

Outpatient and day case activity: Defining the scope of Article 21

Consultation Paper

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Executive Summary

The Private Healthcare Market Investigation Order 2014 (also known as the 'the order') sets out requirements for the reporting of 'information concerning performance' for private healthcare facilities (section 21). However, section 21.5 states that private hospitals are not required to supply this information for any outpatient activity. The ambiguity associated with defining 'outpatient' versus 'day case' surgery has resulted in variation in practice among different private hospitals and their reporting to PHIN.

The purpose of this document is to review definitions of day case surgery, identify pre-existing classifications of procedures, and develop a process to guide private hospitals when there is ambiguity whether specific procedures are within the scope of Article 21 of the order.

When reviewing definitions of day case surgery used in the UK and internationally, there is consensus that day case surgery involves undergoing a planned procedure with intended management of admission to hospital but discharge on the same day. Many definitions also specify that day case surgery involves procedures that require observation in medical facilities by healthcare professionals in the immediate post-operative period.

We identified two commonly used classification of procedures, the British Association of Day Surgery (BADs) National Directory of Procedures, and the BUPA Schedule of Procedures. The BADs Directory of Procedures classifies them according to the expected proportion of patients fitting within four management options (Procedure room, Zero-night stay, One-night stay, and Two-night stay). BADs states that 'True' day surgery should be regarded as admission, treatment, and discharge on the same calendar day ('Zero-night stay'), with the additional proviso of the episode having pre-planned with day surgery intent.

The BUPA Schedule of Procedures is a comprehensive dataset of surgical procedures developed for reimbursement purposes, that classifies procedures according to complexity (Minor, Intermediate, Major, Major +, Complex Major), and expected setting (Inpatient, day case, or outpatient). However, as the BUPA schedule has been developed from the perspective of a payor there is a tendency for the dataset to under-report complexity of procedures because of the favourable impact on the procedure fee. This means that procedures categorised as 'inpatient' or 'day case' in the Schedule are very likely to be performed in these settings, but there is a possibility that procedures categorised as 'outpatient' may be conducted in 'inpatient' or 'day case' settings.

