

Cancelled Operations - FAQ

1) We are a PCT. Should we forward this to our local NHS Trusts to complete or do we record all cancellations in our PCT area?

- No. The QMCO is a provider based return not a commissioning return. NHS Trusts have their own return to complete. The PCT should complete it with details of services it provides, not those it commissions from local NHS trusts. Examples of services provided could be cancellations of minor surgery admissions due to be carried out in a community hospital setting managed by the PCT. If the PCT does not directly provide any elective surgery on a day case or inpatient basis, simply email us back stating this. We will send a return each quarter as a nil return this quarter may not be correct in the future as PCTs develop their services.

2) What does the cancelled operations standard cover?

- The standard applies to all planned or elective admissions where an OPCS-4 operation code procedure was to be carried out. This includes patients admitted for day surgery. Invasive X-ray procedures carried out on inpatients or day cases should be counted as an operation for the purpose of monitoring this standard. (Patient classification = 1 or 2, Admission method = 11, 12 or 13)

3) Are minor operations in an outpatient setting covered by the standard?

- Patients treated in an outpatient setting are not admitted electively so should not be included.

4) What are non-clinical reasons?

- Some common non-clinical reasons for cancellations by the hospital include: ward beds unavailable; surgeon unavailable; emergency case needing theatre; theatre list over-ran; equipment failure; admin error; anaesthetist unavailable; theatre staff unavailable; and critical care bed unavailable. These examples are based on information from the Modernisation Agency's Theatres Project and do not necessarily cover all non-clinical reasons.

5) What is meant by a last minute cancellation?

- A last minute cancellation is one that occurs on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. For example, you are to be admitted to hospital on a Monday for an operation scheduled for the following day (Tuesday). If the hospital cancels your operation for non-clinical reasons on the Monday then this would count as a last minute cancellation. This includes patients who have not actually arrived in hospital and have been telephoned at home prior to their arrival.

6) Why are 'on the day' cancellations no longer on the form?

- Cancellations on the day of surgery are a subset of last minute cancellations and as such will be included as part of the overall total of 'last minute' cancellations. What we have removed is the requirement to report a separate figure for 'on the day' cancellations. This is no longer needed as a separate item as the cancelled operations guarantee applies to operations cancelled at the last minute from April 2003. (added 4 July 2003)

7) Are the definitions the same as reported through SitReps?

- SitReps continues to require reporting on last minute cancellations. The definition of last minute is the same for both.

8) Are private patients included on the QMCO return?

- No. The QMCO return is used to monitor the experience of NHS patients. (Added 16 July 2003)

9) Should I include operations which are rescheduled for the following day?

An operation which is rescheduled to a time within 24 hours of the original scheduled operation should be recorded as a postponement and not as a cancellation. For postponements, the following apply:

- the 24 hour period is strictly 24 hours and not 24 working hours, i.e. it includes weekend/other non-working days
- the patient should not be discharged from hospital during the 24 hour period
- a patient cannot be postponed more than once (if they are then they count as a cancellation) **(Added in line with SITREP Guidance 11th Dec 2009)**

10) What is a breach of the standard?

- If a patient has not been treated within 28 days of a last minute cancellation then this is recorded as a breach of the standard and the patient should be offered treatment at the time and hospital of their choice. If a patient is offered a reasonable date within 28 days but prefers to be treated later this should not be recorded as a breach. (Added 4 July 2003)

11) When do we record the breach?

- A breach should be counted at the point it occurs i.e. if after 28 days of a last minute cancellation the patient has not been treated then the breach should be recorded. The last minute cancellation associated with this breach may have occurred in the same quarter or in a previous quarter. Please note that the 28 day period does not stop at the end of a quarter but is continuous. (Added 4 July 2003)

12) When does the 28 day period start and end?

- The day of the planned operation is Day 0. The day after the planned operation date is Day 1. On Day 29 this should be recorded as a breach. If the patient is treated before Day 29 this is not a breach of the standard. For example a patient was due to be admitted on 7 April 2003 for an operation on 8 April 2003 but was telephoned at home on 7 April 2003 to cancel. The standard is breached if the patient is treated after 6 May 2003. (Added 4 July 2003)

13) Why does the 28 day period start on the day of planned operation and not day of admission?

- The cancelled operations guarantee applies to patients who have their operation cancelled on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery. As the 28 day period ends with treatment it is fair to use operation to operation as the start and end points. This will ensure equity where there are differences in admission procedures. (Added 4 July 2003)

14) Does the time of the operation on Day 0 make a difference?

