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Welcome to the May 2022 edition of the CPOC newsletter,

Thank you for subscribing and supporting CPOC, contact us at <a href="mailto:CPOC@rcoa.ac.uk">CPOC@rcoa.ac.uk</a> if you have any content you think we should share in our newsletters.

**Contact CPOC** 



# National Safety Standards for Invasive Procedures (NatSSIPs)

## Live CPOC Consultation

National Safety Standards for Invasive Procedures (NatSSIPs)

Clinical drafting group led by Professor Iain Moppett and Dr Annie Hunningher

The Centre for Perioperative Care (CPOC) has been tasked by the NHS National Director of Patient Safety at NHS England/Improvement with continuing refinement and development of the National Safety Standards for Invasive Procedures (NatSIPPs).

CPOC brought together a multidisciplinary working group to draft the revision and we are pleased to let you know that the draft Guideline for National Safety Standards for Invasive Procedures (NatSSIPs) consultation is now open for comments.

Please note that the infographic, content, foreword, references and appendices are currently being finalised in parallel to this consultation so these remain in draft form in the attachment. At this stage we are seeking comments on the content of the guideline and recommendations.

Deadline for comments: 17:00 08 July 2022

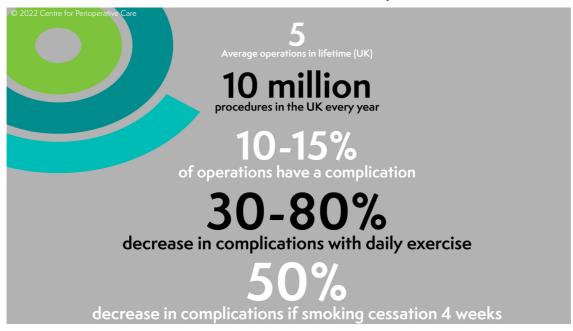
View consultation



## PRSB #CareAboutMe

About Me information is the most important details that a person wants to share with professionals in health and social care. This information might include how best to communicate with the person, how to help them feel at ease or details about how they like to take their medication. The PRSB has published a standard outlining how About Me information should be documented and shared in health and care records.

Find out more



# Waiting Lists as Preparation Lists How can we support patients on waiting lists?

10-15% of patients undergoing operations in the UK experience postoperative complications. Patients are four times more likely to experience complications if they are physically inactive and 27% of the UK adult population are not physically active. Frail patients are five times more likely to experience complications and 50% of the UK population have multi-morbidity at 65. How can we support patients on extraordinary waiting lists to really be ready for surgery? As many patients have been waiting extended periods of time and their condition may deteriorate, this has been never been so important.

### Getting fit for surgery

Being as fit as possible for surgery can reduce the incidence of post-operative complications by 30-80% CPOC Evidence Reviews have shown. Patients must be empowered to prepare for surgery and improve their general health to aid recovery.

Fitter, Better, Sooner Resource
View CPOC's resources

## Supporting older patients

Older patients are at risk of deteriorating while waiting on surgical waiting lists as they often present with multi-morbidity. Older patients need to be supported to ensure that surgery is still the right option for them, they are aware of the risks, a personalised management plan is in place and any multi-morbidities are considered.

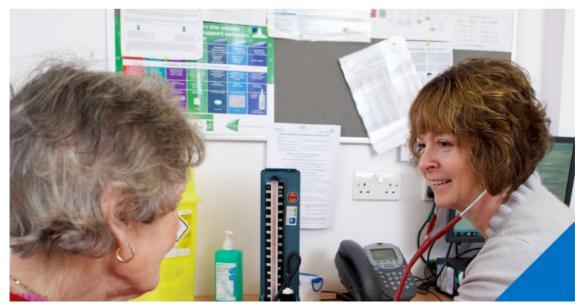
Independent Age have published <u>'Patiently Waiting: Older Peoples Experience of Waiting for Surgery'</u> that details how to support patients.



Find out about the Advisory Group



# Advanced Clinical Practice in Older People Curriculum Framework



# **Advanced Clinical Practice in Older People Curriculum Framework**

Health Education England and The Royal College of Physicians have now published the 'Advanced Clinical Practice in Older People Curriculum Framework' endorsed by the Centre for Advancing Practice as an approved credential. The rationale of this framework, therefore, is to optimise such opportunities through a national curriculum framework for ACP training that is consistent across England. Completion of training developed in line with this curriculum framework will enable all trainee ACPs to demonstrate the essential knowledge, skills, and behaviours for the delivery of advanced clinical practice in England within the context of working with the older person.

#### Read the full curriculum framework



## **Patient Information Forum PIF Tick Survey**

#### Are you a healthcare professional?

<u>The Patient Information Forum (PIF)</u> has launched a short survey to help us understand the barriers and challenges faced by HCPs when trying to provide reliable information to patients.

PIF's objective is to improve the quality of information available to patients and raise awareness of the <u>PIF TICK.</u>

To help PIF gain the most comprehensive data, we would be grateful if you would complete the survey and share with healthcare professional colleagues.

Survey

Classification: Official

Publication approval reference: PAR1512



To: NHS Trust and Foundation Trust:

- Chief Executives
- Chief Operating Officers
- Chief Nurses
- Medical Directors
- Chief People Officers/HR Directors

NHS England and NHS Improvement Skipton House 80 London Road London SE1 6LH

3 May 2022

Dear colleague,

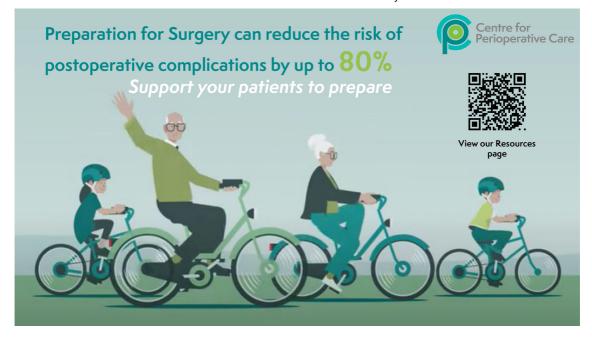
#### Enabling the workforce for elective recovery

We would like to thank you and your teams for your collective efforts in increasing elective capacity over recent months. We are beginning to see a reduction in the number of long-waiting patients which is an absolute testament to the hard work and dedication of staff. We recognise that many people, who normally deliver elective care, stepped into different roles in response to the pandemic over the last two years. We want to acknowledge and thank them for that.

# The Role of Perioperative Care in Elective Recovery

The Centre for Perioperative Care will be responding to the 'Enabling the workforce for elective recovery' NHS England and NHS Improvement letter as it failed to mention the important role perioperative care can play in elective recovery. The surgical pathway consumes considerable NHS resources, but is currently inefficient, with common predictable complications and poor results. Patient focused perioperative care involves interventions at different stages of the pathway that reduce complications, reduce readmissions, improve organisational flow, free up beds and save the NHS money.

Without perioperative care, the health service will continue to face multiple avoidable (and expensive) problems trying to address the surgical backlog. Simply returning to pre-covid ways of working will only deliver the same output as was achieved prior to the pandemic – despite considerably increased demand. Now more than ever, it is time for the NHS to work smarter and more efficiently by embracing perioperative care as a solution.



### CPOC is a partnership between:





















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