

National Day Surgery Delivery Pack webinar 21st September 2020

Q&As

Q: Will these pathways be made available?

A: Yes, the pathways are contained within the day surgery delivery pack, which is available on the GIRFT, BADS and CPOC websites.

Q: Many day units have been "taken over" during covid as ED or in-patient areas and it is proving challenging to return them to former day surgery purpose- any tips to help?

A: The phase 3 letter in response to rapidly rising surgical waiting lists sets our ambitious activity targets for systems to achieve. Day surgery units offer a ready made space to deliver "covid secure" elective surgery which has helped protect other day service units.

Q: Well prepared patients: Patient perioperative support, a combination of taught practice and guided self motivation, is key in day surgery to reduce readmission and improve outcomes. How can psychological and mental health strategies be embedded to benefit day surgery patient care?

A: Absolutely, really important to have expert day surgery practitioners involved in preparing patients for day surgery and recognise that a key role of POAC is patient preparation as well as medical evaluation. This should be picked up preoperatively by skilled day surgery pre-assessment nurses and then working with other members of the psychology and mental healthcare team.

Q: Are there any ready made pathways for Neurosurgery?

A: We do not yet have pathways developed for Neurosurgery, however the programme is continuing to expand to incorporate other specialties so pathways may be available in the future.

Q: Do BADS have a set guideline (with clinical judgement) for the length of time to keep patients after their ops for specific procedures, such as zygomas and tonsils? Would be nice to have it set nationally as we were having tonsils for 6 hrs post op and we changed this to 4 hrs (with certain criteria) using evidence but it was difficult to change.

A: Tonsils - national guidance 4 hours. Other procedures as soon as patient deemed medically fit to be discharged

Q: Is there a team from BADS who one can call on to help in putting these guidelines into practice?

A: The Getting It Right First Time programme offer implementation support through their regional hubs.

<https://www.gettingitrightfirsttime.co.uk/hubs/>

Q: Has there been any application of impact of IPC measures on the model hospital benchmark data to allow a fair comparison of what rate of procedures are achievable?

A: We will take this away and consult our colleagues within the MH programme. Q1 20/21 data was released earlier this week on the platform, but historic performance is accessible.

Q: What information do we have on how perioperative risk data for patients who have perioperative COVID19 applies to day surgery?

A: Ideally day surgery will be delivered on a green site where risk of contracting covid is minimised due to screening of all patients. Eliminating any overnight hospital stay must reduce risk of infection

Q: With the current situation of delays to surgery, should we not be trying to open our day surgery units 7 days a week rather than the historic Mon-Fri?

A: potentially yes, the issues we find up and down the country is the staffing limitations - there are just not enough staff in some regions to increase our opening hours by 30%. Weekend working must involve the entire infrastructure (medical records, radiography, pharmacy etc or you end up with so many stumbling blocks to efficiency

A: Maximising our theatre capacity will be integral in meeting the current surgical demand. More centres are moving to six day working, however we need to appreciate the immense pressures on the workforce.

Q: What are the main barriers to implementing this in a trust and what can we do to overcome these....politics and personalities seem to be the first hurdle..... Any tips?

A: We talk in the pack around the importance of clear leadership across the triumvirate whose responsibility is to deliver and improve day case surgery. It's about making day surgery the priority. The clinicians have to want to do it and drive it but it must be supported and prioritised by the trust leadership.
Start with getting data from Model Hospital, find a friend(s) to work with and start to build a multidisciplinary day surgery team.

Q: Do you have a breakdown of what % of cases for each specialty should be day cases?

A: The NHSEI Model Hospital platform contains this information.

Q: I wonder the "clinical" (eg analgesia, anaemia etc) vs the process (scheduling) - is there data on the biggest factors leading to a conversion to inpatient?

A: Most common reasons are pain and PONV.

Q: What role does primary care need to take to support the preparation of the patient for day case surgery?

A: Primary care are pivotal in ensuring day case surgery is successful through ensuring patients are fit to refer.

Q: Is there any work on patients who have a significant distance to travel to hospital? 'Hotel services' facilities?

A: That is certainly an option especially for patients who have to travel to islands etc. post-op. Long travel distances are acceptable as long as the patient can get to a hospital within 1 hr from home