8 INVESTIGATION OF OUT OF HOURS CASES IN THE NHS

INTRODUCTION

A letter was sent to the consultant anaesthetist and the consultant surgeon in charge of each case that was identified as having taken place out of hours. The letter asked for information as to why the case had been done at that time.

THE REASONS FOR OUT OF HOURS SURGERY

Many consultants do not regard their work outside the hours 08.00 to 18.00 as "out of hours".

This exercise mirrored a similar exercise in WOW I, when a letter was sent to the surgeon only. The intention was to understand whether a case was done out of hours as part of planned elective activity, because of pressing clinical need for a non-elective case, or whether with better planning and resources, the case could have been done within normal working hours.

"Out of hours" was defined for this report as any time outside 08.00 to 17.59 on weekdays, and any time on a Saturday or Sunday. This is the same definition that was used in WOW I. Some respondents felt this definition was too restrictive.

"Normal working hours in the NHS … is up to 21.00 for anaesthetic consultants."

"17.00 on a Saturday, not out of hours."

"13.00 on a Sunday is not out of hours."

There were several comments in this vein. These replies, together with the other data in the report, show that consultants spend considerable amounts of time in NHS hospitals outside the traditional standard working day of 9 to 5 on weekdays.

Most respondents were helpful.

"In reply to your letter, firstly my apologies for the delay in getting this back to you but I have only just obtained the hospital records."

Some were upset by the request for information and obviously misunderstood the purpose of the exercise.

"I think it is outrageous that you are asking me to justify best practice for operating out of hours. Had I not operated on this case I would have been sued for negligence. We are overwhelmed with bureaucracy and this is just adding to the burden."

Many operations were performed out of hours because of inadequate scheduled sessions for non-elective surgery.

The replies received were reviewed by NCEPOD clinical co-ordinators, and allocated into appropriate categories (Tables 8.1 and 8.2).

Table 8.1 Anaesthetists' replies

Anaesthetic out of hours reason	Count (%) n=2481	
Justified on clinical grounds	1756	(70.8)
Daytime emergency theatre already fully utilised	144	(5.8)
No daytime emergency theatre	108	(4.4)
Evening/weekend trauma list	97	(3.9)
Did not need to be done out of hours	55	(2.2)
Surgeon of the correct grade not available	32	(1.3)
Surgeon requested a time out of hours	21	(0.8)
Waiting list initiative	13	(0.5)
Wait for patient to be starved	12	(0.5)
Elective list over run	11	(0.4)
Other	8	(0.3)
No information supplied	224	(9.0)

Table 8.2 Surgeons' replies

Surgical out of hours reason	Count (%) n=2597	
Justified on clinical grounds	1706	(65.7)
Daytime emergency theatre already fully utilised	275	(10.6)
No daytime emergency theatre	163	(6.3)
Evening/weekend trauma list	121	(4.7)
Did not need to be done out of hours	107	(4.1)
Surgeon of the correct grade not available	10	(0.4)
Surgeon requested a time out of hours	9	(0.3)
Waiting list initiative	6	(0.2)
Wait for patient to be starved	6	(0.2)
Elective list over run	11	(0.4)
Other	5	(0.2)
No information supplied	178	(6.9)

The replies from anaesthetists and surgeons cannot be compared directly because in some cases a reply was received from the consultant anaesthetist but not the consultant surgeon, and in other cases *vice versa*. Overall the two samples are consistent, with the clinical co-ordinators considering that in approximately two thirds of the cases the replies justified the decision to perform the operation out of hours on clinical grounds. In 2% of the anaesthetists' replies, and 4% of the surgeons' replies, there appeared to be no justification for carrying out the operation outside normal hours.

In 10% of the anaesthetists' replies, and 17% of the surgeons', the case could have been done during normal working hours if there had been sufficient scheduled lists for emergency operating.

In some cases the hospital did not have any scheduled emergency lists for general emergencies or for trauma (NCEPOD lists), at all. Most hospitals have had NCEPOD lists in some form for many years. Their doctors and managers have begun to devote a just and sensible share of resources to the proper care of emergency cases, to the benefit of those patients. It is hard to understand why some Trusts have failed to follow their lead.

