Day Surgery and Primary Care
“dispelling the myths”

Kieran Ryan, CEO

“The College's primary aim is to encourage and maintain the highest standards of General Medical Practice.”
The most widely accepted definition of primary care is: ‘first contact, continuous, comprehensive and co-ordinated care provided to individuals and populations undifferentiated by age, gender, disease or organ system’.

Barbara Starfield
Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health (Died June 10th 2011)
Irish College of General Practitioners

General Practice

- Comprehensive Approach
- Longitudinal Continuity
- Centred on Patient and Context
- Doctor Patient Relationship
- Early undifferentiated stages
- Decision making based on incidence and prevalence

- Acute and Chronic Health Problems
- Promotes Health and Wellbeing
- Care Co-ordination and Advocacy
- First Contact, Open Access, all health problems
- Responsible for health of the community
- Primary Care Management
- Patient Centred Care
- Community Orientation
- Specific Problem Solving Skills
- Holistic Approach
- Physical, Psychological, Social, Cultural and Existential
Common Ground

Access
Resource usage
Convenience
Co-operation / communications
Waiting times
Risk/errors/complications
That’s one of the key principles of this Government’s policy: treat everything at the lowest possible level of complexity.”
Where are we now?

- 38% had a dedicated DS unit (32% dedicate DS Theatre)
- 57% pre-assessment clinic (only 14% in private sector
  **Reimbursement??)
- 37% direct referral system for GPs (57% Private)**
- 89% have procedure specific PILs
- 22% conducted a survey of adverse events (71% of Private and 10% in public)
- High degree of variability of rates, processes, resources and funding models

Simple Care Pathway

GP Consultation → Referral to Surgeon → Consent → Pre-Op → Surgery → Discharge

Post Op Referral to PCT? → GP Review?
A little less simple?

GP Consultation

Chronic Disease
Co-morbidities
Medication
Social

Post Op Referral to PCT?
GP Review?

Referral to Surgeon

Consent
Pre-Op
Surgery
Discharge
GP Concerns?

- 2 Main issues to address
  - Assure safety for patients
  - No un-resourced increase in workload
- Stott (1995)
  - Modest increase in OOH work
- Fletcher (1996)
  - Specialist units reduce workload
- Lewis & Bryson (1998)
  - Type of procedure & wound mgt
- Robaux (2002)
  - GP involvement in pain mgt

South Glamorgan LMC, Analysis of a questionnaire to GPs on Elective Day Surgery, 1991

- Communication problems between GP/Consultant/Patient
- Re-admission problems
- Funding OOH calls due to early discharges
- Increased pressure on time

Stott N, Family Practice, 1995 Vol 12, No.4, 392-393
Addressing concerns

• AAGBI*
  – Approved by the Councils of the AAGBI and BADS.

• Pre-op patient information
• Inform the patient’s general practitioner promptly of the type of anaesthetic given, the surgical procedure performed and postoperative instructions given.
• Patients should be given a copy of this discharge summary to have available should they require medical assistance overnight.
• Day surgery units must agree with their local primary care teams how support is to be provided for patients in the event of postoperative problems. Best practice is a helpline for the first 24 h after discharge and to telephone the patient the next day.
• Telephone follow up is highly rated by patients, provides support for any immediate complications, and is useful for auditing postoperative symptoms and patient satisfaction.