

Specialised Clinical Frailty Network
**East Kent supports frail patients
with shared decision-making**



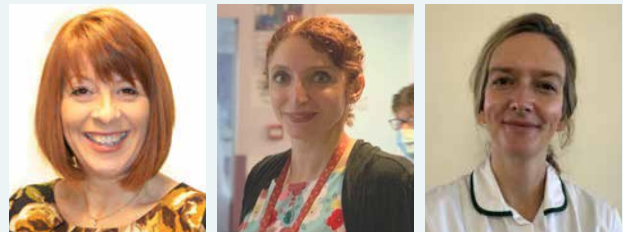
Introduction

Patients on the vascular pathway at East Kent Hospitals University NHS Foundation Trust often have comorbidities and many are also frail. For such patients, surgery may not always be the most appropriate route as it may have a detrimental impact on their quality of life. However, vascular surgeons are not necessarily the best equipped to take a holistic view of the patient's overall health and wellbeing which is necessary for informed decision-making.

This is the story of how East Kent is working to empower frail patients on the vascular pathway to make decisions about their care and supporting them to have the best possible outcomes...

A new POPS team

East Kent Hospitals NHS Foundation Trust joined the Specialised Clinical Frailty Network (SCFN) in October 2020. It had established a peri-operative medicine for older people undergoing surgery (POPS) team in September 2019. The team – led by consultant Catherine Meilak - was keen to refine its service based on patient experience and to ensure long-term sustainability. Above all, the team wanted to ensure it was providing the best possible experience for frail patients, enabling them to enjoy good quality of life.



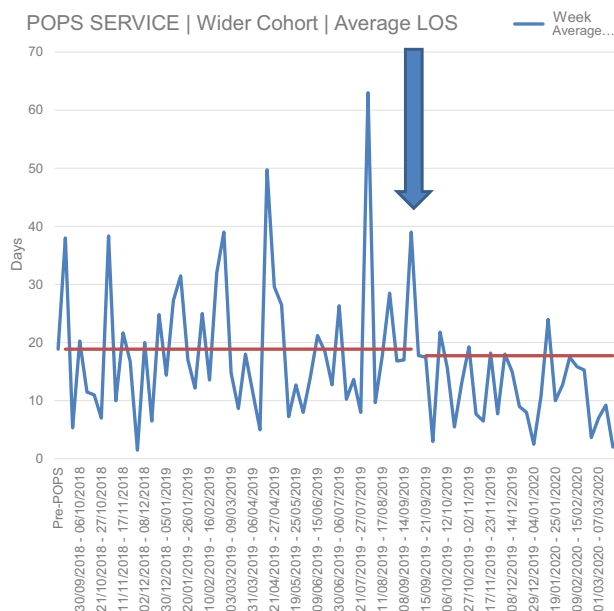
The POPS team, based at Kent and Canterbury Hospital, comprises Catherine - who founded the service - alongside two Band 7 clinical nurse specialists, an occupational therapist and a clinical fellow.

Baseline data

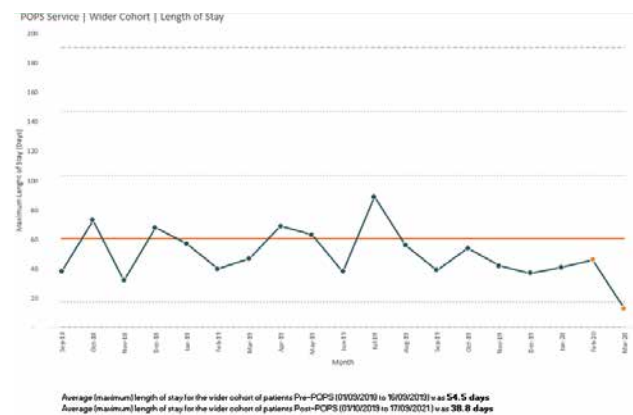
Prior to joining the SCFN, the POPS service had been severely impacted by COVID-19. Its clinical nurse specialist was seconded to intensive care for several months, leaving Catherine to run the service alone. As she was on the wards even more than before, Catherine took the opportunity to teach colleagues about the principles of caring for frail, older patients. She also began collecting data – a practice which continues to this day.

Catherine admits that, although she had amassed plenty of data by the time the Trust began working with SCFN, she wasn't completely sure what to do with it. She said "The SCFN were very helpful. They helped me to assess and analyse the data which showed that, prior to the pandemic, we had been seeing a reduction in length of stay for emergency inpatients seen by the POPS team, with no worsening in the 30-day readmission rate. This was very encouraging."

