

5<sup>th</sup> ERAS UK Conference 2015

Chairs: M Scott, R Barlow, N Francis

Speaker: Christine Ball



R Barlow: Thank you very much, I just want to know who looks at the data currently, where does the data go? Is it just for local teams to look at, or is this data being looked at centrally?

Christine Ball: Until 2014 it was looked at centrally, but with the reorganisation in England nobody now looks at it on a national level, so it is just local unfortunately so I think that's why I'm here today to say there is this data and to make people aware of it.

Rachael Barlow: Sure, and Obviously this morning myself David and Tom presented the UK picture how do we access this data to support the data we already pulled off in terms of lengths of stay, do we liaise with you?

Christine Ball: Because the data is not on line I think yes the only way to do that is to contact us, hence all the contact details

Rachael Barlow: Thank you, are there any other questions from the floor, Prof. Fearon?

Prof. Fearon: It seems we are at a real dichotomy here with these tools in that a huge amount of effort as gone into the development and we do risk re-inventing the wheel again and again, and I worry about this going on and on. I'm interested in your own opinion about clearly the use of this tool has dimensioned to the point of where it less 1% relevant in England hostile is recorded on this tool so we really have to ask our self what is the future of this tool in this format without the back up of appropriate funding and the appropriate development and interaction, we have already heard question about trying to ease up the time taken to fill up the data fields and how it might interaction with hostile data systems and all these issues come up and I'm interested in particular, in England which is such a large population, do you feel there is a drive to develop this further, or do you feel this is static at the moment?

Christine Ball: I think that between healthcare professionals very much so, we saw that with the online questionnaires is that data and reporting is very important, it's a question of funding and I think we didn't feel comfortable as a national team going out to Trusts asking for payment because it takes it away from patient care, so I think we have to look wider as a community, to see where the funding should come from and my background is oncology and we found that cancer charities have been very good at funding this data and getting this data out to the public as well. There needs to be more public awareness whether it is thorough our tool or collaboration, I'm not sure. I just wanted to make people aware that we have this data and the tool.

Prof. Fearon It is a break in the a chain of thought here, when you say this takes money away from patient care the whole concept of ERAS is to be efficient and to save money and to know what you're doing via the audit of your system in order to make it more efficient so I think it's a difficult thing to move passed if that's the perception of where you're at. I think it is important to look at the data for example from Alberta by knowing what they're doing and trying to implement the thing completely their making their healthcare system more efficient and improving the value of the care they're offering.

Christine Ball: Yes, and we were able to show that, in the early years, the improvements and for whatever reason, perhaps it's because we are not the right people to hold the data.

Olle Ljungqvist: Can I just comment on that, that's why I think it essential, we can't rely on just outside funding, it has to be where the money is actually being spent, where the investment is being made? So it has got to be the ones that actually use the system. They should be the ones that are paying for it and they're also the ones saving the money in the end. I think we can get support to overcome some of the hurdles, but in the end, I think it is sad to see you had a lot of things going for you, then all of a sudden a change in government and zoom its out. It's very sad

Nader Francis: There is a comment at the back

Delegate: Do you think it is the cost that is making it prohibitive for most of us to use it? And therefore if you did not get commitment for more of us to use it would that reduce the cost?

Christine Ball: Yes, because the £3000 per year is the maintenance cost and that's on one Trust, so yes if we had more users it would be very inexpensive compared to other data collect and IT applications. Hands up should we sign up.

Nader Francis: If I may say something at this point. We intended to bring most of the stakeholders into this session to talk about a very important aspect which is data collection and implementation, and it is a pity to see a national initiative completely collapse after a stop in funding, and to me this highlights two areas. One of them is resources there is no doubt that for any success of a project you need funding and for us for as a national organisation we need to look at aspects of how to support this Trusts to implement that but the other issue is incentive and the drive. Healthcare professionals we know that when we want to do something we do it, that is a fact. We are all here clinicians and we don't understand and work from the patient's point of view. NHS has been living and surviving on the extra miles which we have been doing. My question is to you, why when it comes to data collection we found £3000 or £5000 is too much to pay?

Mike Scott: Yes, I think it is very relevant in fact I would like to ask the audience some questions because it is amazing we are all ask to improve our efficiencies the one thing that seems to be lacking is funding to look at what we are doing? And one could argue that if you are an industry sometimes it is best to slow down in order to speed up. So everyone in the room if you could just show your hand, what I would like to know do you have a hospital wide audit system. So if you're a surgeon I don't mean your own data collection. Who here actually has a hospital data collect system which will get you data on operations, not necessary ERAS parse but any form of peri-operative data collection. So probability about 10% okay

Who here is involved in collecting data for compliance so that would include enhance recovery nurse who just does colorectal who just looks purely at the colorectal or a surgeon who have their own data base. So about the same but slightly different hands which is interesting.

And who out of interest do you think is the most important person to ensure compliance? is it the healthcare profession or is the patient. Who thinks it's the health care profession, who thinks it the patient? Not many of you are voting. The reason I introduced that is that we all talk about giving patience responsibility and we have already had a talk on that today. And it's an interesting point of whether patients should start engaging more their treatment, and whether we such be empowering them.

And finally what I would like to find out is with what Ollie was saying is who's responsibility should it be to ensure compliance and data and benchmarking? Should it be the government or should it be

the hospitals. So it's whether you think it is the hospital responsibility to ensure the whole of the health care system is bench marked? Who thinks it's the government responsible? Okay. Who thinks it's the local hospital? Okay and who thinks both? So everyone thinks it's both, so we have a joint care. Okay, so thank you for those.

Nader Francis: Any more comments or questions about this session before we move on?

Rachael Barlow: Can I just raise one issue, just following on from Mike I would like to ask one question of my own how many units, centres use their data for regular improvement? Because that's what the data is for, to drive the change, so again a very small proportion.

Mike Scott: So I think the take home message for Nader and myself here is as UK ERAS we need to engage in making compliance and audit tools more available to the wider population, so we will use that as a piece of work for the next year.

Nader Francis: So the take work for you is data collect is really important, so if you have not got data, go and think and plan to have one soon.