

POPS: Streamlining Surgical Waiting Lists Through Digital Triage, CGA, and Shared Decision Making

Authors

Dr Thomas Lee, Junior Research Fellow
Dr Abigail Hodgson, Junior Research Fellow
Dr Karina James, Consultant Geriatrician



Background

With growing elective surgical waiting lists and an ageing population, the need to streamline services for efficient healthcare provision is clear. As of February 2025, the total number of patient pathways awaiting treatment in Wales was **793,946** (an increase of 14.7% compared to February 2022) with **surgical** specialities making up the top four at a total of **355,190** (44.7%) [1] [2].

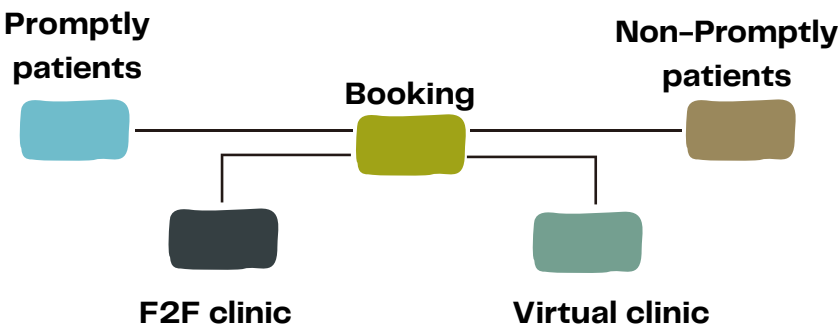
Patients with advancing **frailty** can be complex and difficult to assess comprehensively, especially within the fast-paced pre-operative setting. In some cases, elective surgeries may not be the right decision for a frail patient, and some studies suggest up to 14% of older people describe **decisional regret** [3].

The POPS team was established to provide a holistic perioperative model of care, which delivers **shared decision making** and an **evidence based comprehensive geriatric assessment** at its core. The aim is to reduce postoperative complications and avoidable healthcare costs, and improve patient journeys.

In November and December 2024, the SBUHB POPS team deployed a **newly devised set of digital frailty questionnaires via the platform "Promptly"**. These were sent to 738 patients on the general surgery waiting list who were age ≥ 65 yrs. The patients were then triaged and reviewed accordingly. Here we describe the results of this cohort of patients and the combined total POPS outcome measures over a 6 month period.

Methods

- Promptly digital frailty questionnaires were designed and fine-tuned by consultant geriatricians.
- Promptly questionnaires were sent to patients age ≥ 65 yrs on the general surgery waiting list.
- Promptly non-responders were screened via telephone.
- Promptly responses were analysed by the POPS team and triaged into clinic type by frailty.



How can POPS streamline waiting lists?

By identifying and reviewing patients who require comprehensive assessment, to optimise their management **ahead of scheduled preoperative assessment and surgery**.

They often address medication issues, identify and organise appropriate investigations, refer to medical specialities, and **discuss implications of surgery in the context of frailty**.

POPS also focus on holistic and functional assessment as well as medical, using **shared decision making** and giving patients enough information to make **informed decisions** about their treatment and upcoming surgery.

What is POPS?

Perioperative Medicine for Older People having Surgery.

What do POPS do?

POPS are a medical team setup to provide a **comprehensive geriatric assessment (CGA)** when necessary, for any patient **65 yrs and over** awaiting surgery.

How do POPS deliver the service?

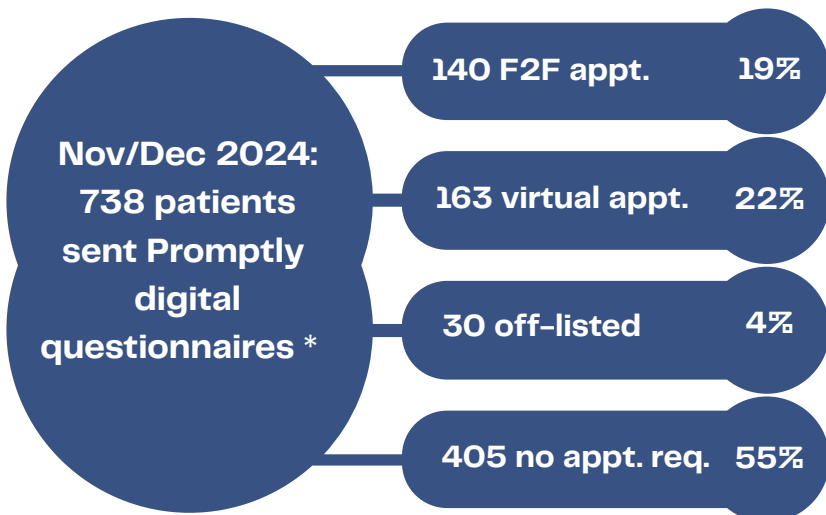
By using **digital screening questionnaires (e.g. Promptly)** to triage patients by frailty.

Telephone screening patients who do not respond to digital questionnaires.

Arranging **virtual or face-to-face clinics**, as appropriate.

