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**Indicator Construction: BCBV – Increasing  
Day Case Surgery Rates**

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**DOCUMENT MANAGEMENT****VERSIONS**

Version	Date	Summary	Editor
1.0	31/10/2013	Baseline Version	Walt Treloar
1.1	11/11/2015	Annual review and variety of minor updates and format changes	Walt Treloar
1.2	02/12/2015	Changes to BADS Procedures	Walt Treloar
1.3	12/09/2016	Minor changes to reflect suppression of output values to aid clarity.	Walt Treloar

**APPROVALS**

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**REVIEW DETAILS**

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Reviewer:	Walt Treloar

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## 1. Overview

Indicator Family Name
Better Care, Better Value

Indicator Family Code
BCBV

Subject
Productivity opportunity calculated as the potential cost saving that could be achieved if trusts achieved a day case surgery rate in line with the top quartile for each procedure.

Condition	Indicator Code
A total of 167 procedure groups defined by British Association of Day Surgery (BADs) see Appendix 2	I00609

Detailed Descriptor
<p>This indicator shows the financial productivity opportunity to be realised by increasing the levels of day case surgery to various percentiles within the distribution.</p> <p>The British Association of Day Surgery (BADs) has identified 167 procedures which in most cases can be carried out safely as a day case. The day case indicator is the percentage of these procedures that are actually carried out as day case operations.</p> <p>The calculation is the total number of elective admissions where the patient is classified as a day case, and where the dominant operation episode is one of those 167 procedures, as a percentage of the total number of elective admissions where the dominant operation episode is one of those 167 procedures for the trust.</p>

Reporting Frequency
<p>Data supplied on a quarterly basis.</p> <p>Reporting required on a quarterly basis.</p>

## 2. Data

Data Source
Secondary Uses Service, Payment by Results (SUS PBR), Episodes and Spells tables.
ODS list of NHS Organisations and Postcode Sector IMD (Index of Multiple Deprivation) Lookup table

Data Fields	
The source of data is the SUS PBR data set.	
The data fields required are as follows:	
<u>SUS PBR Episodes table</u>	
1. PRIMARY_PROCEDURE_CODE	
2. SECONDARY_PROCEDURE_CODE_1	
3. SECONDARY_PROCEDURE_CODE_2	
4. SECONDARY_PROCEDURE_CODE_3	
5. SECONDARY_PROCEDURE_CODE_4	
6. SECONDARY_PROCEDURE_CODE_5	
7. SECONDARY_PROCEDURE_CODE_6	
8. SECONDARY_PROCEDURE_CODE_7	
9. SECONDARY_PROCEDURE_CODE_8	
10. SECONDARY_PROCEDURE_CODE_9	
11. SECONDARY_PROCEDURE_CODE_10	
12. SECONDARY_PROCEDURE_CODE_11	
13. SECONDARY_PROCEDURE_CODE_12	
14. EPISODE_NUMBER	
15. SPELL_ID	
<u>SUS PBR Spells table</u>	
1. SPELL_ID	
2. PROVIDER_CODE	
3. DISCHARGE_DATE	
4. HPS_LOS	The length of stay (LOS) or duration of the hospital provider spell.
5. NHS_NUMBER	A unique identifier per patient – note that this is pseudonymised in the data source.
6. ADMISSION_METHOD	Describes the method the patient was admitted.
7. IC_PBR_QUALIFIED	Describes whether the record qualifies for a payment by results (PBR) tariff.
8. SEX	
9. AGE_ON_ADMISSION	
10. AGE_ON_DISCHARGE	
11. PATIENT_CLASSIFICATION	Describes classification of patient (day case, normal admission etc.)
12. SPELL_CORE_HRG	

The SUS PBR Episodes and SUS PBR SPELLS tables are linked using the SPELL\_ID (Episodes and Spells table).

SUS PBR Reference tariff table

1. HRG\_CODE
2. XS\_TARIFF Per day long stay payment (for days exceeding trim-point)

This table is joined to the Spells table using HRG\_CODE and the SPELL\_CORE\_HRG field in the Spells table.

