NHS England

GIRFT
GETTING IT RIGHT FIRST TIME

GIRFT ear, nose and throat pathway: day case rate and clinical safety and efficiency of paediatric (adeno)tonsillectomy - a brief GIRFT impact assessment

Specialty: ENT

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About the GIRFT programme

Getting It Right First Time (GIRFT) is a national programme designed to improve treatment and care by reviewing health services. It undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

Working to the principle that a patient should expect to receive equally timely and effective investigations, treatment, and outcomes wherever care is delivered, irrespective of who delivers that care, GIRFT aims to identify approaches from across the National Health Service (NHS) that improve outcomes and patient experience, without the need for radical change or additional investment. While the gains for each patient or procedure may appear marginal, they can, when accumulated across an entire trust – and even more so across the NHS as a whole – deliver substantial benefits.

GIRFT is part of an aligned set of workstreams within NHS England. In Lord Carter's 2016 review of operational efficiency in acute trusts across England, Professor Tim Briggs was thanked for his clinical insights gained from visiting and reviewing elective orthopaedic surgery at 211 NHS providers. In the 12 months after the pilot programme, it delivered an estimated £30m-£50m savings in orthopaedic care – predominantly through addressing unwarranted variation and reducing average length of stay (LoS).

The programme has the backing of the Royal Colleges and professional associations and has a significant and growing presence on the Model Hospital System portal, with its data-rich approach providing the evidence for hospitals to benchmark against expected standards of service and efficiency. The programme also works with a number of wider NHS programmes and initiatives which are seeking to improve standards while delivering savings and efficiencies.

The GIRFT model has now been applied in more than 40 different areas of clinical practice. It consists of five key strands:

- Data gathering – a broad data gathering and analysis exercise, generating a detailed picture of current national practice and outcomes.
- Peer reviews – direct clinical engagement via visits or virtual meetings between clinical leads and trust teams; an opportunity to examine trust behaviour in the context of the national picture, enabling teams to understand where they are performing well and what they can do better.
- National report and Academy resources – production of national reports that draw on data analysis and discussions with provider teams to identify opportunities for

improvement, locally, regionally and nationally, alongside - clinical resources such as best practice pathways and guides.

- Support to deliver – the implementation phase where the GIRFT team supports trusts, commissioners and integrated care systems to deliver the improvements recommended.
- Research and development – GIRFT fellowships support resident doctors, nurses and allied health professionals to develop their research and clinical improvement skills, delivering research projects and GIRFT identified improvements in their host provider, system or region.

GIRFT and a Greener NHS

Climate change is one of the greatest health threats and opportunities of the 21st century. The NHS is acting now to mitigate and adapt to this threat in order to protect the health of current and future generations. Doing so will not only protect the environment but will also bring many health, social and financial benefits. As the largest employer in the UK, contributing 4.6% of national emissions, the NHS is both part of the challenge and the solution.

Through its endeavour to improve the quality of care within the NHS by reducing unwarranted variation, GIRFT can play an important role in reducing the carbon emissions associated with care delivery. Through the GIRFT model, there is the opportunity to identify changes that will help reduce the NHS carbon footprint and therefore improve patient care now and in the future.

Purpose

The purpose of this document is to briefly assess the impact of GIRFT interventions, resources and products on the day case rate and clinical safety and efficiency of paediatric (adeno)tonsillectomy, which are key metrics for GIRFT's paediatric ear, nose and throat (ENT) workstream.

Target audience

The intended audience for this impact assessment is anyone within the NHS and Department for Health and Social Care (DHSC) interested in knowing whether GIRFT Academy resources, products and interventions contribute to better health care and a reduction in unwarranted variation of care across the NHS in England.

