

Delivered in partnership with:

The Countess of Chester Hospital NHS Foundation Trust
East Cheshire NHS Trust
Mid Cheshire Hospitals NHS Foundation Trust
Cheshire West and Chester Council
Cheshire East Council



Cheshire Health Optimisation Policy and Criteria

Cheshire Health Optimisation Policy and Criteria Optimisation prior to elective surgery

NHS Cheshire CCG

<p><u>Revision History</u></p>

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1. Commissioning Statement

1.1 This policy relates to all Cheshire East and Cheshire West geographical areas.

The focus of this policy is to highlight the health benefits of a period of health optimisation prior to, or during, the referral for surgery. All non-urgent referrals for surgery for patients who meet the criteria below are to be supported through a medical optimisation period. This will include referral in to lifestyle services; however, it is important to note that the intent of the policy is not to prevent patients from accessing surgical treatment.

The policy aims to improve an individual's safety and health outcomes.

1.2 This pathway applies when making any referral to any surgical specialities (unless otherwise specified in the exception criteria)

2. Lifestyle and Support Optimisation Criteria

2.1 The pathway and process will apply to patients who come under the following criteria;

- Patients who have a BMI of 35 or above¹
- Patients who are alcohol dependant or drink more than the national recommended units per week
- Patients who smoke²
- Patients with uncontrolled high blood pressure (above target BP <160/100mmHg)
- Patients with a pulse below 45 or greater than 100 beats/min, (and a regular rhythm)
- Patients with diabetes that have a HbA1c >69

2.2 Risk criteria

Risks associated with smoking³:

- Higher risk of lung and heart complications
- Higher risk of post-operative infection
- Impaired wound healing
- More likely to be admitted to an intensive care unit
- Increased risk of dying in hospital
- Higher risk of readmission to hospital
- Remain in hospital for longer

2.3 Risks associated with high BMI⁴ and surgery

- A nearly 12-fold increased risk of post-operative complication after elective breast procedures
- 5-fold increased risk of surgical site infection (SSI)
- An increased risk of SSI as much as 60% when undergoing major abdominal surgery and up to 45% when undergoing elective colon and rectal surgery
- An increased risk of bleeding and infections after abdominal hysterectomy
- A higher incidence of per-operative deep venous thrombosis and pulmonary embolism
- Increased risk of complication after elective lumbar spine

2.4 Long term conditions

Patients with long term conditions that require stabilising prior to surgery; including the following;

- Hypertension
- Diabetes⁵
- Co-morbidities

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Where surgery was deemed urgent, or deemed to be an exception to the criteria then this would need to be agreed by the Surgeon and Anaesthetist based on the assessment of risk and the patient would need to confirm that they were able to accept those risk(s).

2.5 Patients, who meet more than one of the criteria, will be encouraged to seek support simultaneously from the relevant support services available.

2.6 Exclusion criteria

- Any urgent procedures
- Referral for suspicion for cancer (*optimisation can be offered but must not cause any delay to treatment and/or surgery*)
- Patients with a BMI of 35+ but who have a waist measurement of less than 94cm in males or 80cm in females (*excluded for weight management optimisation only*).
- Patients with severe mental health illness, learning disability or significant cognitive impairment (*optimisation can be offered based on clinical judgement, dependant on the individual patient*)
- Referrals for interventions of a diagnostic nature e.g. endoscopy
- Children under 18 years of age
- Frail elderly (as a guide – 3 or more of the following: unintentional weight loss; self-reported exhaustion; weakness (grip strength); slow walking speed; low physical activity (*optimisation can be offered based on clinical judgement, dependant on the individual patient*))
- Referrals for eye surgery (*optimisation not essential, but may still be a benefit to the patient for lifestyle optimisation for general health*)
- Patients who only use electronic cigarettes will be classified as non-smokers

Clinical discretion will be used to assess if a patient is suitable to enter the optimisation phase.

2.7 Although patients excluded from this pathway will not formally enter the optimisation phase, clinicians should offer referral into weight management / alcohol / and / or smoking cessation as appropriate.

2.8 Patients who use electronic cigarettes will be classified as non-smokers for the purpose of this criterion.

3 Process and Pathway

Primary Care

3.1 If a GP/Primary Care Clinician refers a patient to a surgical speciality which they suspect may convert in to a surgical intervention, the GP should consider whether the patient meets the criteria for optimisation and should provide the patients status of BMI, smoking, alcohol, blood pressure, glucose levels, and confirm what advice has been taken within the referral information.

3.2 If the criterion is met, the GP should signpost the patient to the optimisation pathway advising that they would benefit from entering this pathway.

3.3 The GP should offer advice to patients around optimisation, if agreed at this point then the patient will enter into a period of optimisation. If it is appropriate, the GP is to offer a referral to one of the following lifestyle services; smoking cessation, weight management and/or alcohol support. Please see Appendix A for services available in your area.

