Getting It Right First Time (GIRFT) and Challenges in Restoring Surgical Activity

The Preoperative Association Conference 6th March 2023 RCP London
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• What is Getting it Right First Time (GIRFT)

• Challenges in Restoring Surgical Activity
What is Getting it Right First Time (GIRFT)

Henri Rosseau Tiger in a Tropical Storm
Background to GIRFT

Prof Muir Grey
Epidemiologist Oxford

Prof Tim Briggs
Orthopaedic Surgeon RNOH Stanmore
Background to GIRFT

• Now 40 National GIRFT Clinical Leads

• Uses HES data (hospital episode statistics) and a Questionnaire

• Age, procedure, admission & discharge date, readmission, death

• Frailty score, Charlson comorbidity, index of multiple deprivation
Look at variation in

• Length of stay
• Day case rates
• Readmissions
• Mortality

Clinically led, Data driven, Visit Trusts present data and discuss
GIRFT Perioperative Medicine pre COVID-19

• 74 Peer to peer clinical review

• Then Covid hit
Challenges in Restoring Surgical Activity

What have done and what have we found

7-9 million are waiting for elective investigations and treatment

2-3 million are surgical procedures

Edvard Munch The Scream
During COVID-19 produced 2 Reports
GIRFT during COVID-19

• Developed 29 high volume low complexity (HVLC) surgical pathways
• HVLC surgery = Day Surgery
• Developed the concept of “hubs” (3 types of hubs)
• Developed Model Hospital/Model Healthcare data
• Developed “Gateways” or benchmarking for 7 surgical specialties and POM
What we mean by an “Elective Surgical Hub”

**Stand alone hub**
Elective surgical unit in a dedicated building fully separate from any acute provision

**Integrated Hub**
Elective surgical unit within an existing acute site, with all facilities physically segregated from acute areas

**Ring Fenced Hub**
Elective surgical unit exists as dedicated area within an existing acute site, with ring-fenced elective theatres within the main theatre complex and dedicated inpatient or recovery area
CDCs (community diagnostic centres) and Elective Hubs

- Mapped relationship of CDC’s to hub
- Policy statement
  - Pre-operative assessments.
  - Diagnostic testing from diagnosis through to surgery.
  - Filtering activity to the most appropriate setting
  - Delivery of certain surgical interventions
- Case studies to highlight benefits
New Elective Surgical Hubs

The £1.5 billion Targeted Investment Fund (TIF) was established to support NHS systems and providers to go further on elective recovery.

<table>
<thead>
<tr>
<th>TIF II bids currently submitted</th>
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<tbody>
<tr>
<td>Surgical hubs</td>
<td>57</td>
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<tr>
<td>Extended existing hubs</td>
<td>17</td>
</tr>
<tr>
<td>Non-hubs</td>
<td>39</td>
</tr>
<tr>
<td>TOTAL</td>
<td>113</td>
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<table>
<thead>
<tr>
<th>Region</th>
<th>Approved or approved in principle through TIF</th>
<th>Total hub related schemes</th>
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<tbody>
<tr>
<td></td>
<td>New elective hub</td>
<td>Expansion to elective hub</td>
</tr>
<tr>
<td>East of England</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>London</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Midlands</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>NE &amp; Y</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>North West</td>
<td>13</td>
<td>3</td>
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<td>South East</td>
<td>3</td>
<td>0</td>
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<tr>
<td>South West</td>
<td>5</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>42</td>
<td>16</td>
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Approved surgical elective hubs with provisional go live dates

15.11.22

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Approval Status</th>
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</thead>
<tbody>
<tr>
<td>Monkfield Eye Hospital</td>
<td>Approved</td>
</tr>
<tr>
<td>Norfolk &amp; Norwich University Hospital</td>
<td>Approved</td>
</tr>
<tr>
<td>Western Eye Hospital</td>
<td>Approved</td>
</tr>
<tr>
<td>St Thomas’ Hospital</td>
<td>Approved</td>
</tr>
<tr>
<td>Croydon Health Services NHS Trust</td>
<td>Approved</td>
</tr>
<tr>
<td>Royal Hallamshire Hospital</td>
<td>Not Yet Approved</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
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</tr>
<tr>
<td>Princess Royal Hospital</td>
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</tr>
<tr>
<td>North Midlands Hospital</td>
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</tr>
<tr>
<td>The Royal National Orthopaedic Hospital (Stoke)</td>
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<tr>
<td>Trent Foundation</td>
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<tr>
<td>York Hospital</td>
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<tr>
<td>Addenbrooke’s Hospital</td>
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<tr>
<td>King George Hospital</td>
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<td>University Hospital Lewishem</td>
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<td>Halton Gen Hospital</td>
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<tr>
<td>St. Luke’s Hospital</td>
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<tr>
<td>Dewsbury &amp; District Hospital</td>
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<tr>
<td>Norhampton University Hospital</td>
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</tr>
<tr>
<td>Royal Devon &amp; Exeter Hospital (Wonford)</td>
<td>Approved</td>
</tr>
</tbody>
</table>