Background to the evaluation

Paediatric (adeno)tonsillectomy is a common elective surgical procedure in England, with national variation previously identified in rates of same-day discharge.[1] Improving day case delivery has been recognised as a means of increasing service efficiency and patient flow and may represent a better experience for many patients[2]. National guidance, including work by the GIRFT programme and the British Association of Day Surgery (BADS), has set a target day case rate of 70% for paediatric (adeno)tonsillectomy.[3]

Concerns regarding the safety of day case (adeno)tonsillectomy have focused on postoperative complications, particularly emergency readmission and reintervention for haemorrhage.[1] National analyses of administrative data provide evidence that same-day discharge is not associated with poorer outcomes, with adverse event rates remaining low across providers with high day case rates. On this basis, GIRFT monitors day case rates alongside key safety metrics, including 30-day emergency readmission and reintervention rates due to post-operative haemorrhage, to assess changes in practice over time within paediatric ENT services.

Methodology

Assessment design

This was an exploratory analysis of information obtained from Model Health System, the GIRFT Academy resource repository and administrative data from the Hospital Episode Statistics (HES) dataset. The HES dataset is collected by NHS England and includes data for NHS hospital activity in England. It provides the underlying data source for Model Health System. To identify patients, (adeno)tonsillectomy was as defined by Model Health System. Patients aged 2–18 years were included in the study. Patients aged younger than two years would not be routinely considered suitable for day case surgery, hence their exclusion. Patients aged 18 years were included for completeness as some young adults still fall under paediatric services at this age. Emergency admissions were excluded.

Data extraction

Key GIRFT metrics

For this assessment, we were interested in the day case rate and clinical safety and efficiency of paediatric (adeno)tonsillectomy, which are key metrics for this clinical area. The metrics are defined on Model Health System as:

- day case rate for paediatric (adeno)tonsillectomy;

- all-cause emergency readmission within 30 days following paediatric (adeno)tonsillectomy;
- reoperation within 30 days following paediatric (adeno)tonsillectomy due to haemorrhage; and
- conversion from intended day case to overnight stay.

GIRFT Academy products

We identified relevant GIRFT Academy products and resources published between November 2019 and October 2023:

- Ear, Nose and Throat Surgery - GIRFT Programme National Specialty Report (November 2019)[4]
- Safety of day case paediatric tonsillectomy in England: an analysis of administrative data for the Getting It Right First Time programme (September 2021)[1]
- Sheffield Children's Hospital Northamptonshire Healthcare NHS Foundation Trust (NHSFT) ENT Rapid Lists Case Study (May 2023)[5]
- Case study - Improving day case tonsillectomy rates in children - a network approach to collaboration and improvement at South West Surgery in Children Operational Delivery Network (ODN) (August 2023)[6]
- Case Study - Paediatric Friday at Calderdale and Huddersfield NHSFT (August 2023)[7]
- Expanding Day Case Surgery in Ear Nose and Throat Services (October 2023)[8]
- Case Study - High volume week for child tonsillectomies at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUHT) TonKids (November 2023)[9]
- Day Case Paediatric Adenotonsillectomy pathway (produced 2023/24 and updated April 2025)[10]
- Implementing High Flow Lists – The Further Faster 20 experience (July 2025)[11]

GIRFT clinical lead activities

From 2016 until publication of the national report in 2019, GIRFT clinical leads in ENT visited every NHS hospital trust in England with a paediatric ENT service. During visits the clinical leads have:

- presented the findings of the national report and discussed it in the local context;

- fed back to local teams on progress against the key metrics;
- identified innovative practice;
- identified the need for GIRFT Academy products;
- promoted the use of Academy products and discussed them within the local setting.

All of these activities will have helped to drive improvement in the key metrics across England.

GIRFT implementation interventions

GIRFT leads and manages several improvement initiatives to implement change of clinical practice in ENT. Those relevant to paediatric (adeno)tonsillectomy include:

- High volume, low complexity (HVLC): A national programme focused on improving delivery of common, low-risk elective procedures.
- Further Faster (cohorts 1–3): An NHS programme to accelerate elective recovery by spreading effective practice.
- Elective surgical hubs: Supporting systems to ring-fence elective capacity through dedicated elective surgery facilities or pathways, protected from emergency pressures.
- Model Health System: An NHS platform providing comparative data to support performance improvement.
- The National Consultant Information Programme (NCIP): A national dataset describing consultant workforce and activity.
- Focused support: Targeted improvement support for providers or systems with identified performance gaps.

