



6th ACG System Webinar -Streamlining the perioperative pathway based on patient clinical need

4 December 2024



# **Welcome and Introductions**



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Population Health Consultant, Graphnet

# National Perioperative Care Programme Deliverables

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Improve perioperative pathway design and delivery

- Early screening
- Patient-centred preoperative assessment
- Universal, targeted and specialised optimisation
- Surgery schools
- Maximising day surgery
- Maximising safe use of High Volume, Low Complexity lists and elective hubs

#### Inclusive approach

- Children and Young People
- Obstetrics
- Elective and emergency pathways

Improve perioperative care quality

- Improve compliance with enhanced recovery programme
- Enhance perioperative care
- Innovation in perioperative care
  - Virtual wards and remote monitoring
  - Data driven approaches (AI etc)
- Formal evaluation







# Shared Care Record and Population Health

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# Rich, Longitudinal Record for every Patient

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Elective Recovery App Fower BI data flows and visualisations

Demographics	Clinical Data	Activity	Johns Hopkins	Waiting List
Age, sex, ethnicity	Clinical Conditions Primary Care (Read, CTv3 and SNOMED)	GP Appointments, Encounters and Events	Patient Need Group and Resource Utilisation Bands	Hospital Trust and Site
Residence and Neighbourhood	Lifestyle markers: BMI, Smoking status, Alcohol Consumption	A&E Attendances, Outpatient Appointments, Inpatient Admissions	Probability of hospitalisation and extended hospital stays	Added to list date / total time waiting, priority, booking status
Deprivation (Index of Multiple Deprivation)	QoF Registers Local Registers	111 Queries, 999 Calls	Mortality Risk Score	Outpatient or inpatient wait
Live alone, carer	Electronic Frailty Index: score, deficits and category	Contacts with Community Services. Mental Health Services and Social Care	ACG Conditions and Expanded Diagnostic Clusters	Specialty, Procedure, Consultant
"Deceased"	Care Plans			Multiple / duplicate waiting list entries
	Test results e.g. Blood Pressure, HbA1c, Hb, Cholesterol			Patient contact details
	Medications; repeats and acutes			
	Risk scores; QRisk, CHA2DS2-Vasc, Frax			

# **Trailblazing Project: Preoperative Assessment Pathway Redesign**

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# **Johns Hopkins Features**

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QoF vs ACG Groupings e.g. Diabetes

Additional patient insight used e.g. HbA1c (>69 mmol/mol) BMI (>=40 kg/m<sup>2</sup>) BP (> 160 / 110 mmHg) Etc

#### Inform Disease Groupings

SYSTEM	GOLD	GREEN	ORANGE	RED
Cardiovascular	Patients not coded as green, orange, or red.	- Hypertension diagnosis with latest BP in the last 12 months <= 160/110	Hypertension diagnosis with latest BP in the last 12 months > 160/110     Cardiac Arrhythmia diagnosis     Atrial fibrillation diagnosis     Vertiginous syndrome diagnosis     Heart murmur diagnosis     Peripheral vascular disease diagnosis     -Mitral heart disease	Acute myocardial infarction recorded Cardiac arrest recorded Congestive heart failure diagnosis Heart failure diagnosis
Respiratory	Patients not coded as green, orange, or red.	- Asthma without status asthmaticus diagnosis	- COPD diagnosis     - Other respiratory disorder     diagnosis     - Sleep apnoea diagnosis	Chronic respiratory failure diagnosis     Asthma with status asthmaticus diagnosis
Neurological	Patients not coded as green, orange, or red.	<ul> <li>Depression diagnosis</li> <li>Anxiety diagnosis</li> <li>Neuroses diagnosis</li> </ul>	<ul> <li>Seizure disorder diagnosis</li> <li>Bipolar disorder diagnosis</li> <li>Schizophrenia diagnosis</li> </ul>	<ul> <li>Stroke/TIA recorded</li> <li>Dementia diagnosis</li> </ul>

