Centre for Perioperative Care

Unlocking NHS productivity in Wales

Manifesto 2026

Executive summary

- NHS waiting lists in Wales are at crisis levels, driven by a wide range of factors which include avoidable postponements of operations, preventable surgical complications, unnecessarily long hospital stays and high readmission rates.
- Many of these issues result from the following: patients arriving for surgery in an unfit state; limited shared decision making; inadequate discharge planning; and missed opportunities to accelerate recovery. These can be avoided by:
  - action to turn waiting lists into preparation lists, including early screening of patients, then supporting them to improve their health while they wait
  - actively including patients in decisions about their care, which can help prevent unnecessary operations and surgical regret
  - better procedures to help patients drink, eat and mobilise after surgery, which can improve patient outcomes and reduce length of hospital stay
  - better discharge planning, which can reduce readmission rates.
- The next Welsh Government must:
  - expand efforts to mandate and facilitate the adoption of these interventions
  - modernise digital systems across all health boards
  - establish an 'NHS efficiencies transformation fund' to overcome set-up costs
  - monitor service delivery by conducting a regular audit of perioperative care services
  - incentivise implementation by modifying Healthcare Inspectorate Wales' assessment framework
  - invest in a workforce fit for the future to deliver these changes.

CPOC

The Centre for Perioperative Care (CPOC) is a partnership between health charities, patient groups and several leading royal colleges, such as the Royal College of Anaesthetists, the Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians. We aim to optimise the surgical pathway for children, young people and adults, from the moment surgery is contemplated all the way through to full recovery.

The challenge

The NHS backlog in Wales remains at crisis levels, with over 794,000 people waiting for hospital treatment.[1] Surgical patients face long delays, taking a significant toll on their physical and mental well-being. It is vital, therefore, that avoidable inefficiencies in the surgical pathway, such as those outlined below, are addressed:

Postponements & cancellations: each year, nearly 90,000 surgical procedures are postponed in Wales.[2]

Complications: 12% of operations have complications, many of which are preventable.[3]

Long hospital stays: surgical patients often remain in hospital 1–2 days longer than necessary.[6]

Readmissions: over 11.5% of readmissions are preventable.[7]

The solution: optimising the surgical pathway

The surgical pathway must be made as efficient as possible. Key to this is improved 'perioperative care' – all the care patients receive before and after their operation, from the moment that surgery is contemplated all the way to their full recovery.

Simple but effective interventions include the following:

Turning waiting lists into preparation lists

Many patients arrive for surgery in an avoidably poor state of health, increasing the risk of postponed operations or complications if surgery does go ahead. Drivers include smoking, excess drinking, unaddressed comorbidities, such as diabetes, and frailty. These problems are becoming more common due to poor societal health, placing additional pressure on hospitals. For example, 62% of adults in Wales are overweight or obese.[8] Fortunately, these can all be addressed.

The first step should be early screening of patients as soon as they join the surgical waiting list to assess their health status and behaviours. This should be age appropriate, with health screening for children and comprehensive geriatric assessment for older patients as part of 'Perioperative care for Older patients undergoing Surgery' (POPS) services.

If patients are found to have addressable health issues, they should be offered targeted support. This could be through medical optimisation of issues, such as anaemia or diabetes, or 'prehabilitation' programmes, which can provide support for exercise, smoking cessation, improved nutrition and much more.

If this is done, the evidence shows that:

- complications reduce by up to 50% [6]
- hospital stays shorten by 1–2 days [6]
- up to 75% of patients report positive long-term lifestyle changes [9]
- hospitals can achieve cost savings, for example, comprehensive geriatric assessment can save £1,165 per patient overall, even after implementation costs.[10]

While we believe most problems can addressed ahead of surgery, some patients have health issues for which optimisation is not possible. Interventions should be tailored to the nature of the surgery intended and the patient's individual needs. Optimising health before surgery should support better outcomes – not become a barrier to accessing treatment.

Embedding shared decision making

Patients aren't always actively included in decisions about their care. This can lead to unnecessary operations, which waste limited NHS resources and increase the likelihood of surgical regret – reported by 14% of patients who had an operation.[11]

Shared decision making ensures that treatment options are considered alongside patients' values and preferences to make sure that they make the right decision for them. The BRAN framework supports this by informing patients about the **B**enefits, **R**isks, **A**lternatives and the option of **N**o treatment.

Evidence shows that embedding shared decision making:

- improves patient understanding of their treatment and satisfaction with their care
- reduces surgical regret
- reduces litigation costs, because patients experiencing good shared decision making are 80% less likely to sue[12]
- leads to around 10% of patients deciding not to proceed with surgery – freeing up considerable NHS capacity for where it is needed most.[13]

With shared decision making **10% of patients** decide not to have surgery

Improving discharge planning

Poor discharge planning can result in patients staying in the hospital longer than necessary, for example, due to uncoordinated transport. It also increases the risk of readmissions if, for example, recovery notes are unclear to patients, their carer or their GP.

