

# Treatment Centres

# Access and Choice



7 October 2003

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Director  
National Implementation Team

**Chains NPPs**

*New Private  
Providers:  
1<sup>st</sup> wave*

**NHS TCs**

**NHS**

*Capacity through  
Systems Redesign*

# *Bed Occupancy*

<i><b>UK</b></i>	<i><b>82</b></i>
<i>France</i>	<i>76</i>
<i>Germany</i>	<i>77</i>

# *Admissions*

*(per 1,000 patients)*

<i><b>UK</b></i>	<i><b>21.4</b></i>
<i>France</i>	<i>20.3</i>
<i>Germany</i>	<i>19.6</i>

# Average LOS

<i><b>UK</b></i>	<i><b>5</b></i>
<i>France</i>	<i>5.6</i>
<i>Germany</i>	<i>11</i>

# *Hospital Beds*

*(per 1,000 population)*

<i><b>UK</b></i>	<i><b>2.4</b></i>
<i>France</i>	<i>4.3</i>
<i>Germany</i>	<i>7.0</i>

# Nurses

(per 100,000 population)

<b><i>UK</i></b>	<b><i>497</i></b>
<i>France</i>	<i>497</i>
<i>Germany</i>	<i>957</i>
<i>USA</i>	<i>972</i>

# Doctors

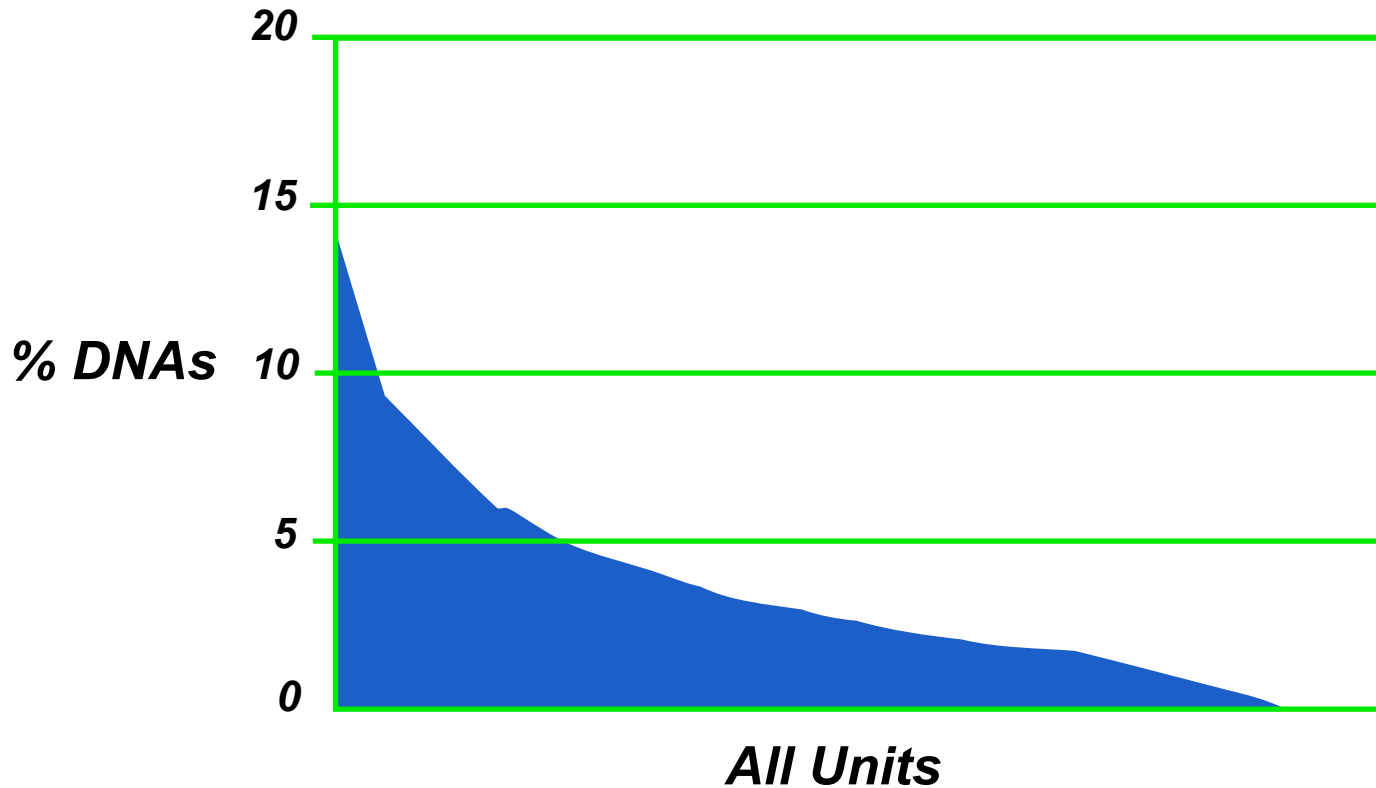
(per 100,000 population)

<b><i>UK</i></b>	<b><i>164</i></b>
<i>France</i>	<i>303</i>
<i>Germany</i>	<i>350</i>
<i>USA</i>	<i>279</i>

