

# The British Association of Day Surgery Directory of Procedures

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## Abstract

This article will describe the development of a directory of surgical procedures by the British Association of Day Surgery. The reason for choosing the selected procedures across 9 specialities will be outlined and how expert panels were used to provide the indicative rates for day and short stay surgery.

**Keywords:** Day surgery, Ambulatory surgery, Benchmarking.

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## Background

For many years hospitals in England had their day surgery rates assessed by the Acute Hospital Acute Hospital Portfolio produced by the Audit Commission [1]. This used a simple audit tool that looked at day surgery rates for a basket of 25 high volume procedures that probably represented about 30% of elective surgical activity. The British Association of Day Surgery felt that this was too narrow a sample to base an assessment of hospital performance and so the concept of a Directory of Procedures was developed in 2005. It was first published in 2006 following the hard work of the members of BADS Council. The third edition was released in 2009 (Figure 1) and this paper will outline how the Directory was developed and provide background on some lessons we have learned that may be useful to others.

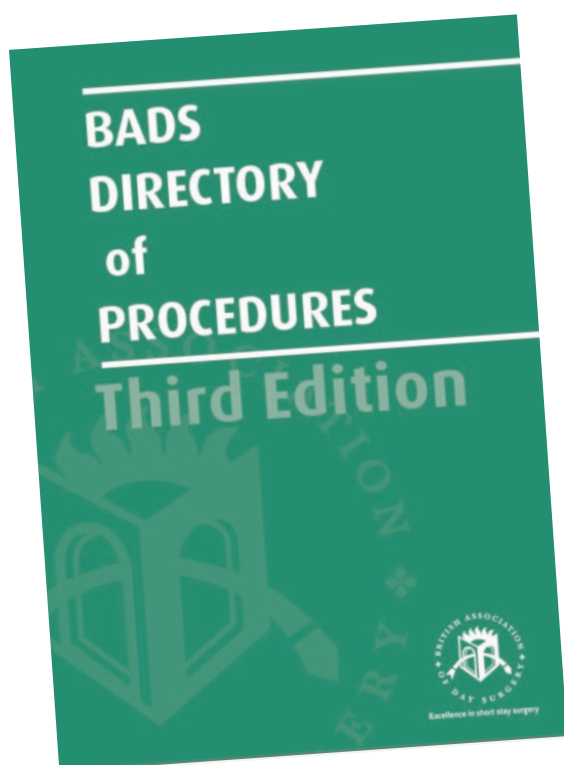


Figure 1 The BADS Directory.

## Development

The Directory currently deals with the activity of 9 specialities.

Table 1 Surgical specialities involved in the Directory.

Breast Surgery
ENT
General Surgery
Gynaecology
Head and Neck Surgery
Ophthalmology
Orthopaedics
Urology
Vascular

The highest volume procedures for each specialty in the UK were assessed using the NHS Hospital Episode Statistics [2]. A list of procedures was developed from this with the inclusion of several low volume but surgically challenging short stay surgery procedures. This provided 174 procedures over the 9 specialties involved.

Clinical leaders in the field of day and short stay surgery were approached to review these procedures and consider what percentage of activity could be achieved in a procedure room, as a day case, as 23 hour stay or with a less than 72 hour stay. The definitions used are provided in Table 2.

These leaders were asked to consider what would be possible in ideal circumstances with appropriately trained medical and nursing staff, appropriate facilities and equipment and also if they had access to morning surgical operating sessions. The resulting figures were then reviewed by BADS Council prior to acceptance for publication.

The codes provided for each procedure are those used by the NHS Hospital Episode Statistics service and are the Office of Population Censuses and Surveys codes version 4.4 (OPCS-4.4) [3]. These codes consist of a letter followed by three figures. The letters denote the 24 chapters of the classification - each chapter dealing with a different

