

# Ambulatory surgery in the UK

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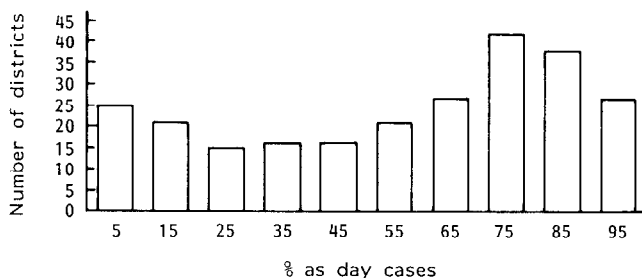
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Ambulatory surgery use varies greatly within the UK, because of differences in the level of facilities, the attitudes of surgeons, and the quality of management. Yet evidence from patients suggests they are content with this form of treatment. Together with commitment from the government and professional bodies, this suggests that the use of ambulatory surgery will grow rapidly in the UK.

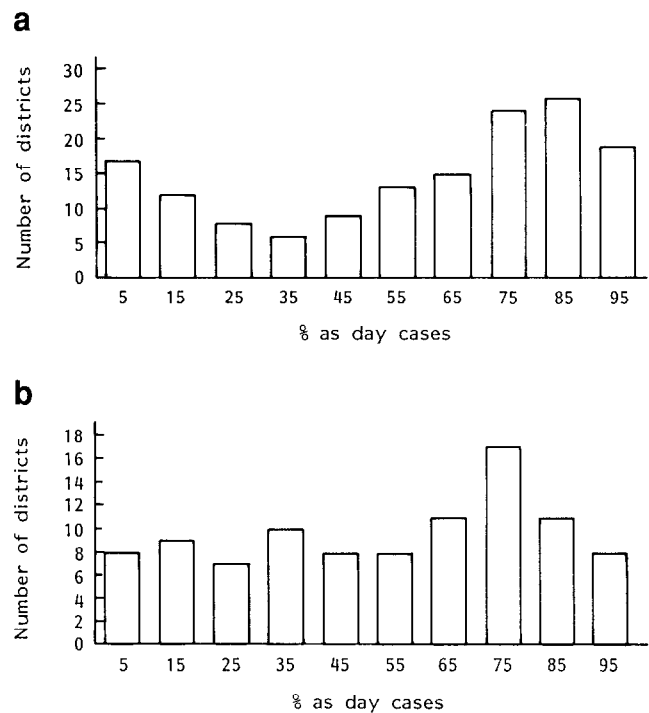
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## Current activity levels in the UK

In 1991, the Audit Commission, which is the organization that audits all National Health Service hospitals, conducted a study of ambulatory surgery. A 'basket' of 20 procedures known to be suitable for ambulatory surgery in many cases was selected, and then the actual use of ambulatory surgery was measured for each of them. Overall rates, either for all surgery or for whole surgical specialities are not quoted, since such rates are significantly affected by case-mix and add very little value to this study. So, thankfully, it will never be possible to create the European Ambulatory Surgery Rate Mechanism. It was found that for all the procedures looked at there was considerable variation between districts or hospitals in their use of ambulatory surgery (Figure 1). This variation was not due to differences in the ages of



**Figure 1.** Percentage of myringotomies (with or without the insertion of grommets) carried out as day cases (all ages).



**Figure 2.** Percentage of myringotomies (with or without the insertion of grommets) carried out as day cases split by age: **a**, 0-15 yr; **b**, 16-64 yr.

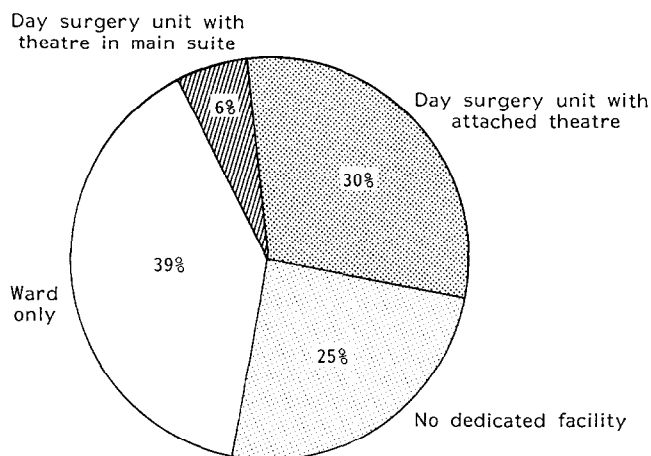
patients, and persisted even if individual age groups are studied (Figure 2).

## Causes of variation

The most obvious cause of such variation would be whether or not the hospital possessed a specialized ambulatory surgery unit. In the UK about 75% of hospitals now have such units and about half of these have dedicated operating theatres (Figure 3). Most of the

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**Figure 3.** Ambulatory surgery facilities in UK hospitals,  $n = 173$ .

