PACE: Postponements and Cancellations in Elective Care:

Postponements Local Coordinator Guide

** THIS GUIDE RELATES TO THE POSTPONEMENTS ASPECT OF THE PACE PROJECT– for information related to the cancellations part of the audit please see the separate guide **

National Postponement Audit at Preoperative Assessment (POA)

Overview and frequently asked questions

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NIHR | Central London Patient Safety Research Collaboration
NHS England
RCoA Royal College of Anaesthetists | CR&I Centre for Research and Improvement
UCL

Introduction

Thank you for agreeing to be the coordinator for the Postponements And Cancellations in Elective Care project, specifically the Postponements from preoperative assessment aspect. You are critical to the success of this important project.

PACE is a national service evaluation being delivered by the NIHR - North Central London Patient Safety Research Collaboration in partnership with NHS England, University College London, and the Centre for Research and Improvement - Royal College of Anaesthetists.

The postponement audit is designed to be a simple, rapid service evaluation, with the aim of generating clinically and operationally important and unique data that we haven't captured as a national standard before.

The postponement audit will capture all postponements that happen during the week of 11th November 2024 at POA. We aim to:

- Collect an overall national picture of how many patients are postponed at POA for a variety of reasons. We know this impacts on theatre efficiency, excess administration burden for perioperative teams and most of all can be a poor patient experience
- Look at the reasons for postponements and if they are related to patient factors or process and pathway challenges to identify the key themes for service improvement.

As members of the POA team, we have anecdotal experiential evidence for why patients are not deemed suitable to proceed to surgery at any given time. Patients may not be suitable to proceed because they need further investigations e.g. an echocardiogram or sleep study, but they also might not be suitable to proceed because of social issues, medication challenges or a need to discuss as a multidisciplinary perioperative team.

As part of the national programme of work and following the successful pilot in March 2024 across 17 NHS provider sites, we are keen to expand this audit and look further in detail at the reasons for postponements at POA at provider/site level to inform our ongoing work. This will help us to shape further guidance and national support offers in relation to the early screening policy in addition to where we may need to concentrate on a more targeted approach.

As the coordinator, you may be very experienced in running projects within your hospital whilst for others it may be the first time you have collected data locally. We are here to support any questions as a national team

If you have any questions, please contact the audit lead:

- Emma McCone, GIRFT national lead for POA - emma.mccone@nhs.net
- Or alternatively contact your system or regional perioperative clinical lead for advice.

Outline, key information and FAQs

When will the audit take place?

The audit will take place the full week of the 11th November 2024 inclusive of any days that the POA service is open between 11-17th November

Data completion timelines

- **Deadline for online submission: 9am on Monday 9th December**. This is so that we can analyse the data and publish key findings as quickly as possible.
- We strongly recommend direct data entry into the online forms – these can be viewed on tablets and phones as well as desktop computers. Links to the forms can be found in appendices 1 and 2, and these appendices can be used for paper completion if required.
- If paper forms are used, it is the responsibility of the local lead to ensure data are entered before 9am on Monday 9th December.

What if I have taken part in the initial pilot audit?

If you have already taken part in the pilot audit in March 2024, you do not have to do this again. However, some providers have expressed that they do want to repeat this so they can look at their own service improvements and how it compares to their last results.

What is the definition of a postponement?

Because some providers give a to come in (TCI) date before POA is finalised, and some providers wait until POA is complete, we felt an explanation of what a postponement is to be important.

For those patients ***with*** a TCI date at the pre-assessment phase, a postponement is anything that prevents a patient from having surgery on their planned TCI date.

For those patients ***without*** a TCI date at the POA phase, a postponement describes any factor that prevents a patient having their pre-assessment finalised as 'good to go' within a short space of time – 2 weeks i.e. anything that requires further intervention other than being able to review bloods, IPC screening or get something done quickly

Why was 2 weeks chosen as the timeframe?

