

BRITISH ASSOCIATION OF DAY SURGERY VIRTUAL CONFERENCE REFLECTIONS OF THE DAY

“Using day surgery to recover elective surgery in the era of COVID-19”

THURSDAY 18TH MARCH 2021

It was with a heavy heart but we knew it was the responsible course of action to cancel our face to face meeting which was first planned for June 2020, then re-arranged for March 2021 due to the COVID-19 pandemic and organise a virtual conference. This was new territory for BADS and we approached it with trepidation.

The day of the conference came quickly and we were absolutely delighted to have had a record number of delegates, nearly 400 from around the world registering for our 1st virtual conference.

It commenced with Dr Kim Russon President of BADS welcoming delegates and promising a full day of high calibre lectures and speakers, with a wide range of specialities all speaking on their experiences in managing the re commencement of day surgery following the COVID-19 pandemic.

The first session was Professor Tim Cook, Consultant in Anaesthesia and Intensive Care Medicine, at Royal United Hospital, Bath who spoke about “COVID-19 and the challenges facing elective surgery.”

This session was well received and generated lots of discussion as to the challenges that face the NHS. The main message from Professor Tim Cook was that recovery from COVID-19 is going to be a marathon and not a sprint. He also emphasised that elective surgery could only resume when there is physical space available, staff have returned to substantive posts, most importantly staff wellbeing needs to be supported. It will require workforce planning at all levels and consider training needs for trainee doctors. Fundamentally patients will require re assessment due to potential change in a patient’s condition.

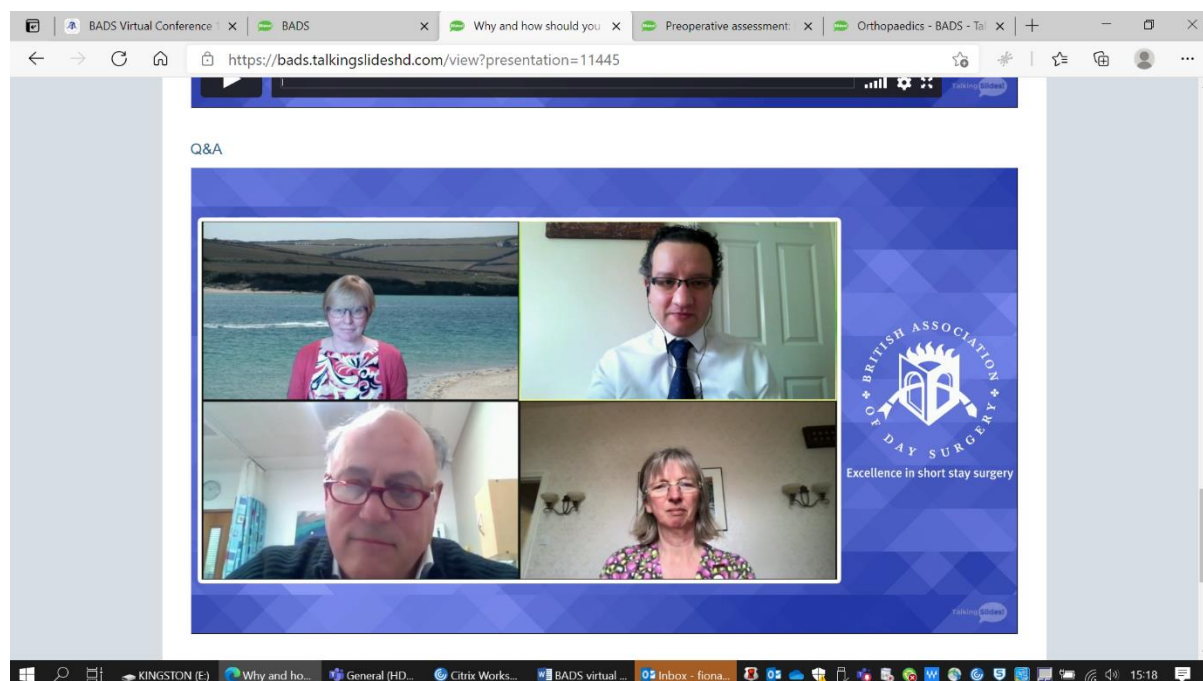
The screenshot shows a web browser window displaying a presentation slide. The slide title is "COVID-19 vaccine doses administered per 100 people, Mar 10, 2021". Below the title is a world map where countries are shaded in blue, representing the number of vaccine doses administered per 100 people. A legend below the map shows a scale from 0 to 200. The slide also includes a video feed of a man in a white shirt, identified as Professor Tim Cook, and the logo of the British Association of Day Surgery (BADS) with the text "Excellence in short stay surgery". The browser address bar shows the URL "https://bads.talkingslideshd.com/view?presentation=11442". The Windows taskbar at the bottom shows various open applications including "KINGSTO...", "Covid-19...", "General (H...", "Citrix Wor...", "RosterPro...", and "BADS virt...".

