‘Argent Provocateur’ . . .
Pre-operative assessment for all: a question of priority?

It started as a casual email enquiry from a senior member of the pre-operative assessment nursing team.

A middle-aged Kendal resident with a few minor and, in my view, inconsequential medical problems – was she fit for surgery at Kendal?

Why had my opinion, as opposed to the opinion of the anaesthetist who worked the regular session, been sought this way?
Because the nurse knew my name and, since the commissioning of the new purpose-built pre-operative clinic, has very limited access to medical opinion. These days there is no longer a ‘regular anaesthetist’ for that list.

Why were such encounters between nurses and anaesthetists so informal?
Because the vast majority of patients who attend the service need no such advice: it’s the occasional one with medical co-morbidities that needs a focussed approach to identify and make a decision about treating.

Why then do we need to make a separate appointment with a nurse for just about everyone who wishes to have surgery? Why can’t we screen by telephone? Why can’t we use data from primary care on blood pressure and weight to save an 80-year-old a 60-mile trip to hospital? Or even sort it out in the original surgical clinic, like we used to?
The answer reduces to two inviolate principles:
1) because every single case that gets cancelled on the day of surgery causes severe embarrassment and a financial penalty to the organisation, 2) . . . and the more powerful motivator, ‘because there is a tariff for it’

Who is paying for this tariff?
Well, primary care is, of course. Whether that is in its old form, as a Primary Care Trust, or one of its new incarnations, a Clinical Commissioning Group. The latter may yet choose not to.

Is this extra money?
There is no extra money these days. The money has to be found from savings elsewhere. Patients whose hospital stay is made shorter by an intervention implemented by the pre-operative service saves lot of money. Otherwise it’s money that has been removed from somewhere else. The ethical principle of ‘Justice’ suggests that money paid to nurses to assess patients for surgery should be taken from the surgical nursing budget, but in practice it’s taken from whoever doesn’t make a fuss.

What sort of interventions can be undertaken pre-operatively? Is there any evidence that such an approach works?
Harari *et al* describe the use of a pre-operative service to reduce stay after major joint surgery. They focus on elderly patients and they use a method known as comprehensive geriatric assessment. They measure residual urine volumes in men to predict the risk of urinary retention, prescribe drugs to improve bladder control where appropriate and adjust analgesics to reduce the risk of constipation. They screen for delirium risk and plan for it. Finally they ensure that occupational therapy services have a package in place before admission. It’s called a ‘patient-centred service’.

What haven’t we tried this?
We have set up the service with a worthy, but totally different, aim, namely to help the Trust decide where its patients go in order to minimise the risk of a cancellation because of an undiagnosed condition. It’s an ‘*organisation-centred service*’.

Can we move to a better service?
We need to. Harari and colleagues now offer training courses on the method. Staff require a trip to London and some investment in study leave.

What might be the benefits of saving the tariff by such an arrangement? Where do we start? That linear accelerator in Kendal maybe?
But again, Justice may demand that the surgical money be reinvested in surgery and the services that work with it . . . such as ward nurses, ward doctors, and maybe even a high dependency facility?

REFERENCE

Harari D, Hopper A, Dhesi J, Babic-Illman G, Lockwood L, Martin F. Proactive care of older people undergoing surgery (‘POPS’): Designing, embedding, evaluating and funding a comprehensive assessment service for older elective surgical patients. Age and Ageing 2007;36:190-6

See also, for details of training:
http://www.guysandstthomas.nhs.uk/services/acutemedicine/elderlycare/pops/staff.aspx

The editor seeks views from his readers on similar matters concerning the ethical and appropriate use of resources in these challenging times. They will be published under the banner ‘Argent Provocateur’ . . .