From Inpatient to Day case, Day case to community

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Summary

The dawn of day surgery
Challenges to day surgery development
Drivers for change
Learning from the day surgery story
Moving surgery to community setting

The Dawn of Day surgery

James Henderson Nicoll
1863-1921
The Father of Day Surgery
"much surgery done in hospital is a waste of resources"
"The cost of day surgery is one tenth the cost of in-patient surgery"
- A plan for the use of the operating department for operations on children, and adult pXIX.

The beginning of day surgery as we know it

Early Challenges

Fear
- Surgeons feared surgical complications at home
- Anaesthetists feared anaesthetic complications at home
- Patients worried about how they would manage at home
- GPs worried about extra work load

Changing attitudes

Status of day surgery
Importance of “patient beds”
Importance of surgeon’s ward and staff
Relative abundance of patient beds
Drivers for change

- Evidence for safety
  - Aldwinckle RJ, Montgomery JE. Unplanned admission rates and post-discharge complications in patients over the age of 70 following day case surgery. Anaesthesia 2004; 59:57-9
- Anaesthetic advances
- Surgical advances

Royal College Surgery guidelines

Guidelines

British Association of Day Surgery

- Founded in 1989
- Annual meetings
- Developed resources for members
- Political pressure
  - Tariff
  - Publication day cases rates

Day surgery training in anaesthesia

Nurse training modules

The development and evaluation of a new blended learning ambulatory surgery nursing course
Changing patients attitudes

- Fear of staying in hospital
- Hospital acquired infections
- Drug errors
- Experience
- Recognition of safety at home

Pre operative information

Patient Information on discharge

Changing surgeons attitudes

- Enhanced Recovery
- Length of stay recognised as a marker of quality
- Day Surgery is ultimate Enhanced Recovery

Institutional Attitudes

Day Surgery recognised as best use of resources
Monthly review of day case rates by procedure

The NHS Plan 2000

“Around three-quarters of operations will be carried out on a day case basis with no overnight stay required”
National Programmes

"The day surgery strategy was launched in January 2002 with the aim of driving forward day surgery in the NHS. There is a need to increase capacity in the NHS to meet current demands and day surgery has an important role to play in achieving this. Expanding day surgery provides an exciting opportunity to improve patient care in modern clinical settings."

NHS Modernisation Agency

10 High Impact Changes for Service Improvement and Delivery 2004

Change No1:
Treating day surgery (rather than inpatient surgery) as the norm for elective surgery could release nearly half a million inpatient bed days each year.

Financial incentives

- Enhanced tariff for specific day surgery procedures
- Must be planned as intended day case
- Not be in a bed at midnight
- £300 extra per case
- Range of specialties eg Laparoscopic Cholecystectomy, laser prostates, tonsils, bunions.

Visible targets

Comparative data

Better care, better value indicators
Moving surgery to the community

What support and encouragement is there already?

Commissioning guidance

Government initiatives

"Care Closer to Home" in Our Health, Our Care, Our Say: a new direction for community services. Dept of Health 2006.

- Many GP practices in Norfolk have operating facilities built in last few years but few are used to full potential

Resources

- Organisational issues
- Advantages and disadvantages of LA
- Surgery under LA in primary care
- LA procedures for specialties

What more could be done to encourage surgery in community?

Learning from in-patient to day surgery experience
Allay fears

- Patients
- Surgeons
- GPs
- Collect and publish data on outcomes

Provide Guidance

- Identify suitable procedures and patients
- Setting and support
- Staff training and standards
- Resources

Data

- Set targets
- Gather data
- Publish the data
- Compare the data

Discussion

- Why perform surgery in community?
- Who could perform surgery in the community?
- Patient selection
- Informed choice for patients
- Financial issues