



# Reducing medical cancellations for Orthopaedic patients on surgical pathways

## Dorset



## Background

There can be long waits for patients to be seen for surgical assessment in secondary care and medical cancellations can occur (patients sent back to their GP) because they have an underlying health issue. Patients describe a sense of being stuck and the delay can have a negative impact on their condition.

## Aim & Stakeholders

**Aim:** To reduce the rate of cancellation due to medical unfitness for patients on the Orthopaedic surgical outpatient pathway by 10 % by 1st June 2025.

**Project team:** Medical Director (Integrated Care), Surgery Deputy Director, GP Partners, GP Alliance Leads, Orthopaedic Consultant, Consultant Anaesthetic, Public Health Dorset, OPD Deputy Manager.

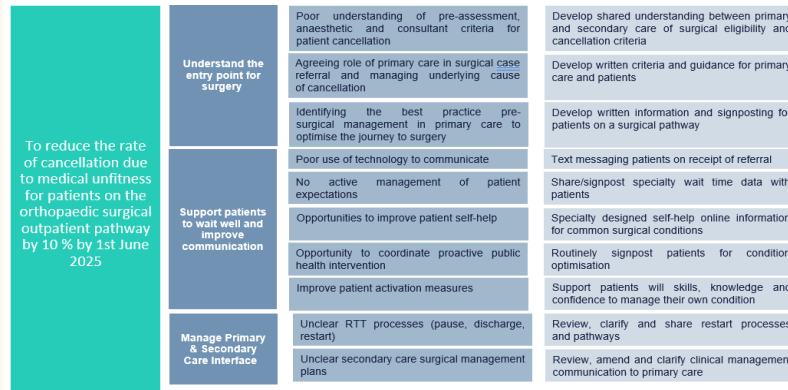


## Measurement

1. Reduction in surgical cancellations/discharge/pauses
2. Number of correspondence passed back by pre-assessment to primary care
3. Improve patient experience rate for patients on the surgical pathway for orthopaedics



## Driver Diagram



## PDSA cycles/testing

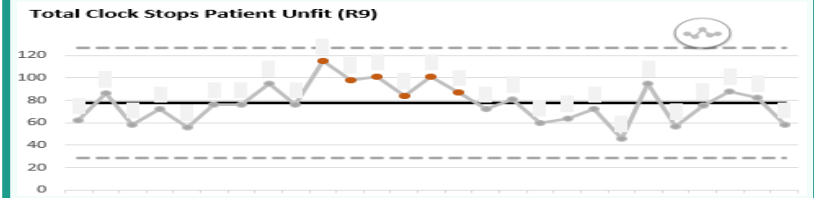
Currently exploring:

1. Shared surgical eligibility and cancellation criteria to support a consistent and transparent approach to patient management.
2. Developing OPD wait time data for patients, giving likely length of wait for outpatient appointment by specialty.
3. Reviewing and standardising referral processes and communication back to primary care.
4. Reviewing pathways for patient optimisation across the Trust and Primary Care.



## Intended/outcomes

Reduction in surgical procedures cancellation or pauses due to failed pre operative assessment



## General Reflections

1. We have used the data to refocus our project with a single speciality. Starting small makes it more manageable and focussed.
2. It can be challenging to keep momentum when there are competing demands so having shared leadership and booked time together helps.



## Next & sustainability

1. Currently engaging with Orthopaedic and Anaesthetic consultants to share progress to date and develop criteria for testing.
2. Formal meeting convened for 11/12 to formalize approach and agree testing cycles.

Project developed through the NHS Confederation's primary and secondary care interface improvement programme.