2 weeks was chosen with the 17 sites who piloted this back in March 2024 as this was considered a fair time to review results and investigations considered 'routine'.

If we didn't set a time, then effectively every patient would have a postponement while they wait for routine results so using 2 weeks was felt to be a fair timeframe of acceptance until they became a postponed patient (waiting diagnostics, anaesthetic/medical review, optimisation etc).

How will this work when capturing a postponement?

Obviously, the patients who are postponed *probably* won't be the day they are reviewed in POA and may have been seen the weeks before. The postponements will generally form part of the POA team's caseload which is often where monitoring and review of these patients take place

Examples

With TCI

Patient X has been seen in POA on Monday 11th November for a hip replacement with a TCI date the following week. On Wednesday (during the audit time) it is noted that the HBA1C result is excessively high. The notes are reviewed and after a risk-based discussion, it is felt that optimisation of diabetic control would be beneficial. The patient is unable to come in the following week for surgery.
This is a postponement.

Patient Y has been seen in POA last week but with a TCI date next week. The results showed that the patient has significant anaemia and following a review (during the audit week), they need to have some treatment. As the patient is routine, their surgery is deferred till his has taken place.
This is postponement.

Without TCI

Patient X was seen in POA 2 weeks ago and the staff member in POA had referred them for an anaesthetic review. On receiving the review back (during the audit week) patient X now needs, an echocardiogram which has been requested
This is a postponement (as is past the 2-week timeframe of being 'good to go').

Patient Y is reviewed during audit week and does not have a TCI date. Following the review, a request is made to see an anaesthetist in a high-risk clinic and the next available appointment is in 4 weeks' time.
This is a postponement (as is past 2 weeks from the initial date seen).

Patient Z has been seen on Tuesday 12th November and on reviewing the results is found to be in new/fast AF. Following your local guidelines, the patient requires further review and treatment which may take a few weeks.
This is a postponement (as the timeframe for review will be longer than 2 weeks from when the patient was initially seen).

Who will be completing this?

From the original pilot, most of the data collection was done by the POA teams who sit within POA services and will likely be the non-medical POA leads

There are 2 options to choose from

1. Each staff member can have access to the Microsoft form as a direct link and use that form for each postponement that happens during the audit week. It is vitally important that there is no duplication so ensuring that named staff are allocated to the audit reduces this risk

   Example:
   Patient Y is seen by one of the POA staff and referred to the anaesthetist for review. The anaesthetist postpones the patient as they need further specialist intervention. If the anaesthetist fills in the form, and the POA staff member fills in the form as the staff member actioning the delay

– this would be a duplicate entry so ensuring that one staff group are allocated to completing the form makes sense

2. From the pilot, some of the teams felt that collecting the data on paper/or excel format gave the opportunity to cross check for duplication. We have included an excel/paper form in the pack so you can use this method. At the end of the audit week, 1 named person would fill in the Microsoft forms for each postponement using the information from the paper/excel forms

What if we have multiple POA services?

The audits should take place in all POA services inclusive of CYP and any specialist POA services. A named lead of each service should be submitted

Is there a difference for patients who go through early screening?

We recognise that some providers will have a step prior to POA which involves early screening and risk assessment. This process is not included in the audit but there is a question within it to recognise those patients who have already undergone this step (and we already know this is associated with a decrease in the number of postponements that happen at POA)

If a patient has a full POA at the decision to treat (and when added to the waiting list), and if this subsequently follows to a POA appointment, it is this POA appointment that is inclusive for the audit

Example

Patient X is listed for surgery and receives a POA self-assessment questionnaire. This is triaged by the POA team and subsequently booked into a POA appointment at a later date. If the patient is the postponed after this appointment, this **should be** included in the audit.

Patient Y is listed for surgery and undergoes initial screening. It is found that this patient needs further intervention/optimisation and is referred at that point to an intervention pathway. This is early screening and **should not** be included in the audit.

