

E-PERISCOPE: Evaluation of National Perioperative Screening and Optimisation Programme – preliminary findings

Grainne Brady
NIHR Central London PSRC

Authors: Katie Gilchrist, Grainne Brady, Patrick Nyikavaranda, Margaret Ogden, Angus I. G. Ramsay, Ramani Moonesinghe, Cecilia Vindrola-Padros

Background: Over 10 million operations are carried out every year in the UK, improving millions of lives. However, while most operations are low risk, some result in patients having poor outcomes. In 2023, NHS England launched a national programme, the national perioperative screening and optimisation programme, which aims to assess risks factors that may result in poor outcomes and mitigate those risks by supporting patients to get into the best possible health before their operation. NHS England have commissioned the Central London Patient Safety Research Collaboration (CL-PSRC) to evaluate the implementation of the programme to help guide on-going delivery.

Objectives: The primary aim is to gain a deeper understanding of the programme implementation, and its overall impact on staff experience and patient care and safety. Specifically, we will investigate how the programme was designed, the factors acting as facilitators and barriers in implementation and how these impact staff experience and patient care and safety.

Methods: We will use rapid qualitative research methods to collect data through interviews with staff and patients, observations of meetings relating to the implementation, and the analysis of relevant policy and implementation documents. Data collection and analysis will be carried out in parallel and facilitated using RREAL Sheets; a collaborative document used to synthesis data as it is collected. RREAL sheets will be developed per site (one for staff and one for patients), used to make comparisons between sub-groups and summarise and share emerging findings on an ongoing basis (1). PPIE was carried out throughout protocol and study document development.

Preliminary Results: To date we have we have completed 19 staff and 15 patient interviews, across four NHS Trusts. Preliminary findings suggest the degree of implementation varies greatly between trusts. Barriers to implementation include; Trusts not having sufficient staff with funded time to carry out implementation activities, limited staff awareness of the programme or its purpose and lack of digital solutions to support screening and optimisation activities. Facilitators include motivated and enthusiastic staff carrying out the implementation and backing from senior colleagues. Most patients describe being given 'general' leaflets about what to expect before and after surgery and advice on healthy eating, exercise and reducing smoking, with some receiving advice more specific to their health needs Patient experiences highlight satisfaction with their involvement during surgery decision-making processes.

E-PERISCOPE: Evaluation of the National Perioperative Screening and Optimisation Programme

Katie Gilchrist*, Gráinne Brady*, Patrick Nyika Aranda, Margaret Ogden, Angus I. G. Ramsay, Ramani Moonesinghe, Cecilia Vindrola-Padros *co-leads

Central London Patient Safety Research Collaboration (CL-PSRC)

NIHR SafetyNet
Symposium 2025

 psrc-network.nihr.ac.uk

Background – why are we doing this study?

- Over 10 million operations are carried out every year in the UK.
- Most operations are low risk. However, some result in patients having poor outcomes.

In 2023, NHS England launched the **national perioperative screening and optimisation programme**, which aims to assess risks factors that may result in poor outcomes and **reduce those risks by supporting patients to get into the best possible health before their operation**.

NHS England have commissioned the Central London Patient Safety Research Collaboration (CL-PSRC) to evaluate the implementation of the programme.

Aims – what do we hope to achieve?

The primary aim is to **gain a deeper understanding of the programme implementation**, and its overall **impact on staff experience and patient care and safety**.

We will look at how the programme was designed, the factors acting as facilitators and barriers in implementation and how these impact staff experience and patient care and safety.



Methods – how will we do this?

Interviews, observations and document review

We will carry out interviews with staff and patients, observe meetings relating to the implementation, and carry out analysis of relevant policy and implementation documents.

Rapid methods

We will use rapid methods to analyse data as it is collected, using RREAL Sheets; a collaborative document used to synthesize data as it is collected.

Feedback loops

One RREAL sheet will be developed per site (one for staff and one for patients), used to make comparisons between sub-groups and share emerging findings on an ongoing basis.

PPIE – how have we involved patients and the public in the design of the study?

PPIE was carried out throughout protocol and study document development via document review and a workshop. Broadly, **the study design was favourable with our PPIE members**. However, one of the key changes we made, following their feedback, was to **restructure the aims and objectives so that they were easier to follow**. We also discussed the **importance and influence of the carer role** in the patient pathway.

Progress – what have we done so far?

- ▶ 4 NHS Trust enrolled
- ▶ 19 staff interviewed
- ▶ 15 patients interviewed

Preliminary results – what have we found out so far?

The degree of **implementation varies** greatly between trusts.

Patients describe being given 'general' leaflets about what to expect before and after surgery and **advice on healthy eating, exercise and reducing smoking**, with some receiving advice more specific to their health needs.

Patients expressed **satisfaction with shared decision-making**.

Barriers to implementation

- Trusts not having sufficient staff with funded time to carry out implementation activities
- Limited staff awareness of the programme or its purpose
- Lack of digital solutions to support screening and optimisation activities.

Facilitators to implementation

- Motivated and enthusiastic staff carrying out the implementation
- Buy-in from senior colleagues.

What next?

Complete qualitative data collection by the end of 2025 and re-engage with our PPIE members. A quantitative workstream will also be carried out to look at the impact on patient outcomes and cost of the service.