Number of Hubs

- Approved
- Not Yet Approved
- AIP
Hub Accreditation Pilot

- 8 sites
- Questionnaire
- Presentation from site
- Site visit face to face
- Meet the real staff
1: The Patient Pathway

1. Digitally enabled ‘one stop’ processes & maximisation of day-case surgery.
2. Patient communication (meets standards agreed with Patient Association).
3. Holistic patient optimisation approaches
4. Adoption & application of standardised procedure pathways.
5. Discharge support/rehab links
6. Proactive user engagement

2: Staff & Training

1. Dedicated and ring-fenced clinical and operational teams.
2. Supported training of junior doctors and wider MDT.

3: Clinical Governance & Outcomes

1. Dedicated hub management & quality governance in place.
2. Approaches to detect and address health inequalities
3. Achievement of good clinical outcomes, including LoS and infection rates.
4. Collection, management and use of patient and operational information as BAU.

4: Utilisation & Productivity

1. Good utilisation of hub capacity
2. System-wide referral process in place, including joint PTL.
3. Productivity standards – cases per list; cancellations and DNA management.

5: Facilities and Ring-Fencing

1. Fully ring-fenced provision from acute care.
2. Diagnostic & other supporting facilities in place.
3. Optimised theatre layouts & flow
4. Enhanced care provision.
5. Equipment and facilities to maximise care outside theatre setting.
Hub Accreditation Pilot: What have learnt so far

• Two-way transfer of information
UK Government [www.gov.uk](http://www.gov.uk)

- Prime Ministers Office
- 23 Ministerial Departments
- 20 Non Ministerial Departments
- 425 Agencies and other public bodies
- 109 High profile groups
- 16 Public corporations
- 3 Devolved administrations
Structural Changes to GIRFT and NHSE during COVID-19

- Department of Health & Social Care
- NHS England (NHSE) organisation
- NHS Improvement (NHSI) and GIRFT merged
- Clinical Commissioning Groups (CCG) morphed into Integrated Care Systems (ICS) and Integrated Care Boards (ICB)
- 7 Regions, 42 Systems (ICS) and about 160 Trusts
- GIRFT Regional Teams
- National Clinical Leads, Regional Clinical Leads
GIRFT National Preoperative Assessment Nurse Lead

Emma McCone
POA Regional Non Medical Leads

**North East and Yorkshire**
- Sarah Bland  
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- Karen blinko  
  [karen.blinko@ldh.nhs.uk](mailto:karen.blinko@ldh.nhs.uk)

**London and NW** – TBC
The 5 Key Principles and work stream objectives for POA - ‘The 5 ‘P’s’

- Pre Screening (Optimisation, primary and secondary care partnership)
- Process (supply and Demand, scheduling and booking)
- Protocols and Guidelines (streamlining guidance, staff competency frameworks)
- Patient Preparation (sharing Information, Digital, setting expectations, SDM)
- Promoting Excellence by Targeted Training/Education (recruitment/retention, workforce planning)
Futures Page for Pre assessment – Live! Please sign up!

Existing Users - Log in

Email *
emma.mccone2@nhs.net

Password *

Log in

I forgot my password

Need an Account?

Your work email address

Your email

Sign up

FutureNHS is open to anyone working in or for health and social care. If you are having trouble registering with FutureNHS please read our support page for more information.
Find out about the POA National network meetings

See other trusts job descriptions for review/sharing
See all the network minutes/agendas and presentations
Model Health System and new GIRFT Visits (Gateways)
GIRFT and the Model Health System

• HES data for GIRFT reports updated every 3 years
• Now data is updated every 4-6 weeks
• Updated evidence base to allow procedure-specific benchmarking across ICS (Integrated Care System) and Trusts
• Sign up at model.nhs.uk
• It’s not perfect but it is getting there
Gateway reviews

• Gateway is a clinical specialty with a Model Health Data Bundle
• Questionnaire
• Virtual meeting
• Discus data
• Write a report
• Follow up
### Summary Overview of Day Case provision - Jan 2022