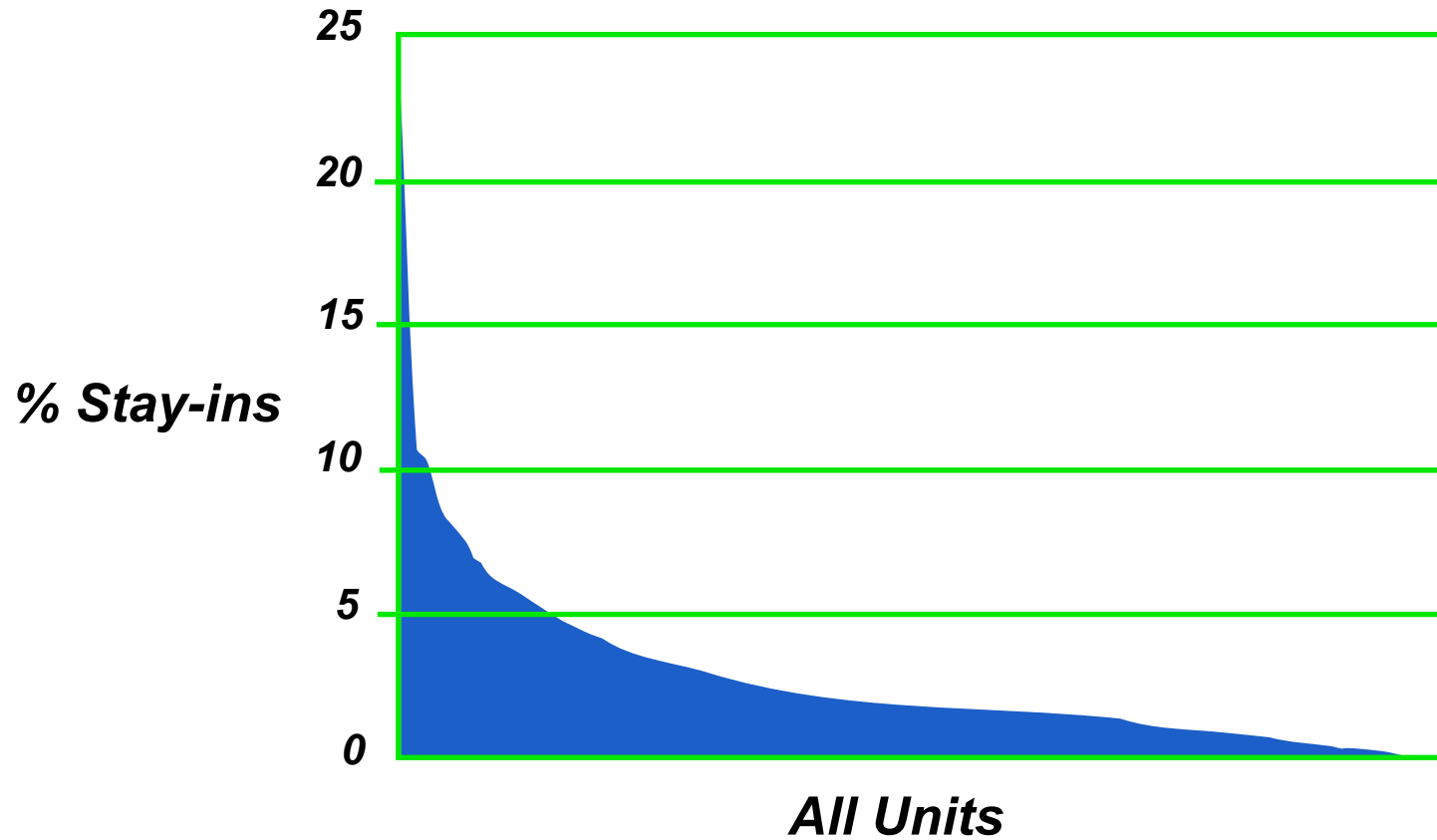
# Others

	<i>Pharmacists</i>	<i>Dentists</i>
<b><i>UK</i></b>	<b><i>58</i></b>	<b><i>40</i></b>
<i>France</i>	<i>100</i>	<i>68</i>
<i>Germany</i>	<i>58</i>	<i>75</i>
<i>USA</i>	<i>N/A</i>	<i>60</i>

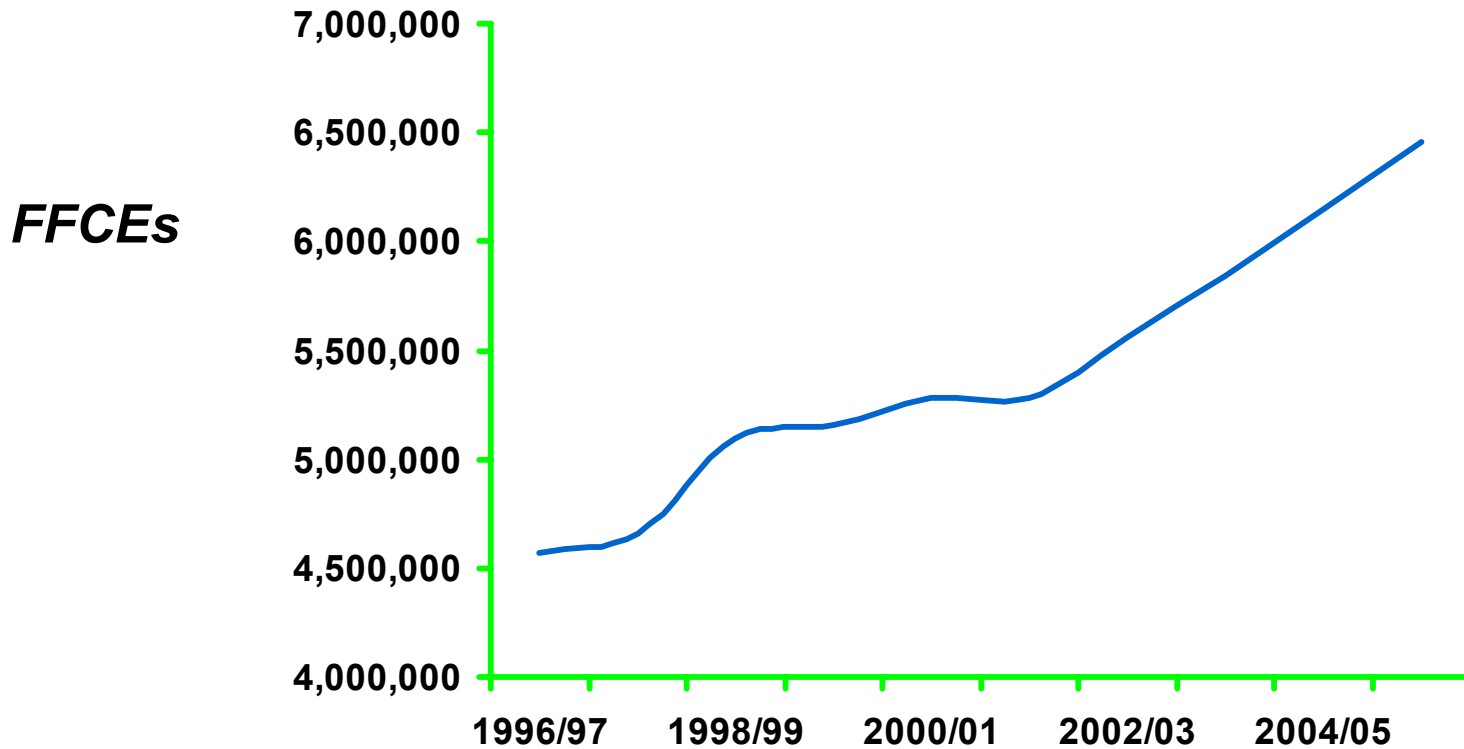
# *Percentage that did not attend without prior notice DNAs*



