

President's Letter February 2020



Kim Russon

Happy New Year to you all! I hope you are all coping with the workload and your Trusts are all managing to maintain your day surgery pathway during these times of winter pressures. It seems to have been worse this year with my Trust being on top alert more frequently than last year. However, our day surgery unit (DSU) continues to be busy because my Trust's winter plan includes that only urgent inpatient elective surgery is listed for the first few weeks of the year and in fact we have increased the number of urgent/ emergency general surgical abscesses and ambulatory orthopaedic trauma that is going through our DSU. I hope your hospital acknowledges the importance of protecting your day surgery pathway.

I was delighted to be invited to the launch of the Ear Nose & Throat (ENT) Get it Right First Time (GiRFT) report last month where the Number one recommendation was to: Increase the use of day case across ENT. Mr Andrew Marshall, GiRFT national lead clinical lead for ENT surgery is a surgeon at Nottingham University Hospitals. He reported that they found a wide variation of day case rates across England which could not be explained by case mix. The identified benefits of a GiRFT review can be viewed as an opportunity for individuals or Trusts to review what peers are doing and challenge your own current practice, therefore it may prompt changes to clinical practice and open up procurement opportunities.

We had a very successful combined BADS/HCUK Day case General Surgery conference in Birmingham on 21st January 2020. We learned about the challenges and opportunities involved in setting up surgical Same Day Emergency Care (SDEC) units from the SDEC national lead Mr Arin Saha. An update from GiRFT Peri-operative medicine lead Dr Chris Snowden explained how looking at the variation in pathways of care that exist across the UK can help effect change in day case pathways for the future. There were also excellent talks about improving day case Laparoscopic cholecystectomy rates and pushing the boundaries with day case reflux surgery and 23hour stay colorectal surgery.

Our BADS Conference team have created a fantastic programme for you in Cardiff this year. The provisional programme will be released next month and includes topics on how to do day case foot and ankle surgery; mastectomy; vaginal surgery; pyeloplasty; repair of fractured mandibles and zygomas. There will be workshops on enabling change in your day case unit, ensuring good wellbeing and optimising pre-operative assessment. There is always a wealth of shared information from centres around the country from the submitted abstracts so I urge you to please submit your abstracts soon (Abstract submission closes Friday 17th April), book your leave and register for the BADS conference 25th - 26th June in Cardiff. I look forward to seeing you there.

I would also like to invite anyone interested in progressing day surgery to please consider joining BADS council. Day surgery is so important and there is so much that can be done to help increase day case rates across the country in so many different specialities. Members of BADS council have been invited to speak at a number of specialist society meetings (Eg. Association of Breast Surgeons, British

Orthopaedic Association) and are involved in a number of national workstreams (Eg. Best practice tariffs (BPT), Model Hospital). We already have a great multidisciplinary BADS council but we have some vacancies being advertised next month, so please consider applying and you have any queries don't hesitate to contact me via president@bads.co.uk