

## Eastern Cheshire Health Optimisation Criteria and Process Optimisation prior to elective surgery

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NHS Eastern Cheshire CCG

2017/18

### Revision History

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## 1. Commissioning Statement

1.1 This policy relates to all NHS Eastern Cheshire 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 the following surgical specialities:

- Colorectal
- ENT / Head and Neck
- General Surgery
- Hepatobiliary & Pancreatic Surgery
- Plastic Surgery
- Orthopaedics (including musculoskeletal)
- Upper GI
- Urology
- Vascular Surgery

1.3 The following patient cohorts will be identified to enter the optimisation period

## 2. Lifestyle and Support Optimisation Criteria

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

- Patients who are obese<sup>1</sup> (above BMI of 35)
- Patients who are alcohol dependant or drink more than 14 U/week
- Patients who smoke<sup>2</sup>
- Patients with controlled high blood pressure (above target BP <160/100mmHg)
- Patients with a pulse below 45 and 100 beats/min, (and a regular rhythm)
- Patients with HbA1c (diabetes only) high blood glucose level (HbA1c greater than 69mmo/L)

2.2 Risk criteria

Risks associated with smoking<sup>3</sup>:

- 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 BMI<sup>4</sup> 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
- Diabetes<sup>5</sup>
- Co-morbidities

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
- Patients undergoing surgery for cancer (*optimisation can be offered but must not cause any delay to surgery*)
- Referral for suspicion for cancer
- 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

3.4 If a GP/Primary Care Clinician refers a patient a surgical speciality which they suspect may convert 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.

- 3.5 If the criterion is met, the GP should signpost the patient to the optimisation pathway advising that they would benefit from entering this pathway.
- 3.6 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.

| Service  | Duration          | Provider   |
|--|-------------------|--|
| Taste for Life cookery course  | 6 week programme  | CEC OneYou Commissioned Service  |
| Re-shape Weight Management Programme   | 12 week programme | CEC OneYou Commissioned Service  |
| Smoking Cessation  | Ongoing           | Community Services   |
| OneYou support<br>Kickstart service: stop smoking service for;<br>*Pregnant women and their partners<br>*Mental health service users | Ongoing           | CEC OneYou Commissioned Service<br>OneYou Specialist Kickstart stop smoking service<br>*Trained nurses onsite at MDGH and Leighton |
| Alcohol Reduction and Prevention   | Ongoing           | CEC OneYou Commissioned Service  |
| NHS Health Checks  | Ongoing           | GP   |
| Dietetic input (type 2)  | Ongoing           | East Cheshire NHS Trust  |

- 3.7 If a patient meets the optimisation criteria due to an existing medical condition such as diabetes, the GP should review the management plan to reach the objectives required prior to surgery. Once this objective is met, a referral should be made.
- 3.8 Throughout the optimisation period patients must be supported in caring for themselves, to empower<sup>6</sup> themselves to improve and maintain their health, for example; advising patients on the effects of their life choices and lifestyle on the health and wellbeing, and supporting patients to make lifestyle changes where appropriate.
- 3.9 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**

