P-05-940 Reduce cancelled operations

Y Pwyllgor Deisebau | 10 Mawrth 2020 Petitions Committee | 10 March 2020

Reference: RS20/11539

Introduction

Petition number: P-05-940

Petition title: Reduce cancelled operations

Text of petition: An article published on 31 July 18 stated that 178,000 operations in Wales were cancelled in the last 2 years (2016-2018), 70,000 due to non-clinical reasons. 90,000 were cancelled in 2017/18.

In 2012 my son passed away, he was placed on the waiting list for an emergency tonsillectomy in September 2011 the first operation was cancelled because of no HDU bed being available, the second and third was cancelled by ourselves because Dylan was not well enough. The fourth and final operation was cancelled because of no HDU (High Dependency Unit) bed being available this was scheduled to take place the day he died.

An investigation concluded that had he had the operation he would have made a full recovery. We are now fast approaching almost a decade since his death and Cardiff and Vale heath board assured me that changes had been



put in place. It has become apparent given these diabolical high figures that nothing has changed.

I call upon Vaughan Gething, and the Welsh Assembly to put changes in place to ensure that the number of cancelled operations are dramatically reduced. I personally find these figures disgusting

Background

The data on cancelled operations quoted by the petitioner comes from a September 2019 news article published in <u>WalesOnline</u>. That article is itself based on figures obtained from local health boards (LHBs) in Wales through a Freedom of Information (FOI) request by the Conservative Party in Wales.

BMA Cymru <u>responded to the figures</u> at the time, claiming that underfunding, insufficient staff and hospital beds, and gaps in staff rotas had contributed towards the numbers of cancellations., and called for 'a funding solution that provides appropriate numbers of beds, invests in more staff and takes into account the rising demands on the NHS in order to provide patients with the level of care they expect and deserve'.

Data on the number of cancelled operations (referred to as Postponed Admitted Procedures or PAPs) in Wales is not routinely reported or published, either at LHB or all-Wales level. However, the PAP figures are still collected monthly by LHBs and submitted to the NHS Wales Information Services (NWIS). The figures for individual LHBs are also included in the performance reports that are considered at LHBs' Board meetings, although these meetings do not necessarily happen on a monthly basis.

Table 1 below shows the total number of PAPs and reason for postponement:

Table 1: Total Postponed Admitted Procedures, NHS Wales

| All Wales | Reason for postponement | 2015/16 | 2017/18 | 2018/19 | 2019/20 (See Note) |
|-----------|-------------------------|---------|---------|---------|-----------------------|
| | Clinical | 9,450 | 9,361 | 10,179 | 7,445 |
| | Non-clinical | 33,982 | 38,278 | 37,120 | 31,295 |
| | Patient | 41,067 | 42,525 | 43,363 | 31,677 |
| | Total | 84,499 | 90,164 | 90,662 | 70,417 |

Source: NWIS supplied data

Note: 2019/20 data covers April-December 2019

A procedure is classed as postponed if it does not take place on the date specified. A procedure can be postponed from the date on which the patient received the initial appointment (which could be three weeks or more prior to the procedure taking place) to the day the procedure is actually due to take place.

The categories of the reasons for postponement are as follows:

- Clinical: these cover those procedures postponed by the health board for reasons such as the hospital reporting the patient as unwell, the patient being unsuitable for day surgery or the patient not following pre-operative quidance;
- Non-clinical: these cover procedures postponed by the health board due to reasons such as the unavailability of a bed, equipment or staff, or to operating list over running;
- Patient: these cover the patient not attending, the patient being unavailable or unwell, or the patient saying they no longer wanted the procedure.

Not all postponed procedures result in a slot being lost, as there are usually patients on short notice lists who are able to come in and fill that particular slot. In addition, where a patient postpones a procedure as they are unavailable, this can be up to three weeks prior to the procedure taking place; that slot will then be offered to the next available patient on the list.

Table 2 shows the number of elective (non-urgent) admissions in each of the following years.

Table 2: Total number of elective admissions, NHS Wales

| | 2015/16 | 2017/18 | 2018/19 | 2019/20 (See Note) |
|-------|---------|---------|---------|--------------------|
| Total | 334,340 | 330,170 | 342,002 | 187,280 |

Source: NWIS supplied data

Note: 2019/20 data covers April-December 2019

Welsh Government response to the petition

The Welsh Government's response passes on the Minister's condolences to the petitioner on the loss of her son and recognises what a difficult time it must have been for both her and her family.

The response also acknowledges the distress to a patient which having a planned operation cancelled causes, and notes that:

- Any patient that has their operation postponed on more than one occasion by the hospital for non-clinical reasons with less than eight days' notice, should receive their operation within 14 days, or at their earliest convenience;
- There is a target in place for LHBs in Wales to reduce the number of short notice postponements by 5% year on year;
- When hospitals postpone operations, it is always done as a last resort and to ensure patient safety is maintained;
- Nearly half of all reported postponements in Wales are due to patient reasons, which is borne out by the figures in Table 1.

The response also notes that during times of pressure on health services, LHBs will need to balance the needs of emergency demands whilst maintaining a focus on more routine and non-urgent care. Hence, clinical staff will assess and treat on the basis of the urgency and severity of the clinical needs of each patient.