

6

ELECTIVE SURGERY IN THE NHS

INTRODUCTION

Elective operations were those operations to which respondents gave a NCEPOD classification of elective or scheduled. 78% of operations were elective, 15% were non-elective and 8% were not classified.

GRADES OF STAFF FOR ELECTIVE OPERATIONS

Elective surgery was largely performed by career grade staff between the hours of 08.00 and 18.00 on weekdays.

Table 6.1 NHS elective patients by grade of anaesthetist

Grade of anaesthetist	Number (%) n=49195
Consultant	26735 (54.3)
SAS	6586 (13.3)
SpR 3 and above	1667 (3.4)
SpR 1/2	1127 (2.3)
SHO	1499 (3.0)
Other	2095 (4.3)
Blank	5400 (11.0)

Table 6.2 NHS elective patients by grade of surgeon

Grade of surgeon	Number (%) n=49195
Consultant	31778 (64.6)
SAS	6962 (14.2)
SpR 3 and above	3184 (6.5)
SpR 1/2	1822 (3.7)
SHO	841 (1.7)
Other	2675 (5.4)
Blank	1933 (3.9)

68% of elective patients were anaesthetised by career grade staff where the grade was known to NCEPOD (Table 6.1). 79% of elective patients were operated on by career grade staff (Table 6.2). Less than 6% of cases were treated by the most inexperienced trainees, SHOs, SpR 1s and SpR 2s working unsupervised.

THE TYPE OF SESSION USED FOR ELECTIVE OPERATIONS

Most hospitals have followed previous NCEPOD recommendations and have theatre sessions planned for emergency surgery, and also scheduled sessions for trauma. It has been suggested that these sessions are misused, and that elective patients have been operated on in NCEPOD theatres or in emergency theatres out of hours. The types of theatre session used for elective surgery have been analysed (Table 6.3).

Only 795 elective cases were done on scheduled emergency lists (out of a total of 49,195 classified as

elective – 1.7%). A further 244 (0.5%) were done in unscheduled time. This would appear to suggest that NCEPOD lists were not grossly abused.

These data can also be analysed to see the proportions of elective and non-elective cases carried out on NCEPOD lists (Table 6.4).

A modest number of elective cases were performed on NCEPOD lists and in unscheduled sessions.

Trusts should monitor the use of NCEPOD lists. They should ensure that urgent and emergency cases are not delayed because these lists are being used for elective cases.

The number of Trusts that have NCEPOD lists and the pressures on such lists are considered further in Chapter 7.

Table 6.3 NHS elective cases by type of theatre session by day of week

	Scheduled (%) n=47789	Emergency surgical (%) n=361	Emergency trauma (%) n=434	Unscheduled (%) n=244	Blank (%) n=367
Monday	9665 (20.2)	44 (12.2)	72 (16.6)	18 (7.4)	58 (15.8)
Tuesday	9137 (19.1)	69 (19.1)	65 (15.0)	39 (16.0)	68 (18.5)
Wednesday	9435 (19.7)	57 (15.8)	82 (18.9)	23 (9.4)	73 (19.9)
Thursday	9292 (19.4)	70 (19.4)	69 (15.9)	38 (15.6)	66 (18.0)
Friday	8098 (16.9)	68 (18.8)	84 (19.4)	36 (14.8)	71 (19.3)
Saturday	1753 (3.7)	29 (8.0)	41 (9.4)	68 (27.9)	22 (6.0)
Sunday	305 (0.6)	23 (6.4)	19 (4.4)	22 (9.0)	3 (0.8)
Blank	104 (0.2)	1 (0.3)	2 (0.5)	0 (0.0)	6 (1.6)

Table 6.4 Elective and non-elective cases by type of theatre session

Type of case	Scheduled (%) n=52770	Emergency surgical (%) n=5082	Emergency trauma (%) n=3236	Unscheduled (%) n=1181	Blank (%) n=1240
Elective	47789 (91)	361 (7)	434 (13)	244 (21)	367 (30)
Non-elective	1401 (3)	4324 (85)	2503 (77)	859 (73)	123 (10)
Blank	3580 (7)	397 (8)	299 (9)	78 (7)	750 (60)

WHEN WERE ELECTIVE CASES DONE?

4.5% of elective operations were performed at the weekend.

There have been moves to extend the working day by performing elective surgery in the evenings and weekends (Table 6.5).

Only a small amount of elective surgery appears to have been done in the evening, but a substantial number of cases were reported as being done at the weekend. These are likely to be additional cases done under various waiting list initiatives. (The 25 cases reported as having operations at the weekend under the care of an Accident & Emergency consultant were all minor body surface operations at the same hospital.)

If elective cases are done outside the normal working day it is important that the patients' physical statuses are appropriate, that the correct grade of staff are present for the operations, and that the facilities are equivalent to those available during the day.

Selection of cases

ASA status was used as a surrogate marker for the physical status of the patient. Table 6.6 gives the numbers of elective patients, expressed as counts and then as percentages, of each ASA status for different times of the week.

There does not appear to be any tendency for patients of better (or worse) ASA status to have been operated on at a particular time of day. Of the 29 elective ASA 3 patients whose anaesthetic or operation started between 00.00 and 07.59, 24 were undergoing cardiac surgery, probably as the first patient on a daytime list.

