

# Better by the day - update



## Day surgery in Scotland

The Accounts Commission's report *Better by the day?* was published early in 1997. The report was based on 18 common surgical procedures which are suitable for day surgery on properly selected patients. The report included a review of progress against the targets which the Management Executive had set to be achieved by the end of 1997.

This update assesses trusts' performance against those targets now that data for the whole of 1997 is available. The opportunity has also been taken to:

- highlight where improvement has been greatest, and where progress is slow
- compare Scotland's level of day surgery against those in England.

### Summary

- The Scottish average has exceeded the 1997 target for eight of the 18 procedures, and for another five procedures the average is within 10% of the target. For some procedures performance has increased substantially.
- Inguinal hernia repair and removal of varicose veins were rarely undertaken as day cases in 1991. However day surgery is now accepted as appropriate for these procedures, and at some trusts day cases are becoming the norm.
- The level of variation between trusts continues to exceed that which might be explained by demographic differences, location, or the available facilities.

- A number of trusts have made very considerable progress on specific procedures, and some trusts have made significant improvement in most of the procedures that they carry out.
- Only three procedures show no improvement in average day case rates: bat ears, termination of pregnancy and anal fissure.
- For most procedures, the trusts with the highest day case rates are continuing to improve their performance. This suggests that they have not yet reached the limits for day surgery, and highlights the considerable scope for improvement at other trusts.
- Scotland's level of day surgery is below that of England in 15 of the 18 procedures. For most procedures the difference is small, but for a few it is very marked. Orchidopexy and bat ears are particularly low compared with England.
- Following proposals in our 1997 report the Management Executive has adopted revised targets. Our original report found that, if the revised targets were achieved by all trusts, the number of day cases for these 18 procedures alone would increase by over 22,000, an increase of 35%. As a result of the recent improvements, the potential increase has been reduced to 18,000, or an increase of 25%. These figures demonstrate both that considerable progress has been made over the last 21 months, and that there is significant scope for more to be achieved.

## Introduction

Day surgery is now widely accepted as the best way to treat many patients who need common surgical procedures. Levels of day surgery have risen significantly in recent years, and further increases are encouraged by the Government's White Paper on health, and by initiatives such as the Acute Services Review and the Waiting List Support Force.

To increase the levels of day surgery, the NHS Management Executive published targets to be achieved by the end of 1997. In May 1997 the Accounts Commission published *Better by the day?* which reviewed performance against those targets as far March 1996; the aim of this bulletin is to review what progress was made up to the end of 1997. The opportunity has been taken to:

- review performance against the Management Executive's 1997 targets
- highlight where improvement has been greatest, and where progress is slow
- compare Scotland's levels of day surgery with those in England.

The procedures used for comparison were selected by the Audit Commission in 1990, according to the following criteria:

- they are considered by surgeons to be clinically appropriate for day surgery
- they cover the main surgical specialties
- they account for about 40% of all surgical procedures in these specialties
- it is unusual for most of these procedures to be carried out on out-patients, so that there is potential to achieve a lower cost per case by carrying them out as day cases rather than inpatients.

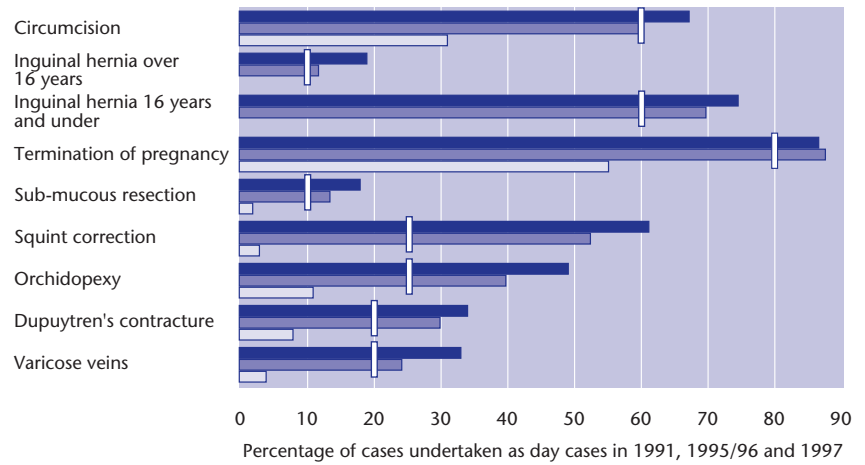
There is a body of evidence that two of the original procedures, dilatation and curettage (D&C) and myringotomy, are often used when other treatments would be more appropriate. They were therefore excluded from our 1997 report, although both are still being performed in large numbers. This update also looks only at the remaining 18 procedures.

