

Commissioning Day Surgery

A Guide for Commissioning Consortia May 2011

Major advances in surgical and anaesthetic techniques can enable the vast majority of surgery, perhaps 80% or more, to be carried out on a day surgery basis. Many organisations still underperform in terms of day surgery, with an adverse effect on the health economy and a poorer experience for the patient. Minimally invasive surgery continues to advance and is enabling further progress to be made. The day surgery route should be the default pathway for surgery with inpatient stay chosen only by exclusion. Best practice day surgery is a planned pathway that begins in the GP surgery with knowledge of the procedures that can be feasibly carried out on an ambulatory basis, referral to a care provider with an intention of day surgery management, expectation that the provider will accommodate a quality assured care process with booking, the period of admission, and provision of follow up support in the immediate period after home discharge.

Patients overwhelmingly endorse day surgery, with the provision of more timely treatment, less risk of last minute cancellation resulting from conflicting emergency remits constraining hospital capacity, lower incidence of hospital-acquired infections and an earlier return to normal activities.

Day surgery represents a unique opportunity to achieve 'value for money' care as well as offering a potential for collaboration with providers to develop seamless pathways in the provision of an ever-widening range of operative procedures that should be available on a day case basis.

Commissioning should be dependent upon the quality assessment of an integrated ambulatory patient pathway, from which, cost efficient care will follow.

The purpose of this pamphlet is to highlight those areas that should be specifically considered when commissioning day surgery care.

The British Association of Day Surgery would be pleased to offer further advice if requested.

THE BRITISH ASSOCIATION OF DAY SURGERY

Commissioners need to be aware of indicators of good quality service if the full benefits of day surgery are to be realised. The following headings are areas which should be considered when purchasing day surgery care.

Dedicated Facilities

- Waiting areas and rooms for private consultation should be provided
- Wards and theatre lists should be devoted to day surgery
- The most efficient units are ring-fenced against emergency pressures
- The use of inpatient wards for the care of the Day Surgery patient is not acceptable
- Where inpatient operating lists are used, day case patients should be given a high priority
- The opportunity to provide a non-clinical atmosphere, wherever possible, should be exploited

Management

Effective management depends on cooperative structures, both formal and informal, within and between the unit, the parent trust, primary care and other services involved in patient care.

- Day Surgery must be represented at Board Level of a Provider and Commissioning organisation

There should be:

- A Clinical Director /Lead Clinician – with at least one resourced PA per week available for this role
- A Whole Time Nurse Manager – at least Band 7 equivalent by AFC grade who has responsibility for the day to day running of the Unit, and protected time to fulfil the role
- Primary Care involvement on the 'management team'

Procedures

- Information Technology Departments should provide appropriate information to facilitate service review with the development of Key Performance Indicators to optimise the care pathway
- Audits should rely only on procedure-specific data and not on overall percentages, with auditors using the BADS Directory of Procedures as a guide to feasibility and aspirational performance
- There must be evidence of regular clinical team and management meetings reviewing both the quality and efficiency of the day surgery pathway

Activity

There should be clear distinction between:

- True day cases – Procedures requiring the use of a full operating theatre environment for which general or appropriate local anaesthetic care is provided
- Minor surgery – local anaesthetic, outpatient procedures, where care can be provided in a suitable alternative environment, potentially in Primary Care
- Endoscopy – which is best undertaken in a dedicated Endoscopy suite

Practitioners

- The percentage of cases involving consultant surgeons/anaesthetists should be known
- Job descriptions of medical staff should specify day surgery expertise
- Evidence of a clinician led, on-going transition to day surgery care should be available
- Recognition of poorly performing specialties or individuals in terms of day surgery rates should be explicit.



Quality measures include

- DNA rate – assessment or clerical failure
- Cancelled on arrival rate – assessment failure
- Numbers of patients treated
- Nature of procedures undertaken
- Day case patients who have to stay overnight as a result of previously predictable circumstances – assessment failure
- In-patient/Unplanned emergencies using day surgery facilities – management and pathway failure
- Day case patients using in-patient facilities – management and pathway failure
- Complication and infection rates
- Evidence of ongoing audit evaluating the quality of clinical care, for example, post-operative pain or emetic symptom management
- Patient satisfaction with the service
- Re-admission rates within 30 days of the original procedure

Indicators of Quality include

- Day surgery is a separate and 'ring fenced' administrative and care pathway
- There is a senior manager directly responsible for day surgery in addition to the wholetime clinical nurse manager
- Pre-operative assessment is undertaken by staff familiar with the day surgery pathway, ideally from the day surgery unit itself.
- Timely written information about the day surgery pathway is provided
- There are appropriate staffing levels compliant with national recommendations
- There is a clinician governed, nurse led discharge process for day surgery patients
- There is appropriate postoperative support in place for follow-up and outreach after home discharge, provided by the day surgery unit
- There is involvement and feedback from patients, the public and community practitioners
- Evidence of a corporate operational 'philosophy' for Day Surgery that formalises the following indices
 - Strategy, aims and objectives
 - Design and organisation of DSU
 - Flowchart of day surgery process encompassing both primary and secondary care
 - Communication strategy
 - Management of DSU including waiting list and booking policy
 - Staffing structure, levels and job description
 - List of policies and protocols
 - Nurse Led Discharge planning
 - Protocol in event of urgent or emergency situation
 - Educational programmes
 - Quality/clinical improvement programme
 - Reporting systems
 - Information systems
 - Risk management including reporting arrangements for patient safety incidents
 - Procedures for managing concerns from primary care

Steps that may facilitate a move towards more Day Surgery

- Verification/validation of reported performance data
- Comparative audit of unit performance (BADs Efficiency Assessment Tool, Audit Commission Portfolio, CHKS)
- True partnership between trust / unit and primary care practitioners / commissioners
- Identification and management of local impediments across the integrated pathway from the first referral to home support after discharge
- GPs requesting specific day surgery management whenever there are no perceived general or social contra-indications
- The Commissioning for Quality and Innovation (CQUIN) payment framework can be used to develop local agreements for day surgery. This is described in a set of CQUIN goals available at: http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Useful resources

BADS Procedure Directory 3rd Edition 2009. British Association of Day Surgery
Day Surgery Operational Guide 2002. Department of Health
Nurse Led Discharge 2010. British Association of Day Surgery
Organisational Issues in Pre-operative Assessment for Day Surgery 2010.
British Association of Day Surgery

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Further details about any of the points covered in this document can be obtained from the BADS office or via our website:

www.bads.co.uk

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