The session next was “Why and how should you default to day surgery to maintain elective pathways” it was delivered by Professor Tim Briggs Chairman, Getting It Right First Time (GIRFT) and National Director of Clinical Improvement at NHSE and Dr Mary Stocker, Immediate Past President of BADS.

Professor Tim Briggs gave an overview of his work he is doing with GIRFT and the London recovery of elective surgery programme. This project has been very successful in increasing day case rates by setting a target of achieving 85% day case rates on all specialities and standardising pathways. He summarised that if we are to achieve higher day case rates, we need something different and urgently, utilising the GIRFT methodology and by adopting the top decile, standardising pathways, look at theatre principles and day case patient flow, would all be principles that would require consideration.

Dr Mary Stocker followed on by giving us an overview on day case pathways, and how these should be developed and what should be included in these pathways. She stressed the importance on the need to be stretching the boundaries of day surgery and the type of procedures that are now possible in the day surgery setting also by widening the patient selection criteria, if day surgery was going to play a pivotal role in recovering elective surgery after COVID-19.

She gave reference to the Model Hospital and the National Day Surgery Delivery Pack which was a collaboration with BADS and GIRFT. They are both excellent guides as to what can be achieved as day case. These documents give good practical advice and a platform to be able to network with day case units that are performing well with certain procedures. She also emphasised that to achieve the best outcomes day case units should be dedicated units with expert staff, have up to date equipment and a lead person who will drive day surgery within their trust and standardised pathways. By implementing these will enable trusts to start to recover their elective surgery with minimal impact on inpatient beds.



Session 3 was delivered by Dr Chris Snowden and Dr Mike Swart, both are GIRFT National Clinical leads for Anaesthesia and perioperative medicine and they presented on “Variation in day case: GIRFT Anaesthetics and perioperative medicine national report and reducing variation.” Dr Chris Snowden gave a detailed overview on the report. His principle message

was that recovery of elective surgery is going to be slow and that we all need to be working collaboratively to achieve the best possible outcomes. He also concluded that day surgery should be accepted as the default for elective surgery and the importance of measuring day case data.

Dr Mike Swart presented and summarised the GIRFT pathways and the implementation on a day case pathway. He emphasised the importance of this pathway, and that it is essential that it starts with primary care, working through to discharge.

He focused on GIRFT gateways and the National Day Surgery Delivery Pack as integral tools to improve day case rates further in England. Once this has been achieved, GIRFT will start to look at pre assessment, inpatient then emergency pathways, although he feels that this can only be achieved by continuing to work closely with BADS, Preoperative Centre for Perioperative Care, relevant associations and colleges.

Following on from a coffee break and a chance for delegates to view the posters and exhibition it was back to business. Session 4 was the prize presentations. I always enjoy listening to the presentations that are presented. It highlights all the hard work and commitment of teams in driving day surgery forward. This year was no exception, the standard of all the presentations were high, and there was a record number of abstract submissions, 75 in total. We heard from 6 presenters with specialities comprising of, Orthopaedic, Maxillofacial and Urology. We asked the delegates to vote for the best presentation using the Slido facility and I am pleased to announce that first prize went to Lindsay Hudman, Glasgow Royal Infirmary, for her presentation "The Coronavirus Pandemic: A catalyst for the accelerated development of a successful new orthopaedic service in Glasgow." And second prize was awarded to Nimlan Shanmugathas, Imperial College NHS FT, for his presentation on "Early Experience of Primary Transurethral water vapour treatment (Rezüm®) for symptomatic Benign Prostatic Hyperplasia: an analysis of 332 consecutive patients. Congratulations the winners but well done and a big thank you to all the presenters who spoke and provided the delegates with thought provoking presentations of the innovating work that is occurring in the UK.