<table>
<thead>
<tr>
<th>Day case rates</th>
<th>Data period</th>
<th>Provider value</th>
<th>Peer median</th>
<th>National median</th>
<th>Chart</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast surgery - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>44.0%</td>
<td>84.0%</td>
<td>71.0%</td>
<td><img src="chart1" alt="Chart" /></td>
<td><img src="actions1" alt="Actions" /></td>
</tr>
<tr>
<td>ENT - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>95.0%</td>
<td>92.0%</td>
<td>88.0%</td>
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<tr>
<td>General surgery - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>82%</td>
<td>77%</td>
<td>73%</td>
<td><img src="chart3" alt="Chart" /></td>
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<tr>
<td>Gynaecology - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>75.0%</td>
<td>71.0%</td>
<td>66.0%</td>
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<tr>
<td>Head and Neck - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>97.0%</td>
<td>71.0%</td>
<td>66.0%</td>
<td><img src="chart5" alt="Chart" /></td>
<td><img src="actions5" alt="Actions" /></td>
</tr>
<tr>
<td>Ophthalmology - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>100.0%</td>
<td>70.0%</td>
<td>74.0%</td>
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<tr>
<td>Orthopaedic surgery - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>83.0%</td>
<td>86.0%</td>
<td>86.0%</td>
<td><img src="chart7" alt="Chart" /></td>
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<tr>
<td>Urology - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>58.0%</td>
<td>66.0%</td>
<td>64.5%</td>
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<tr>
<td>Vascular surgery - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>89.0%</td>
<td>89.0%</td>
<td>86.0%</td>
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<tr>
<td>Paediatric surgery - day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>90.0%</td>
<td>92.0%</td>
<td>92.0%</td>
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</tr>
<tr>
<td>Medical - Day case rates (3mths to month end)</td>
<td>Jan 2022</td>
<td>95.0%</td>
<td>85.0%</td>
<td>90.0%</td>
<td><img src="chart11" alt="Chart" /></td>
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</tbody>
</table>

**View Overview - Day Cases - Model Hospital**
<table>
<thead>
<tr>
<th>Metric / recommendation</th>
<th>Time period for base data</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Value</th>
<th>GIRFT standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective admissions intended as day case as a proportion of all elective surgical admissions</td>
<td>Q3 2021/22</td>
<td>10,684</td>
<td>13,097</td>
<td>81.6%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Day Case success (mgt code 2 with zero LoS)</td>
<td>Q3 2021/22</td>
<td>10,061</td>
<td>10,684</td>
<td>94.2%</td>
<td>96.5%</td>
</tr>
</tbody>
</table>
# Day Case Metrics – Trend Rates

| Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value | Num  | Denom | Value |
|------|-------|-------|------|-------|-------|------|-------|-------|------|-------|-------|------|-------|-------|------|-------|-------|------|-------|-------|------|-------|-------|
| 21,578 | 26,849 | 80.4% | 20,920 | 26,007 | 80.4% | 17,312 | 21,518 | 80.5% | 16,123 | 20,298 | 80.4% | 15,871 | 19,831 | 80.3% | 15,009 | 18,822 | 81.0% | 17,360 | 21,444 | 81.0% | 15,526 | 19,171 | 81.0% | 10,884 | 13,097 | 81.6% |
| 20,510 | 21,518 | 95.1% | 19,923 | 20,920 | 95.2% | 16,516 | 17,332 | 95.3% | 15,509 | 16,327 | 95.0% | 15,009 | 15,927 | 94.8% | 14,187 | 15,009 | 94.5% | 16,367 | 17,360 | 94.3% | 14,622 | 15,526 | 94.2% | 10,061 | 10,684 | 94.2% |

**Day Case Metrics** – Trend Rates

![Organisation level day case rates for British Association of Day Case Surgery procedures (unths to month-end)](image-url)
What has happened in the last year
104 week target for surgery
104 week target for surgery

• Preassessment facilities and staff still disrupted
• Clerical staff told to prioritise 104 week waits .... book 104 week waits
• Clerical staff ring patient to give them a date for surgery
• Patients booked without preassessment completed
• Same clerical staff then have to ring patients to say they are cancelled
• Clerical staff don’t have time to book other theatre slots
• Lists under booked
We are getting better but there are new problems

Exeter Nightingale is now a diagnostics, cataract and joint replacement site

- New THR and TKR day case pathway
- 60% day case (home same day)
- 40% home the next day
- Mean LOS 0.5 days
- Selected patients but 30% ASA3
- All providers could apply this to their selected patients
- Increased capacity will reduce waiting time for surgery for some patients
- Telephone follow up, good patient experience

Patient JG for TKR not suitable for Nightingale (comorbidities, mobility)
We are getting better but there are new problems

Exeter Nightingale is now a diagnostics, cataract and joint replacement site

Patient JG for TKR not suitable for Nightingale (comorbidities, mobility)

- Cancelled just before C19 (Na & Hb low)
- Plan to investigate and optimise
- Operation date given to patient 2 days before her telephone preassessment
- No change in Na and Hb, house bound for 2 years, awaiting CT to investigate bowel cancer
Staffing
Staffing

• Robbing Peter to pay Paul
• Staff recruitment and retention
• Retirement

• There is a light at the end of the tunnel
Staffing models for Elective Hubs

- Theatre staffing but different location
- Rotational staffing model vs stand alone staff
- Clinical passporting
- Case studies
Inpatient and Emergency Surgery

• GIRFT POM is looking at inpatient and emergency surgery pathways

• Emergency admissions and social care is not going to be solved by Hubs
What has preassessment learnt from Covid

• Three types:
  • Face to face
  • Video link
  • Telephone

• Reduce the testing (bloods, swabs and Covid)

• The right pathway with the right digital is under development
Thank You: michael.swart@nhs.net