**Table 2** Definition of locations used in Directory.

<b>Procedure Room</b>	Operation that may be performed in a suitable clean environment outside of theatres.
<b>Day Surgery</b>	Traditional day surgery
<b>23 hour stay</b>	Patient admitted and discharged within 24 hours
<b>Under 72 hour stay</b>	Patient admitted and discharged within 72 hours

part, or ‘system’ of the body. There are more than 6,000 codes altogether, but for many purposes it is acceptable to group codes at the 3-character level. For example, all codes beginning B34 are for “operations on duct of breast”. However where more precision is required it is necessary to use the sub-division indicated by the final character. Feedback received following the publication of the first edition confirmed the importance of this as the Directory needed to be more specific about the accepted codes for each procedure and to also provide exclusion codes for certain procedures. The reason for this is best given by an example. The code T24 is used for the repair of an umbilical hernia which can have a high day surgery rate. However it is divided into the sub codes T24.1, T24.2, T24.3, T24.4, T24.8 and T24.9. T24.4 is has been introduced as an exclusion code as this codes for the more complex revision of a previous repair involving the removal of prosthetic material. This is hopefully not a common procedure but if included it could skew what is achievable as a day case.

In the 2007 edition Healthcare Resource Groups (HRG) codes were provided for each procedure as these are increasingly being used in England as part of Payment by Results. [4] The NHS uses HRGs as a means of ‘determining fair and equitable reimbursement for care services rendered’. Unfortunately, though, the 4th update to HRG coding in 2008 meant that these codes had to be provided as an electronic cross comparison tool in a complementary resource to the published Directory, due to their increased complexity.

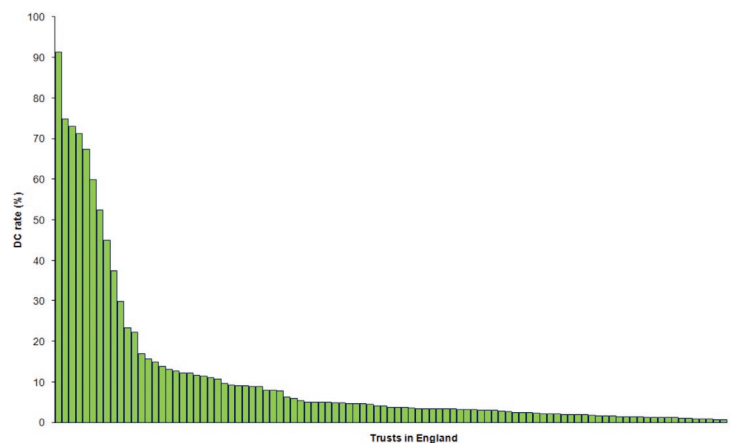
An example page from the Directory is shown in Figure 2.

<b>BREAST SURGERY</b>														
Description	Procedure Room	Day Case	23 hour stay	under 72 hour stay	Include								Exclude	
Excision/biopsy of breast tissue ± localisation		95	5		B28.3	B28.4	B28.7	B28.8	B28.9	B32.2	B32.3	B32.8	B32.9	
Wide local excision of breast		15	75	10	B28.1	B28.2								
Percutaneous core biopsy	90	10			B32.1									
Sentinal node mapping and resection		80	20		T91									
Simple mastectomy (including axillary node biopsy)		15	75	10	B27.4	B27.5	B27.6	B27.8	B27.9					
Microdochotomy + other operations on duct of breast		90	10		B34									
Operations on nipple		90	10		B35									

**Figure 2** Example page from the Directory.

## Since publication

The publication of the Directory was a major undertaking for the British Association of Day Surgery, recognising that the extant benchmarking indices in use across the UK hadn’t developed with advancing surgical and anaesthetic techniques that facilitate more complex procedures to be carried out on an ambulatory basis. It has been well received across the NHS and an increasing number of organisations are using it as a basis for reviewing their current services and to facilitate their future planning. The Directory will continue to evolve as national evidence demonstrates further progress with transfer of procedures to day surgery management. As an example, the recommendation from Figure 2 suggesting that mastectomy should be considered feasible as an ambulatory procedure for 15% of a patient cohort now seems very conservative, given that there are exemplar hospitals in England already achieving 90% day case rates for this operation [5] (Figure 3).



**Figure 3** Day case rates for Mastectomy in England 2008–9.

The British Association of Day Surgery has now developed an electronic assessment tool to be used by organisations so they can quantify their efficiency by specialty. This system will be described in a subsequent article.

## References

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