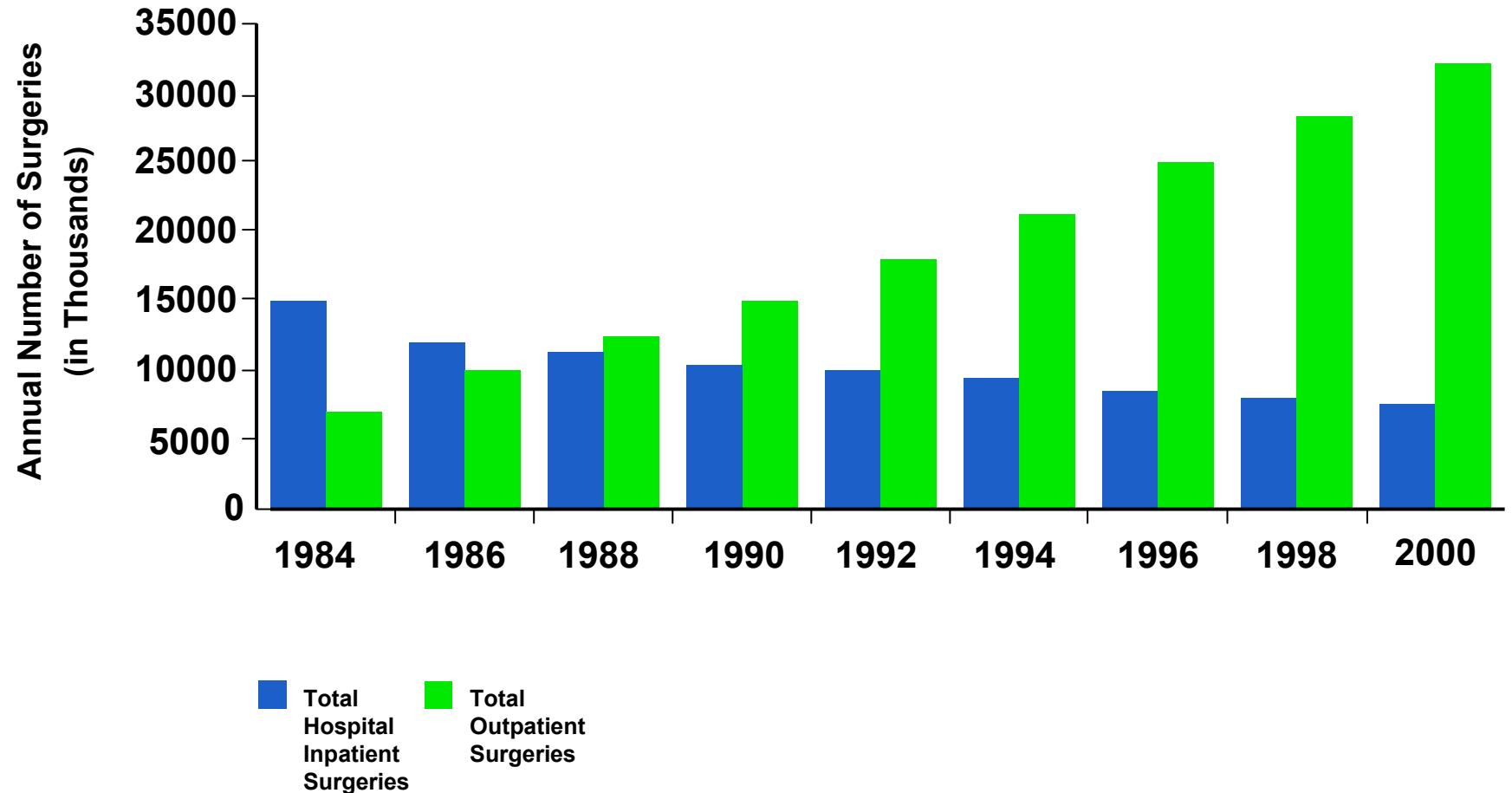
# *Percentage of unplanned stay-ins*



# *Capacity growth needed to deliver service targets*



# *Status of Our Industry: Shift from Inpatient to Outpatient*



# HES data 2000/1 vs. US

<i>Total FCEs</i>	<i>6,509,4267</i>	<i>100%</i>
<i>Day Case FCEs</i>	<i>3,619,521</i>	<i>56.1%</i>
<i>Day Case FCEs with operation</i>	<i>3,192,574</i>	<i>49.0%</i>
<i>% of all ops. In the US carried</i>	<i>-</i>	<i>65%</i>
<i>Target % US within 7 years</i>	<i>-</i>	<i>85%</i>