The screenshot shows a web browser window displaying a virtual conference slide. The slide has a blue background with a white central box containing the following text:

Early Experience of Primary Transurethral water vapour treatment (Rezüm®) for symptomatic Benign Prostatic Hyperplasia: an analysis of 332 consecutive patients

Nimlan Shanmugathas, Christopher C. Khoo, Martin J. Connor, David Eldred-Evans, Carmen Lok Tung Ho, Anam Mahmood, Soroush Nakhodchi, Andrew Ser Jien Ting, Amar Rai, Feargus Hesking-Jervis, Deepika Reddy, Mariana Bertozzi Tanaka, Taimur T. Shah, Aras Pakarostas, Mathias Winkler, Sanjay Aggarwal, Taimur El-Husseiny, Hasham U. Ahmed

Imperial Urology, Charing Cross Hospital, Fulham Palace Road, Hammersmith, W6 8RF.

Imperial College London logo is in the bottom left, and NHS logo is in the bottom right. A circular logo for the British Association of Day Surgery is on the right side of the slide, with the text "Excellence in short stay surgery".

Below the slide, there is a "Q&A" section. The browser's address bar shows the URL: <https://bads.talkingslideshd.com/view?presentation=12177>. The browser tabs include "BADS Virtual Conference", "BADS", and "Early Experience of P...". The Windows taskbar at the bottom shows various open applications like "KINGSTO...", "Early Expe...", "General (H...", "Citrix Wor...", "RosterPro...", and "BADS virt...". The system clock shows 14:14.

This concluded the morning session and the afternoon session was tailored to specific specialities and how these specialities managed to continue with operations given the restraints of COVID-19. This session showed the resilience and determination of teams that work within the NHS and the commitment in providing the highest quality of patient care without compromising patient safety.

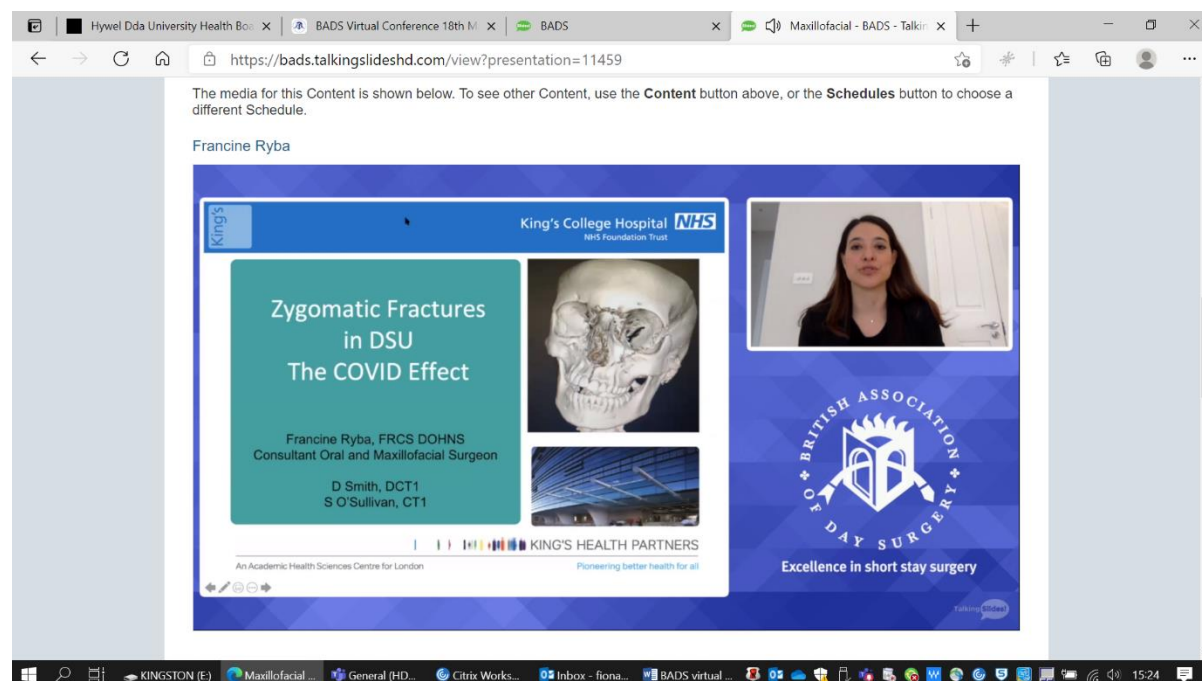
There were 5 specialities included in this session and the first speaker was Mr David Bunting, who is a Consultant Upper GI Surgeon, working in North Devon District Hospital. He spoke about laparoscopic cholecystectomy and how they managed to reduce length of stay and increase the day case activity by introducing a "Hot gallbladder pathway" which commenced as soon as the patient presented in A&E or direct referral from GP. He concluded although COVID-19 has been detrimental to elective services with in the UK, it can also be seen as a positive as it has provided a means to develop new ways in working to ensure activity remains, which may not have been developed if the pandemic had not occurred.