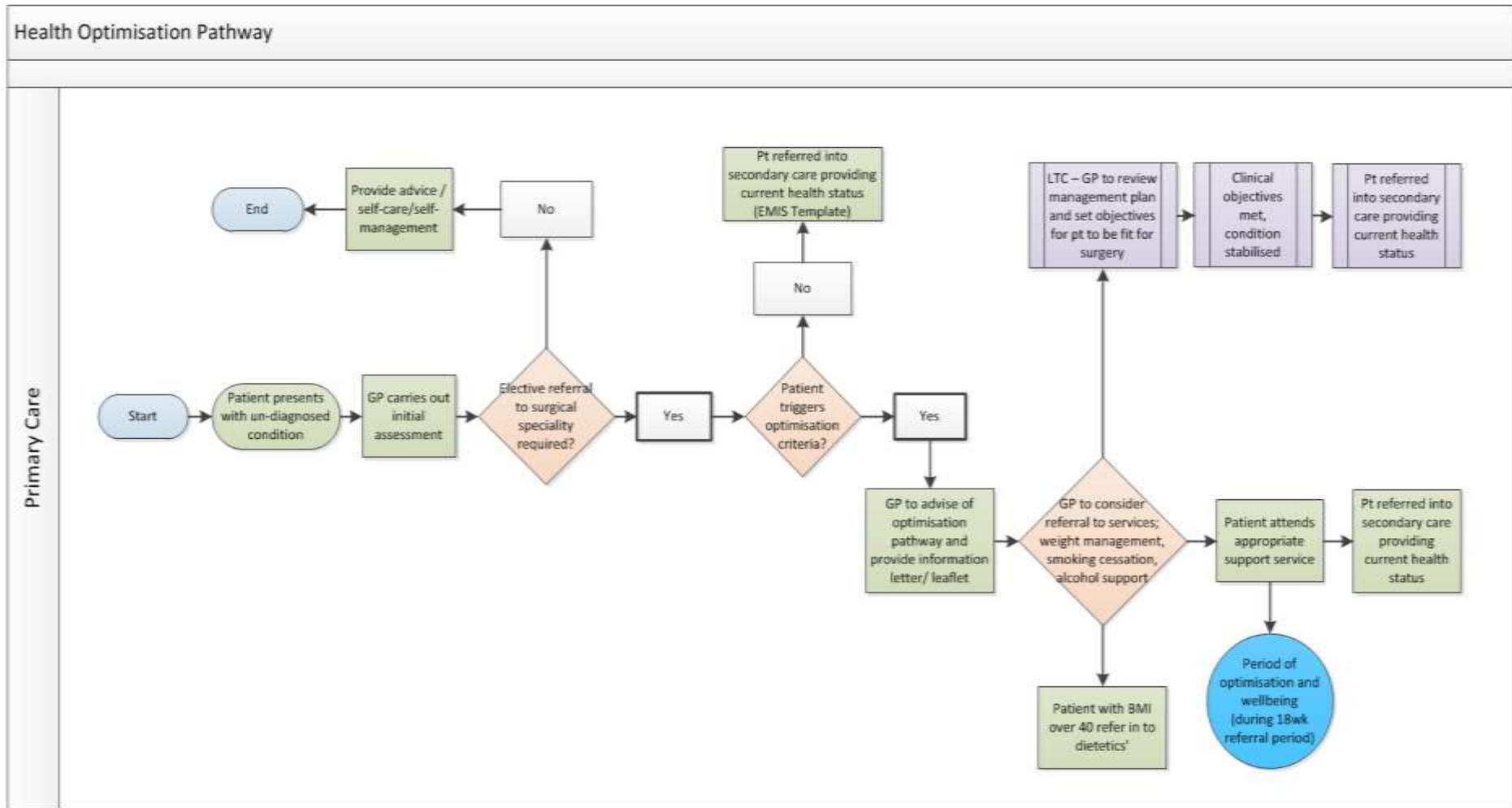
- 3.10 Once a decision is made by secondary care that surgery is required, the clinician should discuss the optimisation pathway with the patient and refer the patient to preoperative assessment where they shall receive further information, including a patient information leaflet / letter (if not already 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.
- 3.11 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.
- 3.12 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.
- 3.13 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.
- 3.14 A letter should be sent to the patients GP advising that the patient has been placed on to the optimisation list.

- 3.15 Patient is advised to contact their GP if their condition deteriorates during the optimisation phase.
- 3.16 Prompt action must be taken if patient safety, dignity or comfort is, or may be, seriously compromised.