In others, the hospital did have such lists but the case in question still had to be done out of hours. In some cases this may have been because the list had been used inefficiently, but there are undoubtedly large hospitals, which have such an amount of non-elective work from all surgical specialties that they can justify scheduling more sessions for non-orthopaedic emergency operating than they do at the moment.

NCEPOD lists are considered further in the chapter on non-elective surgery.

NIGHT TIME CASES

At first sight these Tables 8.3 to 8.14 appear to include a significant number of cases normally considered elective but performed at night. Further analysis reveals that many of these cases are in fact started early in the morning on an elective list.

(The figures in brackets appear to be true 'night time' surgery as opposed to elective lists starting early). Where possible we have tried to highlight this but it may not be 100% accurate owing to the fact that NCEPOD are not aware of the exact times that hospitals start elective lists. In fact it is known that different specialties within the same hospital will start their lists at different times.

81 cases were omitted due to missing procedure or specialty of surgeon.

Table 8.3 Cardiothoracic

Classification of case	Procedure	Count	
Emergency	Re-opening of chest for bleeding	2	(2)
	Coronary artery bypass graft(s)	1	(1)
	Bronchoscopy & removal of tissue from stent	1	(1)
	Re-opening of chest for re-grafting	1	(1)
	Heart transplant	1	(1)
	Post-operative cardiac bleeding	1	(1)
Urgent	Drainage of pericardial effusion	1	(1)
Scheduled	Coronary artery bypass graft(s)	11	
	Aortic valve replacement	5	
	Replacement of right ventricular outflow conduit	1	
Elective	Coronary artery bypass graft(s)	8	
	Mitral valve replacement	1	
	Aortic valve replacement	2	
	Mitral & aortic valve replacement	1	
	Repair of thoracic aortic aneurysm	1	
Blank	Coronary artery bypass graft(s)	2	
	Re-opening of sternum	1	

Table 8.4 Otorhinolaryngology

Classification of case	Procedure	Count	
Emergency	Control of primary post tonsillectomy haemorrhage	4	(4)
	Exploration of neck and securing haemostasis & flap from chest wall	1	(1)
	F.E.S.S.	1	
	Intubation for supraglottitis	1	(1)
Urgent	External ethmoidectomy inferior antrostomy	1	
	Removal of fishbone from oesophagus	1	(1)
	Foreign body removal	2	(2)
Scheduled	Adenotonsillectomy	1	
	Bilateral functional endoscopic sinus surgery	1	(1)
Blank	Oesophagoscopy for removal of coin	1	(1)
	Bronchoscopy and intubation	1	(1)

Table 8.5 Maxillofacial

Classification of case	Procedure	Count	
Emergency	Tracheostomy and incision & drainage submandibular abcess	1	(1)
Urgent	Repeat venous anastomosis end to side IJV to cephalic vein	1	(1)
Elective	Neck dissection	2	

Table 8.6 Neurosurgery

Classification of case	Procedure	Count	
Emergency	External ventricular drain	3	(3)
	Cranitomy & evacuation of haematoma	2	(2)
	Burr holes	2	(2)
	Evacuation extradural haematoma	1	(1)
	Revision of VP shunt	1	(1)
	Evacuation extradural & subdural heamatoma	1	(1)
	Burr hole and insertion of ventricular drain	1	(1)
	Elevation of depressed skull fracture	1	(1)
Urgent	Craniotomy	1	(1)
	Removal of VP shunt & insertion of external ventricular drain	1	(1)
Blank	Craniotomy	1	(1)

Table 8.7 Ophthalmology

Classification of case	Procedure	Count	
Emergency	Vitreous tap intraviteous antibiotics	1	
	Corneal graft	1	(1)
Urgent	Injection of drug into vitreous, biopsy of vitreous	1	(1)
	Right upper lid sutured	1	(1)
Scheduled	Cataract	1	
Elective	Phako + IOL	1	