# *Target for day surgery*

***75% of all  
elective  
surgery***

*Day surgery is not vulnerable to  
emergency bed pressures*

# *Possible as daycases*

- *Tonsillectomy in children*
- *Correction squint*
- *Bat ears/minor plastic surgery*
- *SMR*
- *Reduction nasal fractures*
- *Cataract extraction*
- *Laparoscopy ± sterilisation*
- *Termination pregnancy*
- *TUR/laser/diathermy/limited resection bladder Ts*
- *Pilonidal sinus excision and closure*

# *50% possible as daycases*

- *Laparoscopic cholecystectomy*
- *Interval appendicectomy*
- *Laparoscopic herniorrhaphy*
- *Thorascopic sympathectomy*
- *Submandibular gland excision*
- *Partial thyroidectomy*
- *Superficial parotidectomy*
- *Breast cancer wide auxiliary clearance*
- *Haemorrhoidectomy*
- *Urethrotomy*
- *Bladder neck incision*

# *(50%) possible as daycases*

- *Lasar prostratomy*
- *Trans cervical resection endometrium (TCRE)*
- *Eyelid surgery inc. tarsoplasty, blepharoplasty*
- *Hallux valgus ('bunion') operations*
- *Arthroscopic menisectomy*
- *Scope' shoulder surgery (subacromial decomp)*
- *Subcutaneous mastectomy*
- *Rhinoplasty*
- *Dentoalveolar surgery*
- *Tympanoplasty*

# *Patient Selection*

- *General medical health*
- *Psychosocial factors*
- *Surgical procedure*
- *Facility and/or provide limitations*

# Key

(American Society of Anaesthesiologists)

<b>PS-1</b>	<b>Normal healthy adult</b>
<b>PS-2</b>	<b>Mild systemic disease with no functional limitations</b> (e.g. hypertension, obesity, diabetes, chronic bronchitis, extremes of age)
<b>PS-3</b>	<b>Severe systemic disease with functional limitations</b> (e.g. diabetes with vascular complications, angina, prior MI, pulmonary disease which limits activity, poorly controlled hypertension)
<b>PS-4</b>	<b>Severe systems disease with threat to life.</b> (e.g. CCF, unstable angina, advanced pulmonary disease, advanced renal disease, advanced liver dysfunction)
<b>PS-5</b>	<b>Moribund and not expected to survive without operation</b> (e.g. ruptured aortic aneurysm, pulmonary embolus, head injury with intra-cranial pressure)
<b>PS-6</b>	Declared <b>brain dead</b> (organs for donor)
<b>Emergency</b>	Otherwise well but needs surgery urgently

# Case Complexity

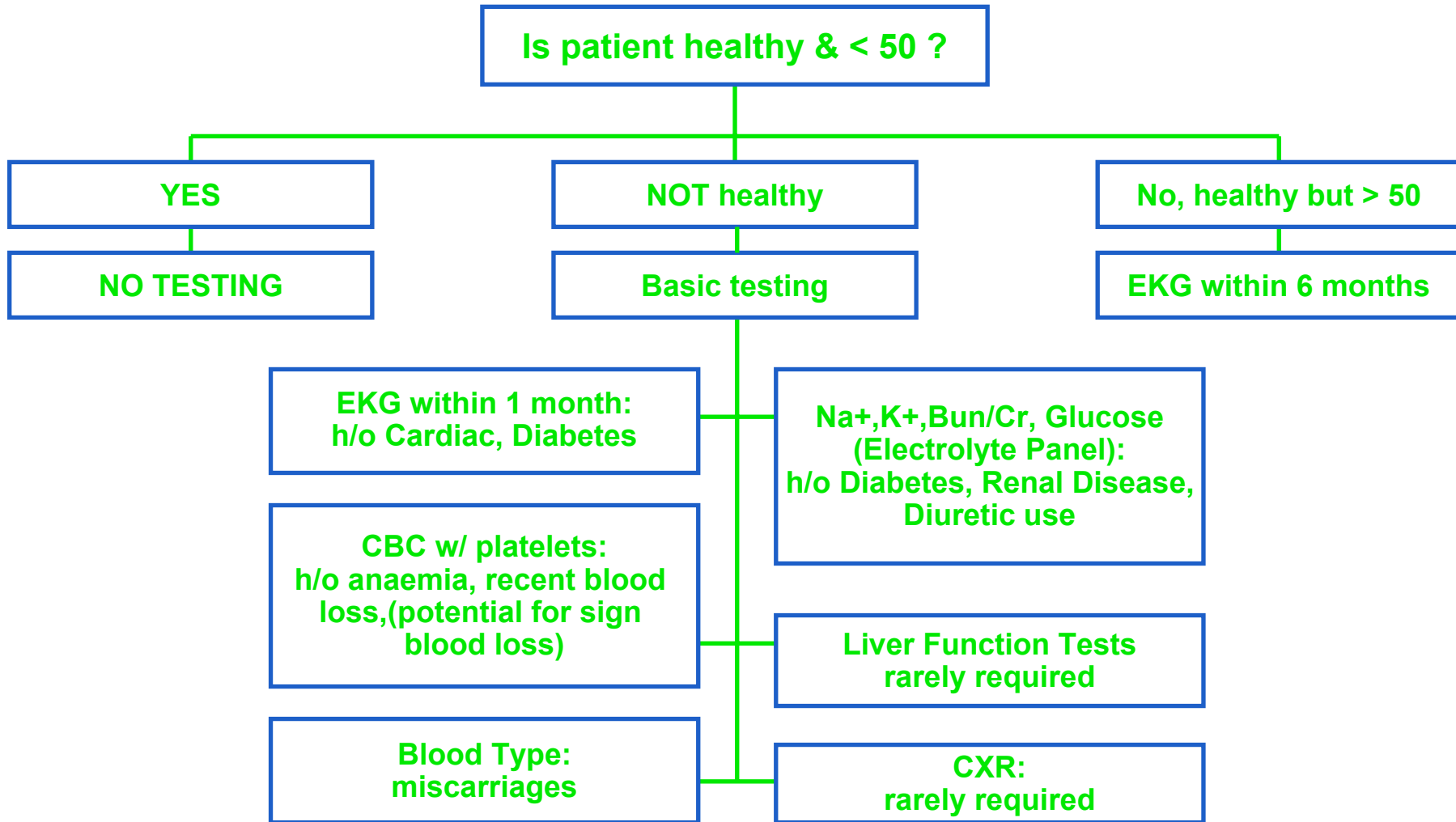
<b>01/01 to 30/11/02</b>		
<b>PS-1</b>	1363	19.02
<b>PS-2</b>	3520	49.12
<b>PS-3</b>	1210	16.89
<b>PS-4</b>	35	0.49
<b>Unlisted</b>	1038	14.49
<b>Totals</b>	7166	100

