GETTING IT RIGHT FIRST TIME

NHS IMPACT
Improving Patient Care Together

June 2023

GIRFT is part of an aligned set of programmes within NHS England

Executive summary

Ear Nose and Throat (ENT) surgery is characterized by a wide range of treatments and surgical procedures with a significant proportion of outpatient activity. Surgery ranges from extensive head and neck cancer resection and reconstruction, through to low complexity procedures such as tonsillectomy.

The Getting It Right First Time (GIRFT) 2019 National ENT Report recommends expanding day case surgery to improve care for ENT patients and provide benefits to hospital trusts. Increasing day case rates will:

- Ensure more patients are treated without the inconvenience of an inpatient stay in hospital;
- Make ENT departments more resilient to pressures on inpatient beds;
- Allow trusts to free up capacity for other patients, both surgical and non-surgical;
- Result in cost efficiencies for hospital trusts.

Across ENT departments, there is wide variation in day case surgery provision and productivity, with pockets of excellence where day case surgery has been expanded displaying evidence of good patient outcomes.

Model Health System using data extracted from HES shows that the provider median for the proportion of all admissions that were day cases for the group of procedures in the ENT section, is 88.4% as of February 2023 (three month rolling metric). Case studies which highlight how some trusts have optimised their day case rates are documented in the Further resources section.

Contents

Introduction

Apart from major head and neck, and skull base surgery, few ENT procedures routinely require inpatient admission. Day case should be the default listing option unless specific instruction is given. Guidance of appropriate procedures is available in the British Association of Day Surgery (BADS) Directory of Procedures.

Waiting list managers should be given clear guidance on the more common operative procedures that should be listed as day case:

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Stakeholder engagement

Medical, administrative and theatre staff – A structured and documented consultation process is essential to achieve a quick and effective development of a new day case structure, especially if a new facility is being developed. It is much easier to introduce new additions to the list of day case procedures once the basic principles have been agreed and the admission and discharge process are established.

In many ENT units' day case is already the norm or at least often applied to common procedures and most surgeons and anaesthetists will have had some experience, so will not find a structured increase in numbers too concerning. Units performing below GIRFT targets often have simply not introduced a culture of day case as the default position and prior to Covid had not felt the effort to change was imperative.

Surgeons and anaesthetists should meet collectively to develop written guidance and pathways and agree on the procedures that should always be day case unless exclusion criteria apply. An implementation team consisting of surgeons, anaesthetists, senior ward nurses, operating room nurses, recovery nurses and administration staff should be established to formulate and agree detailed operating policies to be agreed and signed off by the whole clinical team.

Detailed advice on surgical technique, anaesthetic technique, recovery and discharge criteria are outside the scope of this document, clinicians will always want and have clinical discretion but consistent application of proven methods will deliver consistently successful same day discharge.

Medical secretaries, booking clerks and admission staff should all be made aware of the changes, if any, and the clear message that

Anaesthesia and Surgery protocol

Most ENT procedures are suitable for a nurse led discharge. Some ENT surgeons and anaesthetists have been reluctant to adopt day case discharge for certain procedures because of the risk of life-threatening primary haemorrhage, particularly in children following adenotonsillectomy and adults after thyroidectomy. Concerns about recovery from general anaesthetic in adults and children with sleep apnoea, obesity and chronic airway conditions have also held back introduction. The development of surgical and anaesthetic techniques that reduce the likelihood of bleeding and allow quick recovery of consciousness have made day case discharge safe and desirable.

- Anaesthesia for day surgery includes general and local anaesthesia. The type of anaesthetic chosen will be influenced by surgical requirements, patient-specific considerations, facilities, and expertise. However, the risks of surgery have been modified by the application of [illegible]

Post-operative and Recovery

There are three stages of recovery from day surgery.

First stage

After general anaesthesia or deep sedation, the patient is transferred to a recovery area staffed by specialist nurses/O

Discharge

A decision on the timing and appropriateness of discharge should be through a nurse-led discharge system with medical support where appropriate, based on the BADS recommended criteria for day surgery and GIRFT, CPOC, and BADS national day surgery delivery pack.

Patients should be given verbal and clearly written surgery specific bespoke post-operative information on what to expect after surgery with a contact number for advice if concerned. This is particularly important post-tonsillectomy, the incidence of re-admission in adults has doubled in the past 15 years yet the return to theatre rate is unchanged. Most re-admissions relate to small bleeds, pain and post-operative infection which are avoidable if patients know what to expect and are given adequate analgesia and can access help at day 4 or 5 if recovery seems delayed.

Trusts operating a day case unit should ideally have a discharge drug cupboard with all routine TTO medications available. This is more efficient, will reduce delays on discharge and ensure patients, particularly children go home with a structured analgesic regime. Post-operative instructions should be reiterated at discharge.

A clearly defined emergency pathway should be agreed.

Where a trust operates only a day case unit, there should be clarity on where patients can access inpatient ENT services in case of an emergency.

Monitoring outcome measures

Model Health System and the National Consultant Information Programme (NCIP) provide key metrics to support the reduction of unwarranted variation and improve clinical quality.

Audit should be seen as an essential tool to assess, monitor and maintain efficiency and quality of patient care. Outcome measures should include cancellation on the date of admission, time to discharge, reasons for failed same day discharge, procedure specific complications, readmissions within 30 days of discharge and length of stay. Consultants can access their individual and unit surgical activity and outcome data via the NCIP system which provides local and national benchmarks against metrics. NCIP displays pseudonymised patient-level data to allow full interrogation consultant level outcome data.

Structured Patient Reported Outcome Measures (PROMS) should be carried out where available, for example pre- and post-operative NOSE questionnaire following septoplasty.

Significant development is required to provide validated standardised PROMS for general use to ensure that surgical interventions are effective and have clinical value.

Key Learning and Factors for Success

Most trusts should be able to adopt day case pathways (t)-6.6 (o en)7 -0 0 20.04 42.6 264.24 Tm (ep)-0.9 (c)0.5 d

5. Theatre lists should be ordered appropriately, prioritising day case patients to allow time for adequate observations before discharge.
6. Anaesthetists should employ techniques that have been proven to be safe and effective for specific day case procedures.
7. Ensure day surgery staff are trained to identify and manage post-operative emergencies, supported by comprehensive standard operating procedures.
8. Ensure fail safe arrangements are in place to support a rapid pathway into acute care for re-admission and complication management.
9. Audits should be carried out to evaluate, monitor and maintain efficiency and quality of patient care. Complications, re-admissions, patient experience and reported outcomes should be recorded. This will help to highlight areas for improvement.

Summary of Good Practice Points from the Pathway Overview

Pathway Component	Key good practice points
Referral	• Primary care referrers informed of day case procedures
Pre-operative assessment & patient booking	• Shared decision-making principles to be applied in the consent process for day case surgery to enable patients to provide informed consent • Health screening and medical optimisation (where required) • Careful patient selection using pre-assessment clinics to ensure patient suitability for day case surgery
Day of surgery	• Time of patient on the operating list must allow sufficient time for recovery
Post-operative	• Procedure appropriate monitoring of vital signs

Acknowledgements

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GIRFT High Volume Low Complexity Programme and elective recovery