Time period

This impact analysis covered ten financial years from 2015/16 to 2024/25, during which time (November 2019 onwards) key GIRFT Academy products were published promoting day case surgery for paediatric (adeno)tonsillectomy as part of wider recommendations on streamlining the pathway within ENT.

Data management and analysis

All data were stored and analysed within secure NHS IT environment server space. Data were analysed using standard descriptive statistics as appropriate to the data (e.g. mean, median, frequency).

Findings

Day case rate and annual change in day case rate

Across the period from 2015/16 to 2024/25, the day case (adeno)tonsillectomy rate showed a consistent year-on-year increase. The rate rose from 55% in 2015/16 to 64% by 2019/20, just prior to the COVID-19 pandemic. Further increases were observed from 2020/21 onwards, with the day case rate surpassing the national 70% benchmark in 2021/22 and reaching levels above 80% in 2023/24; by 2024/25 the day case rate was 87% (**Figure 1**).

The annual year-on-year change in the day case rate was positive in every financial year from 2015/16 to 2024/25. The size of the yearly increase varied, ranging from approximately 1–2% in some years to peaks of around 4–6% in 2018/19, 2021/22 and 2023/24 (**Figure 2**). In the five years up to and including the publication of the GIRFT ENT national report, day case rates rose by 9%, and in the five years after publication they rose by 20%.

30-day emergency readmission rate

The 30-day emergency readmission rate remained low and relatively stable throughout the assessment period. Annual values remained within a narrow band of 5.7–7.1%, with no substantial year-to-year fluctuations. No upward trend was observed across the dataset (**Figure 1**).

Reintervention rate (for postoperative haemorrhage)

Reintervention rates due to postoperative haemorrhage were consistently low over the ten-year period. Annual values fluctuated within a small range (between 4.1–5.7%) and did not display a consistently increasing pattern at any point in the timeline (**Figure 1**).

Figure 1: Day case and 30-day emergency readmission rates, and rate of reintervention due to haemorrhage. *Note: The financial years during which GIRFT Academy products were published are marked with an orange arrow. The purple line indicates clinical lead visits to trusts offering paediatric (adeno)tonsillectomy. The green and dark blue lines indicate when specific GIRFT implementation interventions took place. The national benchmark for paediatric (adeno)tonsillectomy day case procedures is at 70% (light blue line).*

