This case study forms part of our Improvement Programme, which seeks to support continuous improvement in care, by living our values and making the best use of our resources. It draws on proven management techniques (especially those used by GE Healthcare Performance Solutions), tailoring them to local needs and adapting them as we evolve, to optimise our service and strengthen our future.
Purpose of this initiative
To streamline plastic surgery treatments planning, procedures and management, to optimise patient experience, hospital service and associated costs.

Before the Improvement Programme initiative

Service profile
Last year the plastic surgery department at St Georges NHS Trust treated 2,046 patients in the Day Surgery Unit. These patients underwent minor procedures under general or local anaesthetic in the operating theatre.

This equates to an average 153 patients per month, treated in the day surgery unit under local anaesthetic. It represents 70% of the patients each month. The following issues were identified:

- Lack of staggered admissions in the day surgery unit meant that patients would wait up to four hours for a procedure.
- It was also not cost-effective to perform these procedures in theatres, as the cost of running a theatre is £12/minute. Instead they could be performed in O/P setting.
- The plastic surgery department received a £395k financial challenge from the commissioners last year as these cases should be performed in an outpatient setting.

Improvement Programme approach

1. Demand & capacity

A project steering group was set up with core members:

- Lead clinician (Consultant plastic surgeon)
- Operational managers (GM & AGM for plastic surgery)
- Day surgery clinical manager
- GM for theatres
- Lead nurse practitioner from the hand management unit

Three elements kick-started this initiative:

a) Location selection & design:

Identify a suitable room in the Trust to perform minor ops:

Phase 1 – plastic surgery procedures  Phase 2 – other care groups

The locations were assessed and scored on patient experience, fit for purpose & capacity. This was undertaken by the project manager, estates department, lead surgeon and agreed by the plastics care group.
b) Process design:

Simplify the patient pathway by booking patients as outpatients rather than following the inpatient pathway.

The current patient pathway & scheduling process was mapped and a new pathway created. A clinic template was set up so the patients could be booked as outpatients and given staggered appointment times.

A standard operating procedure was written for the team to follow when booking and treating the patients. They would no longer require a full admission and discharge, as they were classed as outpatients.

The patients would need to be identified at the outpatient’s clinic by the Consultant surgeon or registrar and the TCI card marked with “minor procedure”. The Patient Pathway Coordinator would then be able to book these patients into the clinic template.

c) People:

Decide on suitable staffing for the service.

The appropriate skill mix for phase 1 was chosen by the group and an agreement was made that for the trial stage of the project, the day surgery theatre staff would support the clinic sessions. This would not be a permanent solution, as the free capacity in the day surgery unit would be allocated to other specialties for general anaesthetic lists.

Training for use of the outpatient’s template in iClip was provided to the administrative staff in the hand unit. The clinic sessions were set dependant on the capacity in the hand unit and the plastic surgery registrar’s rota & availability.

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**After the Improvement Programme initiative**

**Improved patient experience:**

- A simplified pathway to avoid full day surgery admission and discharge.
- Staggered admission times so patients spend less time in the hospital. Patient waiting time is now reduced to 30 minutes maximum. Patients are then treated and leave the unit immediately post procedure.

**Service improvements:**

- Freed up capacity in DSU – 18 sessions/5 weeks.
- Helped improve the 18 weeks position for the specialties that were allocated the free sessions in DSU.

**Savings delivered:**

£159K/year reduction in SLR costs for plastic surgery.