Why was a NoLap decision made?

In 797 (84.5%) patients, there was more than one reason documented for why a NoLap decision was made (see bar chart 5.3 below). Consistent with the clinical profile of the NoLap cohort, the most documented reasons for the decision not to operate were multi-morbidity, high levels of frailty, and a high predicted mortality risk based on the NELA Parsimonious Risk Score. These findings reflect the complexity of the patients for whom surgery is deemed unlikely to provide meaningful benefit.

Table 5.5 shows the breakdown of the reasons contributing towards the decision not-to-operate.

Bar chart 5.3: number of reasons documented for NoLap decision

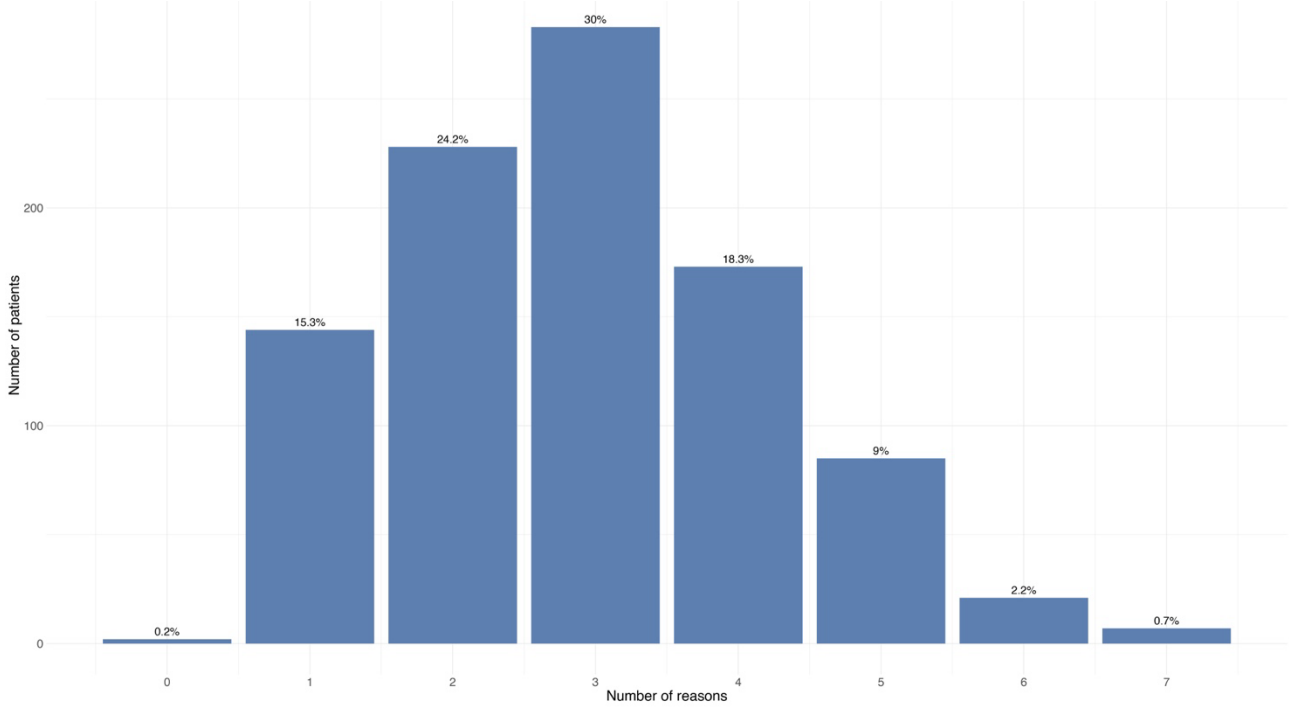

Table 5.5: documented reasons for decision not to operate

Reason for decision not to operate	Number of Patients (n)	Percentage (%)
Multi-morbidity	633	67.1%
CFS ≥ 5	540	57.3%
High NELA parsimonious risk score	490	52.0%
Unsuitability for level 2/3 interventions	333	35.3%
Too unwell for surgery	296	31.4%
Advanced malignancy	179	19.0%
Inoperable pathology	112	11.9%
Patient declining surgery	96	10.2%
Other	62	6.6%

Decision-making remained largely clinician-led, with patients declining surgery in 10.2% of cases. Further analysis of patient and/or next-of-kin involvement showed that in 193 cases (20.5%), neither the patient nor their next-of-kin participated in the decision-making process. This highlights the need to strengthen shared decision-making, ensuring that patients—and, where appropriate, their families or lasting power of attorney representatives—are actively supported to engage in discussions about treatment options and expected outcomes. There is also a need to raise awareness among clinicians in the hospital and community, patients, and families on the importance of advance care planning, which enables patients' wishes to be respected in situations where they may be unable to communicate them.