Table 8.8 Paediatric surgery

Classification of case	Procedure	Count	
Emergency	Transplantation of liver	1	
	Laparotomy and resection of bowel	1	(1)
	Exploration of left hemiscrotum	1	(1)
	Appendicectomy	1	(1)
	Bladder ultrasound insertion urethral catheter and bladder irrigation	1	(1)
	Laparotomy and ileal resection for intussception	1	(1)
	Left orchidectomy & right orchidopexy	1	(1)
Urgent	Exploration of scar	1	(1)
	Laparotomy and ileostomy	1	(1)
	Suture of vulva	1	(1)
Blank	Testicular exploration and fixation	1	(1)

Table 8.9 Plastic surgery

Classification of case	Procedure	Count	
Emergency	Revision of skin flap, harvest of veins, evacuation of haematoma	1	(1)
	Incision drainage washout of laceration to finger	1	(1)
	Resection of brachial artery & basilic vein graft	1	(1)
Urgent	Aspiration of haematoma	1	(1)
Scheduled	Abdominoplasty	1	(1)
Elective	Removal K wire inter bone fixation	1	

Table 8.10 Urology

Classification of case	Procedure	Count	
Emergency	Fixation for testicular torsion	1	(1)
	Exploration of testis and ligation of patent processus vaginalis-groin approach	1	(1)
	Drainage of scrotum	1	(1)
Urgent	Fixation of testis	1	(1)
	Debridement skin – necrotic scrotum	1	(1)
Scheduled	EUA & Cystoscopy	1	
	Bilateral hydrocele	1	

Table 8.11 General

Classification of case	Procedure	Count	
Emergency	Laparotomy	12	(12)
	Liver transplant	1	
	Inguinal herniotomy	1	(1)
	Haemorrhage - post haemorrhoidectomy	1	
	Double-barelled stoma	1	(1)
	Exploration of scrotum	2	(2)
	Exploration of testicles	2	(2)
	Exploration of groin	2	(2)
	Laparoscopy	1	(1)
	Femoral embolectomy	1	(1)
	AAA repair	3	(3)
	Hartmann's	2	(2)
	Lymph node excision	1	(1)
	Gastroscopy	1	(1)
	Laparotomy & splenectomy	2	(2)
	Femoral hernia repair	2	(2)
	Repair of bleeding duodenal ulcer	4	(4)
	Exploration of multiple stab wounds	1	(1)
	Endoscopy	1	(1)
	Laparotomy & insertion of sengstaken tube	1	(1)
	Subtotal colectomy and ileostomy	1	(1)
	Evacuation of haematoma	1	(1)
	Laparotomy & retroperitoneal biopsy	1	(1)
	Orchidopexy	3	(3)
	Sigmoid resection	1	(1)
	Laparotomy, gastrostomy, duodenectomy	1	(1)
	Inguinal herniotomy	1	(1)
	I & D of abscess	1	(1)
	Hemicolectomy	1	(1)
	Small bowel resection	3	(3)
	Sigmoidoscopy	2	(2)
	Appendicectomy	21	(21)
	I & D pilonidal sinus/abscess	1	(1)
Urgent	Amputation of toe	1	(1)
	Cardioversion	1	(1)
	Sigmoidoscopy	1	(1)
	Exploration of testicles	1	(1)
	Insertion of subclavian line	1	(1)
	OGD	1	(1)
	Incisional hernia repair	1	(1)
	Appendicectomy	11	(11)
	Orchidopexy	1	(1)
	Laparotomy	1	(1)
	Femoral hernia repair	1	(1)
	Repair of bleeding duodenal ulcer	1	(1)
	I & D perianal sepsis	2	(2)
	I & D pilonidal sinus	2	(2)
	I & D abscess	4	(4)
	Small bowel resection	4	(4)
	Sigmoid colectomy & ileostomy	1	
Scheduled	Laparascopic cholecystectomy	1	
	Laparotomy	1	
	Appendicectomy	1	(1)
Elective	Abdoperineal excision of rectum	1	
	I & D abscess	1	
	Excision of skin tags	1	
Blank	Reduction of rectal prolapse	1	(1)
	Removal of foreign body	1	(1)
	Repair of bleeding duodenal ulcer	1	(1)
	Femoral hernia repair	1	(1)
	Laparotomy	1	(1)
	Appendicectomy	2	(2)
	I&D perianal abscess	1	(1)
	I&D abscess	1	(1)