## Performance against the targets

*Better by the day?* found that progress across Scotland towards the 1997 targets was generally good. For eight of the procedures, the average performance in 1995/96 already exceeded the Management Executive's targets for 1997. Even where the average was still some way short of the targets, there was significant progress in most cases; only three procedures showed little or no improvement.

This update is based on 1997 data, 21 months on from the data available for our original report. Significant progress continues to be made (exhibits 1 and 2). However, for three procedures the percentage of operations undertaken as day cases actually fell, and for over half the procedures the average still remains below the ME's 1997 target. Day surgery has grown fast in recent years but the annual rate of increase is now slowing for 11 of the 18 procedures. It is unchanged for three and still increasing for the remaining four procedures.

Exhibit 1: Procedures where the Scottish average exceeds the 1997 targets



Note: Inguinal hernia was not split between adults and children in 1991 and so the 1991 figures are excluded from this graph. The combined day surgery average for 1991 was 9%.

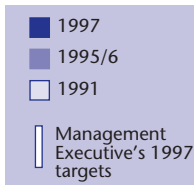
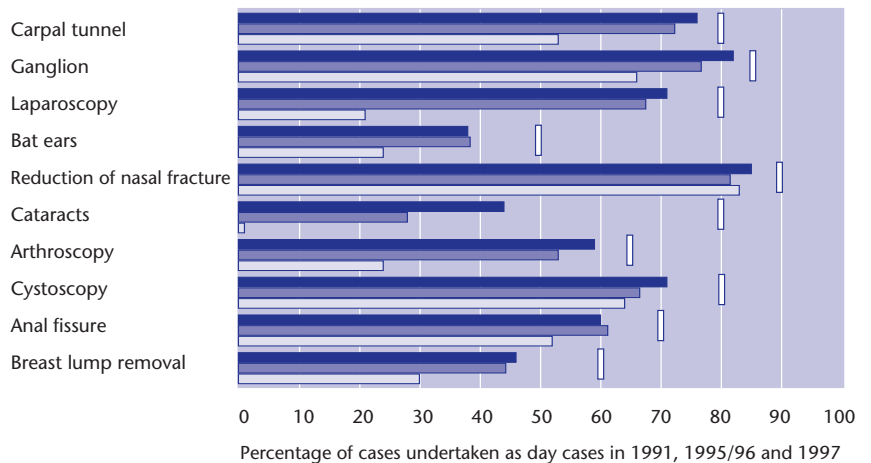


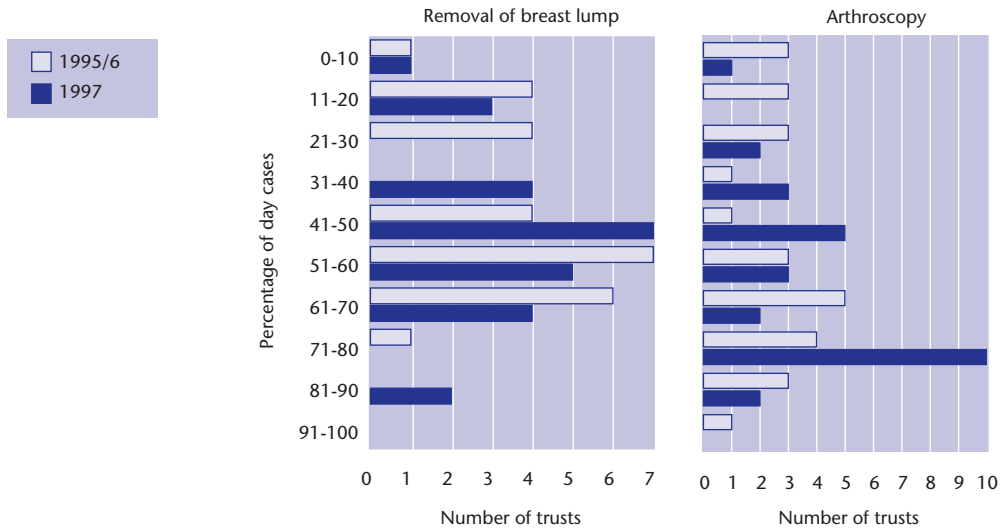
Exhibit 2: Procedures where the Scottish average has not yet reached the 1997 targets



