Editorial

The impact of the growth of day surgery on inpatient practice needs to be more actively considered than it has been to date by the medical profession and by healthcare planners. Clearly, a move to 60% of all cold surgery to day care will have a dramatic effect on the number of inpatient beds required to service a particular population. This downward pressure on the number of beds will be further accelerated by the reduction in the average length of inpatient stay that is also occurring. For example, in the general surgical department of my own hospital, which serves a population of about 222 000, the average length of inpatient stay in 1978 was 7.7 days, 4754 patients were operated on and 61 of these were dealt with on a day basis. The inpatient work was carried out in 140 inpatient beds. The surgical day unit at Kingston Hospital opened at the end of 1978. Its activity has grown steadily. By 1992 the surgical department had reduced its inpatient beds to 50, a total of 6734 surgical patients were treated and 69% of the cold work was undertaken on a day basis. Despite the increased complexity of the remaining inpatients the average length of inpatient stay fell to 5.3 days. This decrease has come about not only because of improvements in surgical techniques and management, but also because of a change in attitude towards the appropriate time of discharge resulting from experience of what can be achieved on a day basis.

There is no doubt that the trend to day care and the reduction of inpatient stay will continue. A point will be reached where the remaining inpatient facilities will be below the critical size necessary to provide flexibility for emergency admissions, specialized care and an income to support 24-hour nursing, medical and central services. As a consequence, inpatient units will need to be reduced in number and serve a larger population base.

This move to centralize inpatient care should not be accompanied by a similar move for day surgery. Freestanding day units in place of closed inpatient facilities could provide the majority of cold surgery close to where the patients live. However, in the future such units should not be confined to day surgery. They could also provide one or more of the following services: investigation facilities, day medical care, chemotherapy, hotel care, physiotherapy, etc. and might be placed on the same site as a primary care unit or a graduated care of the elderly facility. Thus, they would not be surgical day units but rather day hospitals. Such facilities have been termed intermediate care units or advanced urban or rural health care centres.

Such changes are inevitable, yet many managers and doctors are still planning and building new inpatient facilities or protecting existing ones which are redundant to need. Unless the health professionals change their thinking it will be impossible to convince the general public that a reduction in inpatient facilities is in their best interests both from the point of view of the quality of care and the most effective use of their health care taxes.

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