# Risk Classification

(The Johns Hopkins Risk Classification System)

	<i>Surgical Category 1</i>	<i>Surgical Category 2</i>	<i>Surgical Category 3</i>	<i>Surgical Category 4</i>	<i>Surgical Category 5</i>
<i>Anaesthesia Class 1</i>	<b>Telephone</b>	<b>Telephone</b>	<b>Telephone</b>	<b>Non-medical</b>	<b>Consultant</b>
<i>Anaesthesia Class 2</i>	<b>Telephone</b>	<b>Telephone</b>	<b>Telephone Non-medical</b>	<b>Non-medical</b>	<b>Consultant</b>
<i>Anaesthesia Class 3</i>	<b>Non-medical medical</b>	<b>Consultant</b>	<b>Consultant Non-medical</b>	<b>Consultant</b>	<b>Consultant</b>
<i>Anaesthesia Class 4</i>	<b>Non-medical medical</b>	<b>Consultant</b>	<b>Consultant</b>	<b>Consultant</b>	<b>Consultant</b>

# Pre-Op Testing: a sample



# *Sick or Well Model*

- *In business parks and shopping malls*
- *Range of procedures away from hospital site*
- *Age range*
- *Investigations*
- *Contradiction and risk factors*
- *Length of stay*

# *Best way to contact the Patient?*

## *By Telephone*

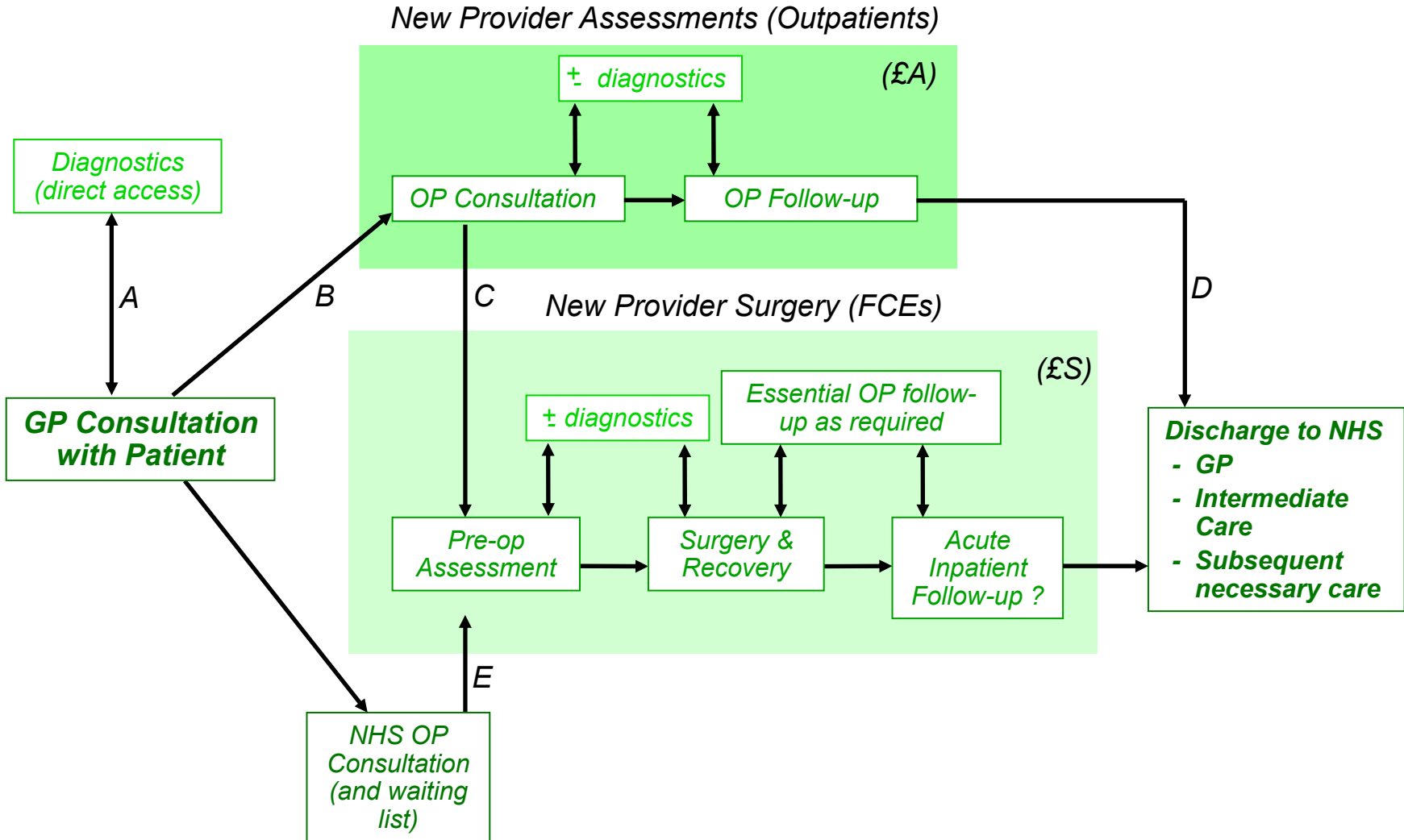
- *Quick & efficient screen*
- *Allows for more personalised instructions than a brochure*
- *Gives the patient a contact person (instils confidence)*
- ***Allows for more selective care***

