Running a financially viable hernia service in the era of best practice tariffs: JODS 22.1
Authors: Kreckler S, McWhinnie D, Khaira H & Jackson I

Dear Sir

Whilst the concept of providing excellent patient care in a financially efficient manner is not a new one, a combination of factors such as the Government’s Payment by Results initiative and the current economic climate certainly re-enforce the need for cost-efficiency in healthcare.

The above article raised some interesting points. Not only is the tariff for day case hernia repair £300 greater than for an elective case with an overnight stay, but also the surplus or deficit that each procedure generates will be directly affected by the cost of performing an operation.

Table 2 lists example costing based on staff pay, drugs and surgical equipment. However it may not provide an accurate reflection of the current best choice of anaesthetic agents, both in terms of clinical benefit and cost-effectiveness. The table lists enflurane as a potential maintenance agent for anaesthesia, despite the fact that enflurane no longer appears in the British National Formulary, and appears to no longer be available in the UK.

The cost of a propofol, opioid, enflurane/sevoflurane anaesthetic is given as £108.39 for a 1 hour operation. A study, undertaken at South Devon NHSFT by Blandford et al, concluded that an anaesthetic technique consisting of total intravenous anaesthesia (TIVA) using 50ml syringes of propofol with 1mg alfentanil added to each, and a laryngeal mask airway would cost no more than £68.8 pence/minute or £41.28 for a 1 hour case. This reduction in cost of £67.11 per hour of general anaesthesia is a potential saving.

We also believe that a TIVA technique may provide further cost reduction by avoiding unplanned overnight admissions.

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Reference


The development and evaluation of a new blended learning ambulatory surgery nursing course: JODS 22.1
Author: Maggie Tarling

Dear Sir

This paper points to a ‘gap’ in the market for day surgery training for nursing staff.

My understanding is that this is a national deficiency. It would be useful to know what the perceived ‘technical and operational’ training gaps are that this course fulfils as the learning outcomes relate to socio-cultural principles. I am not sure how a service manager would appreciate the benefits of this to support practical improvements in day surgery pathways.

Regarding the methodology, I would have found it useful to know how the evaluation was conducted – for example:

- Were the questionnaires completed after each module?
- Were the questions pre-configured?
- How many responses this related to as a proportion of the total course attendees?

Nursing staff have developed skills that support the day surgery needs of patients.

It would be useful to link this with some evidence of how staff report their new skills have supported a change to their local service for day surgery.

Such examples would add credence to the future development of the course.

The evaluation features the views of the course attendees, which is fine, but a manager would want some assurance that staff were learning skills that would support the day surgery service for example competency skill sets linked to job descriptions and role profiles.

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