Weekly LOS Pre and Post POPS service (pre COVID)



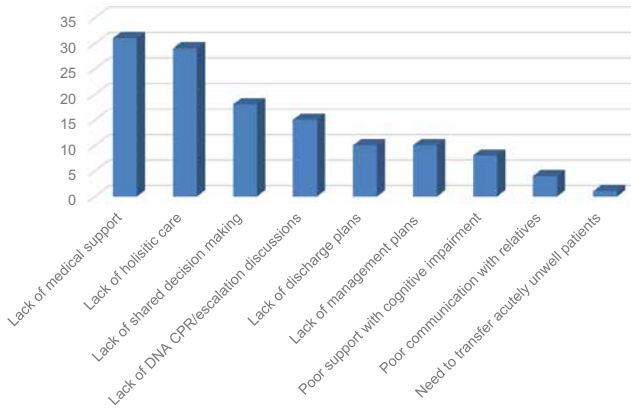
Maximum LOS Pre and Post POPS



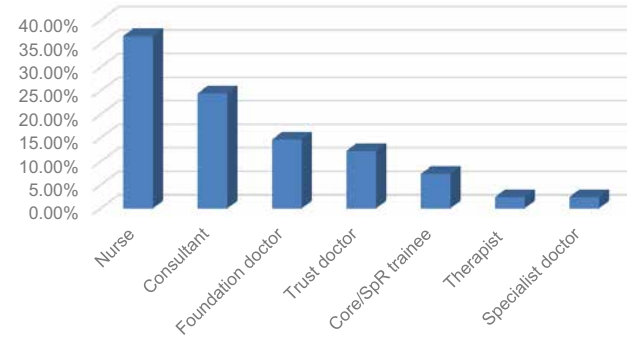
Colleague feedback

East Kent also asked clinical colleagues for feedback about the impact that POPS was having on the way they care for medically-complex older patients. 100% of the 41 people who responded said that their top challenges had been addressed by the introduction of POPS – again, very encouraging.

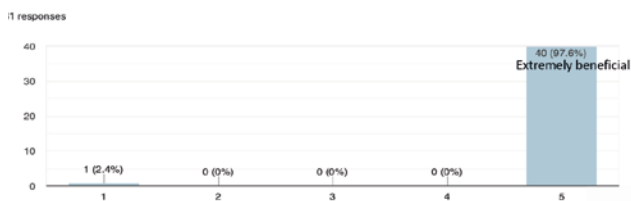
Top 3 challenges in caring for medically complex older patients, prior to POPS



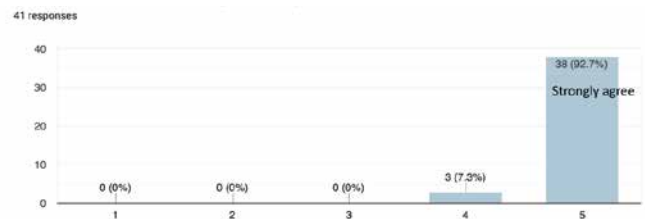
Job title of responders



How beneficial do you think the POPS service has been so far for improving the care older patients receive?



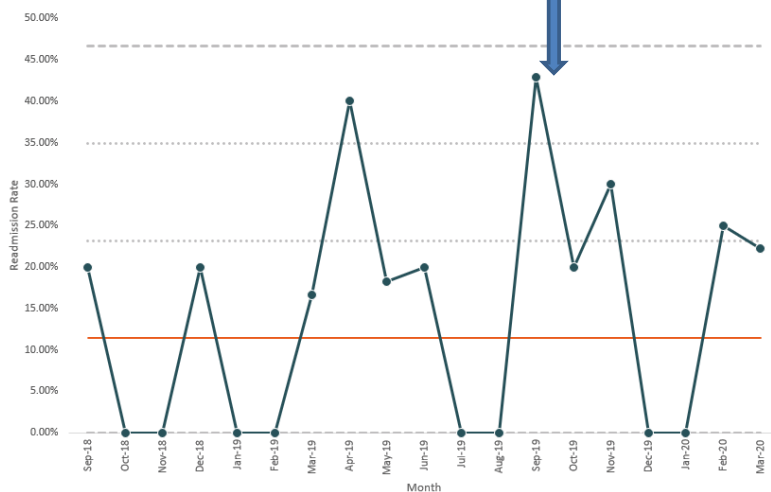
Has the POPS service facilitated your role in patient care?