Market Force Factors table

1. PROVIDER\_CODE
2. PAYMENT\_INDEX\_VALUE Market Forces Factor

This table is joined to the Spells table using PROVIDER\_CODE (Market Force Factors and Spells table)

Organisation

1. Code The code of the organisation
2. TypeID The organisation type

This table is joined to the Spells table using PROVIDER\_CODE and the CODE, records in the Spells table which are not present in the organisation table are excluded. The organisation table is populated from the ODS list of NHS organisations and is updated annually.

### 3. Data Preparation

Data Filter	
The following data filters should be applied to the data.	
1.	<p><b>Field Name:</b> DISCHARGE_DATE</p> <p><b>Conditions:</b> Limited to discharges within the current quarter, for the current year. Quarter 1 – 1<sup>st</sup> April to 30<sup>th</sup> June; Quarter 2 – 1<sup>st</sup> July to 30<sup>th</sup> September; Quarter 3 – 1<sup>st</sup> October to 31<sup>st</sup> December; Quarter 4 – 1<sup>st</sup> January to 31<sup>st</sup> March.</p> <p><b>Rationale:</b> Data is updated quarterly using spells with a discharge date within the quarter in question.</p>
2.	<p><b>Field Name:</b> ADMISSION_METHOD</p> <p><b>Condition:</b> In 11, 12, 13</p> <p><b>Rationale:</b> Excludes non-elective patients</p>
3.	<p><b>Field Name:</b> IC_PBR_QUALIFIED</p> <p><b>Condition:</b> Equal to Y</p> <p><b>Rationale:</b> Limited to spells that qualify under PbR</p>
4.	<p><b>Field Name:</b> SEX</p> <p><b>Conditions:</b> in (1, 2)</p> <p><b>Rationale:</b> Data quality - limits data to male and female patients, excluding unknown and not applicable records.</p>
5.	<p><b>Field Name:</b> PRIMARY_PROCEDURE_CODE</p> <p><b>Conditions:</b> See Appendix 2</p> <p><b>Rationale:</b> To include only those procedures in the BADS list.</p>
6.	<p><b>Field Name:</b> SECONDARY_PROCEDURE_CODE_1 (applies for all fields through to SECONDARY_PROCEDURE_CODE_12)</p> <p><b>Conditions:</b> See Appendix 2</p> <p><b>Rationale:</b> To include only those procedures in the BADS list where procedures are made up of more than one code.</p>
7.	<p><b>Field Name:</b> AGE_ON_ADMISSION; AGE_ON_DISCHARGE</p> <p><b>Condition:</b> AGE_ON_ADMISSION between 0 and 120 or AGE_ON_DISCHARGE between 0 and 120</p> <p><b>Rationale:</b> Data quality – limits data to records with valid age recorded.</p>
8.	<p><b>Field Name:</b> SPELL_ID, EPISODE_NUMBER</p> <p><b>Conditions:</b> EPISODE_NUMBER exists for each SPELL_ID</p> <p><b>Rationale:</b> Filters to spells where at least one procedure was carried out</p>
9.	<p><b>Field Name:</b> SPELL_ID, EPISODE_NUMBER</p> <p><b>Conditions:</b> The minimum EPISODE_NUMBER for each SPELL_ID</p> <p><b>Rationale:</b> Filters to the first episode in each spell.</p>
10.	<p><b>Field Name:</b> ADMISSION_DATE; DISCHARGE_DATE</p> <p><b>Condition:</b> ADMISSION_DATE is valid and DISCHARGE_DATE is valid</p> <p><b>Rationale:</b> Both dates must be within the year and quarter being calculated.</p>
11.	<p><b>Field Name:</b> PROVIDER_CODE</p> <p><b>Condition:</b> Is Not NULL</p> <p><b>Rationale:</b> Data Quality, excludes records with invalid or NULL provider codes.</p>

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12.	Field Name:	TypeID
	Condition:	Is equal to 8
	Rationale:	To limit the data to acute trusts.



