

Perioperative Care stakeholder scoping workshop facilitator notes

Date: Thursday 19 October 2017

Group: 2

Scope details	Questions for discussion	Stakeholder responses
<p>Title: Perioperative Care</p>	<p>What is the definition of perioperative care (including timeframe)?</p>	<p>The group suggested that the timeframe of perioperative care was from the moment of consideration for surgery in primary care until the patient is discharged.</p>
<p>2 Who the guideline is for</p> <p>This guideline is for:</p> <ul style="list-style-type: none"> • people using services, their families and carers, and the public • healthcare professionals in secondary care • healthcare professionals in tertiary care • non NHS organisations commissioned to provide services for the NHS or local authorities. 	<p>Would any of this guideline apply to primary care?</p>	<ul style="list-style-type: none"> • The group agreed it was important that this guideline includes primary care. • The group suggested that children have different needs (although there would be some, broad, overlap with adults). • The group suggested that children should either be included in the guideline or a separate guideline should be developed alongside. • The group suggested that the 16-18 age group was a sub-speciality. • The group noted that a pregnant woman having an elective caesarean should be included in surgery.
<p>3.1 Who is the focus:</p> <p>Groups that will be covered:</p> <ul style="list-style-type: none"> • Adults (18 and older) undergoing surgery as an in-patient. <p>Specific consideration will be given to</p> <ul style="list-style-type: none"> - older people. <p>Groups that will not be covered</p> <ul style="list-style-type: none"> • Pregnant women • Children (17 years and younger) 	<p>Is this the correct population? Does it cover all types of surgery relevant to the guideline? Does it inappropriately exclude any types of surgery (e.g. day surgery)?</p> <p>The IV fluids guideline included young people aged 16 years and over. Should they be included in this guideline?</p> <p>Are there any specific groups or subgroups not listed that need to be considered?</p>	<ul style="list-style-type: none"> • The group noted that there has been a big increase in out-patient surgery; complex surgery is happening in day care more often and these patients should be incorporated in the guideline. • The group suggested re-wording the scope to include 'in-patient or day surgery setting'.

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<p>3.2 Settings</p> <p>Settings that will be covered</p> <ul style="list-style-type: none"> secondary and tertiary healthcare <p>Settings that will not be covered</p> <ul style="list-style-type: none"> minor surgery clinics out-patient settings 		<p>This was not discussed.</p>
<p>3.3 Key areas that will be covered</p> <ul style="list-style-type: none"> Information and support needs for adults undergoing surgery Pre- operative optimisation <ul style="list-style-type: none"> proactive care of older people undergoing surgery perfusion and hydration Intraoperative management <ul style="list-style-type: none"> strict glucose control intravenous fluid during surgery cardiac monitoring devices Post-operative management <ul style="list-style-type: none"> pain management ICU utilisation System wide initiatives <ul style="list-style-type: none"> enhanced recovery programmes <p>Areas that will not be covered</p> <ul style="list-style-type: none"> Preoperative tests Blood products and blood transfusion People with burns People with traumatic brain injury or needing neurosurgery 	<p>Are all the key areas appropriate and have they all been covered?</p> <p>Are the excluded areas appropriate?</p>	<p>The group suggested rewording ‘surgery’ to ‘surgical procedure’ as there is a difference between an operation and procedure.</p> <p><u>Pre-operative optimisation</u></p> <ul style="list-style-type: none"> Complex patients who are not elderly should be included. Pre-operative optimisation is split between before hospital (from booking) and in hospital. Educational programmes should be included, including online resources accessed before surgery. Pre-operation fasting management should be included. <p><u>Intraoperative management</u></p> <ul style="list-style-type: none"> Awareness monitoring is very important and applicable in all areas, but is not consistently done. The group noted that there are other monitoring devices (as well as cardiac monitoring). The group noted that there is a commercial impact if the guideline recommends a specific monitoring device. <p><u>Post-operative management</u></p>