Of the POPS patients who were readmitted within 30 days, 77% were readmitted for surgical reasons and 23% for medical reasons. One medical readmission had an advanced care plan stating they were for 'comfort care' in their care home setting, but they were sent to the hospital anyway.

Balancing measure – readmission rates

POPS Service | Wider Cohort | 30 Day Emergency Readmission Rate



Average readmission rate within 30 days for emergencies within the wider cohort of patients Pre-POPS (01/09/2018 to 16/09/2019) was 12.82%
 Average readmission rate within 30 days for emergencies within the wider cohort of patients Post-POPS (17/09/2019 to 16/03/2020) was 16.02%

Improving data collection

Much of this initial baseline data was collected manually by Catherine, but this was both labour intensive and unsustainable. She said “The Network team advised me how I could work with the Trust’s business intelligence teams to develop a more efficient approach to data collection going forward. We have continued to collect data since this time but in a much more effective way. The minimum dataset needed is now much smaller and the rest of the data can be pulled from information that the Trust collects automatically as a matter of course.”

Referral criteria for POPS

Surgical patients on the vascular pathway are referred to the POPS team based on a range of criteria, including age, level of frailty, surgical complexity, comorbidities, and geriatric syndromes like cognitive disorders. Many of the patients need medical optimisation prior to surgery and, for some, there can be difficult decisions to be made. Catherine said “We are proactive in seeking out our patient cohort, based on frailty, older age and medical complexity. Our aim is to optimise them prior to surgery to ensure the best possible outcomes and help them with shared decision-making. If they choose to opt for a non-operative pathway, we support them with that. If they are admitted to the hospital we monitor and support them while they are here and work with multi-disciplinary teams (MDT) to support discharge planning.”

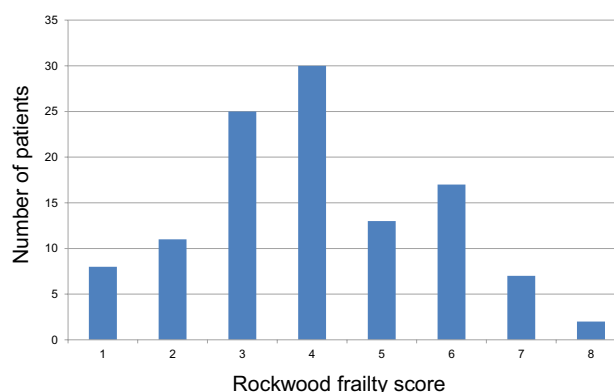
Supporting inpatients and outpatients

POPS supports both inpatients and outpatients. The inpatient service operates from Monday to Friday, 8am to 5pm. A representative from the POPS team attends the vascular board round and daily handover meetings. Where a frail patient has been identified, POPS performs a comprehensive geriatric assessment (CGA) and creates a perioperative management plan. The POPS team participates in MDT meetings, liaising with surgeons, anaesthetists and every healthcare professional involved in the patient pathway. Treatment escalation plans are discussed, and the POPS team can also liaise with the patient’s family or community teams. As well as optimising patients before surgery, they also participate in discharge planning and help to establish rehabilitation goals.

Regarding the elective surgical pathways, Catherine said “We attend vascular MDT meetings to make sure we see frail patients in a timely manner, and we ensure that we do a CGA to assess every domain of the patient’s health and wellbeing, including comorbidities, medication, nutrition, mood, function and so on. Our OT can assist them with equipment and home-based support and we also liaise with other teams to ensure they are well-supported and optimised for surgery.”

In an outpatient setting, POPS receive referrals from surgeons, vascular nurse practitioners and anaesthetists. They carry out CGAs and support shared decision-making, as well as DNA CPR and anticipatory care planning. Data showed that the majority of patients (72%) seen in the outpatient clinic in the first year of service had an aneurysm, whilst 25% were lower limb patients. Most had a clinical frailty score of between three and four (mild frailty).

