A Play Specialist-Led Preoperative Pathway to Reduce Consultant Clinic Demand: Safety, Cost and Experience Outcomes from a Quality Improvement Project

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Background/context
Preoperative anxiety in children and young people is associated with poorer perioperative experience and increased risk of cancellation. Structured preparation is therefore important, as highlighted by the PINEAPPLE Study[1]. Traditional consultant-led preoperative clinics are resource-limited and may increase anxiety due to the clinical environment. Delays in preoperative assessment also affect surgical programme and delivery of NHS key targets[2].

Problem
The service ran three consultant anaesthetist-led preoperative clinics per month (four slots per clinic). High volumes of anxiety-related referrals filled these clinics, causing overbooking, delays, and reduced capacity for complex cases requiring consultant input. This impacted surgical programme delivery and delayed care of children and young people requiring more preoperative input. Staff also noted that the clinical setting and seeing a "doctor" heightened anxiety in some children.

Strategy for change
A play specialist pre-assessment clinic pathway was introduced for children with mild–moderate anxiety identified at nurse-led preassessment. Patients were offered a one-hour session with a play specialist in a non-clinical, child-friendly environment. Although not the primary aim, the "play" framing may have reduced anxiety compared with clinical encounters. Clear escalation criteria ensured consultant review when required. This pilot QI tested whether replacing some consultant appointments with play specialist input was safe, effective, acceptable, and feasible using an existing NHS workforce.

Measure of improvement
Over 12-months (March 2025–March 2026), 28 children and young people were managed via the play specialist clinic who would otherwise have required consultant review.

Primary outcomes:

- Consultant capacity: 28 clinic slots released, improving access for complex patients
- Cost efficiency: £1764 (consultant time) vs £393.68 (play specialist), saving £1370.32 (78% reduction)

Safety outcomes:

- Zero day-of-surgery cancellations; no safety concerns reported by anaesthetic, surgical, or nursing teams

Patient experience:

- Mean anxiety score reduced from 7.33 to 3.00 (59% reduction). All 12/12 parents reported improved preparedness.

Lessons learnt

Appropriate patient selection and robust escalation pathways are essential for safety. The play specialist environment may reduce anxiety compared with traditional clinics. Limitations include small sample size and limited early patient-reported outcome data. Day-of-surgery cancellations was the sole safety outcome measure; additional balancing metrics, including theatre delays, intra-day escalation, and workflow impact, were not evaluated. No adverse safety signals were identified. Future work should include formal PDSA cycles and prospective data collection.

Message for others

Play specialist-led preoperative assessment can safely reduce consultant clinic demand, improve patient experience, and deliver cost savings. It decompresses overbooked consultant anaesthetist services and supports delivery of care aligned with national guidance. It is potentially scalable across NHS trusts due to widespread availability of play specialists[3].

References

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