Seven Day Working: in Practice
Clinicians’ Perspective

Jonathan Vickers
Consultant surgeon
Dec 2015
“Mr. Hunt argued that hospitals like Salford Royal and Northumbria have instituted seven-day working have seen improvements in patient care and staff morale.”

Telegraph July 2015

“Some NHS hospitals, such as the Salford Royal, have already agreed deals on weekend working”

Mail Online July 2015
"We have got nearly 10,000 more doctors in the NHS compared to five years ago, so we are recruiting more doctors to the NHS. But it is incredibly inefficient to have a service that cranks up on a Monday morning [and] starts to wind down after lunch on a Friday,"

Jeremy Hunt Guardian July 2015

“I’ve yet to meet a doctor who, first of all, would be happy to have their own family member to be admitted to hospital on a Friday or a Saturday”

Seven Day Working a stated aspiration

“2.3.15 The Trust aims to provide safe, clean and personal care to every patient. Plans to implement 7 day working have progressed over the last 12 months initially focused on the emergency village and assessment of patients admitted non-electively in accordance with the ‘Salford Standards’. This includes early and ongoing assessment by senior medical staff.”

SRFT Annual Plan 2013/4

But…
I am writing to you following correspondence with Rt. Hon. Jeremy Hunt MP, Secretary of State for Health in which he informed us that the Salford Royal Hospital is one of the Hospitals that has already introduced 7 Day working for Consultants and Senior Doctors...

...be informed of the Staffing Levels for Medical and Technical Support Staff ...

...whether you consider that these two staffing are in general up to the required Staffing Levels or whether you consider that either of these staffing levels are subject to unfilled vacancies and, if so, at what Grades and in what numbers.
The journey so far

April 2010

- Changed ED shift patterns to increase senior cover
- Face to face surgical handovers
- Handover lists within EPR
- 54 bedded acute admissions unit used by all specialties
- Developing acute physician role
- Surgical SpR – resident on call
- Use of structured PTWR in medicine (surgery)

Nov 2011

- 46% medical patients and 33% of surgical patients seen within 12 hours
- 90% medical admissions have structured PTWR
The journey so far

Nov 2011

ED Consultant on the shop floor 8am – midnight every day

Specialist radiography on site 8am to midnight every day

Acute physician in-reach into orthopaedics

All surgical in patients reviewed by senior decision maker every day

On-call physician visits all post-acute medical wards on Saturday and Sunday

Daily consultant review on ICU, HCU, MHDU, SHDU

Sept 2012

100% medicine and 75% surgical admissions seen over weekend by a consultant

92% patients who died within 48 hours of admission had been reviewed by a consultant
The journey so far

Nov 2013

Presentation to Executive Board – agreement to develop a Trust wide Strategy

Dec 2013

Consultant in each abdominal surgical subspecialty in at weekend to see all patients

Mar 2014

Published UGI and colorectal subspecialty on call rotas 24/7

National Clinical Standards published

Mar 2015

Strategy Development in progress
Agreed CQUIN for A&E & Acute Medicine

Dec 2015

Overall Q4 was 76.5% for the 12 hour standard

Re establishment of STU – remote from EDU
Developing the strategy

• Ask all the key stakeholders – patients, visitors, staff

• Engaging via survey, interviews & focus groups

• Survey response:

  Patients & visitors – 396
  Staff - 257
Staff survey respondents

- Admin / Clerical
- Central Functions / Corporate Services
- General Management
- Maintenance / Ancillary (Domestics, Estates etc)
- Medical / Dental
- Nursing
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Psychology
- Radiology
- Other Allied Health Professional (AHP)
- Other Scientific / Technical
- Other (please specify)
Medical views on 7-day services

<table>
<thead>
<tr>
<th>Do you believe we should be offering more 7-day services?</th>
<th>Number of responses</th>
<th>% Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>89</td>
<td>72.95</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>21.31</td>
</tr>
<tr>
<td>No View</td>
<td>7</td>
<td>5.74</td>
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</table>

- No perceived benefit
- Work-life balance
- Financial viability
- Concerns regarding the level of service currently provided

‘The Emergency Department is a 7 day service - delivering supporting services 7 days a week would improve patient flow, efficiency and patient experience’

E.D.Consultant

‘There is a big difference between improving patient safety by improving out of hours care at weekends, and turning hospitals into Tescos so that elective work occurs routinely on 7 days.’

Clinician
Medical views on key barriers

Financial constraints: 90.0%  
Recruitment shortages: 60.0%  
Patients will not want to attend: 20.0%  
Lack of staff willingness: 70.0%

Improvement in patient experience  
Reduced LOS (discharge)  
Increase capacity

‘if services are provided all support services will be needed in addition and appropriate planning and finance will be needed’

no more than a 1 in 8 frequency – potentially a positive “selling point”
The most precious commodity we EVER work with...

It’s not all the Hi-tech machines and equipment...