The second speciality was Gynaecology and Mr Peter Scott a Consultant Gynaecologist from Plymouth gave his talk on how his team succeeded in moving gynaecological procedures from a day theatre to out-patients. He gave an overview of the procedures that were moved to an out-patient setting namely, Novasure Endometrial ablation, Myosure Morcellation, manual vacuum aspiration for miscarriages and surgical termination of pregnancy and how these pathways were developed. He explained that by moving these procedures into this environment is a more cost effective way to manage these patients and actually COVID-19 has had a positive impact to the services by using the opportunity to develop the service as it the patients have shorter waiting times, frees up theatre sessions, and the patient spends less time in an hospital environment. The patient feedback from the introduction of this service has been very positive and the outcomes have improved and activity has increased significantly by adopting new ways in working.

The third presentation concentrated on total hip replacement as a day case and presenting her experiences was Dr Claire Blandford, she is a Consultant Anaesthetist from Torbay and South Devon NHS FT. Her key recommendations on introducing a successful total hip replacement pathway is looking at inpatient management and how this can be adapted to a day case pathway. She emphasised that the patient's mind set should be positive and geared to go home the same day, this concept should be encourage as soon as possible, ideally from pre assessment. Creating targets to work towards, and analysing data along with optimal peri and post management of pain, a robust standardised protocol and a ridged discharge plan, should all be in place if day case hip replacements are to succeed. She also emphasised that networking with other units that are going total hip replacements and learning from them help them create a successful pathway. Torbay are achieving 94% day case total hip replacements as present, which is very impressive.

Moving on straight from Dr Claire Blandford was our next speciality, Maxillofacial and we were fortunate to have two speakers for this presentation. Miss Francine Ryba, Consultant OMFS, from King's College Hospital, London and Mr James Douglas register in OMFS, from Leeds Teaching Hospital. These presentations compared two different teams and how they set about creating a pathway for repair of fractured zygoma as a day case. It was good to hear from two different hospitals but interestingly had very similar views. King's College, commenced this pathway as a result of the COVID-19 pandemic, whilst Leeds Teaching Hospital has been successfully achieving these for 10 years. Both spoke that due to the length of time eye observations have to be completed, as the risk of bleeding and compartment syndrome, make it more difficult to achieve as a day case, so both stated that these

procedures should be completed on a morning list. So there is ample time for these observations to be completed within the day. Although Mr James Douglas highlighted that when they were looking at past research, the incidences of this complication was relatively rare. The main message that came out of the comparisons of the two units to adopt a successful pathway, is there must be good teamwork and a dedicated pathway. Mr Jiten Palmer, Consultant OMFS, from Leeds Teaching Hospital, joined in with the discussion following the presentations.



