

CONFERENCE ABSTRACT

National Clinical Programme in Surgery - General Surgery Minor Ops "See & Treat" Clinic

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Introduction: General Surgery is currently ranked number 3 for highest numbers on Out Patient Department (OPD) waitlists. Minor operative skin procedures represent 69% of General Surgery day case activity, excluding endoscopy. A significant proportion are seen and referred by the GP to OPD first for a booking visit, then a second appointment for their operation and finally back to OPD to discuss histology. This protracted process can be simplified into "See and treat" clinics where the patient is seen and treated at their first hospital appointment post GP referral.

Description of Changes: This project created a "See & Treat" clinic for General Surgery Minor Procedures Outpatient appointments. The "See and Treat" model has resulted in patients being seen and treated for minor procedures at the same appointment. This has been achieved by a streamlined referral process from primary care, enabling 'see and treat' on initial hospital appointment. Following treatment, patients are referred back to their GP for suture removal and histology results. The study will include an elaboration of the resourcing implications enabling the model to scale.

Aim & Theory: The aim is to reduce the number of visits to hospital for outpatient minor operative procedures from 2-3 visits to one per patient. This is done by providing adequate information through e-referral to complete a procedure on the patient's first visit to hospital, and referring patients to their GP for aftercare.

Targeted Populations: Patients suitable on the OPD waitlist for selected minor operative general surgery procedures. Stakeholders include general surgery minor operative outpatients, consultants, GPs, nurses and clerical staff, National Clinical Programme in Surgery (NCPS), General Practice Information Technology (GPIT), and The National Treatment Purchase Fund (NTPF).

Timeline: Project inception was August 2016. Pilot clinics began "Seeing and Treating" in October 2016. First review of data took place after 5 weeks. Data will be reviewed again at 12 weeks.

Highlights: Within 5 weeks, 20% of the 241 identified appropriate patients were treated through the clinic, with a further 6% removed from the waitlist through validation. The current waitlist has been reduced from 13 months to 9 months, and is projected to reduce below best-practice guidelines of 6 months before the end of the project.

Sustainability & transferability: An SOP was developed as part of the project, detailing all necessary resources, which ensures sustainability and transferability across M3 and Model 4 Acute Hospitals in Ireland. The study will include detailed consideration of cost implications for primary care & general practice, given that there is no provision at present in the current PCRS Scheme for public patients to have post operative consultations following minor surgical procedures carried out in the primary care setting.

Conclusion & Discussion: The "see and treat" pilot clinic has proved effective in reducing the waiting time and number of appointments for patients waiting for a minor operative procedure. This increased efficiency also has the potential to free-up time for surgeons to attend to other inpatient, day-case and outpatient wait lists.

Lessons learned: Patient flow and improving care pathways across care settings is feasible and possible given cooperation between primary and secondary care working collaboratively with GPs, Acute Hospital OPD clinics and the HSE Outpatient Services. Streamlining referral and transferring post operative care into the primary care is shown to reduce OPD waiting lists for General Surgery.

Keywords: outpatients; minor ops; general surgery; waitlist reduction; see & treat; optimizing patient flow