## 4. Indicator Calculation

### Calculation

1. The Day Case Rate  $D$  is calculated by provider  $p$  for each procedure  $t$  using the following method:

$$DCR_{pt} = \frac{DC_{pt}}{S_{pt}}$$

where:

$DCR_{pt}$  is the day case rate for each provider  $p$  and procedure  $t$ ;

$DC_{pt}$  is the number of day cases (PATIENT\_CLASSIFICATION = 2 and HPS\_LOS = 0) for each provider  $p$  and procedure  $t$ ; and

$S_{pt}$  is the number of spells for each provider  $p$  and procedure  $t$ .

2. The Financial Cost  $FC$  of the patients not treated as a day case rate needs to be calculated by provider  $p$  for each procedure  $t$ . This is calculated by multiplying the length of stay for all patients not treated as a day case by the Long Stay Tariff and the Market Forces Factor.

$$FC_{pt} = \frac{\sum (LOS_{st} * XS\_TARIFF_{st} * PAYMENT\_INDEX\_VALUE_p)}{TS_{pt}}$$

where:

$FC_{pt}$  is the financial cost for each provider and procedure  $t$

$LOS_{st}$  is the length of stay for each spell  $s$  and procedure  $t$

$XS\_TARIFF_{st}$  is the Long Stay Tariff for each spell and procedure  $t$

$PAYMENT\_INDEX\_VALUE_p$  is the Market Forces Factor for each provider  $p$

$TS_{pt}$  is the total number of spells for each provider  $p$  and procedure  $t$  where  $LOS_{st}$ ,  $XS\_TARIFF_{st}$  and  $PAYMENT\_INDEX\_VALUE_p$  are greater than zero

3. Calculate the  $N^{\text{th}}$  percentile for the ordered DCR using quarter 1 data. Select the provider with the largest day case rate less than or equal to that at the  $N^{\text{th}}$  percentile. This is the reference provider.  $N$  will take values of 10, 25 and 50. The remaining steps need to be repeated for each value of  $N$ .

$$REF\_DCR_{pt} = \frac{DC_{pt}}{S_{pt}}$$

- Calculate the DCR for each procedure and Provider, using data from quarter 1 of the current year.
- For each procedure rank the Provider results in order with the highest DCR at position 1. Where values are equal, order by alphabetising the organisation code.
- For each procedure select the DCR for the Provider with the lowest DCR less than or equal to the  $N^{\text{th}}$  percentile.  $N$  will take values of 10, 25 and 50. When there are no providers with a DCR less than or equal to the  $N^{\text{th}}$  percentile select the Provider with the highest DCR.
- The selected DCR is the reference DCR for that procedure and Provider for the  $N^{\text{th}}$  percentile.
- The reference DCRs are used for calculating the savings in all four quarters of the year. If in later quarters a combination of procedure and Provider is observed that does not have a reference DCR, calculate the reference DCR with data from the first quarter the combination is seen.

4. Calculate the potential increase in day case surgery rates PI for each provider p and procedure t, using the following method:

$$PI_{pt} = \text{MAX}(\text{REF\_DNA}_{pt} - \text{DCR}_{pt}, 0) * s_{pt}$$

5. The quarterly financial savings opportunity QFS is calculated by multiplying the potential increase in day case surgery rates  $PI_{pt}$  by the financial costs of patients not treated as a day case rate for the provider and procedure.

$$QFS_{pt} = PI_{pt} * FC_{pt}$$

6. Aggregate the estimated potential financial savings to produce output at provider, NHS England geographical region and national levels each broken down by procedure.

$$\text{FinancialOpportunity}_p = \sum_{t=1}^n QFS_{pt}$$

$\text{FinancialOpportunity}_p$  is the estimated potential saving for each provider;

$$\text{FinancialOpportunity}_{ht} = \sum_{p=GR_1}^{GR_n} QFS_{pt}$$

$\text{FinancialOpportunity}_{ht}$  is the estimated potential saving for each NHS England geographical region (GR) and procedure;

$$\text{FinancialOpportunity}_h = \sum_{p=GR_1}^{GR_n} \text{FinancialOpportunity}_p$$