#### **Reduce SNOMED Searches**

© SNOMED International 2017 v1.36. Taxonomy Search Fa	4 - Hosted and maintained by NHS Digita vorites Refset		Concept [	Details			
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Search Mode: Partial matching search mode -	93 matches found in 0.032 secor	nds.	Paren	ts			
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english 93	Organic sleep apnea	Organic sleep apnea (disorder)		Sleep apnea Sleep apnoe			
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concept)				Sleep apnea	(disorder)		

#### Additional Insight – this was a first for the Acute Trust





# **Trailblazing Project: Preoperative Assessment Pathway Redesign**

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# Perioperative Dashboard Development

## Operational data

- PTL National Minimum Dataset surgical waiting lists
- PAS system data- hospital clinic data

## Clinical data

- Shared Care Record
- Colour coded comorbidities in GP record
- Surgical complexity AXA/BUPA PPP

## Risk scoring algorithm

- POA tested telephone screening algorithm
- Locally Peer reviewed
- Underpinned by National guidelines, GIRFT targets etc

ASA 1, fit and well	Golden
ASA 2, well controlled	Green
Face to Face Nurse POA	Orange
High risk, likely Anaesthetic review	Red
Very complex, end of life, older, frail, multi/co-morbidities	Purple

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# Early Optimisation and Pre-Operative Assessment

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#### Early Optimisation Alerts

CATEGORY	EARLY OPTIMISATION	COMPLEX PATIENTS	VERY COMPLEX PATIENTS
Smoking	- Current smoker	- Current smoker	
Alcohol	- Greater than 14 units per week	- Greater than 14 units per week	- Greater than 35 units per week
BMI	- Less than 17.5 Kg/M <sup>2</sup>	- Less than 17.5 Kg/M <sup>2</sup>	- Greater than 45 Kg/M <sup>2</sup>
	- Greater than 27.5 Kg/M <sup>2</sup> (BAME)	- Greater than 27.5 Kg/M <sup>2</sup> (BAME)	
	<ul> <li>Greater than 30 Kg/M<sup>2</sup> (Any other or ethnicity not known)</li> </ul>	<ul> <li>Greater than 30 Kg/M<sup>2</sup> (Any other or ethnicity not known)</li> </ul>	
Blood Pressure	- Greater than 140/90 mmHg AND age less than 80	- Greater than 140/90 mmHg AND age less than 80	
	- Greater than 150/90 mmHg AND age 80 or above	- Greater than 150/90 mmHg AND age 80 or above	
Health Check	- No primary care health check in the last 5 years AND No QOF long term conditions AND aged 40-74		
		- Latest Hb in the last 12 months less than 130 g/L	- Latest Hb in the last 12 months less than 100 g/L
DiabetesPatie	nt groupings	are not mutua	lly exclusive
	- Opioid prescription in the last 12 months		,
Major Drug		- 5 or more major drugs prescribed in the last 12 months* (see star list below).	
Age			- Age 90+ - Age 80+ AND 5+ QOF LTCs - Age 80+ AND severely frail - Age 80+ AND patient need group
			(PNG) greater than 10 out of 11
Mortality risk score			- Mortality risk score greater than 80
		1	· · · · · · ·

