

## What is CPOC and why now?

As clinicians, I believe we all want the best for our patients – be that for those patients with multiple long-term conditions, those preparing for elective surgery to those critically ill or emergency patients attending our emergency departments (EDs). We also recognise that the NHS is struggling with unprecedented summer ED demand, uncertainty around Brexit and pensions, with a rapidly approaching winter and flu season.

Clearly almost all organisations and healthcare systems are under pressure and something needs to change.

For this reason, in May this year, the Centre for Perioperative Care (CPOC) was created and hosted by the Royal College of Anaesthetists (RCoA). This is a joint venture with the Royal College of Physicians (RCP), the Royal College of Surgeons of England, the Royal College of Nursing, the Royal College of General Practitioners and the Association of Anaesthetists, with a mandate to deliver transformation change across our surgical pathways. I am incredibly proud to have been appointed as CPOC's inaugural director and believe working together, across our different specialties, we can make real improvements for our patients on their surgical journey and for ourselves in our organisation of traditional surgical pathways.

So, where has CPOC come from? In 2014, the RCoA set its vision for perioperative medicine as the integrated multidisciplinary care of patients, from the moment of contemplation of surgery until full recovery. Five years on, we have updated policies and standards, increased our research knowledge base and built a growing and highly active network of local perioperative leads. Now we have taken the next step of forming a centre of multidisciplinary partners to help coordinate and drive the integration and improvement of patient care across all the four nations of the UK. Our vision of a transformational pathway has been approved and adopted by our CPOC partners and recognised as a vehicle for positive change by senior NHS stakeholders. Finally, we now have the opportunity to deliver this change within

maturing integrated care systems, prudent healthcare, realistic medicine and quality 2020.

What does this mean for patients? The primary reason we established CPOC is to improve the quality of patient care and their quantity and quality of life. As a partnership of organisations working to a common goal, we will build on the substantial work in perioperative care already taking place across the NHS and establish better structures and processes to help deliver focused change. Understandably, some of this will involve us working differently and the involvement of patients and the public will be pivotal. Through this, CPOC will achieve the NHS triple aim of delivering a high-quality service with better patient outcomes, better patient experiences and better and more efficient use of resources. This is where we can have impact and can implement changes needed to reduce the current levels of pressure on us, our teams and the wider NHS.

To many clinicians, perioperative care is an expansion of the work we are all currently undertaking. While some may see this as outside their normal remit, I'd say that, implemented correctly, perioperative care will provide us with an opportunity to be more involved in directing and delivering enhanced patient care across the surgical journey. It will enable us to work closer with primary and social care to modify disease processes and optimise physiology perioperatively, while shaping best practice and research.

I urge you, members of the RCP and critical partners of CPOC to engage with your colleagues in the delivery of perioperative care within your hospital or trust. Visit the CPOC website ([www.rcoa.ac.uk/CPOC](http://www.rcoa.ac.uk/CPOC)) for more information and follow us on twitter at @CPOC\_News for regular updates. ■

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