Editorial

BILL HORTON

“No bed like your own bed”1

Goodbye 2011,
I believe that few
of us will mourn
the passing of this
last year.
It has been a most trying year,
marked by many upheaval and
every day personal and organisational
uncertainty.

At our most optimistic, for
those of us committed to service
improvement in this age of
parsimony, we are destined to
view 2012 as an opportunity
to attempt to harvest quality
innovation from remorselessly
declining resources.

I take this opportunity to wish
you all the very best for what
we are warned will be most
challenging times for the delivery
of healthcare and individual self
fulfilment.

As I am writing this, I have an ear
glued to the BBC interview with
Mike Farrar, Chief Executive of
the NHS Confederation. Hence
the title of this script is “no bed
like your own bed”. I ponder has
this not been the BADS battle
cry for the last two decades. He
reminds us that NHS services
could be provided with improved
outcomes in patients homes in the
efficiency drive to save £20 billion
by 2015. Is this not exemplified by
recovering from your day surgery
or medical intervention in the
comfort of your own home?

I hope that the nascent
commissioners take time out
to read the new BADS specialist
handbook “Day Surgery”. Many
of the answers they seek to service
re-birth can be found within the
covers.

In the President’s Letter, Ian Smith
describes in detail how it came
into being and acknowledges
the many who contributed.
I am taking this opportunity
to highlight his enormous
contribution to the work.
I have learned to appreciate that
one of the greatest challenges in
such an undertaking is
standardising the literary style.
This is largely to be attributed to
Ian.

Continuing in the theme of
recovery from surgery at home,
Rana et al remind us of the need
to ensure that to stay at home
after discharge our patients
need to have adequate analgesia
following hernia repair. Their
work is reassuring that both client
outcomes and experiences proved
acceptable.

I always feel that whenever cash
is in short supply that education
is the first element of the NHS to
take the financial hit.

Tarling describes an approach to
delivering a day surgery specific
training package for nurses. This
is a project in development and
this early paper has whetted my
appetite for a future bulletin
describing a long term evolution.

In their case presentation, Pollard
et al have again demonstrated
that in the UK we have perhaps
become too dependent on general
anaesthesia. As demonstrated in
other areas of surgical care, if in
the most medically vulnerable
patients the procedure can
be completed under local
anaesthesia then why are the
healthy denied similar care? It
also prompts another question –
if we are uncertain whether
general anaesthesia has a negative
effect on cancer prognosis
will local anaesthesia be the
future choice for cancer surgery
where technically possible?
Another issue that they raise for
consideration is the morbidity fear
of anaesthesia.

That does then bring us to the
costs saved by avoiding a general
anaesthetic.

Explicit in the paper by Kreckler et
al in their aspirations to deliver a
financially viable comprehensive
hernia service is reserving general
anaesthesia for those patients
who clinically require it. The
additional costs sustained are
to be offset by financial surplus
generated from local anaesthetic
hernia repair under the Best
Practice Tariff model of payment.

Finally, I am pleased to include
the results of the website
questionnaire by Armstrong et al.
that was undertaken at the Annual
Scientific Meeting at Leeds
Armouries in June. The feedback
that you provided is greatly
appreciated and will be a major
guide for future development.

Wishing you a happy and
successful New Year

BILL HORTON

References

1. “NHS services could be provided at
home in efficiency drive”. Interview
with Mike Farrar CBE Chief Executive:
NHS Confederation. www.bbc.co.uk/
news/politics, 29 December 2011.

2. Snyder G L, Greenberg S. Effect of
anaesthetic technique and other
perioperative factors on cancer
recurrence. British Journal of
Anaesthesia 2010: 15(3); 106–115.

3. Exadaktylos A K, Buggy D J,
Moriarty DC, Mascha E, Sessler
D J. Can anesthetic technique for
primary breast cancer surgery
affect recurrence or metastasis?
Anesthesiology. 2006: 105(4); 660–
664.