

World Congress of Enhanced Recovery After Surgery and Perioperative Medicine Abstract Submission

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THE EVOLUTION AND IMPACT OF NATIONAL ERAS SOCIETIES: LESSONS TO LEARN FROM ERAS-UK

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Objectives: With the growing adoption of Enhanced Recovery After Surgery (ERAS) principles in many countries, there is emerging interest in developing national networks or chapters for ERAS. The aim of this study was to evaluate the development and sustainability of a national organisation (ERAS-UK) since it was established in 2010.

Methods: ERAS-UK was set-up as a non-profit network following the first international ERAS conference in Bristol (2010), as an outcome of a consensus process involving the UK stakeholders. This group agreed that setting up an organisation to share information and best practice would be very beneficial. Members have been asked to evaluate the society's activities from 2010-2014. Assessment of the financial sustainability and the educational impact of this network have also been evaluated.

Results: There are more than 480 multidisciplinary members representing several specialities (with an average of 70% annual increase in membership). ERAS UK attracts a diverse array of professionals across all specialities and the society's conferences are the only meetings that involve all disciplines on perioperative care in the UK.

Five annual conferences have been conducted across the UK since 2010 with a total attendance of 1150 delegates representing 12 specialities and 15 disciplines. 110 abstracts have been presented with 30 prizes awarded. The members have had opportunities to vote on preferred hosts, venue and on the content for these events.

More than 90% of participants either agreed or strongly agreed that each event would influence their future practice and more than 50% of delegates return to this event each year.

ERAS-UK has worked successfully with 22 different healthcare companies to secure sponsorship and ensure that fees for delegates are as low as possible.

The impact of networking on behavioural change in member's institutions will be presented at the conference.

Conclusion: There is a need for national ERAS societies to address local needs, tailored to national healthcare systems. These societies can promote networking across multiple disciplines and specialities and can be financially sustainable after 5 years. Structuring the framework of the relationships between national networks and the international ERAS society is required

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