### Variation between trusts

Across Scotland as a whole performance continues to improve, but there is still considerable variation between trusts. The variation is reducing for some procedures, but increasing for others. Overall there is little change in the extent of variation, which is beyond the level that might be explained by demographic differences, location or the facilities available. Exhibit 3 (page 4) highlights the range between trusts for two procedures, arthroscopy and removal of breast lump.

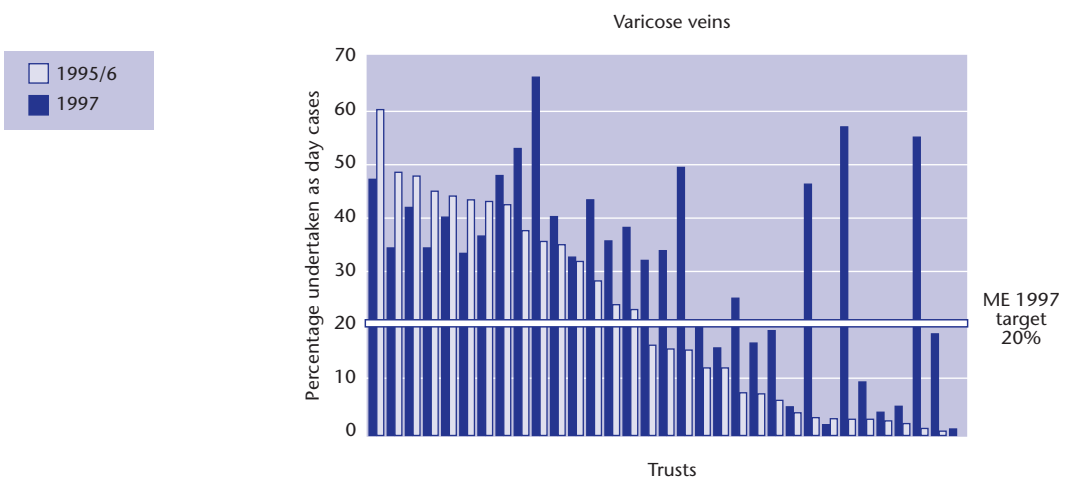
Exhibit 3: Variation in day case performance between trusts



**Procedures with increased day case rates**

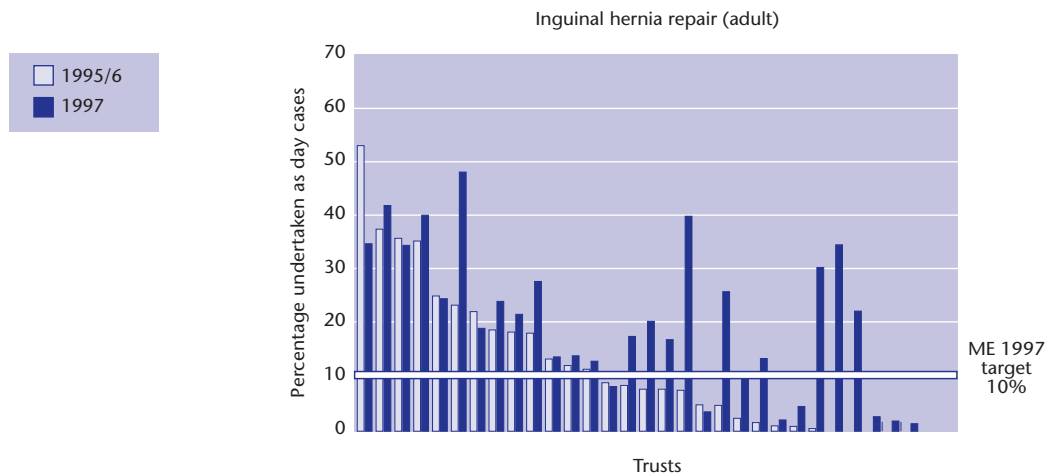
For several procedures, the percentage carried out as day cases has increased substantially. One example is varicose veins. Between 1995/96 and 1997, the number of trusts achieving the 1997 target increased by 40%. The number of trusts failing to meet the target halved, and all trusts performed at least some operations as day cases - the level ranged from 1% to 66% (exhibit 4).