Healthcare staff should work with patients to plan discharge arrangements, initiating this process as early as possible – ideally before patients are even admitted to hospital. The IDEAL framework offers a structured approach to ensure clinicians **Include** patients and their families; **Discuss** care plans; **Educate** patients; **Assess** clinical staff performance; and **Listen** to patients' preferences and concerns.[14]

Evidence shows that better discharge planning:

- reduces re-admissions by 11.5% [7]
- improves patient outcomes
- frees up patient beds.

Good discharge planning reduces readmissions by **11.5%**

Facilitating fast recovery

After surgery, patients often need rest, but resting alone is not usually the best way to ensure a fast recovery. If patients are supported to **D**rink, **E**at and **M**obilise (DrEaM) as soon as possible after surgery, their recovery is often faster. These measures form part of what are known as 'enhanced recovery' programmes.

Evidence shows that:

- DrEaMing in the first 24 hours after surgery results in an average 37.5% reduction in length of stay.[15]

DrEaMing reduces average length of stay by **37.5%**

Progress so far

The current Welsh Government has recognised the importance of getting people into the best possible shape for their treatment, as outlined in its Promote, Prevent and Prepare (3Ps) policy.[16] In recent 'Referral to treatment' guidance, all health boards are directed to 'provide appropriate support for patients awaiting surgery'.[17] However, the guidance has not yet been fully adopted in practice; it fails to mention discharge planning or enhanced recovery; and leaves some areas poorly defined. For example, it doesn't stipulate that screening must take place as soon as a patient enters the waiting list.

Promisingly, funding has been granted for initiatives including POPS services in Wales. In addition, the Perioperative Clinical Implementation Network (CIN) has been established, providing a vital clinical leadership voice that should be supported by any future Welsh Government.

As such, positive steps have been taken, with examples of successful perioperative services already in place. However, the ambition of Government plans could be improved, and the implementation of perioperative interventions could go much further. Wales has the potential to become a leader in the delivery of perioperative care, truly transforming the way in which the surgical pathway functions. Many health boards and clinicians are eager to drive this change, but significant barriers must be addressed before this potential can be realised.

Barriers to further progress

Poor digital systems

Despite numerous Government strategies, digital systems across Welsh health services remain fragmented and inconsistent. Health boards use separate, often incompatible systems. While some are relatively advanced, many are outdated, with some hospitals still relying on paper records. This results in duplication, delays and poor continuity of care, often leaving clinicians without key patient information. The Perioperative CIN is developing an 'All-Wales' digital platform for early screening and pre-assessment, which deserves Government support and funding. However, broader work is needed to create truly integrated digital systems across NHS Wales.

Lack of funding for set-up costs

Perioperative interventions deliver long-term cost savings. However, despite strong interest from health boards, many are unable to implement them due to a lack of funding for initial set-up costs.

Lack of monitoring

There is currently no comprehensive monitoring of perioperative care services in Wales. Although Wales had discussions around participating in a clinical audit of perioperative care along with England, unfortunately an agreement could not be reached, and England is now proceeding alone. As a result, Wales lacks adequate data to identify what services exist, who they serve, where they perform well, and where improvements are needed.

Lack of incentivisation

Healthcare Inspectorate Wales' (HIW) inspection framework does not comprehensively cover interventions to optimise the surgical pathway (e.g. early screening) or fully assess relevant outcomes (e.g. surgical complication rates). This means that there is limited recognition for health boards that have taken proactive steps to implement these practices and little accountability for those that have not.

Workforce challenges

Delivering high-quality perioperative care depends on a multi-skilled, multi-disciplinary, perioperative workforce.[18] It requires a range of key professionals, such as anaesthetists, nurses, surgeons and pharmacists, contributing at multiple stages of care. However, there is a lack of dedicated investment in building and supporting this workforce. For example, anaesthetists, who often lead the delivery of these services, are stretched to the limit, with current numbers estimated to be 17% below what is required.[19]

What the next Welsh Government needs to do

To unlock the full potential of perioperative care in Wales, we need decisive action to do the following:

- **Mandate and facilitate the consistent adoption of surgical pathway interventions**, ensuring that all new initiatives are evidence based, validated and developed in partnership with clinical experts. They should be consistent across health boards and accessible to all patients who need support.
- **Modernise digital systems across the Welsh NHS**, to improve coordination and collaboration between health boards and support safe, high-quality patient care.
- **Create an 'NHS Efficiencies Transformation Fund'** to help health boards get perioperative services, including those outlined in this report, off the ground.
- **Conduct a regular audit of perioperative care** to identify what services exist, who they serve, where they perform well and where improvements are needed.
- **Ensure that Healthcare Inspectorate Wales incentivises implementation** by including the availability, function and outcomes of perioperative care services in its assessment frameworks.
- **Build a perioperative care workforce fit for the future**, to ensure that the NHS in Wales has the skilled staff needed to deliver high-quality, efficient patient care.

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CPOC is a partnership between:

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