Reviewing **complex patients referred by other specialities** such as surgeons or anaesthetists.

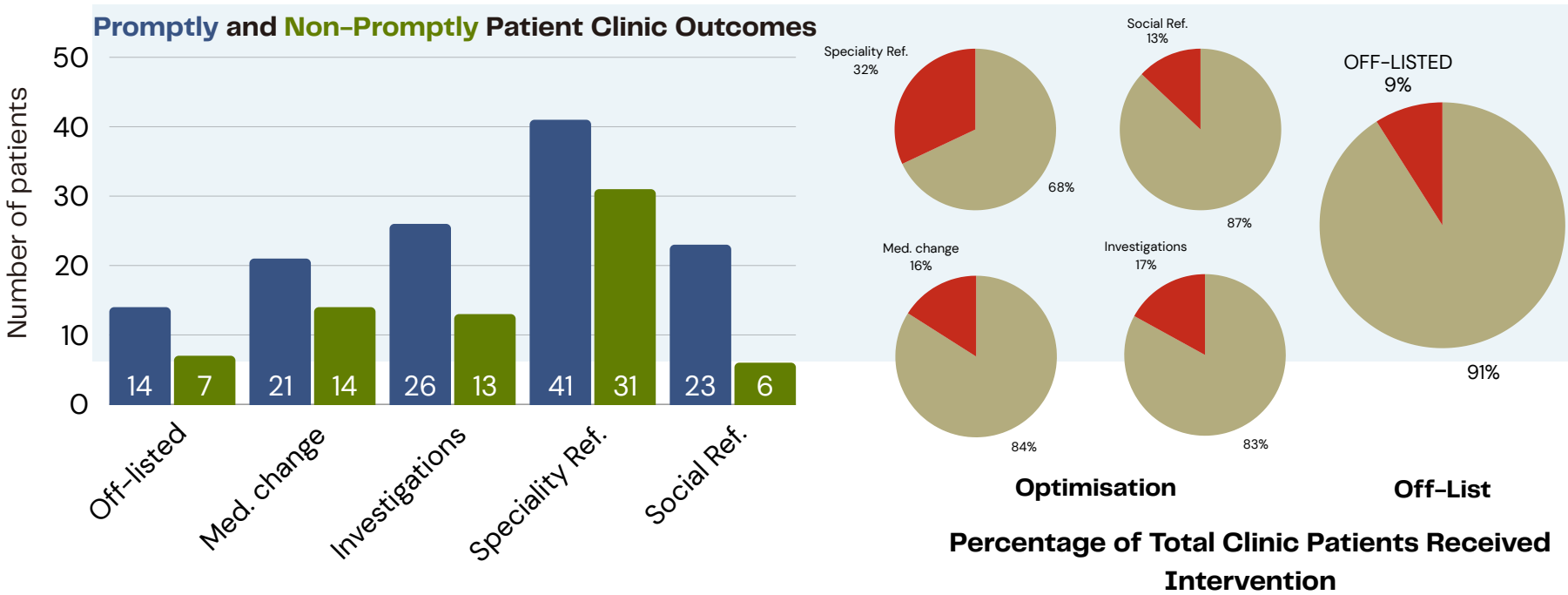
Results



* 309 patients did not respond to the initial questionnaires and so were screened via telephone.

CLINICS November 2024 – April 2025:

- Total of 223 patients from various sources reviewed in either virtual or face-to-face clinic.
- 155 (51%) Promptly patients triaged for an appointment have been seen to date.
- 68 Non-Promptly patients have also been reviewed.
- 14 (9%) Promptly patients and 7 (10%) non-Promptly patients have been off-listed.**
- Total of 123 patients (55%) required an optimising intervention (83 Promptly and 40 non-Promptly patients).



Conclusion

Identification of frailty through a carefully constructed digital model enabled comprehensive medical assessments to be delivered to patients who needed it but may otherwise not have received it.

Clinical optimisation was made by interventions ranging from transthoracic echocardiograms to the National Exercise Referral Scheme, from memory clinic to renal referrals, and antibiotics to iron infusions.

Shared decision making and screening of non-responding individuals identified a total of 51 patients who either no longer felt they wanted the operation or had already received it privately. This equates to approximately £178, 000 estimated saving alone.

References

- Audit Wales (2025). Accessed 02/05/25. Available at: <https://app.powerbi.com/view?r=eyJrIjo1ZGF1YTk4OGEtODU4NCOONjU1LWEyYmMtN2UxYTQyNDkMGYzIiwidCI6ImRmZDY5MmYwLWTE2YmYtNDQ0OS04OGUzLUW3NzMiZGZyZ2ZlOCIsImMiOiJh9>
- Welsh Government. Stats Wales. Accessed 02/05/2025. Available at: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks>
- Wilson A, Ronnekleiv-Kelly SM, Pawlik TM. Regret in Surgical Decision Making: A Systematic Review of Patient and Physician Perspectives. World J Surg. 2017 Jun;41(6):1454-1465. doi: 10.1007/s00268-017-3895-9. PMID: 28243695.