$\text{FinancialOpportunity}_h$  is the estimated potential saving for each NHS England geographical region;

$$\text{FinancialOpportunity}_t = \sum_{p=1}^n \text{FinancialOpportunity}_{pt}$$

$\text{FinancialOpportunity}_t$  is the estimated national potential saving for each procedure;

$$\text{FinancialOpportunity} = \sum_{p=1}^n \text{FinancialOpportunity}_p$$

$\text{FinancialOpportunity}$  is the estimated national potential saving

7. Aggregate the estimated potential increasing day case surgery rates savings to produce output at provider, NHS England geographical region and national level, each broken down by procedure.

$$\text{VolumeOpportunity}_p = \sum_{t=1}^n PI_{pt}$$

$VolumeOpportunity_p$  is the estimated potential saving for each provider;

$$VolumeOpportunity_{ht} = \sum_{p=GR_1}^{GR_n} PI_{pt}$$

$VolumeOpportunity_{ht}$  is the estimated potential saving for each NHS England geographical region (GR) and procedure;

$$VolumeOpportunity_h = \sum_{p=GR_1}^{GR_n} VolumeOpportunity_p$$

$VolumeOpportunity_h$  is the estimated potential saving for each NHS England geographical region;

$$VolumeOpportunity_t = \sum_{p=1}^n VolumeOpportunity_{pt}$$

$VolumeOpportunity_t$  is the estimated national potential saving for each procedure;

$$VolumeOpportunity = \sum_{p=1}^n VolumeOpportunity_p$$

$VolumeOpportunity$  is the estimated national potential saving

8. **Attendances** are the number of attendances during the quarter in question. Aggregate the attendances to produce output at provider, NHS England geographical region and national levels.

$$Attendances_p = \sum_{t=1}^n Attendances_{pt}$$

$Attendances_p$  is the number of attendances for the quarter in question for each provider;

$$Attendances_{ht} = \sum_{p=GR_1}^{GR_n} Attendances_{pt}$$

$GR_1$  to  $GR_n$  represent all of the providers in each NHS England Region;

$Attendances_{ht}$  is the number of attendances for the quarter in question for each NHS England geographical region (GR) and procedure;

$$Attendances_h = \sum_{p=GR_1}^{GR_n} Attendances_p$$

$Attendances_h$  is the number of attendances for the quarter in question for each NHS England geographical region;

$$Attendances_t = \sum_{h=1}^n Attendances_{ht}$$

$Attendances_t$  is the number of attendances for the quarter in question for each procedure;

$$Attendances = \sum_{p=1}^n Attendances_p$$

$Attendances$  is the number of attendances for the quarter in question in total.

9. *PATIENTS* are the number of patients during the quarter in question. Count the distinct NHS\_NUMBER to produce output at provider, NHS England geographical region and national levels, each broken down by procedure.

*Patients<sub>pt</sub>* is the count of distinct count of patients for the quarter in question for provider p and procedure t; and

*Patients<sub>ht</sub>* is the count of distinct count of patients for the quarter in question by NHS England geographical region h and procedure t; and

*Patients<sub>t</sub>* is the count of distinct count of patients for the quarter in question by procedure; and

*Patients<sub>p</sub>* is the count of distinct count of patients for the quarter in question for each provider p; and

*Patients<sub>h</sub>* is the count of distinct count of patients for the quarter in question for each NHS England geographical region h; and

*Patients* is the count of distinct count of patients for the quarter in question.

## Output

The summaries produced should be in the common output format described below. One record should be present for the different geographical aggregation levels of provider, NHS England geographical region and national with breakdowns at each geographical level for different treatment functions and overall total calculations.