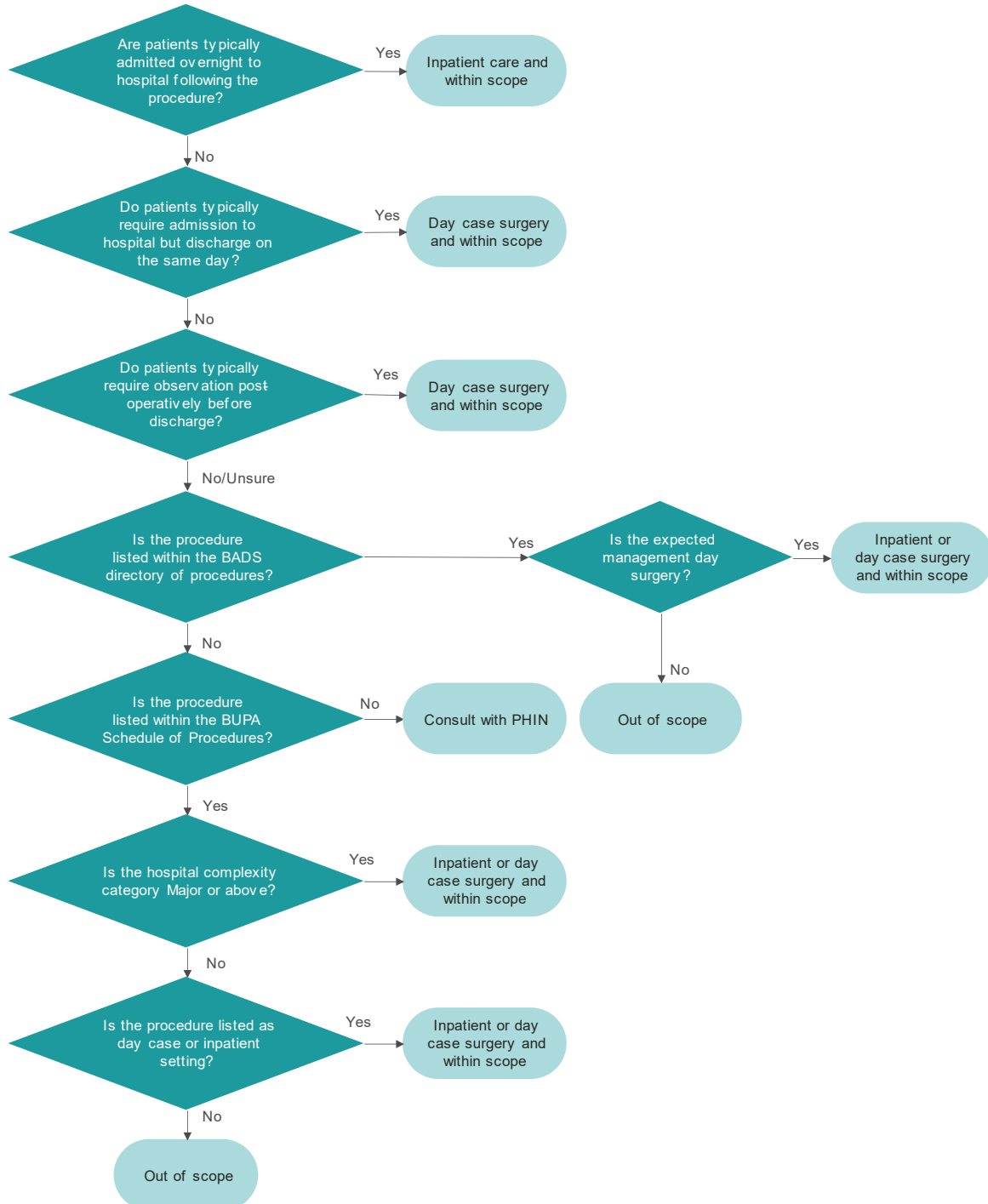
Drawing upon this review of definitions and classification of procedures we have developed an algorithm to support decision-making based upon a series of rules discussed within this report (Figure 1).

To provide further guidance to the private healthcare sector, we have applied this algorithm to a series of procedures as case studies to provide coherent guidance on whether certain procedures are typically undertaken in day case or inpatient settings (and therefore within the scope of requirements to report to PHIN).

We have purposefully selected procedures that we believe require further clarity in this respect and for which there is currently potential for inconsistency in reporting between private providers. Procedures have not been included if there is already consensus that they are not yet appropriate to be undertaken in outpatient settings (i.e. hip or knee replacements). In doing so, we hope to provide further clarity regarding which procedures are within or outside the scope of reporting to PHIN due to section 21.5 of the order.



Figure 1: Algorithm for deciding which procedures are within scope of Article 21 of the Order



Background and Document Purpose

Background

PHIN is required to collect and publish information, as prescribed within the Private Healthcare Market Investigation Order 2014 (as amended) ('the Order'). However, the Order also states that private hospitals are not required to supply information concerning performance for outpatient activity:

Article 21: Information concerning performance

21.1 Every operator of a private healthcare facility shall, subject to article 21.3 and article 21.5, supply the information organisation, quarterly from a date no later than 1 September 2016, with information as regards every patient episode of all private patients treated at that facility, and data which is sufficiently detailed and complete to enable the information organisation to publish performance measures by procedure at both hospital and consultant level.

21.5 The duty in article 21.1 does not require a private hospital operator to supply the information organisation with information concerning **any outpatient activity**.

Purpose

The purpose of this document is to review definitions of outpatient and day case surgery, identify pre-existing classifications of procedures, and develop a process to guide private hospitals when there is ambiguity about whether specific procedures are within the scope of the Order. In addition, we apply this process to a series of procedures as case studies to offer further guidance on which procedures are within the scope of reporting data to PHIN.



