

Lawrence Mudford, Patient Representative for the Centre for Perioperative Care

Lawrence Mudford transitioned from a healthcare professional to a patient, following a cancer diagnosis. After successful treatment, Lawrence decided to retire on his 60th birthday. Eventually, he took up another role as a patient representative, which allows him to combine his previous experience within healthcare with the knowledge he learnt as a patient facing surgery.

In this interview, as Lawrence shares his story with us, it also emphasizes how important patient experience, perspective, and insight is when it comes to progressing the standard of care given to patients.

Tell us a bit more about yourself and your role as a patient representative

My background was in healthcare as a dentist, working in both primary and secondary care. I worked in a high street NHS practice for 25 years as well as being involved in dental education and teaching. I also worked in dental regulation as a Council member for the General Dental Council during that time.

Then I transitioned from being a healthcare professional to a patient, following a diagnosis of prostate cancer at the age of 58. Fortunately, due to ongoing screening and successful surgery, I remain cancer free seven years later. We talk of 'teachable moments' in perioperative care and, certainly for me, it was a steep learning curve. But it was also accompanied by a recognition of the complex and challenging pathway that patients need to navigate when they move from being 'public' to 'patient'.

Long story short, as I approached 60, I decided to retire as a dentist and move into being a patient representative for the Centre for Perioperative Care (CPOC).

Who are the CPOC? What do they do?

The CPOC is a cross-specialty collaboration dedicated to the promotion, advancement and development of perioperative care for the benefit of patients at all stages of their surgical journey. That's the official definition. The simple way I describe Perioperative Care and our part in the patient journey is by using the analogy of

a relay race - laps are run by different people, the baton is the patient. How well the passing of the baton takes place, determines the outcome. How well we prepare for the race, and make sure all stages interact correctly, also determines the outcome. That's the role of CPOC, to align differing aspects of the healthcare system (race) to benefit patients.

Launched in 2019, it has already developed and embedded national guidelines and has positively influenced perioperative care in the UK. The Association for Perioperative Practice is an active and valued Board member.

How did you become a patient representative?

The short answer is that I saw an advert and applied, went for an interview, and was fortunate to be accepted as the patient representative on the CPOC Board. The lead up to this followed directly on from my cancer experience. The support and excellent literature from both Macmillan and Prostate Cancer UK opened my eyes to just how much a patient could do for themselves, to be as fit as possible in preparation to possible surgery or radiotherapy.

And because these options for treatment were vastly different, and the ongoing longer term side effects post treatment were, to say the least, widely different, I started to understand the concept of Shared Decision Making (SDM) first hand. Suddenly the acronym, **BRAN**, became a 'live' issue as I contemplated

the **Benefits, Risks, Alternatives** and the option to do **Nothing**, for myself.

I knew that having decided to retire, I needed a new role. Also, it seemed logical to combine my past experiences in healthcare, with my new knowledge of the needs of patients as they contemplate surgery. CPOC was just forming and so I had the privilege of being one of the first appointments to the Board, which reinforced to me that as an organisation, CPOC, has a very positive and proactive perspective of patient representation at its heart.

What do you enjoy most about being a patient representative?

That's easy - there are two things, firstly meeting a wide range of patients, their carers and family members, and hearing their stories first hand. And secondly, the opportunities to work alongside passionate and dedicated healthcare professionals on a regular basis. This has given me an unprecedented insight into what works well, as well as less well, and has provided a focus on what could be changed for the better in NHS services.

One of the most enjoyable aspects of my work has been to champion, not only the voice of patients, but to amplify that voice and perspective so that it can be heard clearly. Although I have had opportunities to chair and participate as a speaker in conferences and webinars as a patient representative for CPOC, it is the meeting and listening directly to patients and their families that has given me the most pleasure.



of their options, and empower patients to ask questions, that would be a major 'win' and a huge reward in my role.

Finally, if you could pick one memorable moment in medical history to be a part of, what would it be?

That is easy when you know that my early career was in dentistry. Although Joseph Priestley discovered nitrous oxide in 1772, and Humphry Davy experimented with its psychotropic properties in the late 1790s, it was in 1844 that Horace Wells, a Connecticut Dentist, made a remarkable advance in pain relief. As he was watching a traveling street show using nitrous oxide (laughing gas) to entertain passersby, he noticed that it also seemed to dull pain. He began experimenting with it in his dental practice (imagine the ethics of that today!), and developed pain relief methods for his patients, especially for the removal of wisdom teeth. And, as they say, the rest is history! I would have loved to be a part of this amazing transformation and see modern anaesthesia develop. ■

Interview by **Gina Graydon, AfPP**

Is there anything you find challenging about the role?

When you meet patients, the stories that you hear are sometimes heartbreaking and poignant. And yes, there are success stories as well - both give a daily challenge.

So, the biggest challenge for me in my role revolves around the enormity of the need, especially with the ever growing waiting list numbers, and the deteriorating medical conditions that come from inactivity, and how to positively influence this.

At CPOC we are actively campaigning to remove the term 'waiting lists' and have it replaced with 'preparation lists'. This is much more than semantics over words. Waiting is a passive, almost negative, or accepting word that keeps patients in their current state or sees a deterioration. Preparation is a positive and proactive statement that encourages patients to be given the chance to receive knowledge about their condition, be given additional support, and to take ownership of that condition, and in doing so, become fitter before their appointment arrives in the post for treatment.

What is the most rewarding part of being a patient representative?

I know it's a cliché, but it's having the ability to directly influence and support

patients on both a national (CPOC) and more local level. To give an example at the local level, I accompanied a 75-year-old patient, with frailty, to his consultant appointment recently. The surgeon just said 'The biopsy didn't conclusively show anything, but I would recommend surgery to remove your kidney'. After the patient said 'Thank you doctor, that would be good', I felt it was my duty to discuss the shared decision making (SDM) process and BRAN, with both clinician and patient. The outcome was that a second biopsy was agreed, which revealed a cyst rather than cancer, and the patient was saved a totally unnecessary operation. If, as a patient representative, I could change clinicians' attitudes to SDM, as well as raising patients' understanding



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