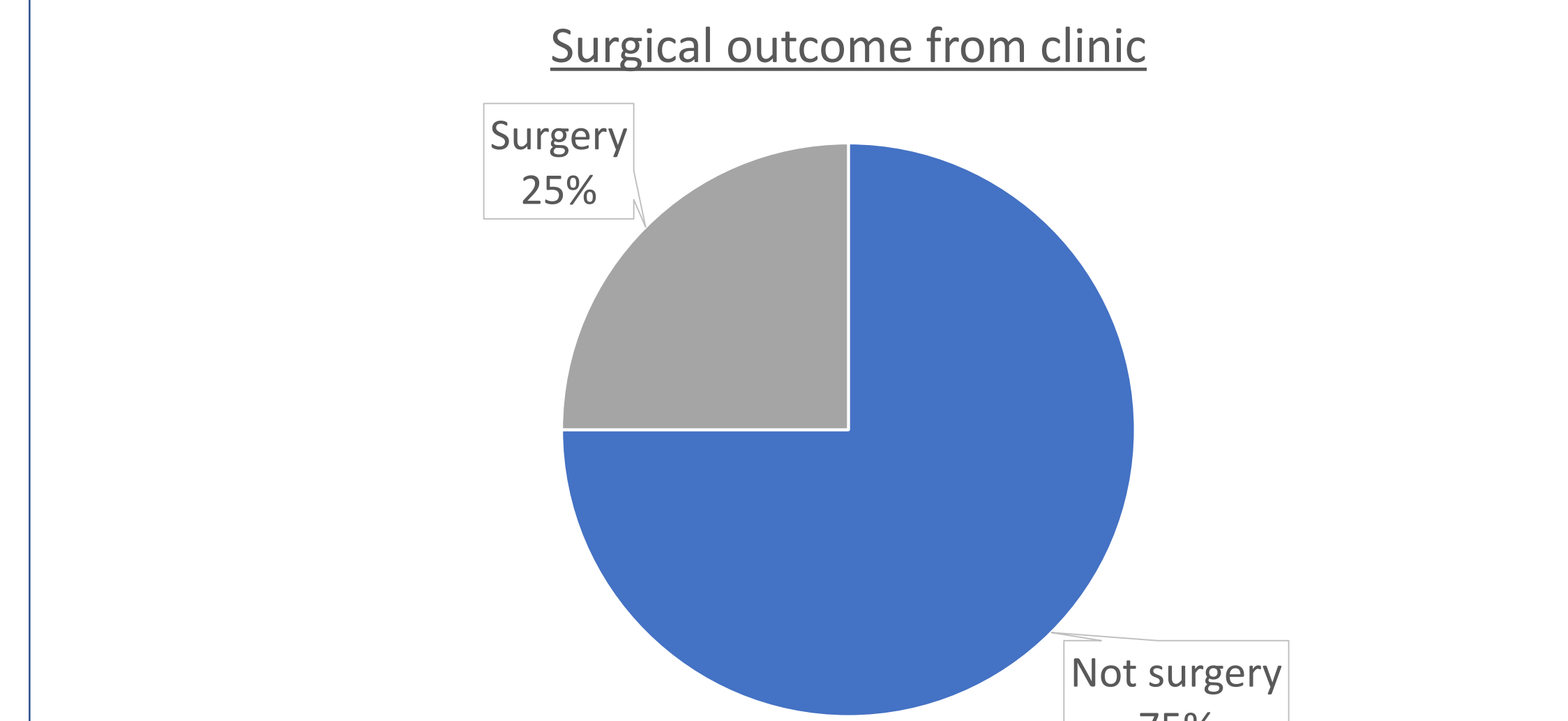
The average number of problems found in clinic per patient was 7 (range 3-12).



56% of the patients had a ReSPECT form completed and 22% had advance care planning introduced.



75% of patients decided not to proceed with operative management following a shared decision making conversation at the clinic.