## *Face to Face*

- *Allows for more personalised interview*
- *Perhaps more likely to catch pertinent medical issues?*
- *Assured patient won't get lost day of surgery*
- ***Time consuming & inconvenient***

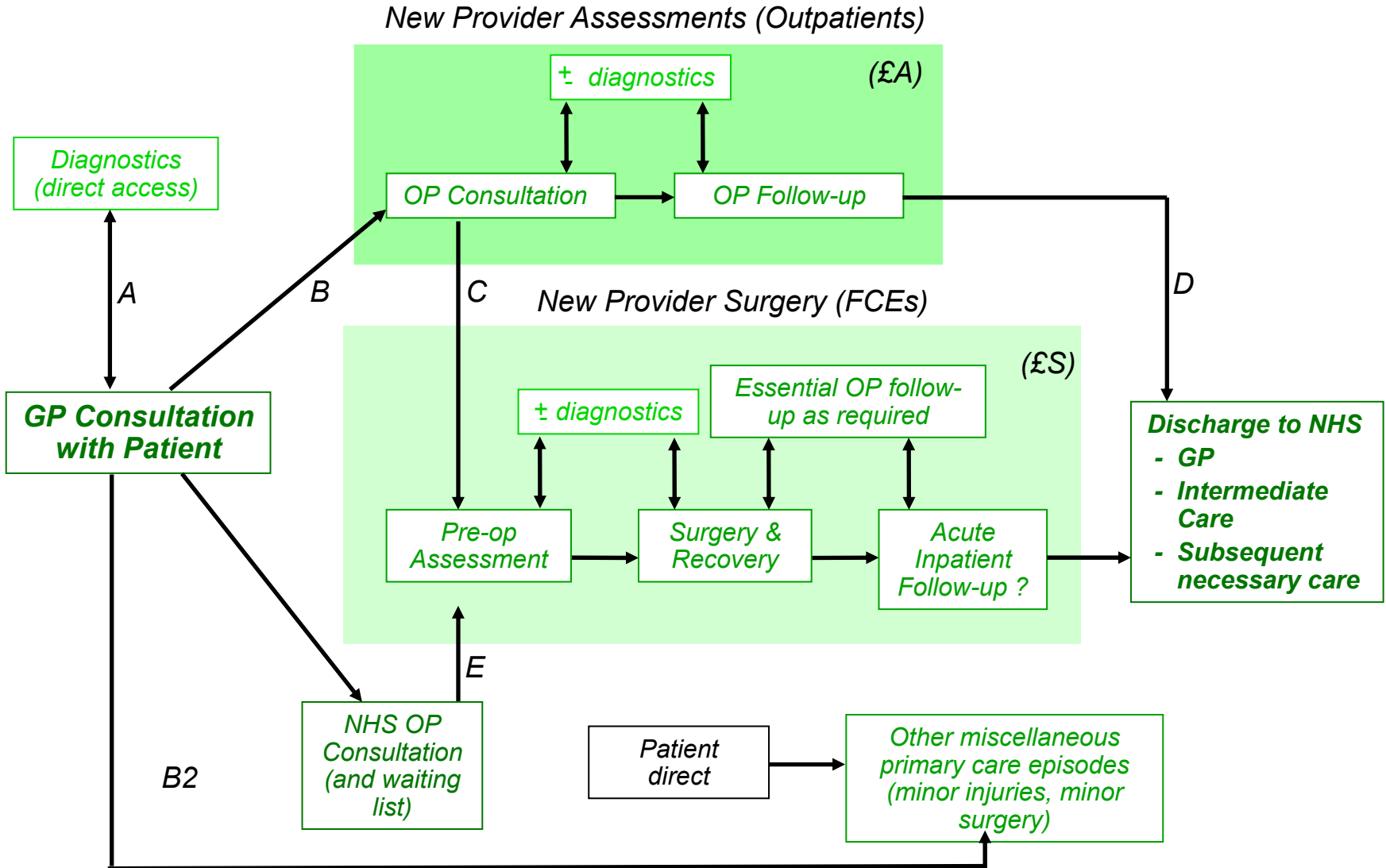
# IS TC Programme

## TCs Patient Flow Diagram



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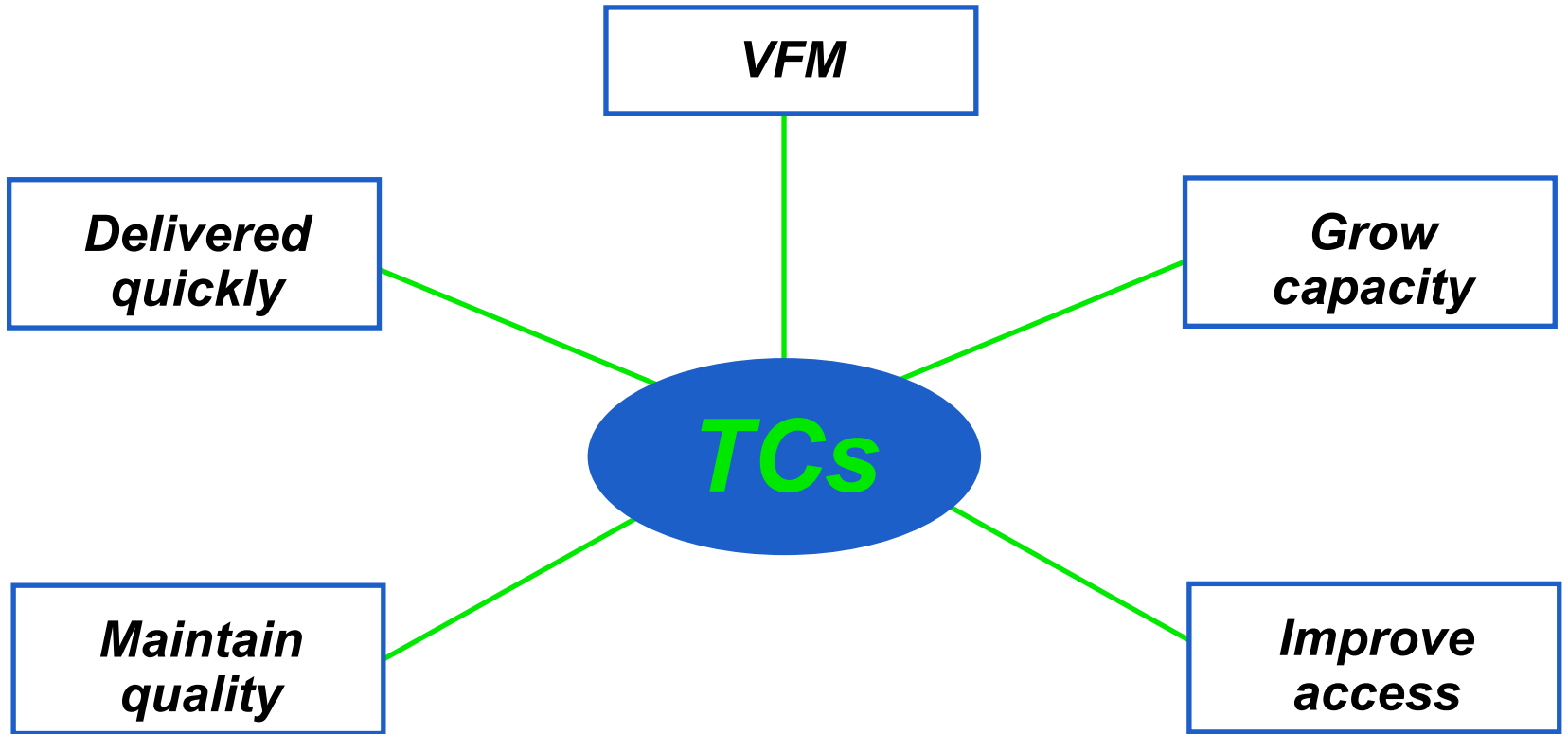