- No. (Added 4 July 2003)

15) What if the patient turns down the offer of a new date following a cancellation?

- If the offer of a new date was reasonable but the patient prefers to be treated after the 28 day period then that is not counted as a breach. Where possible, NHS Trusts should work with the patient to offer a date that is suitable to them.

Putting patients on standby / "pre-cancellations"

16) Is it acceptable to let patients know in advance of their admission or operation that they are likely to be cancelled?

- Warning patients that they are likely to be cancelled and then not confirm whether they have actually been cancelled until the day they are due to arrive at hospital; after they arrive at hospital; or on the day of surgery undermines 'certainty' for the patient. Also, it potentially denies the patient the right to the 28-day guarantee.

However, where there is a high probability that the patient's operation cannot be carried out on the date originally agreed it is acceptable to cancel the patient in advance. This is not warning the patient of a likely cancellation but an actual cancellation.

Patients should always be given a firm date for their surgery so that they can make the necessary arrangements they need to make when undergoing surgery, such as taking time off work or arranging child-care.

Exceptionally, a patient 'cancelled at the last minute' may request to be contacted at short notice if circumstances change at the hospital allowing their surgery to be performed close to the original date. Re-instating a patients operation in this way will not negate the original cancellation date for reporting purposes or their right to the 28-day guarantee. (Added 16 July 2003)

17) If I cancel a patient's operation in advance, how should I record their cancellation?

- For the purposes of recording cancelled operations, hospitals should be clear about when the patient was cancelled. If patients are cancelled on the day they are due to arrive at hospital; after they arrive at hospital; or on the day of surgery, then their cancellation should be recorded as that date and not any date prior to this.

Once a patient is informed that the procedure/operation is cancelled this should be recorded on the date the patient is informed. Any subsequent change

of decision by the hospital should not result in this cancellation record being amended. In effect the operation is re-booked (albeit on the original date).

Patients who are on elective waiting lists who have their operation 'cancelled at the last minute' should continue to be recorded on the waiting list until they have been treated. (Added 16 July 2003)

Patients who become medically unfit within the 28-day guarantee period

18) If a patient is cancelled "at the last minute" due to non-clinical reasons and they are given another operation date within 28 days, but become medically unfit to undergo the operation, how should this be treated for recording purposes?

- Following a 'last minute cancellation' for non-clinical reasons, the 28 day guarantee period will stop where the patient subsequently becomes unfit for treatment and is suspended from the Waiting List. The decision about being unfit may be made by either the hospital or the patient. Where a patient becomes unfit for treatment, a new 28-day guarantee period will start from the date the patient is re-instated to the Waiting List.

The definition of a 'suspension' is the same as that used for waiting list 'suspensions'. (Added 16 July 2003)

19) What is a 'suspended patient'?

- Suspended patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.'

See Useful Links for further information on recording patients counted as suspensions and self-deferrals from the waiting list.

For last minute cancellations, patients who are offered a new date for treatment within the 28 day period, but who then choose to wait longer than the 28 day period are not classed as breaches of the cancelled operations guarantee. (Added 16 July 2003)

Offering a reasonable date

20) How does the NHS Plan cancelled operations guarantee operate alongside waiting times guidance on 'reasonableness' for written and verbal offers of appointments or admissions?

- Tension between the NHS Plan cancelled operations guarantee and 'reasonableness' will only occur where patients are being managed to the end of the maximum waiting time period. The following guidance explains this in more detail:

NHS Trusts should be working to operate the cancelled operations guarantee and waiting times guidance on 'reasonableness' together.

The NHS Plan Cancelled Operations Guarantee

The NHS Plan cancelled operations guarantee applies to those patients who have been cancelled "at the last minute" due to non-clinical reasons, i.e. on the day of arrival in hospital, or after admission to hospital, or on the day of surgery. Under the guarantee, the Hospital should treat the patient within 28 days of the original cancelled operation date or "fund the patient's treatment at the time and hospital of the patient's choice."

'Reasonableness'

Waiting times guidance on 'reasonableness' states that:

Written offers

In order for a written offer to be deemed reasonable, the patient is to be offered an admission date with a minimum of three weeks notice.

Verbal offers

For a verbal offer to be deemed reasonable, the patient is to be offered a minimum of two admission dates, with at least three weeks notice before the first of these offered admission dates.