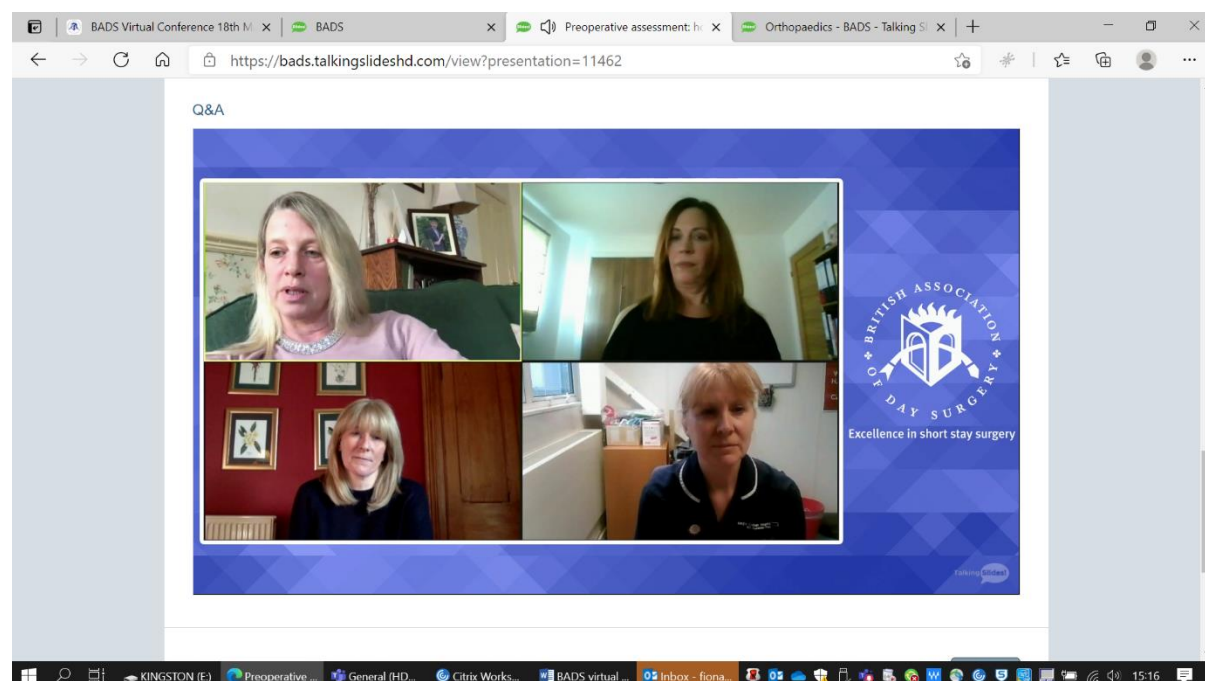
This led us to the final presentation in this session, which saw Mr Feras Al Jaafari talk about how he successfully changed the pathway of Ureteroscopy from an inpatient to a day case. They commenced this change in 2018 due to inpatient bed pressures and theatre list regularly being cancelled. The findings were positive and they increased their day case to 85% when the procedure was moved into the day case setting compared to 17.6% in an inpatient setting. There was no change in readmission rates or complications by performing this in a day case unit, which confirms that it is a safe procedure to perform in a day case setting. There was a significant financial saving too, 28.2% to 50.3% savings were made by moving into a day case setting, which also bought a reduction in length of stay. He concluded by informing the delegates that they now perform 85.3% of ureteroscopies as day cases and they are now offered to all patients who are deemed suitable, but importantly the patient perception is key to ensure the patients are discharged on the same day.

There was a period of live discussions following after each of the five presentations which provoked lots of questions and debate, it certainly kept our moderators busy keeping an eye on all the questions that were being asked. These presentations, all be it approximately 15 minutes in duration, provided a detailed and informative insight into the innovative work being undertaken in our forward thinking day surgery units throughout the UK.

This brought us onto our last session of a very full programme for our first virtual conference. It was the turn of pre assessment to be presented and again we had two speakers who spoke about their experiences and challenges and how COVID-19 has changed the practice. Mrs Karen Harries who is Lead Day Surgery Nurse and Pre Assessment at King's College, London spoke first. Her presentation concentrated on her experiences of COVID-19 and how they had to change their practice and adapt in new ways of working, that ensured COVID-19

guidelines were followed but at the same time the patients were optimised for their operation. She shared the changes that were implemented quickly in order to maintain pre assessment flow and one way was to pre assess the patient via telephone prior to surgery and any pre-operative tests to be performed on the day of surgery. This limited the amount of times the patient had to visit the pre assessment unit. They created a generic email, so anaesthetists that were shielding could review patients. The undertook a very small survey to see patients thoughts on the telephone assessment and unsurprisingly the fit and well patients preferred this method but the patients who were not so fit did not feel comfortable in a telephone assessment. Karen concluded by sharing some of the good effects that came out of the COVID-19 pandemic and they have now moved away from face to face for ASA 1 and 2 patients but will still manage the ASA 3 and 4 patients through video link or face to face. They are looking to introduce community hubs within the community, so these vulnerable patients can have their test performed without having to come to the main hospital.

