



FAQs about resuming surgery and communication with patients on waiting lists

1. How can we develop Day Surgery to help with waiting lists for elective surgery?

Day surgery can be highly effective during the pandemic because it creates geographically clean zones and requires highly skilled staff for a very focussed amount of time, which may enable staff to work despite having health problems. It is not dependent on beds or sharing beds or staffing with other specialties. The guidance for Day surgery has recently changed. Please see: <https://www.cpoc.org.uk/national-day-surgery-pathway-delivery-pack-published-0> For example, obesity is no longer a contraindication and surgery as a day case is nearly always better for the patient.

2. What options are there for clinicians reviewing patients on the waiting list?

Each patient has different expectations, health status and needs. A discussion with a clinician should focus on these. The result may be one of these:

- Decide together with the patient that the operation is no longer the best option and what alternative treatment options exist.
- Agree that the operation should proceed and talk through with the patient the best way to achieve the most benefit from the operation. This may involve the patient improving their fitness for surgery. New evidence shows that patients who start gentle daily exercises reduce their risk of post-operative complications by 30% - 80%. <https://www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care>
- Agree that the operation should proceed and make a clear decision that this should be as a day case and what criteria would need to be met for this to occur.
- Decide to postpone surgery. Discuss with the patient what they can do to reduce their symptoms and improve their fitness.

3. What is Shared Decision Making?

Shared Decision Making is discussion between patient and clinician, considering options and the Risks, Benefits, Alternatives and what happens if doing Nothing (a "BRAN" approach). Each patient has their own expectations and needs. Many clinicians think they practice Shared Decision Making, but there are skills that can be improved.

More information at: <https://www.cpoc.org.uk/shared-decision-making>

4. What should patients or their relatives prepare in advance of the conversation?

This information covers what patients should consider before a consultation to help with Shared Decision Making: https://www.cpoc.org.uk/sites/cpoc/files/documents/2020-05/CWUK_patient_leaflet_v6.1%20FINAL%20%281%29.pdf

5. Where can managers and clinicians find new guidance on maximising the use of day surgery?

<https://www.cpoc.org.uk/national-day-surgery-pathway-delivery-pack-published-0>

There is also an archived webinar about the new guidance here:

<https://www.gettingitrightfirsttime.co.uk/webinar-highlights-new-advice-pack-to-help-trusts-increase-and-improve-day-surgery/>

6. What does the new guidance on Day Surgery recommend?

The new guidance from Getting It Right First Time (GIRFT), the Centre for Perioperative Care (CPOC) and the British Association of Day Surgery (BADs) recommends that most operations and most patients should be considered to have their surgery as a day case. This requires good pathways, teams, processes and environments.

7. Where can clinicians, managers, other staff and patients get more information about pathways of care and preparing for surgery?

www.cpoc.org.uk has information for staff and patients on getting the best outcome from surgery.

Mrs Scarlett McNally
CPOC Deputy Director
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