#### Pre-operative Assessment Triage

SYSTEM	GOLD	GREEN	ORANGE	RED
Cardiovascular	Patients not coded as green, orange, or red.	<ul> <li>Hypertension diagnosis with latest BP in the last 12 months &lt;= 160/110</li> </ul>	<ul> <li>Hypertension diagnosis with latest BP in the last 12 months &gt; 160/110</li> <li>Cardiac Arrhythmia diagnosis</li> <li>Atrial fibrillation diagnosis</li> <li>Vertiginous syndrome diagnosis</li> <li>Heart murmur diagnosis</li> <li>Peripheral vascular disease diagnosis</li> <li>Mitral heart disease</li> </ul>	<ul> <li>Acute myocardial infarction recorded</li> <li>Cardiac arrest recorded</li> <li>Congestive heart failure diagnosis</li> <li>Heart failure diagnosis</li> </ul>
Respiratory	Patients not coded as green, orange, or red.	<ul> <li>Asthma without status asthmaticus diagnosis</li> </ul>	<ul> <li>COPD diagnosis</li> <li>Other respiratory disorder diagnosis</li> <li>Sleep apnoea diagnosis</li> </ul>	<ul> <li>Chronic respiratory failure diagnosis</li> <li>Asthma with status asthmaticus diagnosis</li> </ul>
		<ul> <li>Depression diagnosis</li> <li>Anxiety diagnosis</li> <li>Neuroses diagnosis</li> </ul>	<ul> <li>Seizure disorder diagnosis</li> <li>Bipolar disorder diagnosis</li> <li>Schizophrenia diagnosis</li> </ul>	- Stroke/TIA recorded - Dementia diagnosis
	Patient	groupings o	are mutually ex	clusive
Endocrine	Patients not coded as green, orange, or red.	- Diabetes diagnosis AND latest blood glucose in the last 12 months between 4 mmol/L and 10 mmol/L AND latest HbA1c in the last 3 months less than 69 mmol/L	<ul> <li>Hypothyroidism diagnosis</li> <li>Diabetes diagnosis AND latest blood glucose in the last 12 months greater than 11 mmol/L</li> <li>Diabetes diagnosis AND latest HbA1c in the last 3 months greater than 69 mmol/L</li> </ul>	- Latest HbA1c in the last 12 months greater than 100mmol/L
GIT/GU	Patients not	- Irritable bowel	- Inflammatory bowel disease	N/A

This led us to develop two dashboards

# POA triage: Supporting operational teams to book safely

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This report includes all waiting list entries. Please use filters to remove deceased patients from the report. Latest PTL Load Date: 22/11/2024 NHS **Pre-Operative Assessment Triage** Note This report should only be used to 8.150 8.313 68 support clinical decision making and should Show Filters **Clear Filters** Filters Applied not be used in isolation to make clinical PATIENTS IN COHORT MAX WEEKS ON W/L NO OF WAITING ENTRIES Consultant NHS Number All  $\sim$ All  $\sim$ To select more than 1 category at a time, hold down 'Ctrl' on your keyboard whilst clicking the buttons Exportable Data Medical issues, well controlled Complex Patient Alert Unclassified Name & NHS Number Surgical Category GIT/GU Simple Drug General POA Outcome POA Clinic Code A&E A Cardiovascular Respiratory Neurological Haematalogical Endocrine Social Previous Triage Category POA Date Count Anasthetics Green Red No POA Red Recorded Green Green 15/10/2024 Discharge WHPRU 09:15:00 14/10/2024 Discharge WHPOG 11:45:00 18/10/2024 Discharge MAJOR+ Red AHPRHC Red Copy Share Green Green Green Red WHPRAC Red Show data point as a table Set alert Pre-Operative Assessment Triage Details Show as a table Patient Optimisation Details Include Graphnet 🍳 Patient Details Exclude Orill through Acute Unfreeze row headers

- + 88%

# **Patient Comorbidity Details**

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# **Further Patient Details**