What definitions exist for day case surgery?

On reviewing the literature, there are no clear definitions of what constitutes an outpatient procedure. Instead, more insights can be gained on reviewing definitions of day case surgery as this will help distinguish what can be considered an outpatient versus day case procedure. There is also less ambiguity in what can be considered an inpatient procedure as this is clearly procedures which involve at least one overnight hospital stay.

On reviewing definitions of day case surgery, we identify four definitions used by the British Association of Day Surgery (BADs), NHS Wales, NHS Scotland, and the International Association for Ambulatory Surgery (Table 1).

Table 1: Definitions of Day Case Surgery

Organisation	Definition used for Day Case Surgery
British Association of Day Surgery (BADs) ¹	<ul style="list-style-type: none"> • The patient should be undergoing a planned procedure • The patient must have an intended management of day surgery • The patient must be admitted, operated upon and discharged on the same calendar day
NHS Wales ²	<p>Patients who are admitted electively during the course of a day for treatment or care, which will not require an overnight stay in hospital and return home as scheduled.</p> <p>In addition, one of the following must also apply:</p> <p>a) Use of a bed for recovery purposes that is, as a result of the patient condition, or following sedation or general anaesthesia.</p> <p>b) Minor Surgical Procedure – these are procedures, which are defined as the following:</p> <ul style="list-style-type: none"> • Invasive – that is the introduction of an instrument or device that is not a needle, into the body or a body cavity • Therapeutic endoscopic – the introduction of a scope into the body or body cavity for therapeutic treatment • Extracorporeal operations – shock wave treatment i.e. lithotripsy
NHS Scotland ³	<ul style="list-style-type: none"> • A day case is a patient who has an admission to a specialty for clinical care, and sees a doctor or dentist or nurse (as the consultant’s representative) and requires supervised recovery in the place of treatment. • The patient is not expected to, and does not, remain overnight.
International Association for Ambulatory Surgery (IAAS) ⁴	<ul style="list-style-type: none"> • A surgical day case is a patient who is admitted for investigation or operation on a planned non-resident basis and who none the less requires facilities for recovery. The whole procedure should not require an overnight stay in a hospital bed

These disparate definitions contribute to the ambiguity regarding what constitutes a day case or outpatient procedure. The BADs definition is the broadest, whereas NHS Wales has developed the most detailed definition requiring a procedure to require a bed for recovery purposes and/or fit in the following categories; “invasive”, “therapeutic endoscopic”, or “extracorporeal operation”.

The term ‘ambulatory surgery’ has previously been used interchangeably to describe outpatients, day surgery, day case surgery, or same-day surgery. However, a common theme between the above definitions is that a day case procedure requires either admission to hospital, or supervision in medical facilities during initial post-procedure recovery.



What classifications of day case procedures exist?

The British Association of Day Surgery (BADs) National Directory of Procedures

The British Association of Day Surgery (BADs) has developed a national directory of procedures,⁵ now in its 6th edition, to help clarify appropriate settings for surgical procedures. BADs acknowledges that it may be appropriate to conduct one procedure in an outpatient, day case, or inpatient setting depending upon the specific nature of the procedure, the indication, and background of individual patients.

The BADs directory of procedures contains over 200 procedures classified according to the proportion of operations expected to fit within four management options (Table 2). The BADs directory is focused on the highest volume procedures conducted within the NHS. The rates within each management option have been obtained by consultation with colleagues recognised as leaders in day and short stay surgery, as well as review of national performance data and liaison with specialist organisations.

The sixth edition of the BADs directory of procedures was published in 2019, and a seventh edition planned for publication in autumn 2023.