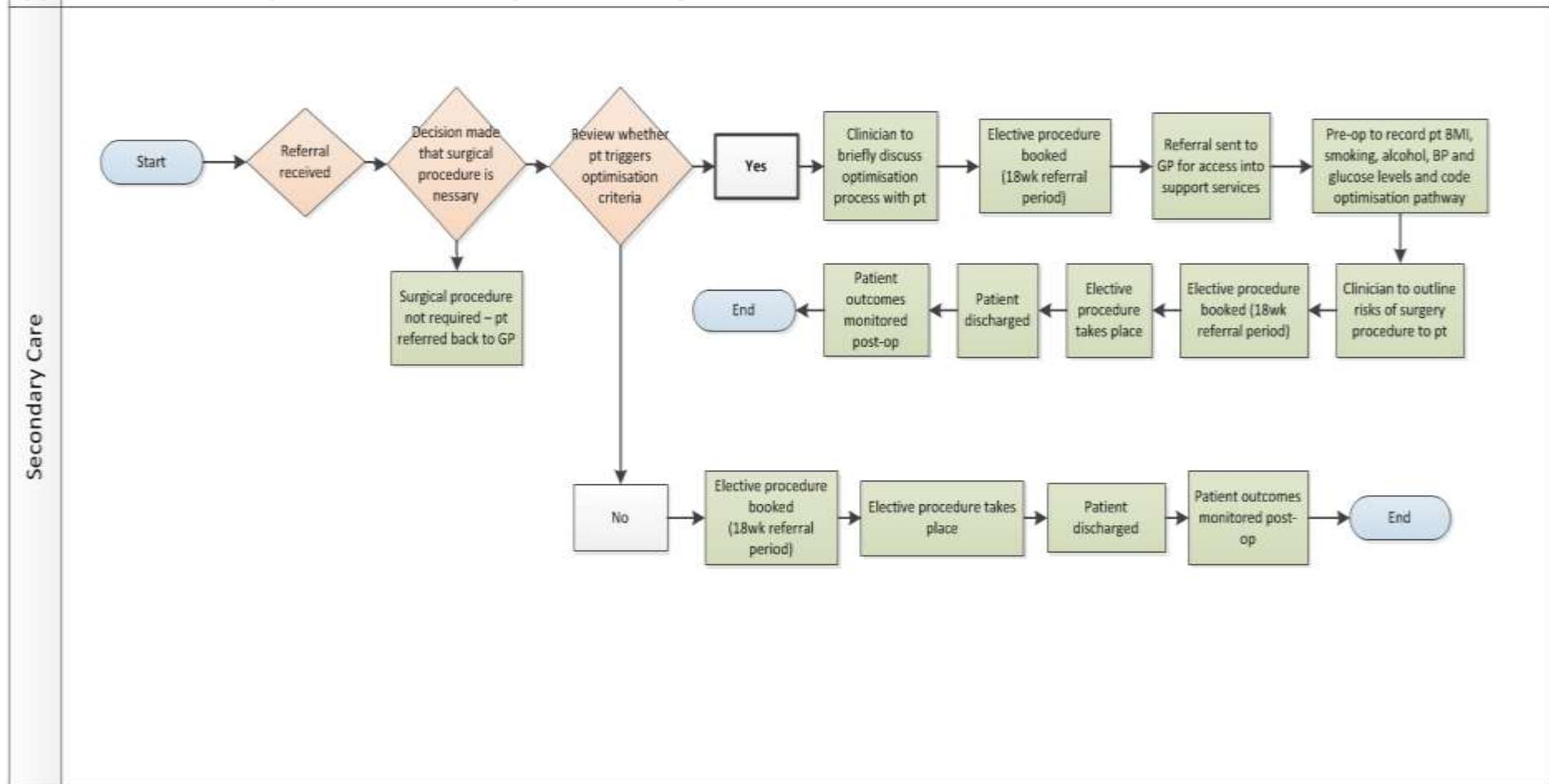
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Appendix A Health Optimisation Pathway – Primary Care



Appendix B Health Optimisation Pathway – Secondary Care



# LIFESTYLE REFERRAL FORM

## (Including Pre-Optimisation)

Complete One Referral Form Per Person

### 1. Client Details

Mr  Mrs  Ms  Miss

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

First Name: \_\_\_\_\_

Are They Registered Disabled: Yes  No

Surname: \_\_\_\_\_

If yes, what is their disability: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Postcode: \_\_\_\_\_

Pre-optimisation Patient? Yes  No

Contact Number: \_\_\_\_\_

*(Please note this only applies to Re-Shape and Taste for Life Cookery Courses)*

Email: \_\_\_\_\_

### 2. Diversity

|  |  |  |   |  |  |  |                                       |
|--|--|--|---|--|--|--|---------------------------------------|
| <b>Gender:</b>   |  | Male <input type="checkbox"/>  | Female <input type="checkbox"/>   | Transgender <input type="checkbox"/>   |  |  |                                       |
| <b>Ethnicity:</b>  |  |  |   |  |  |  |                                       |
| White:<br>White British <input type="checkbox"/><br>Irish <input type="checkbox"/><br>Other White <input type="checkbox"/> | Mixed:<br>White/Black Caribbean <input type="checkbox"/><br>White/Black African <input type="checkbox"/><br>White and Asian <input type="checkbox"/><br>Other <input type="checkbox"/> | Asian or Asian British:<br>Indian <input type="checkbox"/><br>Pakistani <input type="checkbox"/><br>Bangladeshi <input type="checkbox"/><br>Other <input type="checkbox"/> | Black or Black British:<br>Caribbean <input type="checkbox"/><br>African <input type="checkbox"/><br>Other <input type="checkbox"/> | Other Ethnic Groups:<br>Chinese <input type="checkbox"/><br>Other <input type="checkbox"/> |  |  |                                       |
| <b>Sexual Orientation:</b>   |  | Heterosexual <input type="checkbox"/>  | Gay <input type="checkbox"/>  | Lesbian <input type="checkbox"/>   | Bisexual <input type="checkbox"/>                | Prefer Not To Say <input type="checkbox"/> |                                       |
| <b>Occupational Status:</b>  |  |  |   |  |  |  |                                       |
| Full-time Student <input type="checkbox"/>   | Unemployed <input type="checkbox"/>  | Retired <input type="checkbox"/>   | Carer <input type="checkbox"/>  | Sick/Disabled/Unable To Work <input type="checkbox"/>                                      | Managerial/Professional <input type="checkbox"/> | Routine & Manual <input type="checkbox"/>  | Intermediate <input type="checkbox"/> |

