

1 March 2010

SHA Chief Executives
PCT Chief Executives
Trust Chief Executives

Richmond House
79 Whitehall
London
SW1A 2NL

Tel: 020 7210 5125

Gateway reference: 13811

Dear Colleagues

Mike Richards and I have been discussing Enhanced Recovery, a new approach to the preoperative, perioperative and postoperative care of patients undergoing surgery. It is a model of care that has the potential to have a significant impact in delivering the QIPP programme.

Originally pioneered in Denmark, Enhanced Recovery is now being championed in England by a growing number of surgeons, anaesthetists, nurses, allied health professionals and NHS Managers. It has already been shown to benefit patients undergoing colorectal, urological, gynaecological and orthopaedic surgery. There may well be wider applications in the future.

Enhanced Recovery has benefits for both patients and the NHS. It improves quality of care by helping patients to get better sooner after major surgery. Secondly, it reduces length of stay with obvious benefits to the NHS. For example, the length of stay for patients with colorectal surgery can be greatly reduced from a mean of 16 days to 5 days (or less in some organisations). For musculoskeletal surgery, average lengths of stay can be reduced from 8 days to around 3 days postoperatively.

Our challenge now is to spread the benefits of Enhanced Recovery across the NHS as rapidly as possible. An Enhanced Recovery Partnership Programme (ERPP) has been established nationally, chaired by Professor Sir Mike Richards. The ERPP brings together expertise of clinical champions and NHS managers who have previously helped to deliver major change programmes in the NHS. The aim of the ERPP is to work with SHAs, PCTs, NHS Trusts and clinical teams to support adoption across the country. The ERPP has already established 14 innovation sites across the 10 SHAs to test implementation of Enhanced Recovery.

I am aware that many NHS organisations have already identified Enhanced Recovery as a priority within their workstreams for planned care and/or QIPP. Nationally, I will be including it within one of the national QIPP programmes to ensure we can give it further support. I would encourage those PCTs and NHS Trusts that have not yet committed to Enhanced Recovery to give this serious consideration.

Implementation of Enhanced Recovery needs local drive and commitment and be informed by expert clinical and managerial advice and expertise. Further information on the ERPP can be obtained from janine.roberts@dh.gsi.gov.uk who is already establishing contact with each SHA.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Easton', is positioned above the printed name.

JIM EASTON