Field Name	Type	Length	Source
ID	Integer		Primary key ID field
IndicatorID	Character	6	I00609
BatchID	Integer		Input file identifier.
YearQuarterID	Integer		ID of the quarter within the year
PercentileID	Integer		ID of the percentile for this calculation. See Appendix for values.
OrganisationCode	Character	15	Character code representing the organisation
ComponentID	Integer		Procedure – 999 represents all procedures
Value	Numeric	30,2	Day case surgery rates
FinancialOpportunity	Numeric	30,2	Financial opportunity calculated in equation 6
VolumeOpportunity	Numeric	30,2	Potential adjustment in attendance calculated in equation 7
Attendances <sup>1</sup>	Integer		Number of attendances calculated in equation 8
Patients <sup>1</sup>	Integer		Count of the distinct number of NHS numbers contained in equation 9
Rank	Integer		Rank values are based on the DCR of the org <sup>n</sup> for each component. Where the same DCR exists the org <sup>n</sup> 's will have an equal rank, this is different from other indicators but prevents org <sup>n</sup> 's with the same DCR being penalised by having a different rank.

<sup>1</sup> Value output is suppressed by (a) setting values between 1 and 5 to “\*” and (b) rounding all other values to nearest 10.

# Appendices

## Appendix 1 – Groupings of data

Table A.1. Measure Types

Group Number	Description
1	10 <sup>th</sup> Percentile
2	25 <sup>th</sup> Percentile
3	50 <sup>th</sup> Percentile
4	Not Applicable

Appendix 2 – BADS Procedure Groups

Table A.2. Procedure Groups

ID	Description	Include										
<b>Breast Surgery</b>												
3001	Excision/biopsy of breast tissue (including wire guided)	B28.3	B28.4	B28.7	B28.9	B32.2	B32.3	B32.8	B32.9			
3002	Wide local excision of breast (including wire guided)	B28.1	B28.2	B28.5								
3004	Simple mastectomy (with and without axillary surgery)	B27.4	B27.5	B27.6	B27.8	B27.9						
3005	Microdochotomy + other operations on duct of breast	B34										
3006	Operations on nipple	B35	B36.1	B36.4								
3144	Excision of accessory breast tissue	B28.6										
3168	Sentinel lymph node biopsy/Axillary sample/Axillary clearance	T85.2	T86.2	T87.3								
3169	Excision of breast with sentinel lymph node biopsy, axillary sample or axillary clearance	B28 +T85.2	B28 +T86.2	B28 +T87.3								
3170	Re excision of margins	B28.4										
3171	Removal of breast prosthesis	B30.3										

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ENT												
3007	Excision pre-auricular abnormality	D01.3										
3008	Excision/biopsy of lesion of pinna	D02	D06.1									
3009	Pinnaplasty (including bilateral)	D03.3										
3010	Tympanoplasty	D14.1	D14.2	D14.4	D14.8	D14.9						
3011	Myringotomy ± insertion of tube, suction clearance	D15										
3012	Removal of ventilation device	D20.3										
3013	Septorhinoplasty ± graft/implant	E02.3	E02.4									
3014	Rhinoplasty	E02.5	E02.6									
3015	Submucous resection of nasal septum	E03.1										
3016	Septoplasty of nose	E03.6										
3017	Nasal septum cauterisation (and bilateral)	E03.8	E03.9									
3018	Operations on turbinates of nose (laser, diathermy, out fracture etc)	E04										

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3019	Polypectomy of internal nose	E08.1										
3020	Intranasal antrostomy (including endoscopic)	E13.3										
3021	FESS Endoscopic uncinectomy, anterior and posterior ethmoidectomy	E14.2										
3022	Manipulation under anaesthesia of fractured nose (as sole procedure)	V09.1	V09.2									
3023	Adenoid Surgery	E20.1	E20.2	E20.4	E20.8	E20.9						
3024	Therapeutic endoscopic operations on pharynx	E24										
3025	Diagnostic endoscopic examination of pharynx/ larynx ± biopsy	E25	E36	E37								
3026	Tonsillectomy	F34.1	F34.2	F34.3	F34.4	F34.7	F34.8	F34.9				
3027	Laser surgery to vocal cord (including microlaryngoscopy)	E34										
3145	Modified radical mastoidectomy (including meatoplasty)	D10.2	D10.3	D10.4								
3146	Ossiculoplasty	D16										
3147	Stapedectomy	D17										
3148	Pharyngeal pouch-endoscopic procedures	E23.2										