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Attribute	Value	Date	Description	Medication Date	Medication Description	ШE	Test Type		Test R	esult	
NHS Number		16/10/24	Wide excision	10/10/2024	Bisoprolol 1.25mg tablets	E	Blood Glucose	6.2 (mmo	l/l), 22/11/2022		
Forenames		27/06/24	Rectal haemorrhage	10/10/2024	Bisoprolol 2.5mg tablets	E	Blood Pressure	124/84 (n	nmHg), 03/09/2	024	
Surname		31/05/24	Degenerative joint	10/10/2024	Edoxaban 60mg tablets		BMI	32.7 (kg/r	n2), 02/07/2024	1	
Local Patient			disease of shoulder	10/10/2024	Empagliflozin 10mg tablets	(	Cholesterol	4.9 (mmo	I/I), 01/11/2024		
Identifier			region	10/10/2024	Furosemide 40mg tablets	0	Creatinine	72 (umol/	1), 01/11/2024		
DOB		08/02/24	Lymphoedema	10/10/2024	Ramipril 2.5mg capsules	- 16	BMI	CHOL	ESTEROL	SYSTOL	IC BP
Age		08/02/24	Rectal haemorrhage	01/08/2024	Bisoprolol 1.25mg tablets	- 17		-			-
Sex		08/02/24	Restless legs	01/08/2024	Bisoprolol 2.5mg tablets						~
Ethnic Group		06/12/23	Diverticulosis of colon	01/08/2024	Edoxaban 60mg tablets		CREATININE	н	bA1C	DIASTO	LIC BP
Home Phone		03/11/23	Blood in stool	01/08/2024	Empagliflozin 10mg tablets						
Number		15/09/23	Localised, primary	01/08/2024	Furosemide 40mg tablets	16		-		~	
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Attribute	Value	Attribute	Value	Medication Date	Medication Description		QOF Condition	EDC	1	ACG Conditi	on
eFI Category	Moderate			15/10/2024	Terbinafine 1% cream	4	trial fibrillation	Administra	ative	Congestive H	Heart
eFI Score	0.28			04/10/2024	Spikevax JN.1 COVID-19 mRNA Vaccine	0	Cancer	concerns a	and non-	Failure	
Frailty Deficits	Hypotension / syncope, Heart				0.1mg/ml dispersion for injection	H	leart failure	specific la	boratory	Hypertensio	n
	valve disease, Dyspnoea, Heart				multidose vials (Moderna, Inc)	N	Non-diabetic	abnormali	ties	Low Back Pa	in
	failure, Hypertension,			03/09/2024	Terbinafine 1% cream	h	yperglycaemia	Anorectal	conditions		
				04/07/2024	Terbinafine 1% cream			Cardiac an	rnytnmia		
				WAIT	TING LIST ENTRIES						
Provider	Date Weeks on RTT W Added to W/L on W/L Elective Recovery	eeks Cons L	ultant Treatment Pr Function	rocedure			Wait List Type Bo	ooking Status	Pri	iority TCI Dat	e Pre O Date
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										Grap	hne

# **Iteration Process to Enhance Quality Assurance**





#### Effectiveness for identifying "Gold patients" for "Fit for surgery"

The PDSA cycles model was used for the iteration process in collaboration with Graphnet. The Trust analysed volumes of data, starting with single surgical speciality. Graphnet digital triage identified "Gold patients" on the waiting list. Gold patients need little or no intervention to prepare for surgery. Needs for this group of patients were assessed, and algorithm was continuously optimised.

#### **PDSA Cycles Model**



#### <u>Aim</u>

Identify LOW risk patients for surgery Move resources, if any released to high-risk patient reviews

#### <u>Results</u>

Medication count added to algorithm, Sleep apnoea a problem Comorbidity coding > 80 % accurate Lifestyle metrics are limiting accuracy Reduction in unnecessary investigations

#### **Benefits**

Band 5 Nurse 45 mins to Band 3 HCA 15 min consultation Mean sign off to surgery 18.6 to 2.3 days Increased activity up 52% Increased productivity 30%

# **New Standard Operating Procedure**

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#### Allocating the right resources help improve patient experience



# **Pre-Operative Assessment Triage Making Every Contact Count**

# The risk stratification rules enabled us to safely identify ASA 1 "Gold" patients. Resources now matched to patient need in this group. Costs have been reduced, clinical care improved, patient safety maintained Ongoing project work - we have started to match resources to green ASA 2 patients (telephone clinics) and have a high-risk patient project due to commence 2025 Pre-Operative Assessment team have implemented the change with patient safety maintained

