

Conference Report of the 27th Annual Scientific Meeting of the British Association of Day Surgery, June, 2016

Paul Rawling

Abstract

A report of the 27th Annual Scientific Meeting of the British Association of Day Surgery (BADs), that took place on June 23rd–24th, 2016 is presented. BADs is the national Association for the United Kingdom, and

the meeting provided an opportunity to highlight national developments in Ambulatory Surgery, together with the ability for consideration of free papers and posters by delegates attending the meeting..

Keywords: British Association of Day Surgery, Annual Scientific Meeting, Report.

Authors' address: Senior Lecturer, Perioperative Studies, Faculty of Health and Social Care, Edge Hill University, St Helens Road, Ormskirk, L39 4QP, England.

Corresponding Author: Mr Paul Rawling RODP, BA (Hons), MSc. Honorary Secretary, British Association of Day Surgery, 35-43 Lincoln's Inn Fields, London, WC2A 3PE. Email: Rawlingp@edgehill.ac.uk

I must apologise in advance for my words in this reflection, but I do get excited at the thought of the Annual Scientific Meeting (ASM) beginning each year. 2016 was a little different for me as I was involved in the organisation of the event. Upon arrival in Nottingham for the British Association of Day Surgery (BADs) Annual Scientific Meeting the weather was pleasantly warm in Nottingham, unlike the first time I visited the venue in March 2015 at the earliest stage of planning for this event. The venue, at Nottingham Trent University, was both bright and modern and contained large spaces which gave it a pleasant ambience that did not feel crowded. The meeting was opened by the outgoing President of BADs, Dr Anna Lipp, providing a warm welcome to all the speakers and delegates the ASM was under way and immediately in full swing.

The programme design was to allow engagement and discussion of the contemporary emergence of emergency ambulatory surgery within the Day Case environment and included a number of what proved to be excellent speakers and some very dynamic discussion.

Delegate numbers for 2016 appeared down marginally on 2015 but the enthusiasm of those in attendance was extremely pleasing. The theme of the opening session was "Global Day Surgery: Are we all the same?". The two presenters were Professor John Appleby, Chief Economist at the Nuffield Trust (though described by his son as an "E-Communist"!) whose current work is around the economic issues within the governments' reform agenda and supports the philosophy of Day Surgery as a way to moderate NHS spending. John had previously written a briefing paper in the British Medical Journal emphasising that the development of Day Surgery had contributed around £2.75bn to limited NHS resources, with a likelihood that 2 million patients would be treated for no real increase in spending over the next decade. His presentation centred around this hypothesis, as well as concentrating on other aspects for which there had been significant changes, notably generic prescribing, and overall reduction of length of stay for the last thirty years. Our second presenter, Dr Arnaldo Valedon, is a widely known senior Anaesthesiologist from Washington DC with a special interest in outpatient anaesthesia and surgery for which he has 22 years experience. As readers will know, Arnie is also a member of the Executive Committee of the International Association for Ambulatory Surgery, so probably well known to us all. Dr Valedon's focus was on the challenges and

successes of Ambulatory care in the United States, explaining first of all, the differences between Ambulatory Surgical Centres, Hospital Outpatient Departments and Office Based Surgical Facilities, the regulations that are in place for each facility, and how there is a maturing market with a reducing growth rate of Medicare certified ASCs since 2007. He then went on to describe current morbidities and mortalities for Day Surgery, the fact that reimbursing agencies are implementing quality based outcome measures with the potential for performance related pay, before explaining the potential for developing day surgery for more complex procedures including spinal surgery and hip or knee replacements.

The free paper sessions interspersed throughout the programme on day one are always popular. I find these sessions continually prove to be a very good way for all staff who wish to present their own or colleagues' work from practice to a broader more diverse audience. The topic areas were presented this year including length of hospital stay factors (including following simple mastectomy), improving nurse led discharge and the use of oral morphine solution in day surgery which is an area of interest for me. Pain relief will be an almost permanent entry on the ASM programme until Day Surgery practitioners do develop pain relief strategies that are effective and value for money. A concurrent workshop on Education in Day Surgery for Allied Health Professionals also took place. The focus being this year, on the changing and removal of current government funding streams for both pre-registration and post-registration education for health care professionals which will become more visible during the autumn of 2017. This issue will impact on practice significantly as practice areas and staff will be required to fund educational opportunities for themselves and their staff. It should be remembered that staff are obliged by their respective registering bodies that they will remain up to date with current practice.

The second plenary session included Professor Karol Sikora Dean of Medicine at Buckingham Medical School and past Chief advisor to the World Health Organisation Cancer Programme. Professor Sikora has spent his career working at the forefront of Cancer care within the UK for around 30 years. The session was aimed to highlight that the services we currently provide for cancer patients can and should be improved significantly, and that day surgery has a significant role to play in that area. Professor Sikora has focused his recent work on the

theory of a streamlined one stop approach for diagnosis, and staging. The belief that the time span for getting cancer treatment started is perhaps too long and may not be ambitious enough. The major focus being on innovation and enthusiasm was clear and was perhaps an invitation to all of us to consider changing the practices that we now consider normal to improve the care we provide to patients.