Table 2: Management Options for Surgical Procedures within British Association of Day Surgery (BADs) Directory

Management Options	Definition
Procedure room	An operation that can be performed in a suitably clean area outside an operating theatre. The varying complexity of such procedures may require the commissioning of a specific environment and equipment beyond the expectation of a standard outpatient room (e.g. endoscopy or outpatient hysteroscopy suites)
Zero-night stay	Planned patient admission, treatment and discharge occurring on the same calendar day. It only applies when day surgery is the agreed, intended management prior to admission.
One night stay	Patient admission, treatment, and discharge, occurring over two consecutive days.
Two night stay	Patient admission, treatment, and discharge, occurring over three consecutive days.



The BUPA Schedule of Procedures

The Bupa Schedule of Procedures is a list of industry standard surgical or medical services that are eligible for funding by Bupa.⁶ It is extremely comprehensive and as well as fees, includes details on complexity (by surgeon, anaesthetist and hospital) and anticipated length of stay (LOS) or care setting. Each of these is provided per Clinical Coding & Schedule Development (CCSD) procedure code. Either in combination with the BADS national directory of procedures, or in isolation, the Bupa Schedule could be used to identify procedures that may currently be interpreted as being out of scope of Article 21 of the Order.

There are limitations to using the Bupa Schedule of Procedures for this process. New CCSD codes are constantly in development so at any one time the Schedule may be out of date. However, Bupa releases new schedules multiple times a year which mitigates this.

Bupa does not reimburse all CCSD codes so some procedures may be missed. This disproportionately affects some groups of procedures, notably weight-loss and aesthetic procedures. However, the vast majority of traditional inpatient surgical procedures are captured in the Bupa Schedule.

The primary purpose of the Schedule is for Bupa to outline its fees, not as a descriptive clinical dataset. This means that there may be some inaccuracies in the clinical variables such as LOS, and importantly where there is variation in complexity of a procedure code, there may be a tendency to under-report the complexity, with the subsequent favourable impact on the procedure fee. This means that procedures categorised as 'inpatient' or 'day case' in the Schedule are very likely to be performed in these settings in the real world, which is useful for the process. Although, procedures classed as 'outpatient' in the Schedule may in fact be performed in a day case or even inpatient setting in the real world.

In the Schedule of Procedures, hospital complexity has the following major categories; minor, intermediate, major, major+ and complex major (CMO). As of the December 2022 release, the CMO hospital category contained 27 codes classed as 'day case' and no codes classed as 'outpatient'. The major/major+ hospital category contained 184 codes classed as 'day case' and two classed as 'outpatient'. The intermediate/minor hospital category contained 560 codes classed as 'day case' and 172 codes classed as "outpatient".



What rules could be used to identify the procedures within or outside the scope of Article 21 of the Order?

PHIN could adopt a series of rules to improve clarity regarding which procedures are typically conducted in the outpatient setting in the large majority of cases, and therefore outside the scope of Article 21 of the Order. Collectively, these rules could form the basis of an algorithm to aid decision-making (Figure 1).

Rule 1: *If the intended management for patients following the procedure typically involves admission to hospital overnight, this is considered inpatient care and within scope.*

Rationale: There is less ambiguity when patients are typically admitted overnight following undergoing the procedure, and there should be no doubt this constitutes inpatient care and is within the scope of Article 21 of the Order

Rule 2: *If patients typically require admission to hospital following the procedure but are discharged on the same day, this is considered day case surgery and within scope.*

Rationale: Drawing upon the BADS definition of day case surgery, which is also used by NHS England and GIRFT, if the intended management of patients following the procedure typically involves admission to hospital but discharge on the same day then the procedure is considered as day case surgery and within scope of Article 21 of the Order.

Rule 3: *If patients typically required supervision in the immediate post-operative period in medical facilities and/or by healthcare professionals, this is considered day case surgery and within scope.*

Rationale: Drawing upon the aforementioned review of definitions of day case surgery used in the UK and internationally, a common theme between definitions is that day case procedures require some form of supervision in medical facilities during the initial post-operative period. In many cases this will be obvious, for example, if patients recover post-operatively in a bed because of the effects of anaesthesia while being observed by healthcare staff. In others, patients may be observed in a chair by healthcare professionals for the immediate post-operative period to identify any early signs of allergic reactions or post-operative complications.