Lifestyle advice 'teachable moment' crucial

#### is report includes all waiting list entries. Please use filters to remove deceased patients from the repo Latest PTL Load Date: 08/11/2024 NHS Pre-Operative Assessment Triage 8.120 8.272 69 **Filters Applied** Show Filters Clear Filters not be used in isolation to make clinica MAX WEEKS ON W/ NHS Numb Consultant AT × All Exportable Data

#### What Has Changed

- Automated Digital triage has replaced the triage process by band 6 nurses
- ASA 1 patient clinics are fully run by HCA, band 3
- ASA 1 patients clinic slots reduced from 45 mins to 15 mins
- Reduction in unnecessary investigations, improved focus on lifestyle advice
- POA clinic capacity now matching demand

#### **Benefits and Impact**

- Allocating the right resources is crucial, improving quality of care, and patient experience
- Reducing costs: clinic capacity increased 45 % with 4 months, nurse productivity 30% increased.
- Improved patient throughput :turn around to sign off (ready for listing ) Mean 18.6 days to 2.3 days
- Pool of patients ready at short notice for surgery
- Results replicated across other UK Hospital sites (Kent)
- Community of Practice to continually improve

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# **Identifying Patients for Early Optimisation**



#### Developed an approach to early optimisation in parallel

- Frimley Health FT developed a prehabilitation page to identify patients on the waiting list in need of early optimisation
- In November 2022, a Prehabilitation pilot was initiated with BHT, two Primary Care Networks (Chalfont and BMW), Live Well Stay Well and Graphnet with 100 patients with hypertension, obesity (BMI >35) or diabetes. The aim was to see whether patients on the waiting list with prehabilitation needs could be identified and enact a lifestyle changes on receipt of customised letter
- The project has been a catalyst for true cross-collaborative working across systems primary care, public health and secondary care surgical services

This report includes all waitin	g list entries. Pleas	e use filters to ren	move deceased	patients from the re	eport.					Latest PTL Load Dat	e: 22/11/2024	IS									
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	8 (4 Categories)	90	20			116 (g/L), 06/08/2024	65.0 (mmo 27/06	/mol), 2024	45.41 (kg/m2), 01/02/2024	125	79 (mm 01/0	20/03/2024		20/03/2024		20/05/2024			Complexity		
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# Patient Details to inform Early Optimisation

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Patient Optimis Right Click For Patient	ation Details				Lo	test PTL Load Date, 22/	
AGE QOF CO	UNT MAJOR DRUGS	SIGN	IFICANT REF	ERRAL	STROKE/TIA	SMC	KING
Age QOF LTC	Count Major Drugs	Significant W/L TF(s)	Significant O	utpatient Appointment(s)	QOF: Stroke/TIA	Smoking Status	COPD/PAD/Diabetes
84 6	10	Clinical Haematology Service	Cardio	ology (11/11/2024)		Past Smoker 9/6/2024	Diabetes
HYPERTEN	NSION		COPD		MENTAL HEALTH	OPIOIDS	AF
Latest BP CVS Drugs	Age QOF: Hypertension	QOF: COPD Respirat	ory Drugs		QOF: Mental health	Latest Opioid	QOF: Atrial fibrillation
120/54 (mmHg), 4 03/10/2024	84 Y					Prescription	Y
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1.7 (kg/m2), 06/09/2024		Heart failur	e	1	Y	Y	
ANAEM	1IA	RHE	JMATOID ARTI	HRITIS	DEMENTIA	FRAILTY	PAD
Latest Hb LJ	atest Iron Presciption	QOF: Rheumatoid arthri	tis Immun	osuppressive Drugs	QOF: Dementia	eFI Category	QOF: PAD
15 (g/L), 06/09/2024						Severe	
HYPONATRAEMIA	MEDICATIONS	_	DIABETES		EPILEPSY	ADMI	SSIONS
Sodium Result	Major Drugs (Last 12M)	QOF: Diabetes Hb	A1c Result	Diabetic Drugs	QOF: Epilepsy	Admissions (Last 12M)	Latest Admission
136 (mmol/L), 06/09/2024	10 (4 Categories)	Y 79 () 06	mmol/mol), 5/09/2024	2		4	04/10/2024
ALCOH	0L		PROCEDURE		LD	A&E ATTE	
eekly Consumption			Procedure		QOF: Learning disability	Attendances (Last 12M)	Latest A&E Attendance
						4	03/10/2024