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<ul style="list-style-type: none"> Any other specific types of surgery 		<ul style="list-style-type: none"> It was suggested that post-operative management is until discharge from primary care. However, it was also noted that post-operative care often happens at home. The group agreed an established timeframe was needed. <p><u>System wide initiatives</u></p> <ul style="list-style-type: none"> Early warning scoring Safety check listing Early risk assessment <p><u>Areas that will not be covered</u></p> <ul style="list-style-type: none"> The group agreed that 'preoperative tests' should be reworded to 'routine preoperative tests'. The group agreed with the areas that will not be covered in this guideline.
<p>3.4 Economic aspects</p> <p>We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using a NHS and personal social services (PSS) perspective, as appropriate.</p>	<p>Which practices will have the biggest cost implications for the NHS?</p> <p>Are there any new practices that might save the NHS money compared to existing practice?</p> <p>Which areas of the scope have the most variation in practice?</p> <p>Which area of the scope is likely to</p>	<p>This was not discussed.</p>

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	have the most marked or biggest health implications for patients?	
<p>3.5 Key issues and questions</p> <p>1 Information and support needs for adults undergoing elective surgery</p> <p>1.1 What information, education and support is useful for adults who will be undergoing elective surgery?</p>	<p>Is this the correct question?</p> <p>Are there any questions missing relating to this issue?</p>	<p>This was not discussed.</p>
<p>2 Pre- operative optimisation</p> <p>2.1 What is the clinical and cost effectiveness of pre - operative optimisations clinics (for example, Proactive care of older people undergoing surgery (PoPs clinics)?)</p>	<p>Is this the correct question?</p> <p>Are there any questions missing relating to this issue?</p>	<ul style="list-style-type: none"> • The group noted that pre-operative medication management should be included throughout the guideline. • The group suggested that non-traditional medication, for example, herbal remedies, should be noted.
<p>3 Intraoperative management</p> <p>3.1 What is the clinical effectiveness and cost effectiveness of perioperative perfusion and hydration?</p> <p>3.2 What is the clinical effectiveness and cost effectiveness of strict blood glucose control?</p> <p>3.3 What is the most clinically effective and cost effectiveness intravenous fluid for patients undergoing surgery?</p> <p>3.4 Goal directed therapy question?</p>	<p>Are these the correct questions?</p> <p>Are there any questions missing relating to this issue?</p>	<p>This was not discussed.</p>

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3.5 Cardiac monitoring devices question		
4 Post-operative management 4.1 Pain management 4.2 Location of post-operative care	Are these the correct questions? Are there any questions missing relating to this issue?	This was not discussed.
5 System wide initiatives / Enhanced recovery programmes 5.1 Are enhanced recovery programmes clinically and cost effective?	Is this the correct question? Are there any questions missing relating to this issue?	This was not discussed.
3.6 Main outcomes <ul style="list-style-type: none"> • Health related quality of life • Survival (mortality) • Adverse events /complications <ul style="list-style-type: none"> - surgical site infection • Symptom scores and functional measures • Length of stay in ICU/hospital • Hospital readmission • Psychological distress and mental wellbeing • Patient, family and carer experience of care 	Are all outcomes appropriate? Are there any adverse events/complications missing? Are any key outcomes missing?	This was not discussed.
GC composition <ul style="list-style-type: none"> • Anaesthetist • Intensivist with expertise in anaesthesia • Surgeon • Physician specialising in proactive surgery preparation 	Do you have any comments on the proposed membership of the committee?	The group suggested the following: <ul style="list-style-type: none"> • Anaesthetist should be someone who is a lead in pre-assessment. • Infection prevention expertise (agreed that expertise in surgical site infection is very important). • Geriatrician • Paediatric specialist if the guideline is covering children.

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<ul style="list-style-type: none">• Theatre nurse• Operating department practitioner• Pharmacist• Critical care outreach team member• Perioperative nurse• Emergency physician with intensivist experience• Lay member x2 <p><u>Expert advisers</u></p> <ul style="list-style-type: none">• Physiotherapist• Pain management physician/nurse		<ul style="list-style-type: none">• Perioperative nurse could mean a lot of people; should be more specific.