

Feidhmeannacht na Seirbhíse Sláinte Rannán Gnóthaí Parlaiminte Bloc D, 2 urlár Ionad Gnó Gheata na Páirce Sráid Gheata na Páirce Baile Átha Cliath 8

> Teil. (01) 635 2505 Facs (01) 635 2508

Health Service Executive Parliamentary Affairs Division Block D, 2nd floor Parkgate Business Centre Parkgate Street Dublin 7

> Tel: (01) 635 2505 Fax: (01) 635 2508 Email: reps@hse.ie

PAC-R-1605 Correspondence 3A.1 Meeting 143 27/11/14

24th November 2014

Ms. Margaret Falsey, Committee Secretariat, Committee of Public Accounts, Leinster House, Dublin 2.

Re: Follow up from meeting 6th November – Elective Day Surgery

Dear Margaret,

I refer to our attendance at the recent Public Accounts Committee meeting on the 6th November and a request for information to be supplied on a number of follow up issues that arose during the course of the Committee's examination.

Please find attached for the attention of the Committee Members responses to the matters raised.

If any further information is required please do not hesitate to contact me.

Yours sincerely,

Ray Mitchell

Assistant National Director

Parliamentary & Regulatory Affairs Division

Encl.

Public Accounts Committee

Meeting 6th November 2014 Managing Elective Day Surgery - Follow up Issues

1. A note outlining the volume of cases treated by way of day surgery in respect of (i) the 24 categories outlined in the C&AG Report and (ii) in respect of the wider range of procedures that are now measured in the context of increasing the number of procedures that are undertaken by way of day case rather than inpatient.

Response:

The below table outlines the total number of procedures the basket of 24 cases covers (n=46,817).

Table 1 - Elective Day Case Basket volumes in Ireland

Elective discharges in HIPE 2013 file Basket 24	Num Inpat	Num Day Cases	% Day Cases	Total num patients
DC13 - Extraction of Cataract w or wo	447	9,040	95.3%	9,487
implant				
DC15 - Tonsillectomy	4,194	148	3.4%	4,342
DC18 - Dilation and	342	3,198	90.3%	3,540
curettage/hysteroscopy				
DC7 - Laparoscopic cholecystectomy	2,412	1,104	31.4%	3,516
DC3 - Inguinal hernia repair	1,395	1,962	58.4%	3,357
DC14 - Myringotomy	186	3,054	94.3%	3,240
DC8 - Varicose vein stripping or	445	2,720	85.9%	3,165
ligation				
DC4 - Excision of breast lump	847	1,969	69.9%	2,816
DC2 - Circumcision	165	2,370	93.5%	2,535
DC11 - Carpal tunnel decompression	54	1,768	97.0%	1,822
DC20 - Arthroscopic w or wo	158	1,293	89.1%	1,451
meniscectomy				
DC19 - Laparoscopy	384	969	71.6%	1,353
DC17 - Sub-Mucous resection	678	560	45.2%	1,238
DC9 - Transurethal resection of	745	321	30.1%	1,066
bladder tumour				
DC5 - Anal Procedure	108	900	89.3%	1,008
DC1 - Orchidopexy	82	715	89.7%	797
DC16 - Correction of Squint	105	466	81.6%	571
DC10 - Excision of Dupuytren's	104	427	80.4%	531
contracture				
DC6 - Haemorrhoidectomy	198	246	55.4%	444
DC12 - Excision of Ganglion	15	335	95.7%	350
DC21 - Correction of bat ear	34	154	81.9%	188
Grand Total	13,098	33,719	72.0%	46,817

Note: Excluded from the basket	Reason for Exclusion: Ireland use the international ICD 10		
Bunion operations	V6 ACHI procedure coding standards where as UK use		
Removal of Metal ware	own OPCS standard. The NCPS decided to exclude these		
Reduction of Nasal	cases because there is too much variation in complexity		
Termination of pregnancy from DC19 - Laparoscopy	levels when coding using ICD 10.		

The second table below outlines the most common minor surgical procedures

Table 2 - Volumes for Elective Day Case procedures not assigned to day case baskets in Ireland

Elective discharges in HIPE 2013 file High volume day cases	Num Inpat	Num Day Cases	% Day Cases	Total num patients
Admin therapeutic agt in post	37	15,163	99.8%	15,200
chamber*				
Cystoscopy	423	13,647	97.0%	14,070
Exc lesion(s) of SSCT, other site*	208	12,708	98.4%	12,916
Exc lesion(s) SSCT, oth site of head*	254	9,023	97.3%	9,277
Diagnostic hysteroscopy	440	4,856	91.7%	5,296
Colposcopy*	5	4,768	99.9%	4,773
Ophthalmological examination*	13	4,725	99.7%	4,738
Biopsy of cervix	16	3,850	99.6%	3,866
Core biopsy of breast*	14	3,571	99.6%	3,585
Large loop excision transformation	47	3,388	98.6%	3,435
zone				
Excision of lesion(s) SSCT, leg*	141	3,264	95.9%	3,405
Nasendoscopy*	6	3,284	99.8%	3,290
Transrectal needle biopsy of	29	3,045	99.1%	3,074
prostate*				
Fibreoptic examination of pharynx*	16	2,674	99.4%	2,690
Excision lesion(s) of SSCT, neck*	55	2,454	97.8%	2,509
Wedge resection of ingrown	12	2,257	99.5%	2,269
toenail*				
Removal of pin, screw or wire, NEC	214	1,870	89.7%	2,084
Excision of lesion(s) SSCT, ear	61	1,717	96.6%	1,778
Excision of lesion(s) SSCT, nose	65	1,704	96.3%	1,769
Exc of lesion(s) SSCT, eyelid	35	1,650	97.9%	1,685
Destruction retina by	30	1,627	98.2%	1,657
photocoagulation				
Arthroscopic debridement of knee	126	1,040	89.2%	1,166

Surgical type procedures not in Baskets performed more then 1,000 times as day case in 2013 HIPE file.

2. A note on the impact in terms of beds freed up by the greater use of day case rather than inpatient surgery.

Response:

In terms of the impact of freed up beds by the use of greater daycases; Based on 2013 data, the NQAIS targets for AvLOS, Day Rates and using the 2013 data to map the next 2 years, assuming linear volumes, we could save 47,597 in-patient bed days/ year. However, the HSE would have to provide an additional 1,789 days of Day Bed capacity each year. Significant planning and capacity changes would need to be put in place to achieve this. These estimates assume that all hospitals would achieve at least the median consultant performance for elective AvLOS and Day Case rates. The figure would be greater if performance was set at the top quartile. A number of assumptions underpin these estimates and it does not take into account demographic projections which show increasing volumes on a year on year basis nor changes in medical technology to allow further surgeries to be carried out on a daycase basis. It also does not take into account the changing and increasing emergency admission requirements within hospitals.

^{*} The NCPS would regard a number of the procedures listed above as appropriate for Minor Ops or Out patient in the majority of cases.