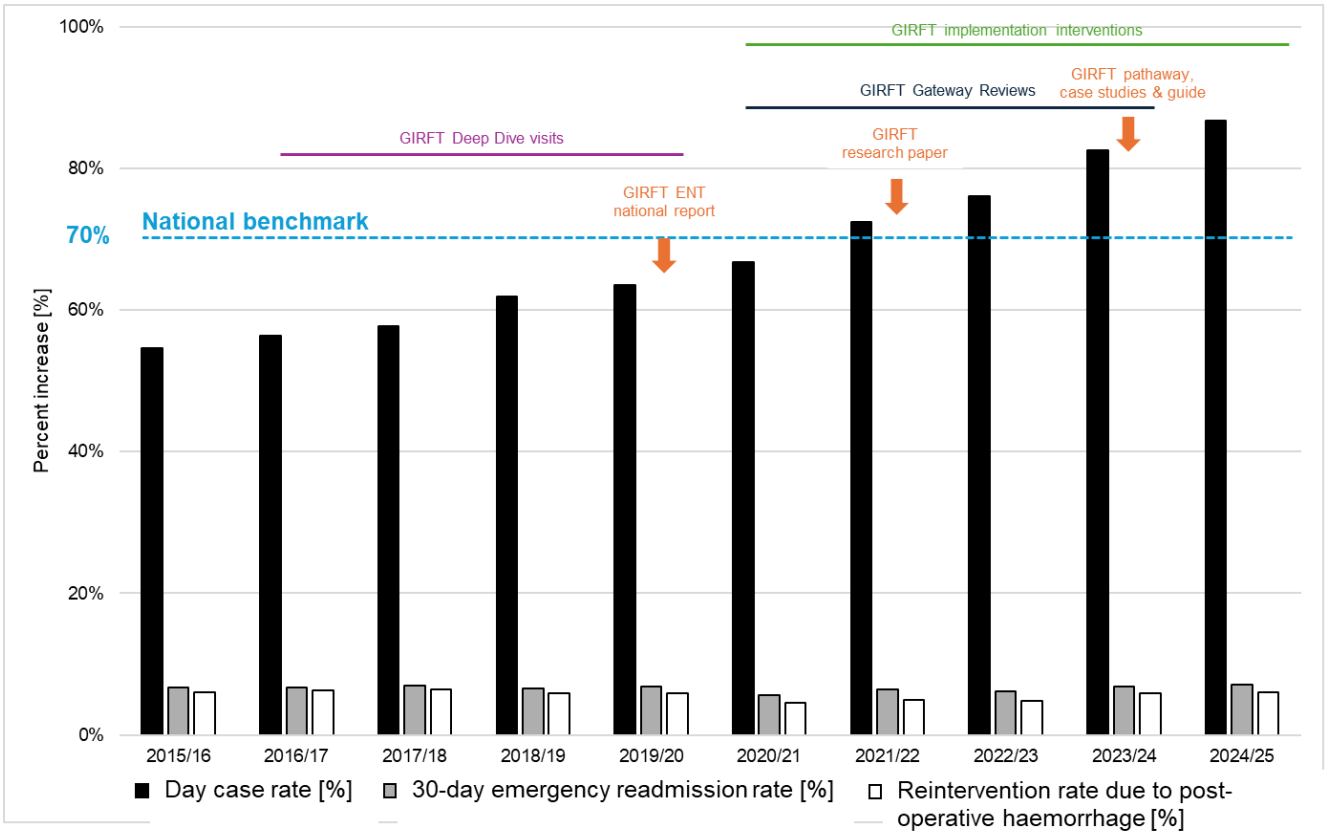
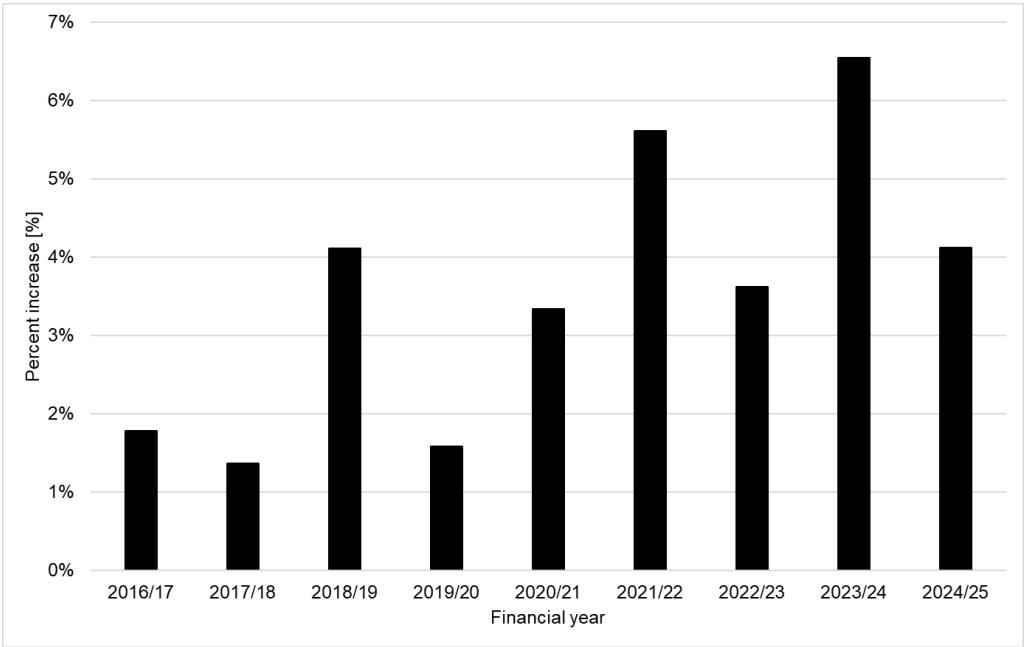


