

Standard Operating Procedure for Pre-Operative Assessment Booking and Capacity

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Key Documents Owner:	Dr James Hutchinson	Consultant Anaesthetist
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Key Amendment

Date	Amendment	Approved by
21 st January 2019	Inclusion of advice for edoxaban. Additional information for the management of medicines for diabetes	Medicines Safety Committee
25 th June 2020	Document extended for 6 months during COVID-19 period.	QGC

Introduction

The Pre-Operative Assessment (POA) service operates over three main sites; Worcestershire Royal Hospital (WRH) Alexandra Hospital (AH) and Kidderminster Treatment Centre (KTC).

Pre-operative assessment and planning, carried out prior to treatment, ensures that the patient is fully informed about the procedure and the post-operative recovery, is in optimum health and has made arrangements for admission, discharge and post-operative care at home (NHS Institute for Innovation and Improvement, 2008). Not all patients are required to attend for a pre-operative assessment. Patients having a minor procedure that are fit and well may be suitable for telephone assessment. This will ensure that the assessment process is matched with the fitness of the patient and the complexity of the procedure.

To ensure that the POA service capacity is maximised and to ensure that patients are triaged and booked for an appropriate level of assessment a standard operating procedure is required.

Details of Guideline

POA Capacity Management

General principles

- All adult elective surgical patients that are having a general anaesthetic must have a pre-operative assessment. The service provides assessments for patients for gynaecology, urology, colorectal, dental, ophthalmology, orthopaedic, general, bariatric and vascular surgery.
- Patients should be seen in POA at four weeks prior to their planned TCI date for surgery.
- When possible patients for major surgery will be booked for POA before 14:00hrs.
- All communication, both written and verbal, with patients, relatives, carers, colleagues and managers is professional and timely.

Roles and responsibilities

The Capacity Co-ordinator:

- The Capacity Coordinator will ensure that POA clinics are blocked prospectively, in line with the clinic staffing e-rostering, ensuring that POA clinic capacity is maximised.
- The Pre-operative assessment Capacity Co-ordinator and administrators for the POA service will ensure the timely booking of POA assessment appointments across WRH, AH and KTC, into three booking templates for each of the sites, with each having three generic micro sessions:
 - I. POA
 - II. Telephone POA
 - III. Support POA
- The Capacity Coordinator will ensure effective communication systems for the team and attend the monthly POA team meeting and Unit Leads bi-monthly.
- The Capacity Coordinator will report the number of 'blocked', cancelled, DNA and empty appointment slots to the POA Clinical Lead weekly, and support the POA Clinical Lead in identifying and addressing lost capacity issues.
- The Capacity Coordinator will respond to any enquires, concerns and complaints from patients, managers or clinicians regarding clinics, referrals, bookings and waiting times and to escalate any concerns to the POA Clinical Lead and complete clinical incident reporting as appropriate.
- In the event that a cancellation of clinic is required, the Capacity Coordinator will ensure that the patients are contacted and offered an alternative date to attend for POA.
- The Capacity Coordinator will ensure efficient use of all clinic capacity, having a system in place to monitor such usage, raising any concerns regarding overbooking or underutilisation to the POA Clinical Lead.
- The Capacity Coordinator will ensure that patient appointments are booked in time order and appointed according to the prioritisation given by the clinical staff and in line with the 18 week access standard.
- The Capacity Co-ordinator will ensure compliance regarding the administration of Patient Reported Outcome Measures (PROMs).
- The Capacity Co-ordinator will attend meetings with secretaries to ensure continuous improvement of the booking process

The POA Administration team:

- The POA administration team will take responsibility for all communication with the patient that relates to their assessment, throughout their preoperative journey.
- The POA administration team will take responsibility for following up referrals to ensure the patient remains in the preoperative system (NHS Modernisation Agency, 2003).

Secretaries and bookers:

- Requests for POAs will be received via a generic email account from the secretaries and bookers, **6 weeks before TCI for routine elective surgery as per 6,4,2 policy.**
- The Secretaries and Bookers will identify factors that may influence the dates of surgery offered, e.g. school holidays (NHS Modernisation Agency, 2003) to reduce the likelihood of the patient not attending the appointment.

- In general, patients that are referred for POA will be dated for surgery at the time of referral to the service. Patients that require an anaesthetic assessment will be booked for the Anaesthetic Risk Management Clinic, with a preceding POA appointment.

Special Circumstances

Did Not Attend (DNA) patients

- In the event that a patient does not attend POA the Secretary or Booker will be informed. It is up to the referring clinician to decide if another appointment should be made.

Changes to clinics

- All requests for changes to clinics/rescheduling will be managed promptly.