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General Surgery												
3028	Laparoscopic repair of hiatus hernia with anti-reflux procedure (eg fundoplication)	G24.3 +Y75.2										
3029	Excision/biopsy of lymph node for diagnosis (cervical, inguinal, axillary)	T87										
3030	Closure of colostomy	H15.4										
3031	Transanal excision of lesion of anus	H40.1	H40.2	H40.3	H41.2	H41.3						
3032	Excision/destruction of lesion of anus	H48	H49	H56.1								
3033	Haemorrhoidectomy	H51.1										
3034	Circular stapling haemorrhoidectomy	H51.3										
3035	Excision/treatment of anal fissure	H55.1	H55.3	H56.4								
3036	Lateral sphincterotomy of anus	H56.2										
3037	Pilonidal sinus surgery - laying open or suture/ skin graft	H59	H60.1	H60.2	H60.3	H60.8	H60.9					
3038	Adrenalectomy - unilateral (laparoscopic)	B22.3 +Y75.2										
3039	Diagnostic laparoscopy	J09	J51.8	J51.9	J73.8	J73.9	T43					

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3040	Laparoscopic cholecystectomy	J18.1 +Y75.2	J18.3 +Y75.2									
3041	Laparoscopic splenectomy	J69.2 +Y75.2	J69.3 +Y75.2	J69.8 +Y75.2	J69.9 +Y75.2							
3042	Primary repair of inguinal hernia	T20										
3043	Repair of recurrent inguinal hernia	T21										
3044	Primary repair of femoral hernia	T22										
3045	Repair of umbilical hernia	T24										
3046	Laparoscopic repair of incisional hernia	T25 +Y75.2										
3047	Repair of other abdominal hernia	T27	-									
3048	Repair of rectal mucosal prolapse	H42.1	H42.5	H42.6	H42.8	H42.9						
3049	Laparoscopic gastric banding	G30.3 +Y75.2										
3149	Injection or banding of haemorrhoids	H52.3	H52.4									
3150	Anorectal stretch	H54										
3151	Open repair of incisional hernia	T25										

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Gynaecology												
3050	Laparoscopic total/subtotal abdominal hysterectomy	Q07.4 +Y75.2	Q07.5 +Y75.2									
3051	Myomectomy (including laparoscopically)	Q09										
3052	Therapeutic endoscopic operations on uterus (including endometrial ablation)	Q16	Q17									
3053	Endometrial biopsy/ aspiration + hysteroscopy	Q18	Q20.2	Q20.5	Q20.8	Q20.9						
3054	Laparoscopic oophorectomy and salpingectomy (including bilateral)	Q22 +Y75.2	Q23 +Y75.2	Q24 +Y75.2	Q25 +Y75.2							
3055	Therapeutic laparoscopic procedures including laser, diathermy and destruction eg endometriosis, adhesiolysis, tubal surgery	Q20.1	Q35.4	Q36.2	Q38.1	Q38.2	Q38.8	Q38.9	Q39	Q49	Q50	T42
3056	Operations to manage female incontinence	M53.3	M53.6	M53.8								
3057	Colposcopy (± biopsy)	P27.3	P27.8	P27.9	Q55.4							
3058	Destruction of lesion of cervix uteri (including loop diathermy and laser)	Q01.3	Q01.4	Q02.2	Q02.3							
3059	Cone biopsy of cervix uteri (including laser)	Q03										
3060	Anterior colporrhaphy	P23.2	P23.6									
3061	Marsupialisation of Bartholin cyst	P03.2										