Exhibit 4: Comparison of day case rates for varicose vein surgery 1995/96 and 1997



Inguinal hernia repair (in adults) is another example of a procedure with significant improvement over the period from 1995/96 to 1997. The number of trusts exceeding the 1997 target, set at 10%, has nearly doubled to 22, while the number of trusts undertaking no inguinal hernia repairs as day cases has fallen from eight to two (exhibit 5).

Exhibit 5: Comparison of day case rates for inguinal hernia repair (adults) between 1995/96 and 1997



The improvement for these two procedures is particularly encouraging. In 1991 the number of these procedures undertaken as day cases was minimal, and there was a body of opinion that they may not be appropriate for day surgery - the main concern was the risk of post-operative pain and bleeding. However, it is clear that day surgery is now an accepted method of treatment for both procedures, and at some trusts it is becoming the norm.

Other procedures where day case rates show a sizeable increase include orchidopexy, circumcision, squint correction and cataract. Although cataract has not reached the target of 80% there has been substantial improvement, and it is also one of the few procedures where the rate of increase each year is still increasing.

#### Procedures showing no improvement

Only three procedures show no improvement since 1995/96: bat ears, termination of pregnancy and anal fissure. For anal fissure, the 1997 average of 59% is 2% lower than the 1995/96 average. In 1995/96, eight trusts met the target of 70%; by 1997 this had fallen to four trusts.

#### Where are improvements happening?

Although day surgery continues to increase overall, there is no single source of improvement. For varicose veins the increase has been mainly due to improvement among the poorer performers, with some spectacular improvements: three trusts saw rises from 3% to 57%, from 1% to 55% and from 3% to 46%. This meant a higher number of trusts reaching the target by the end of 1997.

For inguinal hernia repair in adults the improvement is more evenly spread across trusts. However 75% of trusts which previously carried out all their adult hernia repairs as inpatients now undertake some day cases, with two trusts increasing from none to over 20%.

As well as these trusts making major advances on specific procedures, five trusts have made significant improvement across most of the procedures that they carry out. This demonstrates that swift progress can be made, not just by individual specialties but also across whole trusts.

Another encouraging feature is that, for most procedures, the trusts with the highest day case rates continue to improve. This suggests that for many trusts there is still considerable scope to increase the amount of day surgery carried out, with potential benefits to both patients and the NHS in Scotland.

### Potential for increasing day surgery

In our 1997 report we proposed new targets. The evidence showed that there was a good case for the targets to be revised. For eight of the 18 procedures the Scottish average performance was already above the 1997 targets, suggesting that they were no longer challenging. The Management Executive has adopted these revised targets. The revised targets and the 1997 targets are listed below.

Procedure	Management Executive targets for 1997	Management Executives revised targets
Inguinal hernia - adults	10%	20%
Inguinal hernia - children	60%	80%
Breast lump	60%	65%
Anal fissure	70%	75%
Varicose veins	20%	40%
Cystoscopy	80%	80%
Circumcision	60%	80%
Dupuytren's contracture	20%	50%
Carpal tunnel release	80%	85%
Arthroscopy	65%	75%
Ganglion	85%	90%
Orchidopexy	25%	60%
Cataracts	80%	80%*
Squint correction	25%	80%
Sub mucous resection	10%	20%
Reduction nasal fracture	95%	95%
Correction of bat ears	50%	50%
Laparoscopy	80%	85%
Termination of pregnancy	80%	95%