Cancellations following POA clinic

- Following POA appointment, the electronic patient information systems will be updated with the outcome of the appointment. In the event that the patient is cancelled, the POA staff will notify the Consultant Surgeon and Secretary to manage according. In the event, that the patients date for surgery is imminent, the POA staff will further notify the admitting Ward Sister, Matron and theatres.

Urgent POA appointments

- Ring fenced cancer slots will be held for 48 hours before the appointment time and then allocated accordingly.
- Patients that are on a cancer pathway will be seen as soon as possible in pre-operative assessment in line with the 18 week access standard.

Breast cancer POA

- Patients for breast surgery will be timetabled to attend POA on a Tuesday morning at AH to allow for assessment by the Specialist Breast Care Registered Nurse.

Patients on Anticoagulants

- Patients for elective surgery that are prescribed anticoagulants should be seen in POA at least 7 working days pre-operatively.

Criteria for Telephone Assessment

- Telephone assessment can be undertaken for patients
 - Adult
 - Under 60 years
 - Minor procedure
 - ASA grade 1 and grade 2
 - BMI >19 and >40.
- All patients that are detained at HMP will have a telephone assessment with the RN from the HMP health centre.

The following patients are **not** suitable for telephone assessments

- Patient is over 60 years of age
- Patient under 18 years of age

- Patients with a known cardiac history
- Patients that are prescribed anti-coagulants e.g. warfarin and anti-platelets e.g. clopidogrel.
- Patients with significant past medical history as documented on eZnotes or the Summary Care Record (SCR).
- Patients undergoing angiography/angiogram

Patients listed for the following surgical procedures under general anaesthetic will be suitable for a telephone assessment

Orthopaedic surgery

- Knee arthroscopy
- Excision of ganglion
- Carpal tunnel release
- Trigger finger release

Procedure for the Booking of Pre-operative Assessment appointments

- At the time of listing the Consultant Surgeon or Registrar will identify whether the patient is suitable for a telephone assessment or is required to attend for a ‘face to face ‘ assessment, in consideration of the criteria detailed above. This information will be placed on the outcome form with the proposed hospital site for surgery.
- If Anaesthetic consultant assessment of the patient is required at the time of listing, this request will be made in writing to the Anaesthetic Risk Management Service (c/o Pre-operative Assessment Secretary at anaesthetic department in AH or WRH). The Anaesthetic administration staff will then book an appointment in the Anaesthetic Risk Management Clinic with a preceding nurse led POA (face to face).
- When dated for surgery by the Secretary, the Secretary/Booker will request a POA appointment via email to the generic POA booking email account for WRH and KTC: wah-tr.CountywidePreOpAssessmentBooking@nhs.net and for AH wah-tr.PreOpAssessment@nhs.net
- The secretary/booker must include the following template in their e-mail request for POA:
- **If a referral to Pre-operative Assessment does not use the above template it may be returned to the secretary/booker making the referral**

Unit Number	Name	Surgery	Surgeon	Unavailable Dates	Medication that may need stopping	Pre-op dietary requirements	Admission Date and Site	Allocated Pre-op	Recheck apt required

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

Instructions for the use of the template

1. Copy the template from this SOP
 2. Open a new Outlook email
 3. Paste the template on to the new email
 4. Highlight the template
 5. Go to the insert tab at the top
 6. Quick parts
 7. Save selection to Quick Part Gallery
 8. Name it, for example POA Requests
- Use of the template is to help the POA admin team to book the POA appropriately for the patient.
 - In the subject bar of email please type the closest TCI date with no patient details, following Caldicott Principles.
 - Within 24 hours of receipt of the POA appointment request, the Capacity Coordinator with the support of the POA administration team, will identify an appropriate appointment time slot and notify the Secretary or Booker of the appointment date and time via email.
 - Short notice POA appointments will be communicated to the Patient, by the booker/secretary via telephone to ensure the patient can attend both POA and TCI, this will reduce the risk of a DNA.
 - The Secretary or Booker will confirm the appointment time with the patient and ensure that the POA appointment is linked and the letter is printed and sent with the admission letter and fasting instructions as appropriate using the Oasis system on Trust headed paper. This is to ensure all POA and admission details are pulled across correctly and the patient attends the correct clinic. However if the patient is suitable for a telephone assessment then the POA admin staff will send a letter detailing the telephone appointment. This is NOT to be linked to the TCI as Oasis does not support it. Please include Consultant secretary contact number. – This is done to reduce the risk of DNA's and so that the theatre lists are utilised with the patients that have confirmed their attendance.
 - In the event that the patient is not dated for surgery, the POA administration staff will send a single letter, detailing the POA appointment date and time.
 - In the event that an appointment is required at short notice, the Capacity Coordinator should be contacted by telephone, 07810836468 or emailed to expedite the request for a POA appointment.