

# Case study 3: The increase in day surgery

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## Introduction

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Hello. We look forward to you joining us for our digital workshop on Tuesday 3 November, 11am–12.30pm. We'll be looking at what we can learn from how the NHS made day surgery the norm.

Please read this short case study before the event. The workshop will be full of interesting discussions, and this background reading will enable you to participate fully in those.

## What was the change?

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- Advances in technology, including keyhole surgery and new anaesthetic techniques, has meant that many procedures can now be delivered as daycase, so patients don't need to stay overnight.
- This means shorter length of stay, cost savings and greater patient satisfaction. Shorter hospital stays also reduce chances of infection and blood clots, and early movement after operation is now known to speed recovery.
- More than a third of all elective procedures are now done as daycase with resulting efficiency gains for the service. This is much higher for some procedures – for instance over 98% of all cataract surgery is daycase.
- This has resulted in an [estimated £2 billion savings](#) in the last 20 years, as well as increased productivity with an estimated additional 1.3m elective episodes since 1998.

## How was it achieved?

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### Clinical leadership

The practice of admitting and discharging patients on the same day has been established for some time in the US. In the 1980s there were isolated pioneer clinicians and enthusiasts for daycase surgery in the UK. This coalesced in 1989 with the formation of the British Association for Daycase Surgery (BADs) to agree professional standards and drive quality and education activity. This organisation worked closely with government, for instance in setting best practice tariffs, and established a directory of procedures particularly suitable for daycase.

There has also been clinical buy-in to use of comparative data on daycase rates and outcomes, consolidated in recent [Getting It Right First Time](#) (GIRFT) activity. The availability of good quality comparative data and use of benchmarking from the Audit Commission to GIRFT activity is another contributory factor to changes seen over recent years. Meanwhile lessons from other modernising initiatives,

like productive wards, show the challenges of sustaining improvements in the absence of robust data and clarity about what to measure.

### **New technology**

Developments in surgery have led to less invasive endoscopic procedures, from hernia repair to removal of gall bladder in place of open surgery. Even complex procedures like angioplasty with or without stents are now possible in day units.

As well as developments in keyhole and minimally invasive surgery, there has been a rapid increase in availability of short-acting anaesthetic agents. Cataract surgery can now be carried out using local anaesthesia, which before would have required people to receive general anaesthesia as hospital inpatients.

### **Use of targets and incentives**

The role of the regulator and central policy incentives appear important in accelerating the shift towards more day procedures. After the Audit Commission carried out an initial analysis of potential for savings in 20 common procedures in 1990, the Department of Health set up a taskforce to support introduction of day surgery, and in 2000 set a target of 75% of all elective surgery to be delivered as daycase. As part of a modernising agenda, an influential High Impact Changes report in 2004 recommended daycase surgery as the default for all elective procedures.

In 2009, the Department of Health with the professional organisation the British Association of Day Surgery (BADs) set a best practice tariff whereby clinicians performing certain procedures as daycase received £300 incentives. This resulted in an 11% increase in planned daycase surgery by 2011.

### **Further reading**

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- Allen T, Fichera E, Sutton M (2015). Can payers use prices to improve quality? Evidence from English hospitals. *Health Economics* doi: [10.1002/hec.3121](https://doi.org/10.1002/hec.3121)
- Appleby J (2015). Day case surgery: a good news story for the NHS BMJ 2015; 351 :h4060
- NHS Modernising Agency (2004). Ten high-impact changes for service delivery and improvement. [www.england.nhs.uk](http://www.england.nhs.uk)
- Robert G, Sarre S, Maben J, *et al* (2019) Exploring the sustainability of quality improvement interventions in healthcare organisations: a multiple methods study of the 10-year impact of the 'Productive Ward: Releasing Time to Care' programme in English acute hospitals. *BMJ Quality & Safety* doi: [10.1136/bmjqs-2019-009457](https://doi.org/10.1136/bmjqs-2019-009457)