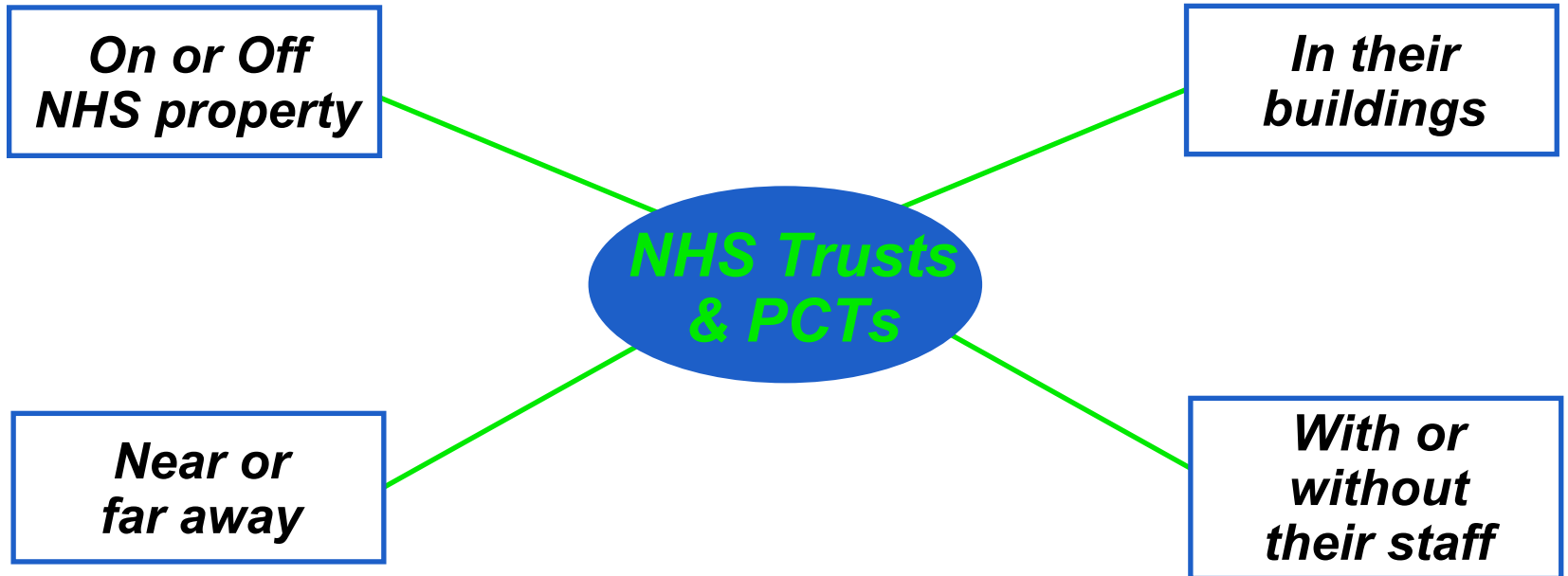
# *Types of Services*

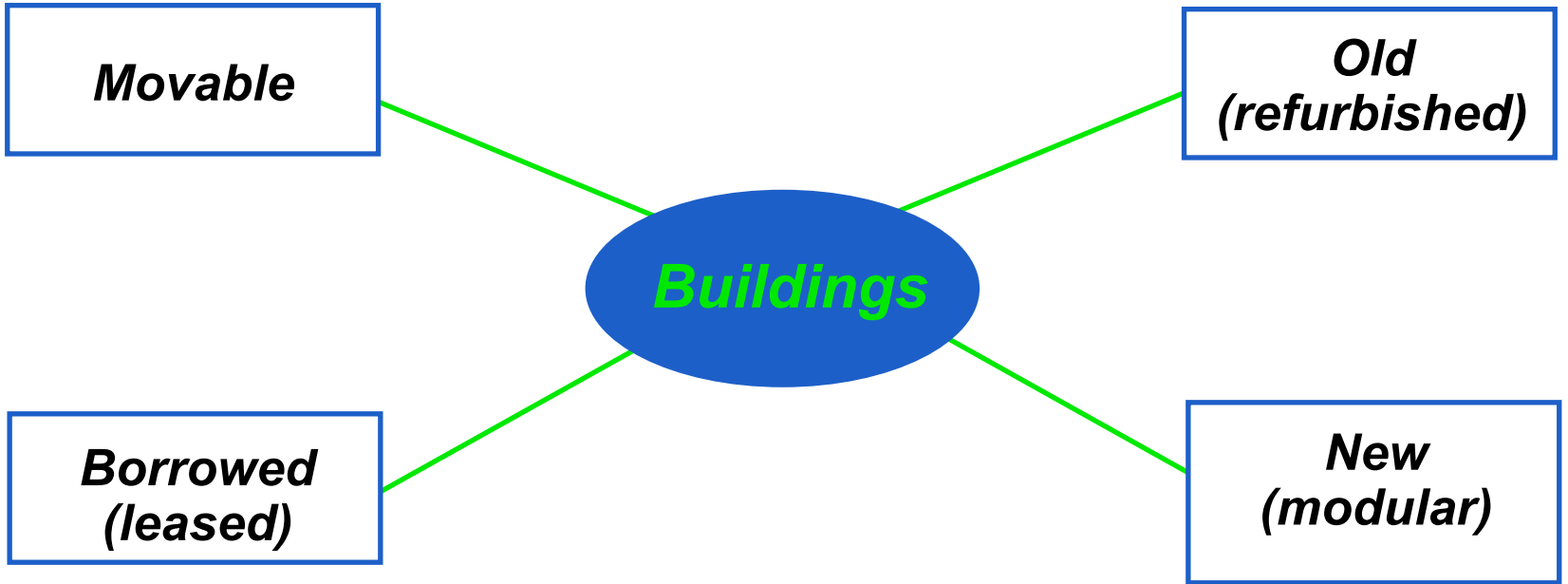
- *Surgicentres*
- *Specific specialties*
- *Orthopaedics*
- *Mobile Cataracts*
- *Parallel work on CHD, Gyn*
- *Diagnostic / Primary Care*

# *Examples of Difference*

- *Ownership of property*
- *Quality of build*
- *Teams: Small teams*
- *Telephones not visits*
- *Sick or well model:*
  - *Responsibility*
  - *Roles*







***PFI***

***FM***

***Capacity***

***Growth***

***Services***

***PPP***

**Operational Issues**

**Management models**

**Active Resource Management**

**Efficient designs for**

**Quality / Clinical Governance**

**Involvement of Clinicians and Managers**

**Professional Bodies – Training & accreditation**

**UK Legislation / European Directives**

**Flexible working practices**

**Travel times and Access**

**Work / life balance**

**Recruiting / Training staff**

**Skills development**

**Who employs the staff?**

**Incentivisation**

# *Clinical audit*

- *Provider will be expected to carry out clinical audit*
- *Annual programme to be set by sponsor in discussion with provider*
- *Programme to be updated to reflect findings of reviews, national initiatives, etc.*
- *Provider to participate in national audits, if required*

# Triggers for review

<b>Source of data</b>	<b>Anomaly</b>	<b>Example</b>
