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Entrevista do mês

Na newsletter de outubro, David Bunting, presidente da British Association of Day Surgery (BADS), revelou mais sobre o trabalho desenvolvido por esta entidade reconhecida internacionalmente, partilhando as estratégias utilizadas e evolução que se traduziu no sucesso da Cirurgia Ambulatória no Reino Unido.

"Muitos países têm olhado para o Reino Unido como pioneiro na Cirurgia Ambulatória para aprender com o que foi alcançado e reduzir o tempo de internamento, aumentando as taxas de Cirurgia Ambulatória para pacientes submetidos a cirurgia"



How is British Association of Day Surgery (BADS) organized and which are your main activities?

David Bunting (DB): The British Association of Day Surgery (BADS) is a multidisciplinary organisation founded in 1988 to "promote clinical excellence and the setting of standards to ensure any person requiring Day Case Surgery receives the best possible care in the delivery of Day Surgery". BADS had re-defined its strategic objectives since then, but its purpose has remained unchanged: we are here to: "Promote excellence and maximise delivery of UK Day Surgery".

BADS strives to achieve its purpose through hosting the annual BADS scientific conference; working with national organisations to produce guidelines; delivering educational events including webinars, web-based meetings and face-to-face conferences; developing benchmarking standards, publishing a regular scientific journal; producing a regular electronic newsletter and providing bespoke advice to healthcare users on all aspects of delivering day case surgery.

How was the evolution of Day Surgery in the UK in the last 20 years? Many differences in different countries ?

DB: In the 1980s, Day Surgery gained popularity in the UK and this was accompanied by the development and building of dedicated Day Surgery unit facilities in most UK district general and teaching hospitals. The demand for day case surgery increased dramatically, exceeding resources in most trusts across the UK. As Day Surgery became the default for the majority of surgical procedures being performed in UK hospitals, separate pathways and ways of working have been set up to facilitate day case surgery through the majority of operating theatres with facilities traditionally used to treat inpatients being utilised for patients undergoing Day Surgery. Many countries have looked to the UK as pioneers in day case surgery to learn from what has been achieved to reduce length of stay in increase day case rates for patients undergoing surgery.

The UK has a Day Surgery rate of about 80% - What is the explanation for the success of Day Surgery in the UK

DB: The UK has a National Health Service (NHS) which encourages the spread of successful innovation and pathways. Data is collected on a national level and variation in performance can be readily appreciated, measured, reported and used to direct resources and service improvement strategy to hospitals with room for improvement in performance. Much of this is now facilitated by the Model Health System, which is a data driven improvement tool produced by NHS England enabling trusts to benchmark their productivity and identify opportunity for improvement. The Getting it Right First Time (GiRFT) programme is delivered by NHS England and works in collaboration with BADS in a number of different workstreams that depend on the principles of Day Case Surgery.

What are the limits for Day Surgery in the UK in the next decade?

DB: NHS England has recently revised the target for the proportion of operations that should be performed as Day Case in the UK, increasing it to 85%. It is hoped that this would be achievable in the next 5 years and the country should look to increase this rate in the future as the effectiveness and safety of performing more complex procedures as a day case can be demonstrated.

Can you identify what were the main topics or main measures that made Day Surgery a success in the UK?

DB:

- Dedicated clinical leadership;
- Collaboration;
- Having a national organisation striving to promote excellence and maximise delivery of UK day surgery;
- Data collection, analysis, reporting & understanding (e.g. BADS national dataset);
- Identification of variation in performance across the UK;
- Setting benchmarking standards for day case surgery (BADS Directory of Procedures);
- Regular educational events and scientific meetings.

Is it still possible to grow Day Surgery in the UK? What are the main difficulties?

DB: Significant variation in Day Surgery rates across the UK demonstrates that it is possible to grow day surgery in the UK, moreover an increasing number of more complex operations are now routinely being performed as a day case including total knee replacement, total hip replacement, reconstructive oncological breast surgery and many others. Difficulties include managing patient clinician and patient expectations and working against a belief that certain operations necessitate overnight stay and that certain patient co-morbidities such as stable ischaemic heart disease, obesity and obstructive sleep apnoea require overnight admission following surgery, which is often not the case.

How do you promote Day Surgery in the UK?

DB: This is done through inspiration and education by means of conferences, meetings, publications, webinars and social media platforms. It is also achieved by working with national organisations to set benchmarking standards, to collect, analyse and report data relating to day surgery performance. Change is then achieved by development and implementing new pathways dedicated to same day discharge after surgery.

How was your last Annual Conference in Glasgow?

DB: The British Association of Day Surgery (BADS) Annual Conference was held this year in Glasgow, Scotland on 20th and 30th June welcoming over 300 attendees from the UK and abroad. The conference took place at the historic Glasgow Caledonian University. Glasgow holds a significant place in the history of Day Surgery, being the birthplace of James Henderson Nicoll (1863-1921), a Scottish Paediatric Surgeon who is considered as the Father of Day Surgery.

From the work that was presented this week by the conference delegates and by invited speakers, it is clear that day surgery offers huge potential to improve productivity & efficiency within the NHS and the wider healthcare system, and in doing so will be one of the most important factors in post-Covid restoration of services, managing the elective backlog and reducing our record surgical waiting lists. Whether it be through developing new pathways in existing day surgery units or the formation of new elective surgical Hubs, it is day surgery that is enabling efficient use of resources, including not least our valuable hospital beds and staff.

As an organisation, BADS is thriving with record membership numbers and delegate feedback from the conference was excellent. It was a fantastic opportunity to bring together many knowledgeable and enquiring minds of people who clearly share BADS purpose to promote excellence and maximise delivery of UK day surgery. Day surgery and ultimately our patients are benefitting from advances in surgical technology, from pathway development and changes in infrastructure, all driven by individuals with a passion for day surgery and desire to improve practice forever.

BADS was delighted to be able to welcome the IAAS President, Carlos Magalhães to open the second day of the conference. Carlos is a strong advocate of ambulatory surgery and presented his work on minimally invasive abdominal wall surgery and the contribution of such techniques in reducing length of stay. Carlos also delivered the Keynote Lecture on Ambulatory Surgery across the world. He presented a detailed report on the history of the International Association of Ambulatory Surgery and demonstrated the great work that the association is doing to advance day case surgery across the world, particularly in developing countries. He presented a fascinating and inspiring global view of day case surgery and explained the significance and contribution of BADS to international day case surgery.

BADS would like to take this opportunity to thank Carlos for travelling to attend and speak at the conference this year and to thank IAAS for its huge contribution to both UK and global ambulatory surgery. BAD continues to further develop and strengthen its relationship with IAAS and is looking forward to contributing to the IAAS conference in Oslo next year.

The BADS Annual Conference next year will be held in Cardiff, Wales on 20th-21st June 2024.

What would be your advice for those countries that are starting now with DS?

DB: I would advise any countries who are trying to develop their day surgery services to form a national day surgery organisation and collaborate with the IAAS. They should develop systems to collect data and use this to understand where they are not meeting standards from countries with established day surgery pathways. This should drive the development of policies and pathways and countries should seek to engage with government bodies, healthcare organisations and promote the uptake of day case surgery and processes should be put in place to disseminate this information amongst healthcare providers.





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