# Early Patient Optimisation Pilot In Progress

- Using deprivation as a selection criteria, next pilot involved identifying patients with an optimisation alert as soon as they are listed for surgery
- Patients who might benefit from optimisation are flagged regardless of their level of peri-operative risk
- Secondary Care thresholds based on RCoA guidelines / other standards as applicable
- Anticipate early identification of complex patients on the surgical waiting list will lead to better outcomes for patients and the healthcare system.

# Date: 08/11/202 Case: 08/11/202 Descent Optimisation All All Case: Clear Filters Filters Applied Consultant Not Diris report should only be used to support should on the used in scalar on make gand should not be used in scalar on make dinical decision All Case: Clear Filters Filters Applied Case: Clear Filters Number All Case: Clear Filters All Case: Clear Filters All Case: Clear Filters Filters Applied Consultant All Consultant All Consultant All Consultant Carrent Requirement Early Optimisation Consultant All Consultant Complex Patients Unclassified Mark RNHS Number NHS Number OB Age Pelotone Date Added to Booking Status Priority TCl Date Consultant Treatment Procodure Procodure <th colspan

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#### What has been flagged

- Incomplete shared care records means opportunities to start patient optimisation are missed
- > 50% of patients on the waiting list require optimisation
- Variable optimisation leads to poorer surgical outcomes and cancellations
- Surgeons and key stakeholders do not have access to the Shared Care record
- Patients need to be identified as early as possible in surgical pathways

#### Planned Benefits and Impact

- Improved coordination and communication throughout the perioperative pathway.
- Better controlled DM, BP, BMI, Smoking status, alcohol intake
- Reduction healthcare utilisation whilst on surgical waiting lists
- Risk reduction for patients with multiple comorbidities
- Shorter hospital stay, reduced post operative complications
- Better healthcare resource planning and efficiency savings

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# **Optimisation in the Community**



- Prehabilitation pilot inclusion criteria:
  - > Deprivation
  - > Optimisation of Blood Pressure / poorly controlled Diabetes
  - BMI, Smoking, Alcohol
  - Patient Need Groups
  - Acute activity admissions / attendances
- Team of Health coaches / nutritionists inviting patients for consultations in community locations: shopping centre, church, well-being hub, library or virtual
- Wonderful patient stories and qualitative feedback
- Outcome measures : Healthcare utilisation whilst on waiting list, improved optimisation targets, fewer delays to surgery, improved surgical outcomes, shorter length of stay, reduced readmissions

#### Next steps

- Poorly controlled Diabetes ; technological intervention
- Identified surgical groups for targeted interventions early endometrial hyperplasia, pain referrals, arthroplasty work up, complex incisional hernias
- Patients with incomplete SCR metrics to upload measures via NHS App
- Of those with complete metrics, 50% flagging an optimisation need on surgical lists





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- > Developed an automated, rules-based risk stratification algorithm to identify high and low risk surgical patients
- Streamlining pathways has enabled us to better use our limited resources
- Proactively identifying patients much earlier in their patient journey
- > Patients who need light touch, get light touch
- > More complex patients benefit from focused additional resources, personalised programmes
- > We know from our patients that their experience is better
- > We aim to improve surgical outcomes
- > We are also addressing Public Health needs through these teachable moments
- > We are now able to deliver commitments set out in the NHS long term plan, enabling a universal personalised care approach
- Innovative public / private sector partnership
- The projects have been a catalyst for true cross-collaborative working across systems primary care, public health, secondary care surgical services and digital

# Any Questions?