

## THE PROBLEM

Suboptimal management of chronic disease and comorbidities in the context of surgery can lead to<sup>1</sup>:

- Cancellation of surgery (*on the day*)
- Post-operative complications
- Unplanned admissions
- Increased length of stay

### TRADITIONAL REFERRAL PATHWAY

- Primary and secondary care operate in silos
- Suboptimal communication/coordination
- Patients often underprepared/unengaged when attending for surgery

### SUPPORTING DATA

- Snap-shot audit of elective surgery (May/ June 2019)
- 374 **on the day** cancellations (all causes)
- 40% (145) were potentially avoidable:
  - Required further investigations
  - Not suitable for list (e.g. too high risk for day surgery)
  - Not fit for surgery (comorbidities not optimised/controlled)

### PRESENTATION FOR SURGERY IS AN OPPORTUNITY:

- An **opportunity** to identify disease, frailty and disability.
- An **opportunity** to optimise medical management of co-morbidities
- An **opportunity** to inform and empower patients regarding their health
- An **opportunity** for patients to implement positive changes to their lifestyle at a moment when they are most receptive.

## OBJECTIVES

1. To assess the quality of information provided by primary care providers at the point of referral to surgical services
2. To develop a tool with which to support early identification and optimisation of modifiable risk factors before referral for surgical assessment
3. To develop a strategy to improve communication between care providers when referring for surgery

## RESULTS

### AUDIT OF GP REFERRAL DATA SEPT 2019

- 47 potentially avoidable *on-the-day* cancellations (clinical reasons)
- 25 had GP referrals

- Not fit for surgery
- Required further investigations
- Not suitable for list

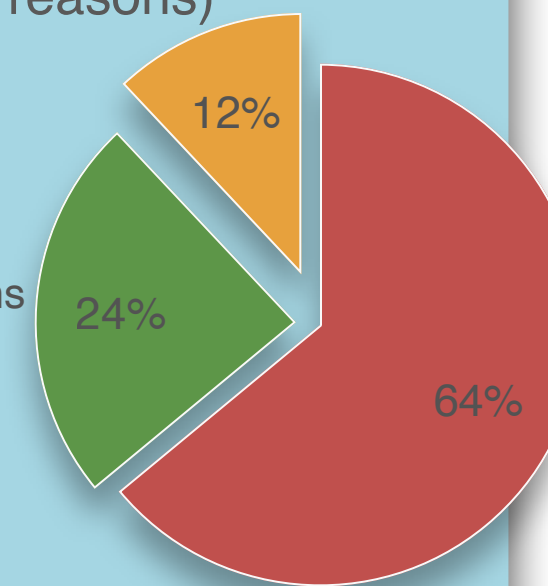
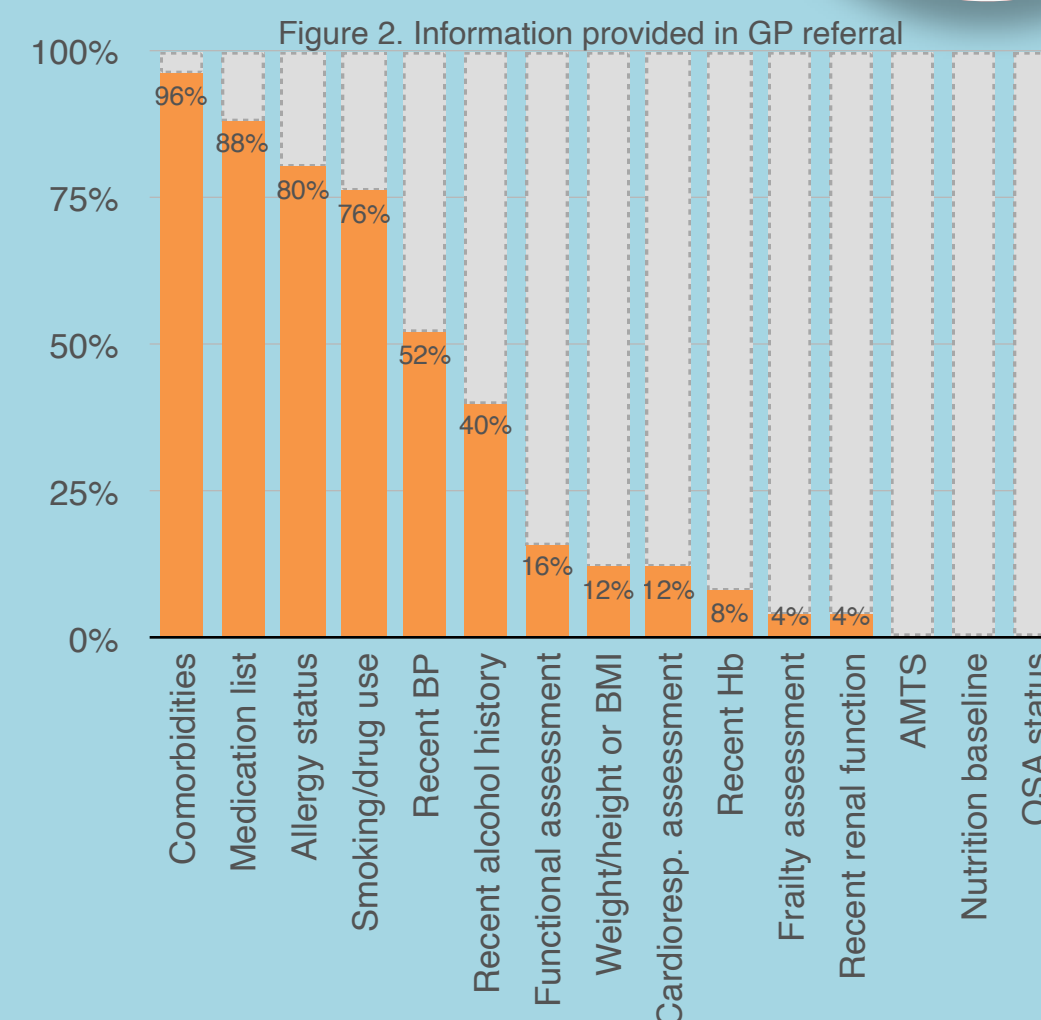


Figure 1. Reason for cancellation (in patients with GP referral n = 25)



References: 1. NHS Improving Quality (2013) Enhanced Recovery Care Pathway, A better journey for patients seven days a week and a better deal for the NHS - Progress Review (2012/13) and level of ambition 2014/15. [www.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx](http://www.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx)

## THE NEXT STEP

### THE PATIENT PASSPORT

- Collaboration with primary care to pose the question: “Is the patient **FIT FOR REFERRAL?**”
- Referral tool (the **patient passport**) developed to facilitate:
  1. Early diagnosis/screening/ management of chronic disease
  2. Early specialist referral and optimisation of comorbidities
  3. Functional capacity assessment & referral for prehabilitation
  4. Medication review
  5. Frailty/cognitive assessment
  6. Smoking cessation
  7. Nutrition optimisation

The Patient Passport form is a structured tool for gathering patient information. It includes sections for Patient Details, Body Habitus, Lifestyle, Physical activity, Smoking, Alcohol intake, Recreational drug use, Nutrition, Main Co-morbidities/PMH, Heart Health, Sleep Disordered Breathing, Renal Function, Anaemia, and Allergies. It also includes a section for Medication & Dose and a section for Why do I take this tablet?

### BENEFITS

- Improve collaborative partnerships between primary and secondary care providers
- Improve chronic disease management
- Improve theatre utilisation
- Reduce post-op complications
- Establish community links
- Improve patient experience