

## Set for Surgery, Lancashire and South Cumbria Integrated Care Board

### Summary

Set for Surgery is a prehab intervention for patients awaiting elective surgery. Its purpose is to support patients to optimise their health and to improve both individual outcomes and surgical pathway efficiency. The intervention was piloted in winter 20/21, targeting patients from more deprived neighbourhoods with known health risks. Pilot study findings included improvements in the health status of participants and a reduction in on the day cancellations.

**“...the patient stories that we got back...when you read them, it's like, okay we are actually making a huge difference and it's worth carrying on.”**

### Context

#### The elective recovery challenge

Prior to the pandemic, surgical cancellations at University Hospitals of Morecambe Bay NHS Foundation Trust were commonplace, with one in five patients listed on the general and orthopaedic surgery lists not progressing to surgery. Further investigation revealed common reasons for cancellation which could be avoided or identified early, including patients; being unfit for surgery- often with uncontrolled health risks resulting in on the day cancellations, feeling unprepared for surgery, and changing their minds. The Set for Surgery team (the team) recognised that the increase in waiting times caused by the COVID-19 pandemic was likely to exacerbate the issue and provided an opportunity for change.

#### The health inequalities challenge

People in lower socio-economic groups are more likely to have one or more severe long-term health condition than people in higher socio-economic groups. As a result, patients from lower socio-economic groups who are awaiting surgery are at an increased risk of having their operations cancelled or experiencing poor surgical outcomes due to ill health. As part of their elective care recovery activities, the team wanted to take steps to reduce these inequalities in access and outcome.

#### The aim of Set for Surgery

The intervention aims to support patients awaiting elective surgery to optimise their health to improve both individual outcomes and surgical pathway efficiency.

### Intervention

#### Summary of Set for Surgery

Set for Surgery is a prehab intervention that was piloted in 2021, with 200 patients on the surgical waiting list at University Hospitals of Morecambe Bay NHS Foundation Trust. The team worked in collaboration with Cumbria County Council Health and Wellbeing Team to deliver the Set for Surgery intervention, supporting those at greatest risk of a poor surgical outcome<sup>1</sup> to take stock of their health and identify actions they could take to improve it. The intervention consists of a Making Every Contact Count (MECC) approach, including over the phone health coaching. This offer sat alongside other materials given to all patients on the waiting list:

- [A Patient Charter](#) – which explains the Trust's promise to reducing the elective care waiting list and asks for a commitment from patients to do their best to improve and maintain their health while awaiting surgery.
- [A directory of resources](#) – which provides information and advice about the positive health behaviours and links to local support services.

Following the pilot, Set For Surgery was adopted as the business-as-usual approach to managing the surgical waiting list.

## **Enablers of delivering Set for Surgery**

### **Using data**

Data played a crucial role in the development and delivery of the intervention. Surgical waiting list and primary care data were linked, allowing the waiting list to be viewed by specialty, waiting time, surgical priority score, health risk factors, and levels of deprivation (overall Index of Multiple Deprivation decile for a patient's postcode). The data is presented in a dashboard, allowing the team to create patient cohorts, explore variation in access and outcomes, and stratify the waiting list by patient risk factors<sup>1</sup>. The outcomes dashboard enables the tracking of patient outcomes such as length of stay and readmissions. To improve the quality and reliability of the data in the dashboard, the team worked with GPs to produce a standardised referral form that captures a patient's health risk status at the point of referral, encouraging GPs to update these measures and to record them at the point of referral.

### **Involving patients**

A patient champion was involved in the development of the Set for Surgery intervention and was part of Health Watch-led focus groups to 'sense check' the approach with representative patient groups. The team then refined these ideas, engaging with 1,000 former patients via surveys to refine the model and support the development of the Patient Charter. Before the pilot started, the Trust released communications explaining the intervention and the new approach. In the pilot, each patient who was invited to take part was contacted by phone and had the intervention explained to them. In response to patient feedback collected in the pilot, the team worked to incorporate volunteers into the delivery of the Set for Surgery intervention. Volunteers (some of whom are former participants of the scheme) have been trained in supporting peers in their health improvement journey. This approach forms part of the business-as-usual model for delivering the intervention.

### **Involving staff**

A wide and diverse group of staff created the programme – anaesthetists and nurses, surgeons, GPs, and managers. Support from the analytics, patient experience and communications and engagement teams were invaluable. Initial data outputs and the proposed intervention were presented to Trust clinical staff. Initially, there were some concerns and questions raised, however the team worked with colleagues to address these, and problem solve emerging challenges.

### **System involvement**

Additional funding (£1 million from the national Targeted Investment Fund) was secured to address the elective care backlog and rollout Set for Surgery across the ICS. The intervention was developed in collaboration with colleagues from across the ICS. For example, Health Watch, Poverty Truth, GPs, and the surgical and anaesthetic care teams all input into the development of the Patient Charter. Public health colleagues shaped the MECC component of the intervention and advised on how the roll-out could address existing health inequalities. Existing partnerships and data sharing agreements with primary care were key enablers. However, sustaining collaborative ways of working that were developed for Set for Surgery has been identified as a key challenge by the team in the context of system financial pressures.

## ***Findings and reflection***

### **The changes observed**

In the pilot, 130 out of 200 patients remained eligible for inclusion at contact, and of these 130, 70 engaged with the health coaching approach. Of the 70, just under 50% (n=35) achieved objective improvements in their health risks and in a few cases (n=3), health improvements meant that surgery was no longer required. Some patients who didn't achieve measured improvements reported improved overall wellbeing. Patients also reported general satisfaction with the intervention and the impact it had on their health. When Set for Surgery started, there was a drop observed in on the day cancellation rates which the team attributes to the intervention, notably in elective orthopaedics. This finding was noted by the national [Get It Right First Time](#) team. Learning from the Set For Surgery pilot has enabled the intervention to be scaled up. The data dashboard is now embedded in three of the four acute provider trusts in the ICS. All four have plans for further implementation, bespoke to their locale, applying the same principles as the original intervention.

### **The lessons learnt**

- Good project management is essential for delivery of an improvement intervention.
- Adopting the intervention as business-as-usual requires considerable operational input which is challenging to achieve with wider system and service pressures (including financial).
- The capacity and capability to assess and evaluate outcomes over time is challenging without dedicated resource.

### **The Set for Surgery team recommend**

- Gauging willingness to share data at the outset and allowing time for information governance processes.
- Collaborating with public health colleagues to tackle health inequalities.
- Persistence, and a focus on good team working, engaging a wide and diverse multi-disciplinary team.
- Most of all – keeping the patient voice front and centre.

### ***Useful references/resources***

[Delivering plan for tackling the COVID-19 backlog of elective care: Supporting patients to prepare for surgery](#). 2022. NHS England.

[Set for surgery homepage](#)

[Set for Surgery Patient Charter](#)

[Set for Surgery Directory of Advice](#)

[University Hospitals Morecambe Bay: Transforming surgical care](#)

If you would like to know more about this case study, please contact:

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<sup>1</sup> In the pilot, patients were offered the intervention if they were living in an area with:

- An overall index of multiple deprivation (IMD) decile between one and three and had one or more of the following risk factors; overweight, current smoker, uncontrolled blood pressure, uncontrolled diabetes.
- An IMD decile between four and nine and had two or more of the risk factors listed above.