New this year at the ASM were the mini auditorium sessions which were ongoing over both the Thursday and Friday lunchtime periods. Sponsored by our trade partners, these were ten minute sessions in the trade area. The sessions were generally well received by both delegates and trade partners as the sessions took place within the trade area and delegates continued to view the trade stands. The areas of interest presented were again diverse, relevant and above all interesting. An overview of the Urolift System presented by Mr. Mark Rochester, 3 award winning clinical mastership programmes from East Anglia being Regional Anaesthesia, Oncoplastic breast surgery and Coloproctology presented by Dr. Ben Fox. Is Desflurane cost effective in day case surgery? Presented by Dr. Marco La Malfa. All of the sessions were evaluated extremely well by delegates who enjoyed the short sharp messages being put across. Friday lunchtime session was Boston Scientific, Green Light Laser Therapy in day case surgery urology, this session was delivered by Mr. Stuart Lloyd and highlighted the introduction of the new NIHCE guidelines. Again a very useful session in relation to urological surgery as another potential growth area in day surgery.

This year saw a lot of high quality posters accepted and on display, all of which were professionally formatted and clear to view. The posters received a lot of views and I spoke with a number of presenters and onlookers during the break periods and the feedback was on the whole very positive. The variety of topic areas were numerous and included Laparoscopic skills for junior surgeons, discharge processes, Laparoscopic Cholecystectomy, urology surgery, patient experience of post-operative nausea and vomiting (PONV), DVT Prophylaxis, an audit of perioperative hypothermia and day case cancellations on the day of surgery. Two of the posters that appealed to me personally, were focussed on White coat Hypertension in pre-assessment clinic as I have had experience of this within my family and an ethnographic exploration of pre-operative pain planning for day surgery patients which is an area of interest of mine along with patient education.

Professor Simon Parsons delivered a thought provoking session on Informed Consent including what information should be included in the process and how can it best be delivered. The session included an overview of the current consent laws and the consent process including what information the patient may require. Professor Parsons has worked in this area for the past 15 years and has experience of providing this information to patients. Risk was also discussed and this is a complex area which Simon made relatively easy to understand.

Final session of day 1 was a further session of free paper presentations. Again a varied selection of discussion areas and something of interest for all delegates in attendance. The topic areas were discharge guidelines, preoperative fluid policy, Cholecystectomy services, TURBT in the Daycase environment in the context of performance indicators and the use of day surgery facilities for in-patients in times of crisis. Parallel to the free papers a further session was provided on education in day surgery for AHPs.

The prize paper presentations are always hotly contested and 2016 was no exception. I am amazed at the diversity of these presentations was a joy to behold and demonstrates that Day Surgery is at the cutting edge (excuse the pun) of current surgical care. Diversity within topic areas were very much forward thinking and included Reversal of ileostomy in the day case environment, the potential for patient discharge delays were discussed, learning from patient's:

clarity in patient information, the functional ability and adult support for the first 24 hours post operatively following day surgery, quality of discharge instruction following Day Case Breast Surgery which remains relatively new in day surgery and this presentation highlights that it can and does work efficiently and effectively and patient information and instruction is an important aspect of this process. The evaluation of patient perceptions in the use of one stop pre-assessment appointments was very interesting and continues to create debate around resource management and overall effectiveness.

Professor Doug McWhinnie and Miss Sarah Richards explored the classifications of an emergency and how the context of emergency surgery can be appropriate in the day surgery environment. This will involve unplanned admission and discharge on the same day which I am sure will be discussed and debated at length in the months and even years to come. This strategy should be more cost effective and efficient than the current process of dealing with some emergency surgery. Sarah focused on similar processes to Professor McWhinnie in that the delivery of high quality emergency care is possible when planned well. Bath now has a fully commissioned Emergency Surgery Ambulatory Care Service with dedicated daily emergency day surgery lists, which is great to see and a very positive step forward. This provides further evidence that Day Surgery does have a progressive future as indicated on day one by Professor Appleby. Bed days saved per month in Bath are approximately 160 and this is significant. Miss Richards highlighted that process and flow of patients in an expedited manner is key to success of emergency day case surgery.

The final presentations of this year's ASM were two fascinating talks, which I personally had been waiting for since summer 2015 and delivered by Professor Paul Edwards and Mr Liam Horgan. The session theme was clearly "Day Surgery on Tour" (well the official title is abroad). Both speakers presented the work they had carried out in the recent past, Professor Edwards on his visit and work in Peru on Laparoscopic Hernias and Mr. Horgan who has worked in Tanzania for the past 10 years teaching local surgeons to undertake Laparoscopic Cholecystectomy surgery. The presentations were indeed enlightening and not a little scary to be truthful, but delivered in a light hearted and accurate manner. Professor Edwards informed us about the travelling involved in Peru and the delivery of surgical services which at times leave a great deal to the imagination. Mr Horgan informed us that the very first Laparoscopic Cholecystectomy was performed in 2015 by a surgical team wholly from Tanzania which is a great achievement from a zero starting point. Both presentations were fascinating and thought provoking and is an area we may be able to develop further in the coming years.

This presidential handover took place at the ASM this year. The handover took place from Dr. Anna Lipp to our new BADS President Dr. Mary Stocker. Dr. Stocker gave thanks to Dr. Lipp for her period of presidency and to those council members who were now stepping down after many years of loyal service to BADS.

My final thoughts are that the 2016 BADS ASM in Nottingham was a fascinating meeting and a great success, thought provoking, eye opening, progressive and reflective. It was great to meet up with colleagues and friends again this year and to discuss current issues that everyone is experiencing. That said I would just like to say I would be delighted to see you all at the next ASM in Southport in June 2017.

References

1. Appleby J. Day case surgery: a good news story for the NHS. *British Medical Journal* 2015;351:h4060 doi: 10.1136/bmj.h4060.