Some patients may be willing to accommodate shorter notice dates without 3 weeks notice. However, if the patient declines such an offer the patient cannot be self deferred and their waiting time continues. Hospitals may wish to set up or amend scripts used when contacting patients over the telephone to incorporate this guidance. Similarly, in line with waiting times guidance, patients are entitled to wait for the consultant and Provider they were due to be treated by, and therefore any patients exercising this right should not have any clock adjustments applied. (the last sentence added 9th April 2009)

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'Reasonableness' and the NHS Plan Cancelled Operations Guarantee

Tension between the NHS Plan Cancelled Operations Guarantee and treating patients within the maximum waiting times standard can occur where patients are managed to the end of their maximum waiting time period. Treating patients within the maximum waiting time standards takes precedence over the

cancelled operations 28-day guarantee. This is especially important where day 28 of the cancelled operations guarantee falls after the waiting time maximum. However, Trusts must honour the NHS Plan Cancelled Operations Guarantee where the maximum waiting time falls after the NHS Plan Cancelled Operations Guarantee 28 day period.

Patients should always be treated within the waiting time maximum. Guidance on offering a reasonable date should be followed throughout the whole waiting experience, including those patients who have had an operation cancelled by the hospital for non-clinical reasons 'at the last minute'.

Any patients who are not treated within the maximum waiting time standard must be declared as a breach on the statistical returns to the Department of Health. Details of breaches of the maximum waiting time standard should be provided in an exception report. The implications for the cancelled operations guarantee are that:

(i) dates should be offered as soon as possible after a 'last minute cancellation'. Hospitals should contact the patient to ensure a mutually acceptable date is agreed. Many patients would prefer a date as close to the original operation date as possible so that they do not have to make changes to their existing arrangements. Please note that for patients who have been admitted to Hospital and then cancelled, it is best practice to implement a system that allows patients to agree a new date before they leave the Hospital.

(ii) waiting lists need to be managed in such a way as to minimise the possibility of patients both breaching the waiting times maximum and the NHS Plan cancelled operations guarantee. [For instance, Trusts may wish to consider compiling 'To Come In' lists highlighting those patients who are approaching both the maximum waiting time and the NHS Plan cancelled operations guarantee 28 day period. This list can be distributed to staff involved with inpatient and daycase patients.]

Guidance on reasonableness can be found at <http://www.performance.doh.gov.uk/waitingtimes/> under the section on Frequently Asked Questions.

Example 1: Patient cancelled, maximum waiting time standard falls outside the NHS Plan cancelled operations guarantee 28 day window

A patient is cancelled on their day of surgery due to non-clinical reasons. Therefore the Hospital should treat the patient within the next 28 days. There are another 4 months remaining before the patient's maximum waiting time ends. Therefore, the 28 day guarantee period is clearly within the maximum waiting time.

When contacting the patient to arrange a suitable date within the 28 day guarantee window, Trusts should offer patients a choice of at least 2 dates (assuming the offer is a verbal one) with a minimum of 3 weeks notice.

However, if dates are offered with less than 3 weeks notice and the patient chooses to accept a date, this constitutes an acceptable offer.

Example 2: Patient cancelled, maximum waiting time standard falls within the NHS Plan cancelled operations guarantee 28 day window

A patient is cancelled on their day of admission to hospital. If, for example, there are 25 days before the patient must be treated within the maximum waiting time.

Therefore, the maximum waiting time date falls before the end of the 28 day cancelled operations guarantee period. The patient must be treated within the maximum waiting time date.

Therefore, it is important for Trusts to contact patients as soon as possible after the cancellation. When contacting the patient to arrange a suitable date, Trusts should offer patients a choice of at least 2 dates with a minimum of 3 weeks notice. However, if dates are offered with less than 3 weeks notice and the patient chooses to accept a date, this constitutes an acceptable offer. This ensures the patient is seen within the maximum waiting times target.

IMPORTANT:

In the instance where a cancelled **patient does not accept a date** because they cannot make the necessary arrangements to come in for surgery on the proposed dates, and this means that they will be waiting over the maximum waiting time standard then Trusts **must** record this patient as a breach of the maximum waiting time standard. (Added 12 July 2004)

21) Why do you need information on choices patients make after a breach?

- Information on what choices patients made following a breach of the cancelled operations standard will inform development of policy in this area and enable monitoring of the effect of the new guarantee.

22) Where can I get information on good practice in managing cancelled operations?

- The two main pieces of guidance on managing cancelled operations produced by the Modernisation Agency's Operating Theatre Programme are 'Step Guide to Improving Operating Theatre Performance' and 'Tackling Cancelled Operations'. Electronic copies of the documents are available on <http://www.modern.nhs.uk/theatreprogramme/> (Added 4 July 2003)