Rule 4: *If a procedure is listed within the BADS Directory of Procedures as expected management as either day surgery or inpatient stay, then this procedure is within scope of reporting to PHIN.*

Rationale: BADS states that 'True' day surgery should be regarded as admission, treatment, and discharge on the same calendar day ('zero-night stay'), with the additional proviso of the episode having pre-planned with day surgery intent. Most procedures listed within the BADS directory of procedures have 'zero-night stay' or above as the expected management for the large majority of patients. However, some procedures include a small proportion of cases expected to take place within the 'Procedure Room' (i.e. outpatient settings). To avoid any ambiguity, all procedures with expected management as either day surgery or inpatient stay are within scope of reporting to PHIN.

Rule 5: *If the procedure is listed within the BUPA Schedule of Procedures, and the hospital complexity category is Major, Major +, or Complex Major, the procedure should be considered as within scope.*

Rationale: As of the December 2022 release, the CMO hospital category contained 27 codes classed as 'day case' and no codes classed as 'outpatient'. The major/major+ hospital category contained 184



codes classed as 'day case' and two classed as 'outpatient'. For avoidance of doubt, all procedures classified as Major or above, should be considered as within scope of Article 21 of the Order.

Rule 6: *If the procedure is listed within the BUPA Schedule of Procedures, and the hospital complexity category is Intermediate or Minor and the setting is listed as 'day case' or 'inpatient', the procedure should be considered as within scope.*

Rationale: As discussed above, as the BUPA Schedule of Procedures is developed from the perspective of a payer, therefore there is a tendency for the dataset to under-report complexity of procedures because of the subsequent favourable impact on procedure fees. This means that procedures categorised as 'inpatient' or 'day case' in the Schedule are very likely to be performed in these settings in the real world, and we can be fairly confident that even procedures classed as 'Intermediate' or 'Minor' complexity but listed as typically taking place within 'day case' or 'inpatient' settings are within scope of Article 21 of the Order.