Clinical frailty score of those seen in clinic in first year of service



Shared decision-making

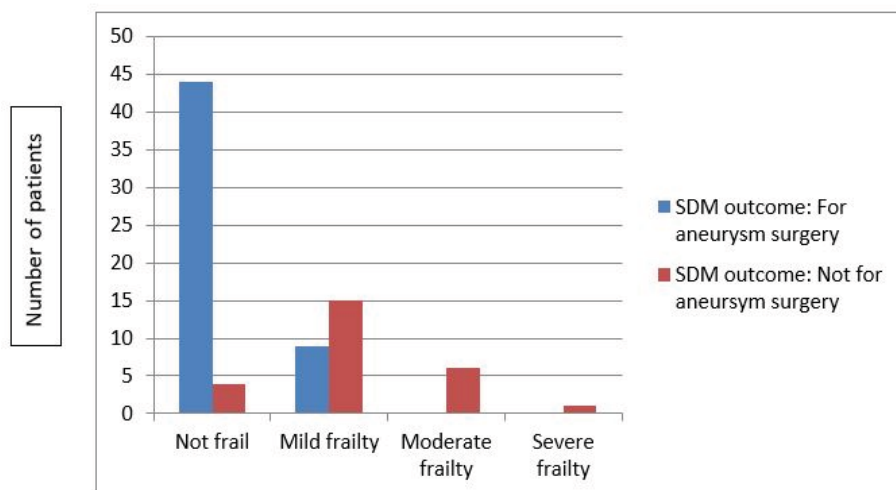
As part of its work to improve the frailty pathway, East Kent has implemented a shared decision-making (SDM) process for vascular patients, using documentation developed by the POPS team at GSTT (Guy's and St Thomas' NHS Foundation Trust). This helps clinicians to clearly articulate the benefits and risks of a surgical procedure to patients and outline any alternatives to surgery. Clinicians explain what will happen if no action is taken, giving patients and their relatives the information they need to make an informed decision about whether or not to proceed with surgery.

Catherine said "We have candid discussions with patients and their families to ensure they fully understand their options. It is about finding out what is important to them, not about telling them what we think they need to do.

In some cases, it may be that surgery is simply not the best option as it may adversely impact things that are important to the patient, such as their ability to remain living independently."

Data shows that the shared decision-making protocol has had a significant impact on the patients' choices. Twenty-six per cent of all patients with abdominal aortic aneurysm (AAA) decided not to go ahead with surgery and 58% of all sub-threshold patients also opted not to pursue a surgical option. In many cases, impact on the patient's quality of life was the reason for deciding against surgery. A DNA CPR decision was reached in clinic by 26% of all patients and 29% had an anticipatory care plan.

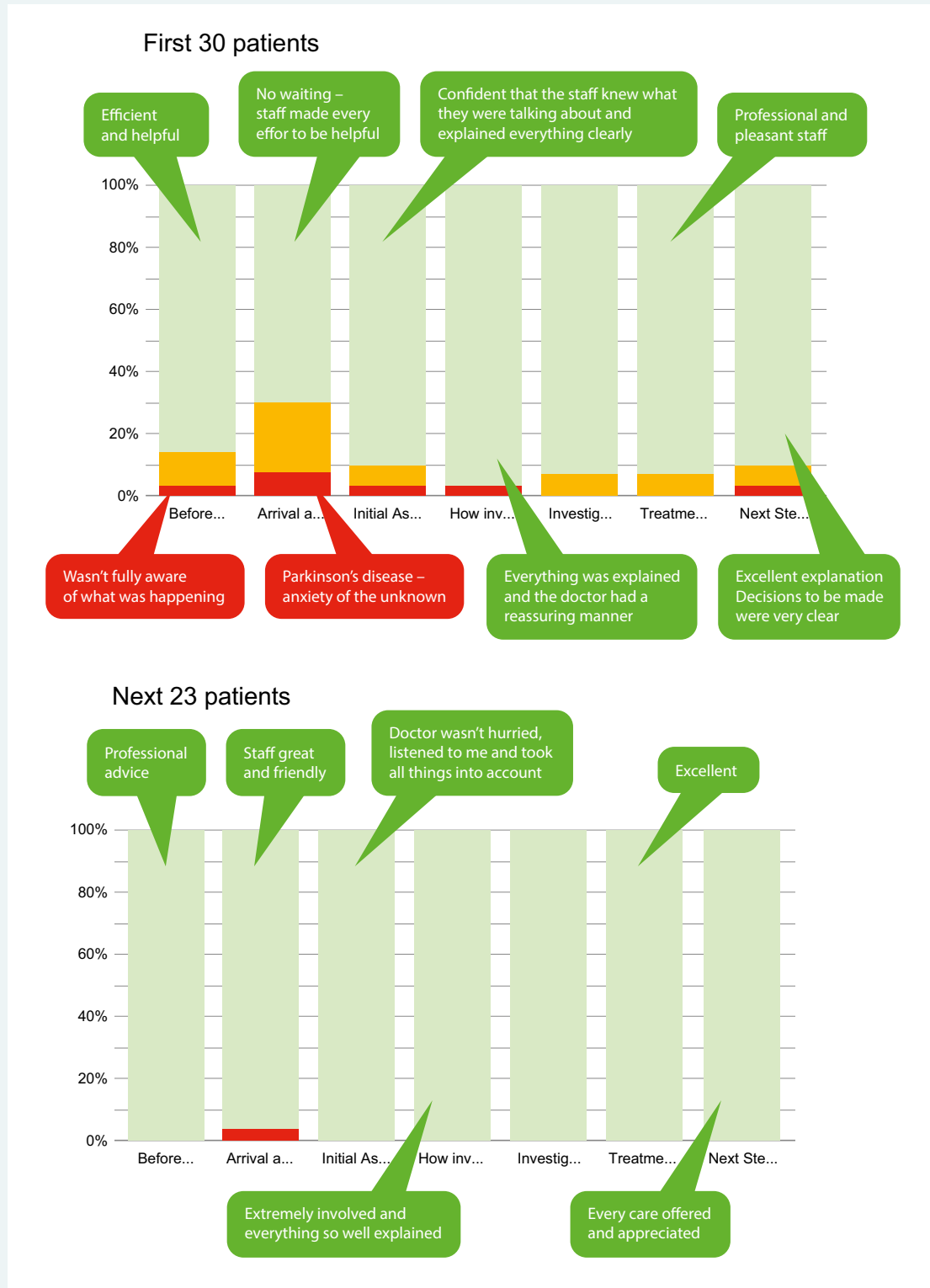
Outcome of SDM for AAA surgery according to frailty severity