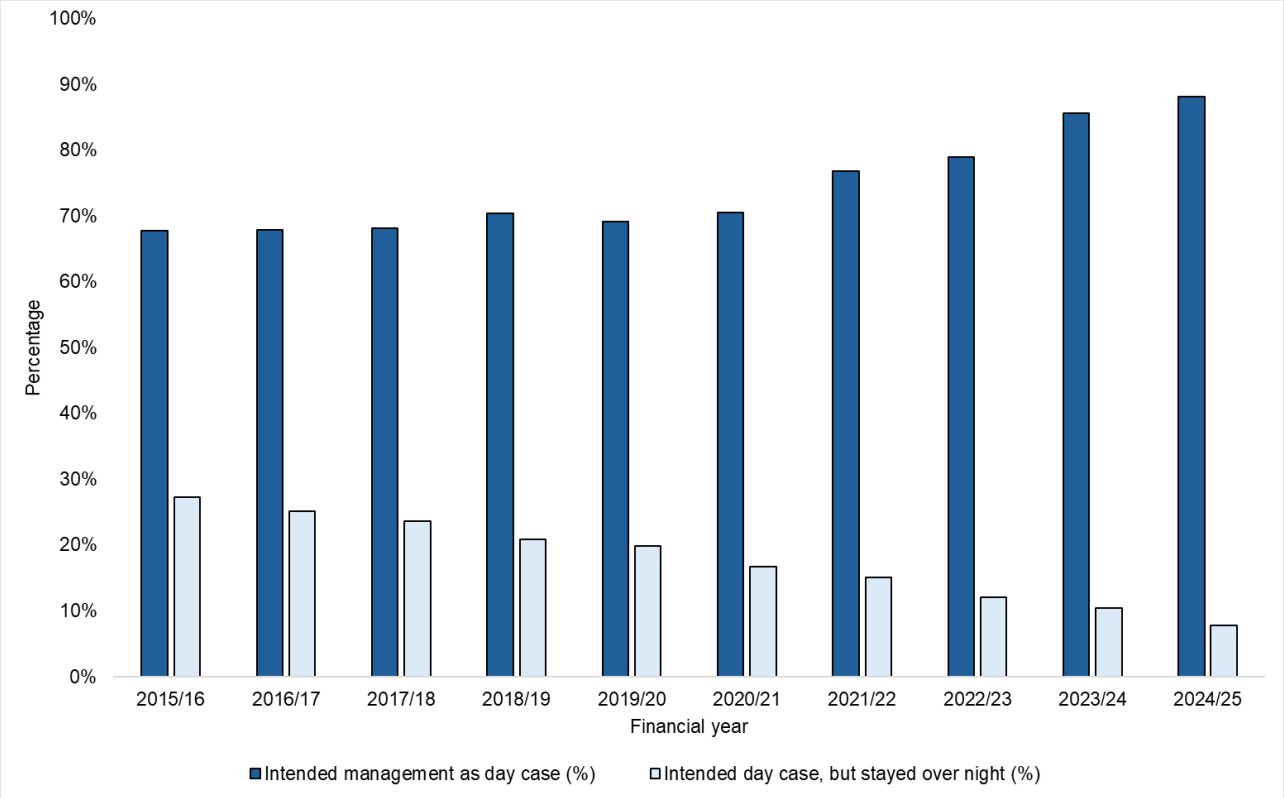
Figure 2: Annual difference in the increase of day case rate. Note: *The financial year shown on the x axis is the financial year the change was measured up to from the previous financial year.*



Intended day case management and conversion to overnight stay

The proportion of paediatric (adeno)tonsillectomy procedures managed as intended day cases increased over the assessment period, while the proportion of intended day case procedures requiring overnight stay decreased. Intended day case management increased from approximately 67% in 2015/16 to over 85% by 2024/25, while conversion to overnight stay reduced from approximately 27% to below 10% over the same period (**Figure 3**).