3.4 Throughout the optimisation period patients must be supported in caring for themselves, to empower⁶ themselves to improve and maintain their health, for example; advising patients on

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the effects of their life choices and lifestyle on the health and wellbeing, and supporting patients to make lifestyle changes where appropriate.

- 3.5 Patients who are disengaged and do not wish to comply with the pathway will still enter optimisation and will be actively encouraged to take action. A leaflet / letter will be shared with patients to advise them of the optimisation policy in conjunction with the associated post-surgical risks if no action is taken.

Secondary Care

- 3.6 Once a decision is made by secondary care that surgery is required, the clinician should discuss the optimisation pathway with the patient and refer the patient to preoperative assessment where they shall receive further information, including a patient information leaflet / letter (if not already received via Primary Care). The specialist clinician should advise preoperative teams on whether they feel the BMI of a patient is relevant to the outcomes of surgery and include any specific goals/objectives. They should also flag if a patient is not clinically safe to enter into optimisation.
- 3.7 Once patients have been referred however, they should be reassessed again prior to surgery to have their current medical status reviewed and updated to reflect any changes.
- 3.8 All Clinicians at any contact point within the pathway in first pre-operative assessment (not just pre-op clinic) unit should reinforce the messages of the optimisation pathway and make direct referrals to the most appropriate service e.g. smoking cessation, weight management, alcohol support, GP, if linked to existing medical condition.
- 3.9 In order to track, audit and validate the process, secondary care are asked to code that a patient has entered this pathway. This information will be requested bi-annually.
- 3.10 A letter should be sent to the patients GP advising that the patient has been placed on to the optimisation list.
- 3.11 Patient is advised to contact their GP if their condition deteriorates during the optimisation phase.
- 3.12 Prompt action must be taken if patient safety, dignity or comfort is, or may be, seriously compromised.

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4 References

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Appendix A – Healthy Lifestyle Support Services

Cheshire East

Service	Duration	Provider	Route of Access
Taste for Life cookery course	6 weeks	CEC OneYou Commissioned Service	GP or self-referral. Visit www.oneyoucheshireeast.org/eat-well/ for further information.
Re-shape Weight Management Programme	12 weeks	CEC OneYou Commissioned Service	GP or self-referral. Visit www.oneyoucheshireeast.org/lose-weight/ for further information.
Smoking Cessation	Ongoing	Community Services (East Cheshire NHS Trust)	GP referral. Visit http://www.eastcheshire.nhs.uk/Our-Services/stop-smoking-service.htm for further information.
Smoke Free Service (OneYou) Kickstart service: stop smoking service for; <ul style="list-style-type: none"> Pregnant women and their partners Mental health service users 	Ongoing	CEC OneYou Commissioned Service Kickstart stop smoking service *Trained nurses onsite at MDGH and Leighton Hospital	GP or self-referral Visit www.kickstartcheshire.co.uk/ for further information. Visit www.eastcheshire.nhs.uk/Our-Services/integrated-respiratory-service.htm for further information. Visit www.oneyoucheshireeast.org/be-smoke-free/ for further information (self-referral).
Alcohol Reduction and Prevention	Ongoing	CEC OneYou Commissioned Service	GP referral Visit www.oneyoucheshireeast.org/drink-less/ for further information.
Health Checks	Ongoing	GP	GP appointment. Visit www.nhs.uk/conditions/nhs-health-check/ for further information.
Dietetic input (type 2)	Ongoing	East Cheshire NHS Trust	GP referral

Cheshire West

Service	Duration	Provider	Route of Access
Weight Management Programme	12 weeks	BRIO (Cheshire Change Hub)	GP referral. Visit cheshirechangehub.org/services/weight-management/ for further information.
Smoking Cessation	Ongoing	BRIO	Online self-referral is available dependent upon the criteria set on the BRIO website. Visit cheshirechangehub.org/services/quit-smoking/ for further information.
Alcohol and Prevention treatment	Ongoing	Westminster Drug Project	Visit http://www.wdpyoungpeople.org.uk/barnet-young-peoples-drug-and-alcohol-service/ for further information (self-referral is available).
Health Checks	Ongoing	GP	GP appointment. Visit www.nhs.uk/conditions/nhs-health-check/ for further information.

National support

Service	Duration	Provider	Route of Access
NHS Better Health (delivered via an app)	12 weeks	NHS	Visit https://www.nhs.uk/better-health/ for further information, or download the app.
Weight Loss Guides (online programme)	12 weeks	NHS Choices	Visit www.nhs.uk/Tools/Documents/WEIGHT-LOSS-PACK/all-weeks.pdf for further information.
National Diabetes prevention programme	9 months	NHS England	Self-referral post diagnosis of being pre-diabetic by a GP. Patients will need their NHS number, latest HbA1c or FPG reading, including the date and your GP surgery name. For more information visit preventing-diabetes.co.uk/self-referral/

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Appendix B: Health Optimisation Pathway