\* Based on Scottish Health Advisory Service findings

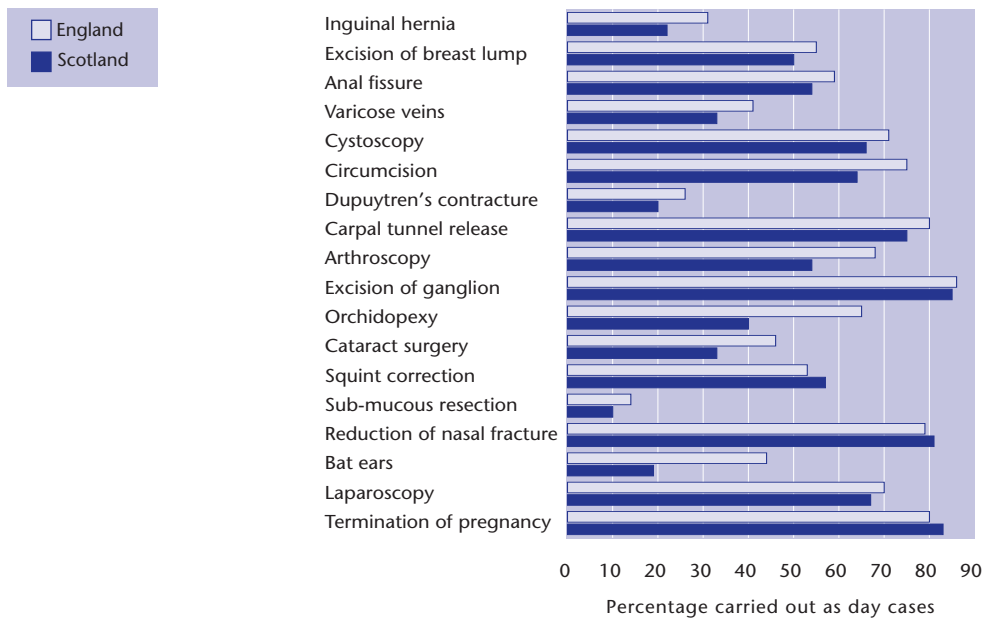
Our original report found that, if the revised targets were achieved by all trusts, the number of day cases for these 18 procedures alone would increase by over 22,000, an increase of 35%. As a result of the recent improvements, the potential increase has been reduced to 18,000, or an increase of 25%. These figures demonstrate both that considerable progress has been made over the last 21 months, and that there is significant scope for more to be achieved.

### Comparison of Scottish and English day case rates

Scotland's level of day surgery is lower than England's for 15 of the 18 procedures (even though the Scottish figures are more up-to-date) (exhibit 6). In most cases the difference is relatively small, but there is a variation of 10% or more for five procedures:

- circumcision
- cataract surgery
- arthroscopy
- bat ears
- orchidopexy

Exhibit 6: Comparison of Scottish and English medians for day surgery in 18 procedures



This is a broad comparison, but it is in line with other findings which suggest that there is still potential for further increases in day surgery in Scotland.

### Acknowledgements

This bulletin is based on an analysis of ISD provisional data for 1997. The Accounts Commission is grateful for ISD's assistance in providing data.

### References

*Better by the day?*, Accounts Commission, 1997

The English data for exhibit 6 was supplied by the Audit Commission.

For a fuller description of the procedures, and OPCS and ICD codes see *Better by the day?*

## The Accounts Commission for Scotland

The Accounts Commission is a statutory independent body which through the audit process assists the NHS and local authorities in Scotland achieve the highest standards of financial stewardship and the economic, efficient and effective use of their resources.

The Commission has five main responsibilities:

- securing the statutory external audit
- following up issues of concern identified through the audit to ensure a satisfactory resolution
- reviewing the management arrangements which audited bodies have in place to achieve value for money
- carrying out national value for money studies to improve economy, efficiency and effectiveness in the NHS and local authorities
- issuing an annual direction to local authorities setting out the range of performance information they are required to publish.

The Commission assists the NHS in achieving value for money by highlighting good practice, providing comparative information, and supporting auditors in reviewing performance locally. Its Health and Social Work Studies Directorate is responsible for managing a national programme of value for money studies.

If you would like more information about the study or additional copies of this bulletin please contact:

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