

# Commissioning Day Surgery

A Guide for Primary Care Trusts



The British Association of Day Surgery

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Patients overwhelmingly endorse day surgery, which generally provides timely treatment, less risk of last minute cancellation, lower incidence of hospital-acquired infections and an earlier return to normal activities.

For commissioners, day surgery provides value for money and the opportunity of collaborating with providers in the provision of an ever-widening range of treatments on this basis. If the benefits of such an expansion are to be optimised it is essential that, commissioners, shortly to have a wider choice of providers, are well informed of indicators of a good quality service. The purpose of this pamphlet is to highlight those areas that should be specifically considered when purchasing day surgery care.

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

## 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 integrated and ring-fenced
- the use of inpatient wards is not acceptable
- the use of inpatient operating lists, except where day cases are first on list, is not acceptable
- the opportunity to provide a non-clinical atmosphere wherever possible should have been exploited
- day surgery is generally carried out on the acute trust campus but there is potential for developing stand-alone units, often as part of Treatment Centres

## Management

Effective management depends on co-operative structures, both formal and informal, between the unit and other services involved in patient care.

There should be:

- a Clinical Director – at least one paid session
- a Nurse Manager – at least Grade G
- Primary care involvement on the 'management team'

## Procedures

- There should be evidence of operational policy, regularly reviewed. (see box, opposite)
- IT should provide appropriate information and must not burden staff
- There must be evidence of regular management meetings and goal setting

## Headings for an operational policy

- Philosophy
- Strategy, aims and objectives
- Design and organisation of DSU
- Flowchart of day surgery process
- Communication strategy
- Management of DSU including waiting list and booking policy
- Staffing structure, levels and job description
- List of policies and protocols
- Discharge planning
- Protocol in event of urgent or emergency situation
- Education 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 (see **Management** section)

## Activity

There should be clear distinction between:

- **true day cases** – i.e. within the last ten years the procedure would have been performed under GA on an in-patient procedure
- **endoscopy** – which is best undertaken in dedicated units
- **'lumps and bumps'** – local anaesthetic, outpatient procedures pre-operative assessment

Audits should rely only on procedure-specific data and not on overall percentages and auditors should use the Audit Commission's Acute Hospital Portfolio disc to compare activity by procedure and unit.

## Practitioners

- The percentage of cases involving consultant surgeons/anaesthetists should be known.
- Job descriptions of medical staff should specify day surgery expertise
- Evidence of an on-going shift to day surgery 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 - practitioner or assessment failure
- In-patient/emergencies using day surgery facilities - management failure
- Complication and infection rates
- Re-admission rate

## Indicators of Quality include

- Day surgery is a separate Directorate within the trust
- There is a senior manager directly responsible for day surgery alone
- Pre-operative assessment is undertaken by dedicated day surgery staff
- Timely information is given
- There are appropriate staffing levels (see BADS Handbook)
- There is appropriate follow-up and outreach
- There is involvement of patients, the public and community practitioners

## Steps that may facilitate a move towards more day surgery

- verification of data
- comparative audits of units (Audit Commission Portfolio, CHKS, Newchurch)
- true partnership between unit and primary care practitioners
- identification of local impediments
- assistance from Strategic Health Authority day surgery champions
- GPs requesting day surgery management specifically e.g. initially for the Audit Commission's Basket of procedures whenever there are no general or social contra-indications.

Further details about any of the points covered in this booklet can be obtained from the BADS office or via our website [www.bads.co.uk](http://www.bads.co.uk).



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