Figure 3: Intended day case management and conversion from day case to overnight stay following paediatric (adeno)tonsillectomy.



Strengths and limitations

The methodology used does not allow us to establish a direct correlation between GIRFT interventions and products, and the changes reported and the associations reported should not be interpreted as causal. This could only be established through an experimental design. Nevertheless, GIRFT has worked closely with organisations and stakeholders looking to improve patient care and service efficiency through increasing paediatric (adeno)tonsillectomy day case rates during this period and this is likely to have influenced the changes seen.

At the same time, while 30-day readmission and reintervention rates provide useful system-level proxies for safety, they may not fully capture immediate postoperative complications.

More proximal measures, such as readmission or return to theatre within 24 hours, would provide additional insight but are not consistently available within national datasets.

Wider context and future work

In 2021 GIRFT team members published a peer reviewed academic paper assessing the safety of day case paediatric (adeno)tonsillectomy in England.[1] The study of over 100,000 patients looked at outcomes in day case and inpatients and found that day case patients and inpatients had similar outcomes, after adjusting for demographic and clinical factors. However, the authors recognised that patients selected for day case surgery could be predisposed to better outcomes due to factors not adjusted for (e.g. wider health status, disease severity). This possible difference in case-mix could potentially mask poorer outcomes in the day case group. To try to minimise this risk of bias, the authors compared groups of trusts with high (> 70%) and low (< 50%) rates of day case surgery and found similar outcomes in the two groups, suggesting that trusts with high day case rates had not exposed their patients to any additional risk through early discharge. The findings presented in this report update some of the data from this earlier study (which used data up to financial year 2018/19) and tend to support its findings, with no evidence of poorer outcomes as day case rates have increased rapidly.

Conclusions

Analysis of national paediatric (adeno)tonsillectomy data from 2015/16 to 2024/25 demonstrates a sustained and marked improvement in day case delivery, achieved without evidence of compromised patient safety. Over the ten-year period, the day case rate increased steadily from the mid-50% range to more than 80% by 2024/25, surpassing the national benchmark of 70% and continuing to rise thereafter. This upward trajectory is consistent year-on-year, with distinct periods of accelerated improvement observed following the publication of GIRFT guidance, deep dive visits, gateway reviews and the release of case studies and implementation tools.

Crucially, the increase in day case activity did not correspond with any deterioration in outcomes. Both the all-cause 30-day emergency readmission rate and the reintervention rate for postoperative haemorrhage remained low and stable throughout the ten-year assessment period. In addition, the proportion of procedures managed as intended day cases increased over time, while the proportion requiring overnight stay reduced, indicating improvements in pathway delivery and patient selection. This pattern indicates that services were able to expand day case management while maintaining the quality and safety of care. Stability in these safety metrics also suggests that the adoption of GIRFT-recommended practices, such

as standardised pathways, enhanced preoperative assessment and improved perioperative decision-making, was accompanied by appropriate clinical governance.

Annual change data further reinforce this interpretation. While modest year-on-year gains were evident across the timeline, more pronounced increases in day case rates aligned with specific GIRFT implementation interventions. These inflection points suggest a meaningful association between national improvement efforts and local changes in practice, rather than random variation or gradual background drift. The consistency and sustainability of the gains support the view that services embedded these changes structurally, rather than delivering short-term or reactive improvements.

Paediatric (adeno)tonsillectomy services have exceeded national expectations for day case rates and should be commended for this. The improvements observed have been delivered safely, consistently and in alignment with national clinical improvement initiatives. This represents a significant transformation in practice and provides a robust platform for continued optimisation of paediatric day case surgical care.

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11. Implementing High Flow Lists – The Further Faster 20 experience (July 2025)

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