

A Joint BADS & HCUK Conference

Developing your Daycase General Surgery Service

Thursday 17th September 2020

De Vere West One, London

10% card payments discount*
15% Group booking discount**
25% discount for BADS members



Speakers include

Dr Kim Russon

President

British Association of Day
Surgery (BADS)

Dr Ian Jackson

Consultant Anaesthetist

& *Past President* British Association of Day Surgery (BADS)
and International Association of Ambulatory Surgery (IAAS)

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Day surgery is now provided for an increasing range of procedures, in patients ranging from the very fit to the rather frail. It has become the standard of care for many elective surgery procedures and should be the default option for all 200 procedures within the BADS Directory of Procedures.

As the healthcare industry faces a cost predicament, it is incumbent upon healthcare professionals to identify and reduce unnecessary practices without worsening patient outcomes. A new procedure that creates both a reduction in cost and improved patient outcomes is desirable. Hospital stays after complex general surgery constitute a large percentage of the entire procedure's cost.

Currently, the average hospital length of stay (LOS) after a colectomy and fundoplication is 7 days to 10 days and 3 days respectively in the United Kingdom. However, a trend is emerging toward shorter LOS following colectomies and fundoplications by changing the perioperative procedures. The improvement of patient selection, pre-operative optimisation and surgical advances have all contributed to a shorter LOS.

We shall hear from centres who have successfully introduced day case and 23 hour stay Laparoscopic Fundoplication and colorectal resection pathways respectively.

Additionally, as the principles of ambulatory care are changing we have the National Lead for the Surgical Ambulatory Emergency Care Network and Chairman of the Surgical Same Day Emergency Care group, Mr Arin Saha, speaking on the RCS and NHS England 10 year plan and the minimum standards all acute units in England and Wales will be expected to achieve by March 2021 as well as the models of care around the country. This will include, but not limited to, information on requirements for staffing, consultant rotas and ways to optimise your service.

We will also hear from the Royal College of Anaesthetists Joint clinical perioperative medicine lead about GIRFT data in the day case setting. The GiRFT programme has recognised the importance of day surgery. The GIRFT general surgery report acknowledges there are opportunities to learn from centres where the use of day case surgery for less complex procedures is most common. Within the Anaesthetic and Peri-operative medicine work stream GIRFT look at procedures from the BADS Directory of procedures which appear to have wide variations in successful day case rates. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

There will be an opportunity for discussion with the speakers, experts from BADS and participants from across the UK which will be of interest to those with medical and nursing backgrounds.

Follow the conversation on twitter #BADSGeneralSurgery

09.20 Chair's Introduction

Miss Vanessa Cubas *BADS Council Co-opted ASIT Member*

09.30 The day surgery pathway & patient selection

Dr Kim Russon

President

The British Association of Day Surgery (BADS)

- Key elements of a day surgery pathway
- Patient suitability for day surgery
- Planning for successful day surgery

10.15 General Principles of Day Case Emergency General Surgery

Speaker to be confirmed

- Including the evolution of ambulatory general surgery
- The Milton Keynes Model

10.35 Ambulatory Urgent Care - The Anaesthetic Perspective

Dr Ian Jackson

Consultant Anaesthetist & Past President

BADS and International Association of Ambulatory Surgery (IAAS)

- Processes and importance of anesthetic involvement
- How anaesthetists influence the pathway
- Successfully working models

10.55 *Question and answers, followed by tea & coffee at 11.15*

11.30 Emergency Surgery Ambulatory Care Pathways

Mr Paolo Sorelli

Consultant General and Colorectal Surgeon

Lewisham and Greenwich NHS Trust

- Remodeling the way emergency surgery care is delivered
- Improving patient experience
- Maximising hospital and workforce resources

12.00 Principles of Same Day Ambulatory care – the 10-year plan

Speaker to be confirmed

- A national overview of Ambulatory care in surgery from the National Lead for the Surgical Ambulatory Emergency Care Network and Chairman of the Surgical Same Day Emergency Care group
- The minimal standards to achieve by 2021
- Models of care around the country as well as the Huddersfield experience

12.30 GIRFT- Get It Right First Time

Speaker to be confirmed

- Perspective from the Royal College of Anaesthetists Clinical Lead (Joint) for Perioperative Medicine
- General Surgery Day Cases
- Reducing complications that can lead to readmission

13.00 *Question and answers, followed by lunch at 13.10*

14.15 Improving Day case Laparoscopic Cholecystectomy rates

Mr David Bunting

Consultant Upper GI Surgeon

North Devon District Hospital

- Patient selection
- How to effectively establish a "Hot Gallbladder" Day Case list

14.45 Fundoplication and anti-reflux surgery

Mr Paul Super

Consultant Upper GI and Bariatric Surgeon

Heart of England Foundation Trust

- How to successfully establish a Laparoscopic Fundoplication Day Case list
- Patient selection
- Practical tips and the Heart of England Foundation Trust experience

15.15 *Question and answers, followed by tea & coffee at 15.30*

15.45 The 23 hour stay colorectal resection

Speaker to be confirmed

- The Royal Surrey County Hospital experience
- Patient selection
- ERAS principles- Minimising the Length of Stay
- An MDT approach

Followed by discussion of other examples from the floor....

16.45 *Question and answers, followed by close*

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Venue

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Date Thursday 17th September 2020

Conference Fee

- £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
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