Inclusion Criteria

- ALL patients (all ages) with or without a TCI date at POA who are for any elective surgery and at any priority (P2/3/4)
- ALL patients who are unable to proceed to surgery at the POA phase of the patient pathway (i.e. they are postponed)

Exclusion Criteria

- Patients undergoing surgery under Local Anaesthetic (without sedation/block or spinal)
- TCI date moved due to non-patient specific issues (e.g. hospital pressures)
- On the day cancellations and within 24hours of admission (this will be collected in the same week but from theatres)

Data Collection forms

The audit has 2 forms:

- One for each patient who is postponed (Form A – Appendix 1)
- One that collects information overall about the POA service that week including number of appointments / DNAs etc (Form B – Appendix 2)

Appendix 1: PACE 2024 Form A - Elective postponements

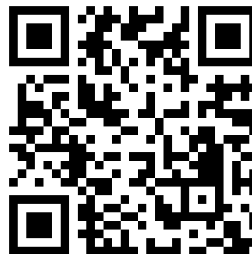
(one form per postponement)

Trust name:					
Hospital/site name:					
TCI date: dd/mm/yy					
Has patient been through an early risk, screening and optimisation pathway prior to POA? (tick)					
Yes		No		Don't know	
Age (tick)					
<18 years		≥18 years			
Planned as day-case or inpatient? (tick)					
Day-case		Inpatient			
Surgical magnitude? (tick)					
Minor		Intermediate		Major, major+/complex	
Surgical urgency? (tick/circle)					
P2 (<1 month)		P3 (<3 months)		P4 (>3 months)	
Surgical specialty (tick)					
Breast		Gynaecology		Plastics/reconstruction	
Cardiac		Head & Neck		Thoracics	
Colorectal		Hepatobiliary		Upper GI	
Dentistry		Interventional Radiology/Imagi		Urology	
Endocrine		Maxillo-facial		Vascular	
ENT		Neurosurgery		Other, please specify:	
Gastroenterology		Orthopaedics			
General		Paediatrics			

Reason(s) for postponement (please tick all that apply)			
Uncontrolled diabetes (HBA1C >69)		Infection control issue	
Uncontrolled hypertension		No time to stop high risk medications before TCI date (anticoagulation/antiplatelet/DMARDs)	
Uncontrolled/new Atrial Fibrillation		Unable to proceed at the specified site due to comorbidity therefore TCI postponed e.g. not suitable for remote elective surgical centre)	
Anaemia that requires correcting		Social considerations	
Abnormal blood values for investigation outside of anaemia		No longer requires surgery or patient decided not to proceed.	
Requires any secondary care specialist for assessment/optimisation		Referral back to surgeon for review	

Requires further investigation/ pre-operative test		Not enough time to arrange anaesthetic review within the pre-assessment process (with patients that have a TCI date)	
Requires comprehensive geriatric assessment, high risk anaesthetic clinic or multidisciplinary team (MDT) review		Acute infection too close to TCI date	
Removed from waiting list – too high risk			
Other, please specify:			
Decision to postpone made by (tick)			
Anaesthetist		Non-medical staff	
Surgeon		MDT decision	

Form A: https://www.tfaforms.com/5150546



Trust/hospital name:	
Site name:	
Date of completion:	
	Total number this week
All initial reviews of patients in preassessment during audit week (i.e. total capacity)*	
Completed initial virtual/telephone reviews	
Completed initial in person appointments	
Initial appointments cancelled/deferred by patient and not otherwise used (including DNAs)	
Initial appointments cancelled by preassessment service and not otherwise used	
Available appointments for new POA patients not accounted for above (i.e. unused appointments)	
Number of dedicated anaesthetic POA sessions	

Appendix 2: PACE 2024 Form B - Weekly POA overview

(one form per site per week)

*(do not include appointments solely for investigations, e.g. phlebotomy)

Form B: https://www.tfaforms.com/5150579