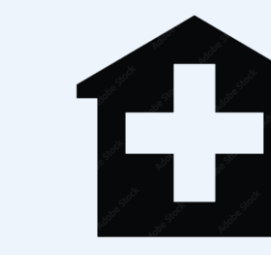
CONCLUSION

When financial support is not available to invest in new services, alternate methods for delivering the service can be considered with the aim of both providing the service as well as generating the evidence to support a business case. Through this approach, we now have both local and national data to support the need for a POPS service at RSFT which will be included in our business case that we will be submitting Autumn 2024.

NEXT STEPS



iOPAL trainee Advance Care Practitioner starting September 2024 who will support POPS, in particular the peri-operative pathway.



Continue to run our pilot POPS clinic at MICH.

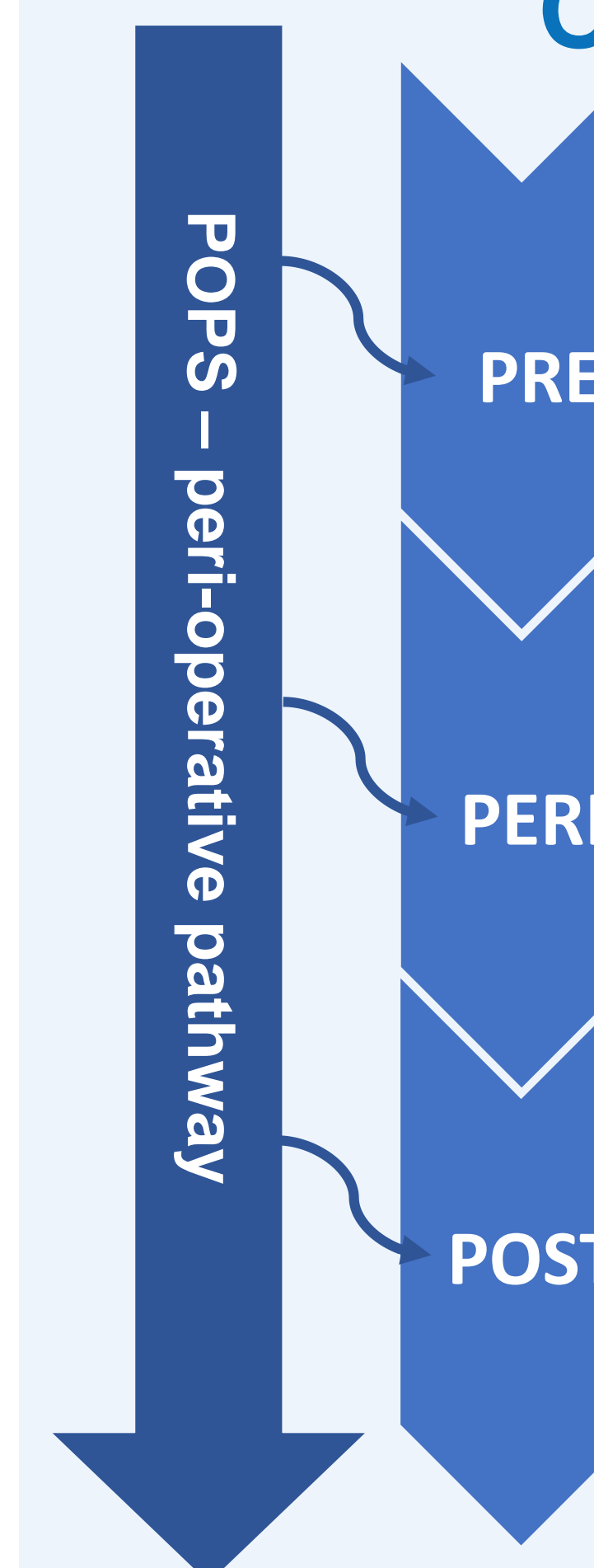


Continue to collect data and build our evidence base for the need for a POPS service at RSFT.



Submit our business case to request investment in and formalise a POPS service at RSFT.

OUR VISION



- Pre-op identification of frailty
- Transdisciplinary meetings
- Pre-op CGA clinic

- Inpatient Older Person Advice and Liaison (iOPAL) service

- Post operative support with discharge planning and follow up with appropriate team.

REFERENCES

- (1) Proactive care of older people undergoing surgery - PMC (nih.gov)