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3062	Termination of Pregnancy	Q10.1	Q10.2	Q11.1	Q11.2	Q11.3	Q11.5	Q11.6				
3063	Female sterilisation	Q35	Q36									
3152	Vaginal hysterectomy (including laparoscopically assisted)	Q08										
3153	Posterior colporrhaphy	P23.3	P23.7									
3154	Anterior and posterior colporrhaphy	P23.1										
3155	Repair of enterocele (± posterior colporrhaphy)	P23.4										
<b>Head and Neck</b>												
3064	Excision of lesion of lip	F02										
3065	Frenotomy / frenectomy of tongue	F26.1	F26.2	F26.3	F26.4							
3066	Excision/destruction of lesion of mouth	F38										
3067	Excision of submandibular gland	F44.4										
3068	Excision of sublingual gland	F44.5										
3069	Surgical removal of impacted/ buried tooth/teeth	F09										

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3070	Exposure of buried teeth	F14.5											
3071	Enucleation of cyst of jaw	F18											
3072	Apicectomy	F12.1											
3073	Biopsy/sampling of cervical lymph nodes	T86.1	T87.1	T87.2									
3074	Operations on branchial cyst	T94											
3075	Hemithyroidectomy, lobectomy, partial thyroidectomy	B08.3	B08.4	B08.5	B08.6								
3076	Excision of lesion of parathyroids	B14.4	B14.5	B14.8	B14.9								
3157	Excision of parotid gland	F44.1	F44.2	F44.3									
<b>Ophthalmology</b>													
3077	Excision of lesion of eyebrow	C10.1	C10.6										
3078	Excision of lesion of canthus	C11.1											
3079	Excision lesion of eyelid	C12.1	C12.6										
3080	Biopsy/cauterisation/curettage of lesion of eyelid	C12.2	C12.4	C12.5	C22.2								

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3081	Correction of ectropion	C15.1	C15.4									
3082	Correction of entropion	C15.2	C15.5									
3083	Correction of ptosis of eyelid	C18										
3084	Blepharoplasty	C13										
3085	Dacryocystorhinostomy (including insertion of tube)	C25.1	C25.2	C25.3	C25.4							
3086	Enlargement of lacrimal punctum	C29.2										
3087	Correction of squint	C31	C32	C33	C34	C35						
3088	Biopsy/sampling of conjunctival lesion	C39	C43.2									
3089	Surgical trabeculectomy or other penetrating glaucoma procedures	C60.1										
3090	Laser photocoagulation of ciliary body	C66.4										
3091	Extraction of cataract ± implant	C71	C72	C73	C74	C75	C77.1					
3092	Vitrectomy using pars plana approach	C79.1	C79.2									
3158	Laser iridotomy	C62.3										

Indicator Construction: BCBV – Increasing Day Case Surgery Rates

Orthopaedic Surgery												
3093	Excision of ganglion	T59	T60									
3094	Lengthening/shortening of tendon(s)	T70										
3095	Exploration of sheath of tendon (eg trigger finger)	T71.1	T72									
3096	Excision of nail / nailbed	S64	S68	S70								
3097	Removal of internal fixation from bone/joint, excluding K-wires	W28.3										
3098	Excision of lesion of peripheral nerve	A61.1	A61.2	A61.4	A61.8	A61.9						
3099	Carpal tunnel release	A65.1										
3100	Neurolysis and transposition of peripheral nerve eg ulnar nerve at elbow	A67.1	A68									
3101	Examination/manipulation of joint under anaesthetic ± injection	W90.3	W90.4	W91	W92.3	W92.4						
3102	Dupuytren's fasciectomy	T52.1	T52.2	T54.1								
3103	Interpositional silastic arthroplasty of MCP/ PIP joint	W05.1	W55 +Z83.1	W55 +Z83.2	W55 +Z83.3							
3104	Therapeutic arthroscopy of shoulder - subacromial decompression, cuff repair	O29.1	T79.1	W77.1 +Z54.2	W77.8 +Z54.2	W84.4 +Z68.2	W84.8					