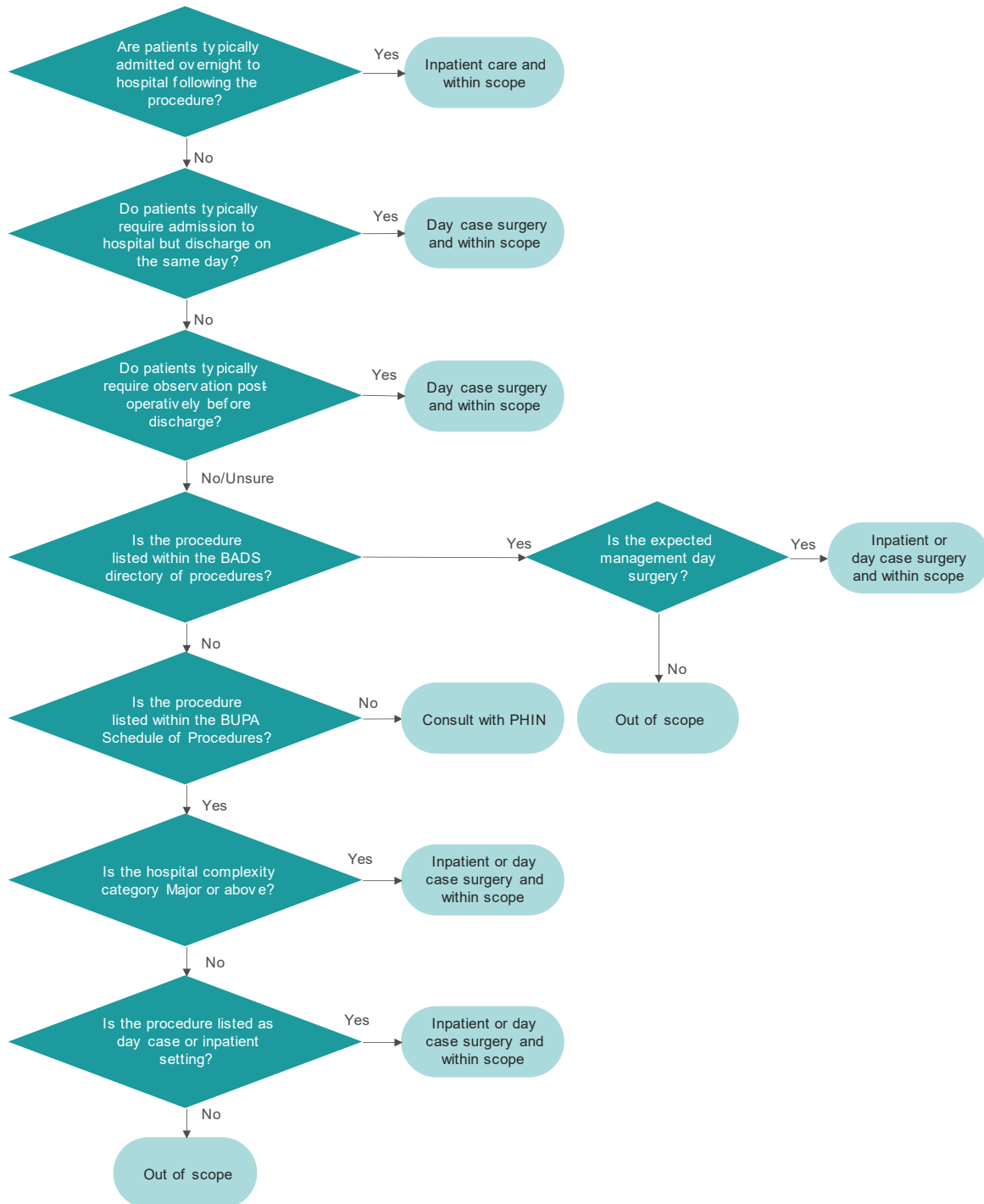
Rule 7: *If procedures do not meet any of the aforementioned criteria or providers cannot access the BADS Directory of Procedures, private healthcare providers should be expected to consult with PHIN to establish if the procedure is within scope.*

Rationale: We would expect the large majority of procedures to meet at least one of the aforementioned criteria. We appreciate that the BADS Directory of Procedures is behind a paywall, although private healthcare providers can purchase access for £7.50 through the [BADS website](#).

An alternative is that PHIN can provide advice on the application of the aforementioned criteria (including use of the BADS Directory of Procedures). However, advice given by PHIN will align with the process outlined in the algorithm and we encourage private healthcare providers to purchase access to the BADS Directory of Procedures so they can follow this algorithm independently.



Figure 1: Algorithm for deciding which procedures are within scope of Article 21 of the Order





Case studies of procedures and rationale for inclusion within the scope of PHIN

Drawing upon information contained within the BADS directory of procedures, BUPA schedule of procedures, and conversations with private providers, we have collated a list of procedures where we believe there is some confusion among the private healthcare sector whether relevant procedures are expected to take place within day surgery or outpatient settings (Table 3 & 4).

We have applied the previously outlined algorithm to provide further guidance on whether these procedures are within or outside the scope of reporting to PHIN. We also remain open to further suggestions for additional procedures to consider to provide clarity in this respect. These recommendations should be understood as provisional, as they will be updated following the publication of the seventh edition of the BADS directory of procedures in autumn 2023.