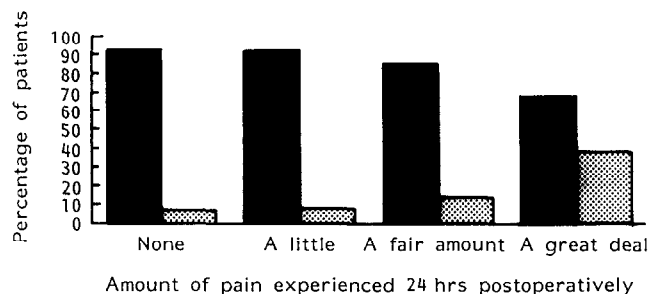
hospitals with the highest rates of ambulatory surgery do have dedicated units, but there are also many hospitals with units that do not have high rates. In other words, a dedicated ambulatory surgery unit is necessary, but not the only condition for obtaining high ambulatory surgery rates. It should be noted that in the UK the units are situated on the sites of major acute hospitals, even though they may be housed in separate buildings.

What is the reason for this residual variation? Obviously the attitudes and practices of individual surgeons play a major part and our evidence supported this. There is also evidence from separate research that surgeons' attitudes to ambulatory surgery are strongly dependent on their age. For example, in one study of surgeons who qualified before 1969, only 48% had a positive attitude towards ambulatory surgery, whereas for those who had qualified since 1969, the figure was 68%<sup>1</sup>.

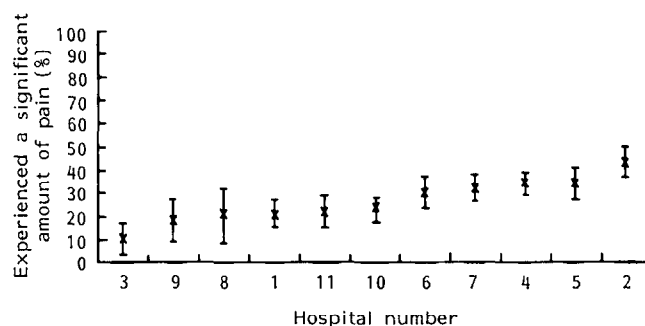
The incidence of ambulatory surgery does not simply depend upon having a dedicated unit, but also on how well that unit is run. Evidence in the UK shows that many units are only working at a fraction of their full potential, which was judged to be about 400 cases per year. The reasons for this, apart from the surgeons' attitudes which have already been mentioned, seem to be whether there is an operating theatre attached to the unit, whether there is someone clearly in managerial control of the unit, whether it has clear operational policies, and whether it has a high non-attendance rate amongst its patients.

#### Attitudes of patients in the UK to ambulatory surgery

The Audit Commission has sponsored the use of a questionnaire for measuring patient satisfaction with various aspects of ambulatory surgery. Analysis of the results has yielded interesting findings. For example, most patients when asked, said that they would be happy to have ambulatory surgery on a subsequent occasion, but the proportion who said this decreased considerably from those who experienced no postoperative pain to those



**Figure 4.** Percentage of patients who would be willing to undergo ambulatory surgery on a subsequent occasion, by pain category. ■ = Day case; ▨ = inpatient.



**Figure 5.** Proportion of patients experiencing a significant amount of pain in the first 24 h postoperatively.  $\bar{x}$  = 95% confidence limits.

who experienced a great deal (Figure 4). There are significant variations between hospitals regarding patients' experiences. Figure 5 shows the proportion of patients experiencing a significant amount of pain in the first 24 hours postoperatively, together with 95% confidence intervals for 11 hospitals.

#### The role of the professions and the government

The Royal College of Surgeons of England has taken a firm lead in encouraging greater use of ambulatory surgery, by publishing documents which list suitable procedures and contain good practical advice. The government in its role as purchaser of health care is clearly interested in the use of ambulatory surgery and has made investment funds available specifically for ambulatory surgery. It has also set up a task force which offers help to hospitals in areas such as definition of data, training of staff and measurement of quality. Some of the bodies which purchase health care locally are starting to specify certain levels of ambulatory surgery in their contracts with hospitals.

#### The future of ambulatory surgery in the UK

In conclusion, the future of ambulatory surgery in the UK looks promising. On the one hand there is an

increased drive on the part of the government and its agents, due mainly but not entirely, to the perceived lower costs. And on the other hand there is an increased use of ambulatory surgery by professionals, who are fascinated by the technological challenges and are coming under pressure from patients, more and more of whom are demanding such care. Thus we have a

common purpose between the government and the professions, a rare but happy event in the field of health care.

#### Reference

- 1 Morgan M et al. Surgeons' views on day surgery: is there a consensus among providers? *J Pub Hlth Med* 1992; **14**: 192-6

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