It’s the PATIENT!

graham@ogilvie@gmail.com
Patient survey respondents

- 396 responses, 46% male – 54% female
- Two thirds were aged 45 – 75
- 74% have used the hospital in last 12 months
Which services do you think we should provide? (and when)

- Outpatient clinic appointment
- Investigations (eg scans/tests)
- Planned surgical procedure / operation

Chart details:
- Weekday evening
- Saturday morning
- Saturday afternoon
- Saturday evening
- Sunday morning
- Sunday afternoon
- Sunday evening
Patient survey - OPD

Working Preference

Non-working Preference

Weekday evening
Saturday morning
Saturday afternoon
Saturday evening
Sunday morning
Sunday afternoon
Sunday evening
Seven day standards

NHS Services, Seven Days a Week Forum 2013 minimum levels of service for urgent and emergency patients. Academy of Medical Royal Colleges highlights four

1. Patient Experience
2. Time to first consultant review
3. Multi-disciplinary Team (MDT) review
4. Shift handovers
5. Diagnostics
6. Intervention / key services
7. Mental health
8. On-going review
9. Transfer to community, primary and social care
10. Quality improvement
### Standards self assessment 2015

<table>
<thead>
<tr>
<th>Standard No.</th>
<th>2</th>
<th>5</th>
<th>6</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatients seen by consultant within 14 hours</td>
<td>Diagnostic services available seven days</td>
<td>Interventional services available seven days</td>
<td>Twice daily review of patients in critical care areas by consultants</td>
</tr>
<tr>
<td>SRFT</td>
<td>5 out of 9 Specialties - patients are seen within 14 hours 90% or more of the time</td>
<td>14 out of 14 Diagnostic services are available seven days per week</td>
<td>8 out of 9 Consultant directed interventions available seven days per week</td>
<td>1 out of 10 relevant clinical areas patients receive consultant review at appropriate intervals</td>
</tr>
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SRFT - E.D.

- A and E  
  +3 cons.  
  +6 cons.  
  Consultant cover at weekends  
  Full 24/7 consultant presence  
  3 cons. bulk of each day on shop floor

- E.A.U.  
  +3 cons.  
  2 acute physicians, full day hot review, 7/7
### SRFT - medicine

<table>
<thead>
<tr>
<th>Department</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen Medicine</td>
<td>1 x gen physician&lt;br&gt;1 x C.O.E.&lt;br&gt;5 x SpR on call 24 hrs&lt;br&gt;PTWR and I/P virtual review</td>
</tr>
<tr>
<td>Care of Elderly</td>
<td>+3 consultants&lt;br&gt;Increased Weekend work&lt;br&gt;PTWR/ virtual Review&lt;br&gt;Emergency village in reach&lt;br&gt;Medical ward cover&lt;br&gt;Ortho /gen surg 7/7</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>+2 consultants&lt;br&gt;+3 Nursing (endosc)&lt;br&gt;7/7 ward rounds, OPD, Endoscopy</td>
</tr>
<tr>
<td>Acute Stroke</td>
<td>Resident consultant 24/7</td>
</tr>
</tbody>
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SRFT - surgery

• GI / General  Twice daily face to face handover
  2 gen surgery consultants non resident 7/7
  2 gen surgery SpR resident 7/7
  Separate UGI and colorectal cons rotas 7/7
  UGI / colorectal subspecialty in pt review 7/7

• T and O  Daytime trauma lists 7/7
  Trauma Lead consultant resident on site 24/7
  (ED / ortho / anaesth)

• Neurosurgery  7/7 consultant presence on site (not resident)
• Spinal surgery  7/7 consultant t presence on site (not resident)
• ENT  7/7 consultant t presence on site (not resident)
No resident on site consultant presence yet

‘Healthier Together’

High and low acuity sites
3 x Consultants general surgeons each 24 hrs 7/7
Night time resident consultant on call
<table>
<thead>
<tr>
<th>Department</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>+2 WTE 7/7 cover (to 7 pm w/e)</td>
</tr>
<tr>
<td></td>
<td>All wards visited weekdays</td>
</tr>
<tr>
<td></td>
<td>E.D. only visited at w/e</td>
</tr>
<tr>
<td></td>
<td>Dispensing until 9pm (7pm w/e)</td>
</tr>
<tr>
<td>Radiology</td>
<td>CT 24/7 -1 hour stroke / trauma</td>
</tr>
<tr>
<td></td>
<td>Off site reporting at night</td>
</tr>
<tr>
<td></td>
<td>Dr Foster best for OOH MR scan (reporting a problem)</td>
</tr>
<tr>
<td>Intervention (non vasc.)</td>
<td>24/7 in house rota by April 2016</td>
</tr>
</tbody>
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Summary

- National / organisational aspiration
- Delivery is inconsistent and pragmatic / opportunistic
- Cost / staffing implications often unavoidable
Almost all progress made in acute service delivery

“......NHS workers have expressed their frustration at the apparent lack of recognition for their existing work.”

Phased approach

• Development of more comprehensive, consultant delivered 7/7 acute care

• Development of elective services that can be delivered with minimal infrastructure change

• Development of full elective services (manpower, cost and interdependency issues)
Summary

- Listen to our patients
- Listen to our workforce
  - Medical
  - Nursing / CNS / ANP / AHP / PA’s
  - Clinical support services
  - Administrative / operational / financial
  - Social / Community based
Summary

“Age UK estimates that there are 1.9 million people accessing some type of social care provision in England. These are the people who are likely to be most affected by the seven-day NHS proposals, along with already overworked NHS staff, local authority social workers and support workers.

With a further £1.1billion of cuts across the social care sector expected this year, a big question remains over how local authorities and care agencies will be able to fund an increase in their services to match a 24/7 NHS”

“The Royal College of Surgeons has welcomed Mr. Hunt's speech but said more needs to be done to ensure other professionals, as well as doctors, are available to run services at weekends”
Fremantle et al 2015

- Weekend effect is measurable
- 11,000 extra deaths / annum Fri – Mon
- Weekend admissions are sicker
- Reverse effect for existing inpatients at weekends

- Not proven how many extra deaths are avoidable
- Not proven how to prevent avoidable deaths

- No clear definition of seven day working from DOH
Seven Day Working