### 3. Referral Criteria

Patients/Client Must Be A 'Resident of Cheshire East' and Comply With The Specific Programme Criteria Below.

Tick To Confirm Eligibility

| Programme   | Criteria  | Eligibility           |
|---|---|-----------------------|
| <b>Be Steady Be Safe Falls Prevention Programme</b><br>(24 week programme of balance, strength and education classes)                               | <ul style="list-style-type: none"> <li>Aged 65 years and over</li> </ul> Have one or more of the following: <ul style="list-style-type: none"> <li>Fallen in the past 12 months</li> <li>Poor balance and mobility</li> <li>Osteoporosis</li> </ul>   |                       |
| <b>Active Lives Physical Activity Referral Programme</b><br>(12 week exercise programme, swimming, walking, gym, exercise classes etc.)             | <ul style="list-style-type: none"> <li>Aged 18 years and over</li> <li>Inactive doing less than 30 minutes of moderate intensity exercise per week.</li> <li>Motivated to be physically active and improve their health</li> <li>Not an existing Everybody Sport &amp; Recreation member</li> </ul> |                       |
| <b>Re-Shape Adult Weight Management Programme</b><br>(12 week course, weekly one hour nutritional education classes and weekly leisure centre pass) | <ul style="list-style-type: none"> <li>Aged 18 years and over</li> <li>BMI 30 to 39.9 (BME groups 27 to 39.9)</li> <li>Motivated and wanting to lose weight and improve their health</li> </ul>   | Include Patients BMI: |
| <b>Taste For Life Healthy Cookery Courses</b><br>(6 week cookery course of nutritionally balanced, low cost, healthy meals)                         | <ul style="list-style-type: none"> <li>Aged 18 years and over</li> <li>Needs to improve basic cooking skills and learn to cook from scratch.</li> <li>Motivated in wanting to eat a healthy balanced diet and improve their health.</li> </ul>  |                       |
| <b>Lets Get Movin Family Weight Management Programme</b><br>(12 week leisure pass, nutritional support and lifestyle workshop)                      | <ul style="list-style-type: none"> <li>Aged 4 to 18 years and over</li> <li>One child within the family must be above the 91<sup>st</sup> centile</li> <li>Motivated to be physically active and lead a healthy lifestyle</li> </ul>  |                       |
| <b>Fit for Birth</b><br>(12 week exercise and healthy eating programme, see separate sheet for exclusion criteria)                                  | <ul style="list-style-type: none"> <li>Pregnant women</li> <li>BMI of &gt;30</li> <li>Motivated to be physically active and lead a healthy pregnancy</li> </ul>   |                       |

#### 4. History ( All patients referred must be clinically stable and not in an acute stage of their condition )

|  |  |
|--|--|
| Medical History (e.g. diabetes, hypertension)          |  |
| Any Physical Limitations                               |  |
| Any Allergies (Please include if referring to cookery) |  |

#### 5. Referrers Details

I refer this patient/client to Everybody Sport and Recreation Lifestyle programme. By completing the referral I am not assuming responsibility for the administration or delivery of any of the programmes. The information will be shared with Cheshire East Council and Peaks and Plains Housing Trust for monitoring and evaluation purposes.

NHS Health Checks     GP     Practice Nurse     Healthcare Assistant     Dietician     Physio     OT

Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Surgery/Organisation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Important Information

Everybody Sport and Recreation will not accept responsibility for a referred patient until all relevant information is confirmed and signed. *Please complete all sections of the form, incomplete forms may be returned and your patient may be temporarily deferred until all relevant information is obtained.*

Send Referrals Direct To:  
[EBHealthy@everybody.org.uk](mailto:EBHealthy@everybody.org.uk)

Telephone Queries: 01625 383943 or 07976 837497

Postal Address: Everybody Sport and Recreation, Holmes Chapel Community Centre, Brooklands,  
Station Road, Holmes Chapel, Cheshire, CW4 8AA.