Table 3: In-scope (Day case & Inpatients) Case Studies for Application of Algorithm for Categorisation of Procedures

Procedure	Rationale
Blepharoplasty	British Association of Day Surgery classify as day case
Carpal tunnel release	British Association of Day Surgery classify as day case
Cataract Surgery	British Association of Day Surgery classify as day case
Chemotherapy	Requires observation during and following administration to monitor for side effects. Not in BADS list, but BUPA classify as day case.
Correction of Hydrocele	British Association of Day Surgery classify as day case
Correction of ptosis of eyelid	British Association of Day Surgery classify as day case
Diagnostic colonoscopy	Requires observation immediately post-operatively to monitor for side effects, and patients often sedated
Diagnostic gastroscopy	Requires observation immediately post-operatively to monitor for side effects, and patients often sedated
Diagnostic sigmoidoscopy	Requires observation immediately post-operatively to monitor for side effects, and patients often sedated
Epidural Injection (Cervical, Thoracic, Lumbar)	Not in BADS list, but BUPA classify as day case, and intermediate procedure
Excision of ganglion	British Association of Day Surgery classify as day case
Haemorrhoidectomy including stapled	British Association of Day Surgery classify as day case
Myringotomy ± insertion of tube, suction clearance	British Association of Day Surgery classify as day case
Nerve Root Block (Cervical, Thoracic, Lumbar)	Not in BADS list, but BUPA classify as day case, and intermediate procedure
Operation(s) on varicocele	British Association of Day Surgery classify as day case
Pinnaplasty (including bilateral)	British Association of Day Surgery classify as day case
Radiotherapy	Not in BADS list, but BUPA classify as day case.
Rhinoplasty/ septoplasty/ Septorhinoplasty	British Association of Day Surgery classify as day case
Tonsillectomy	British Association of Day Surgery classify as day case
Varicose vein surgery	British Association of Day Surgery classify as day case
Tympanoplasty	British Association of Day Surgery classify as day case

Table 4: Out-of-scope (Outpatient) Case Studies for Application of Algorithm for Categorisation

Procedure	Rationale
Biopsy/cauterisation/curettage of lesion of eyelid	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
Biopsy/sampling of conjunctival lesion	British Association of Day Surgery classify as expected management within “Procedure Room” in 99% of cases
Colposcopy (± biopsy)	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
Endovenous laser treatment (EVLT)	British Association of Day Surgery classify as expected management within “Procedure Room” in 80% of cases
Excision lesion of eyelid, adult	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
Excision of lesion of canthus	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
Excision of lesion of eyebrow	British Association of Day Surgery classify as expected management within “Procedure Room” in 98% of cases
Foam sclerotherapy of varicose veins	British Association of Day Surgery classify as expected management within “Procedure Room” in 100% of cases
Injection or banding of haemorrhoids	British Association of Day Surgery classify as expected management within “Procedure Room” in 100% of cases
Laser iridotomy	British Association of Day Surgery classify as expected management within “Procedure Room” in 99% of cases
Laser photocoagulation of ciliary body	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
MUA Fracture and application of plaster cast	British Association of Day Surgery classify as expected management within “Procedure Room” in 95% of cases
Radiofrequency ablation of varicose veins (VNUS)	British Association of Day Surgery classify as expected management within “Procedure Room” in 80% of cases



References

- 1 Bailey CR, Ahuja M, Bartholomew K, *et al.* Guidelines for day-case surgery 2019. *Anaesthesia* 2019; **74**: 778–92.
- 2 NHS Wales Data Dictionary. Day Case. 2023. [https://www.datadictionary.wales.nhs.uk/index.html#!WordDocuments/day case.htm](https://www.datadictionary.wales.nhs.uk/index.html#!WordDocuments/day%20case.htm) (accessed Feb 21, 2023).
- 3 ISD Scotland. Data Dictionary. 2023. <https://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?ID=1261&Title=Day%20Case> (accessed Feb 21, 2023).
- 4 Lemos P, Jarrett P, Philip B. Day surgery. *Development and Practice International Association of Ambulatory Surgery* 2006.
- 5 BADS Directory of Procedures & National Dataset. British Association of Day Surgery. 2023. <https://publications.bads.co.uk/bads-directory-of-procedures--national-dataset-1-p.asp> (accessed Feb 22, 2023).
- 6 BUPA. Schedule of Procedures. <https://codes.bupa.co.uk/home> (accessed Feb 22, 2023).