Indicator Construction: BCBV – Increasing Day Case Surgery Rates

3105	Diagnostic arthroscopic examination of shoulder joint	W88 +Z81.4											
3106	Arthroscopy of knee (including meniscectomy, meniscal or other repair)	W82	W83 +Z84.6	W84 +Z84.6	W85	W87							
3107	Autograft anterior cruciate ligament reconstruction	W74.2											
3108	Bunion operations with or without internal fixation and soft tissue correction	W15.1	W15.2	W15.3	W59	W79							
3109	Posterior excision of lumbar disc prolapse (including microdiscectomy)	V33.7	V33.8	V33.9									
3159	Minimally invasive hip replacement (2 incisions)*	W39.1											
3160	Minimally invasive hip resurfacing*	W58.1											
3162	Knee replacement (Unicompartmental)*	W58.1 +Z84.4	W58.1 +Z84.5										
<b>Urology</b>													
3110	Ureteroscopic extraction of calculus of ureter	M27.1	M27.2	M27.3									
3111	Endoscopic insertion of prosthesis into ureter	M27.4	M29.2	M29.5									
3112	Removal of prosthesis from ureter	M27.5	M29.3	M33.6									
3113	Endoscopic retrograde pyelography	M30.1											



Indicator Construction: BCBV – Increasing Day Case Surgery Rates

3114	Other endoscopic procedures on ureter	M27	M28	M29.1	M29.4	M29.8	M29.9						
3115	Cystostomy and insertion of suprapubic tube into bladder	M38.2											
3116	Endoscopic resection/destruction of lesion of bladder	M42											
3117	Endoscopic extraction of calculus of bladder	M44.1	M44.2										
3118	Diagnostic endoscopic examination of bladder (including any biopsy)	M45											
3119	Dilatation of outlet of female bladder	M58.2											
3120	Endoscopic incision of outlet of male bladder	M66.2											
3121	Endoscopic examination of urethra ± biopsy	M77											
3122	Endoscopic resection of prostate (TUR)	M65.1	M65.2	M65.3	M65.8								
3123	Resection of prostate by laser	M65.3 +Y08.3	M65.3 +Y08.4	M65.4									
3124	Prostate destruction by other means	M65.5	M67.1	M67.2	M67.5	M67.6							
3125	Operations on urethral orifice	M81											
3126	Orchidectomy	N05	N06.1	N06.2	N06.3	N06.8	N06.9						

Indicator Construction: BCBV – Increasing Day Case Surgery Rates

3127	Excision of lesion of testis	N06.4	N07										
3128	Correction of hydrocele	N11											
3129	Excision of epididymal lesion	N15											
3130	Operation(s) on varicocele	N19											
3131	Excision of lesion of penis	N27											
3132	Frenuloplasty of penis	N28.4											
3133	Operations on foreskin - circumcision, division of adhesions	N30											
3134	Optical Urethrotomy	M76.3											
3135	Vasectomy	N17											
3136	Laparoscopic nephrectomy	M02.1 +Y75.2	M02.5 +Y75.2	M02.8 +Y75.2	M02.9 +Y75.2								
3137	Laparoscopic pyeloplasty	M05.1 +Y75.2											
3163	Laparoscopic radical prostatectomy	M61.1 +Y75.2	M61.2 +Y75.2	M61.9 +Y75.2									

**Vascular Surgery**

Indicator Construction: BCBV – Increasing Day Case Surgery Rates

3138	Transluminal operations on iliac and femoral artery	L54	L63										
3140	Biopsy of artery (including temporal)	L67.1											
3141	Creation of arteriovenous fistula for dialysis	L74.1	L74.2										
3142	Varicose vein surgery	L84	L85	L87									
3164	Radiofrequency ablation of varicose veins (VNUS)	L88.2											
3165	Endovenous laser treatment (EVLT)	L85.8	L88.1	L88.3									
3166	Varicose vein injection sclerotherapy	L86.1	L86.8										
3167	Foam sclerotherapy of varicose veins	L86.2	L86.9										

\* These procedures do not have specific OPCS codes indicating their status as minimally invasive operations, but are included following expert opinion on potential required length of stay by the British Association of Day Surgery.