



SCOT Statement on Surgical Prioritisation – May 2022

SCOT represents Orthopaedic Surgeons throughout Scotland. It consists of an Executive Committee and a wider consultative body of Scottish Orthopaedic clinical leaders and representatives from all health boards. It has links with the Royal Colleges, NES and the Universities. It provides clinical representation when requested by the Scottish Government and other bodies. Scottish orthopaedic academics have been at the global forefront of publishing data on the effect of the pandemic on this patient group.

Surgical Prioritisation

The FSSA Prioritisation System¹ was temporarily introduced to ensure that critical cases were prioritised during the height of the COVID-19 pandemic. As such, there was minimal consultation or scientific methodology applied to the system. It has been further modified by some Boards and the Scottish Government have suggested possible criteria that may be used to increase a patient's priority².

SCOT is aware of significant inconsistency in the application of prioritisation. There is subjectivity in the movement of patients from one category to another. SCOT also note that the TTG promise remains enshrined in law³, with a maximum waiting time of three months. It is concerning that routine cancellation of P3/4 patients are starting to feature in the planned escalation plans of Boards.

SCOT would like to ensure that all orthopaedic clinicians listing patients for arthroplasty are fully aware of the criteria that would support listing them as a P3. The most recent FSSA criteria (Jan 2022) for P3 include "night pain" "rapid reduction in mobility". It would seem reasonable that the majority of patients, who are at the stage of being listed for arthroplasty, would meet one, or both, of those criteria. In some cases a surgeon may decide that waiting for surgery will carry a low risk of suffering and/or deterioration and allocate the P4 category.

SCOT therefore propose the following definition of the P4 category is *"a patient where a prolonged delay to surgery will not result in significant ongoing pain, functional limitation, or permanent loss of function."*

¹ https://fssa.org.uk/_userfiles/pages/files/covid19/prioritisation_master_28_01_22.pdf

² <https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework/pages/related-guidance/>

³ <https://www.legislation.gov.uk/ssi/2012/110/made>