

Plastics Hand and Upper Limb

Introduction

This national tool ranks adult patients referred for publicly funded elective surgery.

Paediatric patients are **not** scored on this tool

It should be applied to all patients who would consent to, and benefit from surgery, and for whom surgery is the most appropriate treatment option.

The score should be based on the considered clinical decision of the surgeon, incorporating the history, examination and relevant investigations.

Patients should be scored impartially.

The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment.

Treatment of a condition may require a number of procedures to be sequentially performed. For the purpose of the priority access the procedures should be considered as one event and the score for the first procedure carried forward.

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases.

- Treatment of malignancy subject to Faster cancer wait times
- Investigations of symptoms or signs where a high probability of a diagnosis of malignancy exists, e.g. biopsy of tumour
- Where there is evidence of a high risk of catastrophic complications, e.g. para/tetraplegia
- Not a special case

Prioritisation

Prioritisation of elective Plastics Hand and Upper Limb surgery

Impact on Life

Warning: please proceed with this prioritisation event only if you have a completed Impact-on-Life Self-Assessment form from the patient.

Impact of the condition on ability to engage in and enjoy activities which are important to the individual patient.

Please transcribe information from the questionnaire completed by the patient.

This scale ranges from 1: *No difficulty* to 6: *Extremely difficult*.

Social Interaction



Personal Interaction



Ability to fulfil your responsibilities to others



Personal Care



Personal Safety



Leisure Activities



Surgeon Derived Impact on Patient

Surgeon evaluation of the effect of the condition on the patient's life.

Activities of Daily Living (ADL) are routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.

- 0
- 1 - Intermittent pain &/or minimal functional compromise
- 2
- 3 - Persistent mild pain &/or some compromise of leisure activity
- 4
- 5 - Persistent moderate pain &/or loss of important leisure activity
- 6
- 7 - Persistent severe (e.g. sleep disturbing) pain &/or some compromise ADL
- 8
- 9 - poorly controlled / severe pain and / or significant compromise ADL
- 10

Likelihood that significant deterioration in symptoms/function will occur in the next 6 months

Deterioration reflects the components of likelihood and consequence for each individual patient. This should reflect both the natural history of the pathology (or condition) and the patient's history.

- Low ($\leq 25\%$ i.e. little risk, stable condition or slow progression)
- Medium (25 - 75% moderate risk, condition has gradual and predictable progression)
- High ($> 75\%$ high risk, condition likely to have rapid or unpredictable progression)

Consequence (or significance) of deterioration in symptoms / function occurring in the next 6 months

i.e. increased/additional symptoms, further compromise of function, or increased complexity of surgery.

Significant likelihood of complication with catastrophic consequence is a special case.

- Small (change will have little impact on the patient or the surgery)
- Moderate (change would have significant impact on the patient or the surgery)
- Great (change would have a severe impact on the patient or the surgery)

Amount of benefit from the proposed surgery for this patient

- Modest benefit (symptoms and/or compromise of activities – minimally improved)
- Moderate benefit (symptoms and/or compromise of activities – improved)
- Substantial benefit (symptoms and/or compromise of activities – markedly improved)
- Great benefit (return to near normal)

Risk of surgery for this patient - death or significant complications

considering anatomy, pathology, frailty, co-morbidities, past history (DVT/infection) , procedural complexity.

- High (>20%)
- Medium (6 - 20%)
- Low (\leq 5%)