<i>Routine reports</i>	<i>Absolute statistical</i>	<i>Patients waiting longer than contracted maximum</i>
<i>Routine reports</i>	<i>Relative statistical</i>	<i>Procedure time in the highest decile of all comparable providers; visual acuity following cataract surgery in lowest decile of all comparable providers</i>
<i>Ad hoc reports</i>	<i>Significant event</i>	<i>Unplanned transfer of patient to NHS provider</i>
<i>Ad hoc reports</i>	<i>Complaints</i>	<i>Patient had not understood proposed treatment when giving consent to surgical treatment</i>
<i>Review of random case records</i>	<i>-----</i>	<i>-----</i>

# Consequences of review

<i>No problem detected</i>	<i>No penalty, but may be other consequence as per contract</i>
<i>A</i>	<i>Provider to take remedial action within specified timescale; possibly increased level of monitoring</i>
<i>B</i>	<i>Failure points</i>
<i>C</i>	<i>Financial penalties</i>
<i>D</i>	<i>Contract termination</i>

# *Aims*

*Encourage entrants who:*

- *are **Competent***
- *are **Sustainable** and*
- *provide **VFM***

# Targets

- *Dec 15th first Issue*
- *Feb 14th Initial Responses*
- *February short listing*
- *Tendering for May 03 selection*
- *Delivery March 2005 (national)*
- ***Commissioned Oct 2004***

# Questions



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