

GIRFT endocrinology recommendations aim to offer better care for patients with wide range of endocrine disorders

Hospitals can improve outcomes for patients who need endocrine surgery by directing them to surgeons who perform the specialist operations more often, according to the national report for endocrinology from the Getting It Right First Time (GIRFT) programme.

Outpatient services can also be run more efficiently by making better use of pre-testing and remote appointments, while endocrine specialist nurses can significantly improve the efficient running of departments, the report says.

The new GIRFT national report adds to growing evidence that consolidating thyroid, parathyroid, adrenal and pituitary surgery can lower the rate of complications, improve outcomes from surgery and reduce the length of time patients stay in hospital, which is especially important in the context of the COVID-19 pandemic.

Written by Professor John Wass, professor of endocrinology at Oxford University, and Mark Lansdown, consultant endocrine surgeon at Leeds Teaching Hospitals NHS Trust, the report examines endocrinology services across England.

Endocrinology teams provide treatment for conditions which can be severe and life-threatening, including hyperthyroidism, Cushing's disease and pituitary problems. Endocrinology looks at all the glands in the human body which release the hormones that control many human functions, including growth, sexual development, reproduction, metabolism and weight gain. Endocrine conditions affect many parts of the body, so endocrinologists work closely with surgeons and clinicians across other specialties.

The GIRFT report outlines opportunities to treat patients with many conditions sooner and with fewer delays, by avoiding the duplication of diagnostic tests by GPs and secondary care teams, and ensuring patients are referred to clinicians with the appropriate experience.

It also looks at obesity services for patients in England, showing that despite widespread demand only 44% of hospitals offer a Tier 3 service which can manage complex obesity disease and help avoid harmful complications such as type 2 diabetes, heart disease, a higher incidence of cancer and susceptibility to COVID-19 complications. The report recommends that Tier 3 services should be available countrywide.

The report's authors visited 127 NHS hospital trusts as part of their review of services and found that many hospitals were not correctly recording all endocrinology work taking place, meaning there are gaps in the data and funding for the specialty.

The report sets out 17 recommendations, including:

- Helping patients to get home sooner after treatment, by reducing unnecessarily long hospital stays. This will also make hospital beds available for other patients.

- Reviewing triage and pre-investigation for outpatient appointments, to reduce unnecessary patient attendances at hospital and make the best use of patients' time.
- Ensuring that patients with the most severe and life-threatening conditions are prioritised for treatment.
- Improving the data collected for endocrinology work, especially operations which involve surgeons from different specialties.
- Optimising the running of endocrinology departments to release clinicians' time to spend on patient care.

It also recognises the challenges facing the specialty, including growing demand and pressure on the workforce, and makes recommendations to invest in urgently-needed services to improve the quality and outcome of care for people with endocrine conditions.

The focus of the report is on improving patient experience and outcomes, but there are several measures which could free up capacity for the NHS or deliver cash-releasing savings of between £5m and £9m. The report also suggests actions the NHS can take to save money on the medical devices it purchases and by reducing the costs of litigation.

Report recommendations

1. Reduce unnecessary duplication of diagnostic tests to streamline initial referral and avoid wastage. Appropriate information sharing is an essential part of the provision of safe and effective care.
2. Expedite prompt referral to specialised care where indicated (in this recommendation we support the work of the NHS Neuroscience Transformation Programme and the work currently being undertaken by NHS England to rewrite the specification for specialised adult endocrinology services).
3. Deliver networked service models so that patients can be referred to the most appropriate surgeon and the correct level of care.
4. Consider options to accelerate urgent treatment for patients with serious non-cancer endocrine conditions.
5. Ensure that where clinically appropriate, lengths of stay for surgical procedures are reduced.
6. Improve audit and availability of data relating to all endocrine operations.
7. Agree clearer definitions and protocols for surgical complications.
8. Trusts should work collaboratively in networks or amalgamate services to concentrate surgical expertise. Direct patients requiring surgery to appropriately trained surgeons performing the recommended volume of procedures.

9. Review appropriate triage and pre-investigation for outpatient referrals to improve patient flow, address capacity challenges and enable innovative practice.
10. Review management of follow up appointments.
11. Ensure all surgeons and wider team members involved in endocrine activity have access to the latest information and training to maintain their competence.
12. Ensure the endocrinology department is fully optimised to release clinicians' time to care in line with associated NHS People Plan programmes.
13. Improve access to weight assessment and management services for patients with complex obesity.
14. Accurately assign main specialty and treatment function codes to ensure endocrinology activity is appropriately captured.
15. Ensure there is clear and consistent delineation between outpatient and day case endocrine activity and that pricing arrangements reflect this.
16. Enable improved procurement of devices and consumables through cost and pricing transparency, aggregation and consolidation, and by sharing best practice.
17. Reduce litigation costs by application of the GIRFT programme's five-point plan.