It was then Dr Christina Beecroft turn to present. She is Clinical Service Director in Elective Perioperative Care, working in Ninewells Hospital, Dundee. This presentation concentrated on the developing strategies on how best to manage safe elective surgery through the pandemic by developing a pre surgery isolation pathway. They ask patients to isolate for 14 days prior to their surgery and the patients take a COVID-19 test on their first day of isolation, then a second one 48hrs prior to their surgery. Even though the timescale is short to optimise these patients, they have succeeded in the management of these patients. This is down to the determination and commitment of the team and collaboration and communication of different departments. One aspect that they will continue with, is the regular meetings with waiting list to plan and liaise with each other. This ensures good communication with all involved in scheduling patients and an opportunity to discuss any potential problems and offer solutions working in a collaborative manner.



Dr Kim Russon, President of BADS, drew our conference to a close, and thanked all the presenters for their input into a full day of excellent presentations. She recognised all the good work that is being achieved throughout the UK and was encouraged that delegates who attended were participating and where enthusiastic in the chat and hoped this would continue beyond the conference.

It just leaves me to mention the winners of the posters, and as ever there was a high standard of abstracts this year. With a record number of posters, 63 in total. We divided them into 4 categories and below are the winners from each category. Congratulations to all that submitted an abstract and we always encourage authors to publish their abstracts in JODS. Details on how to submit an abstract can be found on our website.

www.bads.co.uk

Prize posters:

Surgery category: Mohammed Shaath, Northern Care Alliance, Manchester
7 years of Day Case Uni-compartmental Knee Arthroplasty for all-comers within the NHS:
The journey and evidence of sustained change

Nurse/Management category: Lewis Powell, Prince Charles Hospital, Merthyr Tydfil
Emergency day case surgery to ease pressures caused by COVID-19

Educational Grant category: Ruth Burgess, Leeds Teaching Hospitals Trust
Pre-operative Communication in Day-Case Surgery: Patient views of text messaging and access to online information for elective day-case surgery

Anaesthesia category (5 joint winners):
Rebecca Janes, Nottingham University Hospitals
Perioperative care of inguinal hernia repair and length of stay

Rachel Heard, Royal Preston Hospital, Manchester
Paediatric Fasting Times Audit

Rory Colhoun, The Rotherham NHS Foundation Trust
Successful Day Case Uni-compartmental Knee Replacement (UKR) at The Rotherham NHS Foundation Trust

Victoria Peacock, Airedale General Hospital, West Yorkshire
Ensuring safe and timely discharge following spinal anaesthesia for Day case; creation of Nurse-led discharge criteria at Airedale General Hospital

Rachel Tibble, Royal Derby Hospital
The Effect of Centralisation of Preoperative Assessment on Day Surgery List Efficiency

One final congratulations goes to Rachel Tibble, as the winner of the exhibition competition. Well done Rachel on working out the answer.

The correct answer was:

“Using day surgery to recover elective surgery in the era of COVID-19. British Association of Day Surgery is at the forefront of achieving this.

This just leaves a couple of announcements to make. Firstly, Janet Mills who has been our exhibition Manger for 14 years retired earlier this year. She has worked tirelessly for BADS in managing and organising our exhibitors for our conferences. I am sure you will all join with BADS to wish Janet a long and happy retirement.

Thank you to all our exhibitors for the on-going support.

I would also like to thank the Talking Slides team on behalf of BADS. They were the “Brains and brawn” behind what was such a successful conference. Their commitment and professionalism throughout the organising of the conference was incredible and we just could not have achieved such success without them.

A huge thank you to all our BADS members new and old for all your support. We look forward to seeing you at Nottingham in 2022, 16th and 17th June.

Fiona Belfield