Experienced based design

The POPS team was keen to hear from patients and staff how it feels to work with them. They used an experience based design (EBD) questionnaire developed by SCFN to assess what patients thought about the service. Initially, 30 patients were interviewed and a further 23 were interviewed at a later date (once the clinical nurse specialist had returned from secondment onto intensive care). The feedback was overwhelmingly positive, particularly once POPS was back to full capacity.

Balancing measure: Clinic patient EBD



Support from Specialised Clinical Frailty Network

The team at East Kent found working with SCFN helpful in a number of ways. At the outset, being able to analyse the data helped them to see what impact the POPS team was having and what needed to be done. Catherine said "It helped me to tell our story and build a business case to expand the team. It was helpful to understand how we could work with the business intelligence team going forward. The data is so important. It gives credibility to your improvement work and shows you're making a difference. The Network also enabled us to hear from other people and learn from their experiences, which was very inspiring."

National impact

Catherine added "Our work on shared decision-making has led to us working alongside the NHS Improving Values team and understanding more about the national picture. We are working with them to develop a tool that trusts can use to develop shared decision-making pathways. It's the right thing to do for patient-centred care and we are proud to be part of it."

Challenges

Catherine admits that she approached the frailty improvement work with a certain amount of trepidation, having been involved in a similar project at her previous Trust. She said "I was involved in trying to bring about cultural change in my previous role and it was tough initially, although ultimately successful. But I was actually welcomed at East Kent with open arms and didn't encounter any resistance. For me, the greatest challenge was COVID-19 and the fact that I lost my clinical nurse specialist for several months because of it. There is currently a public consultation regarding the merger of vascular services and if this goes through, it would increase the number of vascular patients we would see in our service. The SCFN has been invaluable in supporting our business case to expand the POPS team. We now have funding for another consultant."

Learning

One of the main things that the team in East Kent has learned during this process is how critical it is to have buy-in from all the key stakeholders. Catherine said "Without this engagement, your model of care won't work. Data is really helpful here as you can show the impact the service is having. I regularly share data in audit meetings and I continually share our successes. We have further to go, but the work we have done so far is demonstrating great results."

Next steps

East Kent Hospitals University NHS Foundation Trust is based over three sites, with the POPS team located in Canterbury. The service is expanding and recruiting to meet growing demand in vascular surgery. It also plans to develop into elective urology and the orthopaedic pathway. It is aiming for slow, steady and sustainable progress rather than endeavouring to make changes quickly. In time, its intention is to cover all surgical subspecialities and support surgery across the entire Trust.

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