Table 6.5 Times of NHS elective operations by specialty

Specialty of surgeon	Weekday 08:00 to 17:59	Weekday 18:00 to 23:59	Weekend 08:00 to 17:59	Weekend 18:00 to 23:59	Night 00:00 to 07:59	Blank	% of cases weekend 08:00 to 17:59
Accident and Emergency	37	2	25	0	0	1	38.5
Cardiac/Thoracic/Cardiothoracic	733	6	30	0	29	4	3.7
General	6935	53	387	4	7	84	5.2
Gynaecology	5880	23	180	2	2	85	2.9
Neurosurgery	369	3	8	0	0	10	2.1
Ophthalmology	5512	77	337	2	3	53	5.6
Oral & Maxillofacial	1807	4	47	0	2	39	2.5
Orthopaedic & Trauma	6937	68	426	10	21	85	5.6
Other	980	11	43	1	1	18	4.1
Otorhinolaryngology	3910	23	204	2	3	67	4.8
Paediatrics	541	4	7	0	0	6	1.3
Plastic	1692	28	93	5	4	19	5.1
Transplantation	65	0	0	0	0	1	<0.1
Urology	4261	14	133	0	9	76	3.0
Vascular	902	6	42	2	0	10	4.4
Blank	5111	52	241	2	5	272	4.2
Total	45672	374	2203	30	86	830	4.5

Table 6.6 Analysis of NHS elective patients by time and ASA status

ASA status	Weekday 08:00 to 17:59	Weekday 18:00 to 23:59	Weekend 08:00 to 17:59	Weekend 18:00 to 23:59	Night 00:00 to 07:59	Blank
1	16288	146	763	12	16	212
2	10471	88	457	5	19	84
3	3868	29	158	4	29	18
4	375	1	15	0	0	4
5	28	0	2	0	0	0
6	17	0	0	0	0	0
Blank	14625	110	808	9	22	512
Total	45672	374	2203	30	86	830

THE GRADES OF ANAESTHETIST AND SURGEON

Consultant anaesthetists and surgeons were the most senior clinician present for two-thirds of cases at weekends.

Anaesthetists

Table 6.7 shows the number of elective patients by the grade of the most senior anaesthetist present at different times of the week.

During the normal working day, weekdays 08.00 to 17.59, consultants anaesthetised 60% of patients. The anaesthetist was more often a consultant during the daytime at weekends – 69% of cases. On review

of the six cases done at a weekend between 18.00 and 23.59, where the most senior anaesthetist present was a consultant, it is probable that most were non-elective cases that had been incorrectly reported as elective.

Surgeons

Table 6.8 shows the number of elective patients by the grade of the most senior surgeon present at different times of the week.

A consultant was the surgeon in two-thirds of cases during the daytime, both during the week and at weekends. The high figure of 77% for the involvement of a consultant surgeon at night reflects that most of those were early starts of elective cardiac operations. As noted above, the cases performed between 18.00 and 23.59 at weekends appear to be incorrectly classified non-elective operations of a relatively minor complexity.

Table 6.7 Analysis of NHS elective patients by time and grade of anaesthetist

Grade of anaesthetist	Weekday 08:00 to 17:59	Weekday 18:00 to 23:59	Weekend 08:00 to 17:59	Weekend 18:00 to 23:59	Night 00:00 to 07:59	Blank
Consultant	24820	189	1363	6	61	296
SAS	6158	32	324	3	7	62
SpR 3 and above	1621	8	20	5	1	12
SpR 1/2	1104	4	6	3	1	9
SHO	1414	30	32	11	2	10
Other	2003	16	42	0	0	34
Blank	4807	49	201	2	13	328
Total	41927	328	1988	30	85	751

Table 6.8 Analysis of NHS elective patients by time and grade of surgeon

Grade of surgeon	Weekday 08:00 to 17:59	Weekday 18:00 to 23:59	Weekend 08:00 to 17:59	Weekend 18:00 to 23:59	Night 00:00 to 07:59	Blank
Consultant	29664	222	1421	9	66	396
SAS	6327	73	450	2	10	100
SpR 3 and above	3008	23	104	2	2	45
SpR 1/2	1715	14	56	11	3	23
SHO	812	5	5	1	1	17
Other	2496	22	89	5	1	62
Blank	1650	15	78	0	3	187
Total	45672	374	2203	30	86	830

RECOVERY FACILITIES

It is important that all the facilities necessary are available for elective operating outside the normal working day, not just the operating theatre, theatre personnel and doctors.

Respondents were asked, “*Would the arrangements for the recovery of this patient prevent the start of another case (if required)?*” (Table 6.9).

Recovery facilities appear to have been properly organised for elective cases, whether done during normal hours or as part of an extended day in the evening or at the weekend, apart from the increased

number of delays for the relatively small number of operations carried out on weekday evenings.

For elective operating outside traditional working hours, the overall picture is reassuring. The seniority of anaesthetists and surgeons was similar to that during weekday daytimes. Work at unsociable hours was not being delegated to SAS doctors or trainees. The numbers of staff available to recover patients appear to have been adequate and the ASA statuses of the patients were not significantly different than during normal working hours. This report cannot comment on whether the staff available to recover patients, had at all times, been properly trained in this role, nor whether the facilities elsewhere in the hospital were provided to an appropriate standard.

Table 6.9 Recovery arrangements for elective NHS patients at different times of the week

Start of next case prevented	Weekday 08:00 to 17:59 (%) n=45672	Weekday 18:00 to 23:59 (%) n=374	Weekend 08:00 to 17:59 (%) n=2203	Weekend 18:00 to 23:59 (%) n=30	Night 00:00 to 07:59 (%) n=86	Blank (%) n=830
Yes	1490 (3.3)	26 (7.0)	53 (2.4)	5 (16.7)	5 (5.8)	20 (2.4)
No	37850 (82.9)	278 (74.3)	1779 (80.8)	17 (56.7)	59 (68.6)	567 (68.3)
Blank	6332 (13.9)	70 (18.7)	371 (16.8)	8 (26.7)	22 (25.6)	243 (29.3)