

Improving emergency referral management and reducing cancellations in oral surgery

NHS Highland Oral Surgery worked with Healthcare Improvement Scotland to improve how emergency referrals are managed and reduce the growing number of cancellations and long waits. Early changes, including patient focused booking, are already reducing do-not-attends (DNAs) and improving clinic flow.

Situation

Demand for oral surgery in NHS Highland has been consistently higher than the service can accommodate, leading to an increasing number of patients waiting more than 52 weeks. Unscheduled emergency cases frequently disrupted scheduled clinics, often resulting in same day cancellations and increased staff stress.

Working with us, the team used different tools to understand the system they were working in, which helped to understand the drivers of demand. This allowed the team to set appropriate aims around improving emergency capacity and reducing the impact of urgent cases on routine appointments.

Approach

Using Process Mapping and the Last 10 Patients tool, the team identified key issues:

- Emergency referrals were unpredictable.
- Clinics lacked flexibility to absorb urgent cases.
- Inappropriate referrals were adding unnecessary pressure.

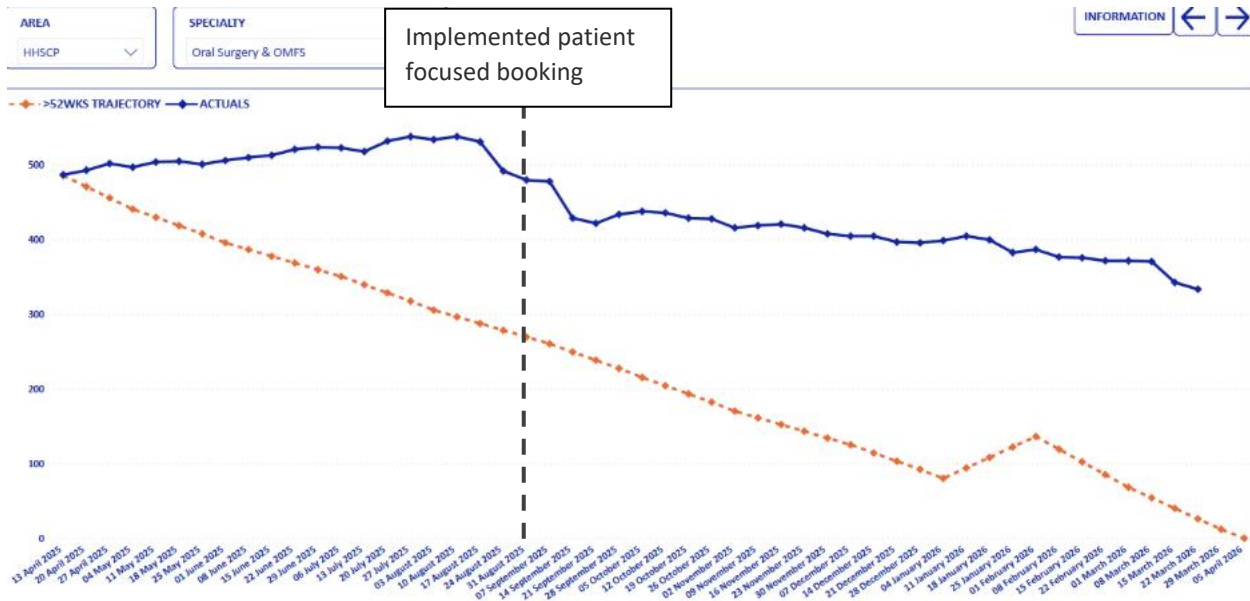
The team set out to:

- reduce demand by 25% by March 2026.
- develop a new approach to managing emergency referrals.
- use Active Clinical Referral Triage (ACRT) to identify cases suitable for primary care with advice.
- introduce Patient Initiated Return (PIR) to reduce unnecessary follow-up appointments.

A key early change was shifting to patient focused booking. Instead of sending fixed appointment times by letter, staff now arrange with patients during their appointments to find a time that suits them. This has reduced DNAs and cancellations.

Impact

Early data showed a clear reduction in cancellations and DNAs, and this trend has continued. The chart below covers the period from April 2025 at the start of the sprint to 6 April 2026, and the impact of introducing patient focused booking is clear.



This chart shows the baseline level of DNAs and the point where patient-focused booking was implemented. The rate of DNAs and cancellations has been falling steadily since. This is better use of capacity and clinical time, improving patient flow reducing overall waiting times.

The service has said that making a small change and seeing an impact has encouraged them to make further improvements.

Next steps

- Restructure consultant capacity to create flexible emergency slots, reducing the need to cancel routine appointments.
- Implement ACRT to support more effective vetting and reduce inappropriate referrals.
- Roll out PIR to ensure patients return only when clinically necessary.
- Continue monitoring cancellations and DNAs to track the impact of patient focused booking.