Table 8.12 Gynaecology

Classification of case	Procedure	Count	
Emergency	EUA & suturing to vaginal vault	1	(1)
	ERPC	7	(7)
	Laparoscopy	2	(2)
	Laparotomy	3	(3)
	Salpingectomy	4	(4)
	EUA – vaginal laceration	1	(1)
	Suction evacuation of uterus	4	(4)
Urgent	Salpingectomy	1	(1)
	Excision ectopic ovarian pregnancy	1	(1)
	ERPC	8	(8)
	Resuturing of wound	1	(1)
	Oophrectomy	1	(1)
	Repair of obstetric tears	1	(1)
	Laparotomy for postoperative bleeding	1	(1)
	ERPC	1	(1)
Elective	Hysteroscopy	1	
Blank	ERPC	1	(1)
	Laparoscopy	1	(1)

Table 8.13 Orthopaedics

Classification of case	Procedure	Count	
Emergency	Removal of nail from finger	1	(1)
	Intramedullary nail fixation - # tibia	1	(1)
	Internal fixation - # humerus	1	(1)
	Arthroscopy – knee	2	(2)
	Arthroscopy – shoulder	1	(1)
	Reduction and fixation #	1	(1)
	Debride lavage repair compound #	1	(1)
	Reduction and fixation # ankle	2	(2)
	Debridement & suture dog bite	1	(1)
	I&D abscess	1	(1)
	Reduction shoulder dislocation	2	(1)
	Debridement of skin	1	(1)
	Debridement and manipulation # tibia and fibula	2	(2)
	Fasciotomy	1	(1)
	Arthroscopic washout & synovial biopsy	1	(1)
	Reduction of talonavicular joint	1	(1)
	Hemiarthroplasty	2	(2)
	Debridement & manipulation& fixation #knee	1	(1)
	MUA elbow	2	(2)
	Exploration of skin wound	2	
	Reduction & fixation #wrist	1	(1)
Urgent	Open compound fracture tibia & fibula	1	(1)
	Traction – dislocated hip	2	(2)
	Manipulation # finger under anaesthetic	1	(1)
	K wires # bone	1	
	I&D flexor tendosynovitis	1	(1)
	Drainage abscess	2	(2)
	Reduction of fracture – lower end of femur	2	(2)
	Reduction & internal fixation - # ankle	2	(2)
	Dynamic hip screw	1	(1)
	Scaphoid tendon repairs to wrist	1	(1)
	Manipulation # tibia and fibia	1	(1)
	Carpel tunnel decompression	1	(1)
	Debridement open # tibia	1	(1)
	Debridement right hand	1	(1)
	Debridement septic arthritic joint	1	(1)
	Drainage & washout infected knee	1	(1)
	Reduction of # NOF	1	(1)

Table continued overleaf

Table 8.13 Orthopaedics (continued)

Classification of case	Procedure	Count	
	Debridement #1st metatarsal	1	(1)
	Fasciotomy	2	(2)
	Manipulation of dislocated shoulder	1	(1)
Scheduled	Spinal fusion	1	
Elective	Arthroscopy	3	(1)
	Lumbar decompression	2	
	Two level discectomy	1	
	Bilateral arthroscopy	1	
	Total hip replacement	6	
	Total knee replacement	5	
	Removal of metalwork	1	
	Carpel tunnel release	1	
Blank	Removal of needle	1	(1)
	Excision cyst	1	(1)
	Exploration of skin wound	1	(1)

Table 8.14 Vascular

Classification of case	Procedure	Count	
Emergency	Repair aneurysm	1	(1)
	Closure of femoral artery	1	(1)
	Femoral embolectomy	4	(3)
	Evacuation of retroperitoneal haematoma	1	(1)
	Debridement of diabetic foot	1	(1)
	Aorta unifemoral graft	1	(1)
	Laparotomy	1	(1)
	Gastroscopy	1	(1)
	Calf muscle repair – trauma	1	(1)
Urgent	I&D abscess	1	(1)
	Appendicectomy	1	(1)
	Femoral embolectomy	1	(1)
	Kidney transplant	1	(1)